International Journal of Health and Management Sciences
(IJHeMaS)
Vol.1 No.1 (2025) pp. 1–9

Research Article

Psychosocial Needs and Health Management Practices in Elderly Care: A Holistic Approach

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***Received:** 08 June 2025 | **Accepted:** 18 August 2025 | **DOI:** 10.22399/ijhemas.8*

Abstract

This study examines the comprehensive approach to psychosocial needs in elderly care and the effects of the integration of psychology and health management disciplines on service quality. Based on data obtained from the World Health Organization, the Turkish Statistical Institute, and current scientific sources, the biological, psychological, and social dimensions of old age; intervention models; institutional care practices; and management processes have been evaluated. The findings show that the aging process is not limited to biological changes but also involves transformations in identity, life satisfaction, social ties, and cognitive functions. Multidisciplinary teamwork is critical to improving quality of life; however, psychosocial support elements are often overshadowed by physical care in Turkey. Effective services require individualized care plans, staff training, adherence to ethical principles, and strengthened quality management processes. In conclusion, psychosocial support is indispensable for the quality of life, mental well-being, and social integration of older adults. Collaboration between the disciplines of psychology and health management plays a key role in developing sustainable and ethical models of elderly care.

Keywords: Elderly care, psychosocial needs, health management, psychology.

1. Introduction

Today, the proportion of elderly people is rapidly increasing both globally and in Turkey. According to projections by the World Health Organization [1], the number of people aged 60 and over will double by 2050, reaching approximately 2 billion. This demographic change necessitates restructuring not only in the health sector but also in many other sectors such as social services, psychology, public administration, and law. A similar picture exists in Turkey. According to data from the Turkish Statistical Institute [2], the proportion of individuals aged 65 and over in the total population has risen to 10.2% and continues to increase steadily. Aging is a multifaceted period encompassing biological, psychological, and social dimensions. During this process, individuals experience both a decline in their physical capacities and changes in their social roles. This situation brings to the forefront not only medical care but also the need for psychological support, the preservation of social ties, and the search for meaning in life. Therefore, care services must be planned with a holistic approach to improve the quality of life of older individuals. At the core of quality elderly care is a multidisciplinary structure that brings together different

professional groups. The joint work of psychologists, social workers, nurses, physical therapists, and health managers ensures that both physical and psychosocial needs are met [3]. Service models that neglect the psychological dimension may leave individuals facing issues such as loneliness, depression, anxiety, and reduced life satisfaction [4]. The discipline of psychology makes important contributions to understanding the developmental tasks of older individuals in their life cycle, ways of coping with loss, and processes of confronting death. Health management provides the necessary administrative infrastructure for these services to be carried out in a sustainable, systematic, and measurable manner. Although elderly care services in Turkey are mainly provided by state institutions, municipalities, and the private sector, physical care tends to take precedence in practice, while psychosocial support elements are often limited [5]. This study aims to reveal how the psychosocial needs of elderly individuals can be systematically met in the care process and how the disciplines of psychology and health management can work together in this area. It also aims to provide a guiding framework for both practitioners and decision-makers by offering recommendations on adapting effective international elderly care models to Turkey.

2. Psychological and Social Dynamics of Old Age

Old age is not only a stage of life that involves biological changes, but also mental restructuring and the transformation of social roles. According to Erikson's psychosocial development theory, this period is a stage of conflict between “ego integrity” and “despair.” If an individual can develop a holistic view of their life and make sense of their past experiences, they can achieve ego integrity; otherwise, feelings of regret, guilt, fear of death, and meaninglessness become dominant. Common psychological issues during this period include loneliness, depression, anxiety, cognitive decline, and the process of confronting death [4]. Additionally, older adults experience significant changes in their social lives. Retirement, loss of social status, shrinking social circles, children leaving home, and the loss of a spouse can weaken social support networks. Such losses can reinforce feelings of loneliness and challenge psychological resilience [5]. Loneliness is one of the most common emotional problems among older adults and can have negative effects on both mental and physical health. A decrease in social relationships can lower life satisfaction and increase the risk of death. Depression is also a common psychological condition in old age; however, it is often overlooked as a natural part of aging. Depression can negatively affect social functioning, motivation, and overall health. Cognitive decline is also one of the main problems of this period. Memory problems, distractibility, and difficulty learning new information can be seen in the normal aging process; however, these symptoms can develop into neurodegenerative diseases such as Alzheimer's over time. According to data from the Alzheimer's Association (2024), one in nine people over the age of 65 lives with Alzheimer's disease. This condition can cause the individual to lose their independence, decrease their self-sufficiency, and experience psychological distress. The process of facing death also carries an important psychological dimension in old age. Older individuals often encounter both the awareness of their own death and the loss of their loved ones. However, psychological resilience plays a critical role in helping older adults maintain their connection to life. In conclusion, old age is not only a period of loss and decline but also a time of adaptation, acceptance, and integration of life experiences. However, recognizing, accepting, and professionally addressing the psychological issues that arise during this process is of great importance. Neglecting these dynamics in both institutional care services and home-based support can have profound effects on the mental well-being of older adults.

3. Psychosocial Needs in Old Age

Old age is a stage of life in which not only physical needs increase, but psychosocial needs also intensify. During this process, individuals go through multidimensional psychological processes such as preserving their identity, maintaining social relationships, making sense of their past experiences, confronting the

reality of death, and integrating their sense of self. Therefore, for a healthy aging experience, it is important to integrate not only medical care but also emotional, cognitive, and social support into daily life. Some decline in cognitive function is normal with aging; however, this does not always mean dementia or another neurological disease. Changes in memory, attention, and executive function can directly affect daily living activities. Therefore, maintaining cognitive capacity is critical for older adults to maintain their sense of self-efficacy. In this context, activities such as reading books, solving puzzles, engaging in music, or acquiring new skills are not merely methods of leisure time management but also interventions that keep neurological functions active.

Humans are social beings who need a sense of belonging throughout their lives. However, in old age, the narrowing of the social environment, increasing physical limitations, and decreasing relationships can lead to the individual's withdrawal from society. This situation paves the way for psychosocial problems such as loneliness and isolation. Maintaining regular communication with family, sustaining friendships, and participating in community activities strengthen the life satisfaction and mental well-being of older adults. Older adults tend to reflect on their past lives during this period. Achievements, regrets, losses, and traumas may resurface. To the extent that a person can make sense of their life story, they can face the fact of death in a healthier way. However, the loss of important attachment figures such as spouses, siblings, friends, or children is common in old age and can trigger successive mourning processes. For the grieving process to be completed in a healthy manner, individuals need safe social spaces or professional counseling environments where they can express their feelings, share their memories, and make sense of their loss. Otherwise, pathological grief, depression, post-traumatic stress disorder, or anxiety may develop.

4. Psychological Interventions and Psychotherapy Models in Old Age

Old age is a special stage of development characterized by multidimensional changes in biological, psychological, and social areas, during which individuals evaluate their past experiences more intensely and become more aware of the final stage of life. Factors such as physical limitations, changes in social roles, losses, and cognitive decline can affect an individual's psychological balance during this process. Therefore, it is important that psychological counseling processes conducted with older adults are designed with sensitivity to the unique characteristics of old age [5]. Although there were prejudices in the past that psychotherapy with older adults was unnecessary or ineffective, current research shows that older adults benefit from psychological support as much as young adults, and in some cases even more [6]. Depression, grief, trauma, and relational problems are common during this period and require professional intervention. According to Knight, evaluating life experiences, establishing identity integrity, and providing emotional support contribute significantly to psychological recovery in older adults [4]. Therefore, counseling services should focus not only on clinical symptoms but also on experiential, existential, and relational dimensions. Kaygusuz and Kalkan (2008) summarize psychological counseling approaches for the elderly under five headings: psychodynamic, supportive, cognitive-behavioral, group counseling, and family counseling [7]. Psychodynamic therapy aims to understand the unconscious processes behind an individual's current behavior. Short-term psychodynamic therapy or psychoanalytic psychotherapy is generally applied to older adults. The aim of these models, which last approximately 25 sessions, is to make the individual aware of the conflicts created by dysfunctional relationships in the past [5]. According to Morgan (2003), techniques such as empathic listening, reflection, and exploratory questioning are also effective when working with older adults; however, the variety of issues addressed makes the counselor's competence critical [8]. Supportive therapy, one of the non-psychodynamic approaches, aims to increase psychological resilience. It aims to alleviate symptoms, strengthen compliance with medication, and reduce secondary gains. It is also

effective in reducing feelings of exhaustion and helplessness among the relatives of elderly people with brain damage [5,7]. Cognitive-behavioral therapy (CBT), on the other hand, is based on the assumption that individuals respond more to their cognitive interpretations of environmental events than to the events themselves. In older adults, dysfunctional schemas, emotional, and behavioral patterns are targeted; the process involves collaboration, strategy development, guidance, and homework assignments. Research has shown that CBT is effective in treating depression, anxiety, alcohol dependence, and insomnia [4,9]. In working with the elderly, "life review" and 'remembering' therapy in a group format are also effective. These methods are based on Erikson's "Ego Integrity" stage and Butler's "Life Review" theory [5,10]. "Life cycle group therapy" encourages intergenerational interaction, enabling the elderly to draw strength from their life experiences [5,11]. Family counseling is particularly important in coping with the changes that neurodegenerative diseases such as Alzheimer's cause in family structures. In this process, family members' perceptions of the elderly person's condition, their reactions, and their own psychological histories are addressed [12]. In recent years, mindfulness and acceptance-based approaches have also begun to be used. In these methods, the client's attention is focused on the present moment, and experiences are observed with non-judgmental awareness. Techniques such as walking meditation, body scanning, and breathing exercises strengthen the elderly individual's inner balance and psychological flexibility [5]. All these interventions contribute to the elderly individual gaining self-integrity, reconciling with their past, and continuing to live a meaningful life; thus, the individual becomes not just a "care recipient" but an "active living" subject.

5. Integration of Psychological Approaches in Elderly Care with Management

Psychological support services for older adults should be considered not only at the level of individual interventions but also as an integral component of institutional structures and management policies. The effective, systematic, and sustainable provision of psychological interventions requires integration with care service management. In this context, it is of great importance that psychosocial support practices are planned, monitored, and evaluated not only on a clinical level but also at an organizational level [3]. Meeting the individual psychological needs of elderly care institutions is only possible through goal-oriented, structured, and planned interventions, not just well-intentioned initiatives. Therefore, a comprehensive psychosocial support plan should be prepared for each elderly individual [1]. These plans should take into account the individual's psychological history, current problems, individual needs, social relationships, and level of functioning. Plans developed by psychologists and social workers may include both individual counseling and group-based activities. In addition, including the observations of care staff in the process provides a comprehensive assessment [13]. Nurses, care staff, managers, and other employees working in institutional care services may often lack specialized training in geriatric psychology. This deficiency can lead to superficial relationships with the elderly, psychological symptoms being overlooked, and in some cases, well-intentioned but potentially harmful approaches developing [14]. Therefore, staff should receive regular training on geriatric psychology, coping with dementia, emotional resilience, effective communication skills, and ethical principles. Training programs should not only focus on knowledge transfer but also aim to change attitudes and behaviors. Additionally, establishing supervision and support mechanisms for employees reduces the risk of burnout and improves service quality [15]. Laidlaw and Pachana (2009) emphasize that professionals working with the elderly are at risk of emotional burnout, which negatively affects both the quality of relationships and the quality of institutional services [6]. Therefore, employee support systems should be an integral part of care services. Addressing the psychological needs of older adults in institutional care should be considered an ethical responsibility. In particular, autonomy and the right to make personal decisions should be prioritized in individuals with preserved cognitive capacity [16]. Active participation in the support process strengthens individuals' self-esteem and sense of control. Therefore, care plans should be

prepared in collaboration with elderly individuals, the scope of services should be clearly explained, and their opinions should be taken into account in decision-making processes. In end-of-life care processes, the principles of beneficence, non-maleficence, autonomy, and justice must be strictly adhered to [17]. To prevent ethical violations, all staff working with the elderly must be trained on ethical codes, ethical committee mechanisms must be established, and awareness of elderly rights must be increased. In psychological support services, the principles of consent, confidentiality, and privacy must be strictly upheld. The effective delivery of psychological support services is only possible through collaboration between the disciplines of psychology and health management. Healthcare managers, as professionals who organize services, plan resources, and monitor quality, should ensure that psychosocial services are also included in this system [18]. This collaboration enables the systematic implementation of the processes of planning, implementing, evaluating, and reporting interventions. Healthcare managers' basic knowledge of psychology facilitates their consideration of the psychosocial dimension in decision-making processes. Similarly, psychologists' understanding of management processes contributes to improving the continuity and quality of services. Thus, the collaboration between the two disciplines creates an individual-centered, holistic, and sustainable elderly care model.

6. Services from a Health Management Perspective

Old age is a special stage of development characterized by multidimensional changes in biological, psychological, and social areas, during which individuals evaluate their past experiences more intensely and become more aware of the final stage of life. Factors such as physical limitations, changes in social roles, losses, and cognitive decline during this process Health and care services for older adults should be based not only on clinical knowledge but also on an effective management approach. The increase in the aging population places an additional burden on health systems, making it necessary to provide services in a sustainable, holistic, and individual-centered manner. Health management takes on basic functions such as service planning, resource management, and monitoring and evaluation of quality processes during this process [18]. The organization of services for older adults should be structured in a multidimensional manner appropriate to the care needs of the individual. This system encompasses medical care, nursing, psychosocial support, physical activity, nutrition, and social participation [1]. Placing the individual's needs at the center of services is the foundation of the principle of individual-centeredness. Effective organization includes staff assignment, shift planning, communication flow, emergency management, and resource allocation. Thus, both the functioning of the institution and the quality of life of the elderly individual are directly affected [19]. Patient safety in elderly care requires systematic measures against risks that threaten physical, emotional, and mental integrity. Risk analyses should be conducted, staff should be trained, and physical environments should be appropriately arranged to prevent falls, medication errors, infections, neglect, and abuse [20,21]. Quality management goes beyond technical services to encompass the quality of life and satisfaction of the elderly. In Turkey, the Care Services Quality Standards (BHKS) provide quality indicators in the areas of individualized care, privacy, and psychosocial support [20]. Accreditation ensures transparency and trust by certifying that institutions comply with national standards. The multifaceted needs of older adults require collaboration among different disciplines. This team includes physicians, nurses, psychologists, social workers, physical therapists, nutritionists, occupational therapists, and managers [22]. Regular meetings, case presentations, and care plan updates enhance both the consistency and safety of the service [23]. Effective teamwork requires not only professional collaboration but also harmony in ethics, communication, and role sharing. Healthcare managers are responsible not only for administrative processes but also for the direction, quality, strategic planning, resource management, and human resource organization of the service [18]. In digitized healthcare systems, electronic health records (EHR), monitoring systems, and automation enable the effective monitoring of the medical and psychosocial processes of elderly

individuals [24]. The integration of ethical and psychological dimensions into management processes is critical for the development of a holistic care model that respects human dignity.

7. Elderly Care in Turkey and Current Management Models

Turkey is facing a growing need for elderly care services in line with its aging population structure. According to data from the Turkish Statistical Institute [2], the proportion of people aged 65 and over in the country exceeded 10% in 2024, and this proportion is expected to exceed 16% by 2030. This demographic change necessitates the provision of quality, accessible, and sustainable health and social services for the elderly. Institutional care services for the elderly in Turkey are primarily provided in two categories: nursing homes and elderly care and rehabilitation centers. Nursing homes are designed for elderly individuals who can independently carry out daily living activities, while care and rehabilitation centers serve individuals who require assistance with daily living activities. These institutions operate within the state, municipalities, foundations, and the private sector. While services provided by state institutions are free or low-cost, care services in private sector institutions can be expensive, which can create social inequality in access [25]. Elderly care services provided by the public sector are advantageous in terms of low cost, legal guarantees, and established control mechanisms. However, problems such as staff shortages, limited physical conditions, and high workload create disadvantages [26]. Private sector institutions can offer more comfortable, personalized, and varied services; however, high costs and inadequate supervision are among the risk factors. According to Akgül and Koç, there has been a rapid increase in the number of private elderly care institutions over the past decade; however, this increase has not been accompanied by a corresponding improvement in service quality [27]. Access to these services remains a serious problem, especially for elderly individuals in rural areas. This situation reveals that regional inequalities and rural-urban differences play a decisive role in access to elderly care services [28]. Although the legal infrastructure for elderly care services in Turkey has developed in recent years, various problems persist in the implementation process. Law No. 2828 on Social Services establishes the basic legal framework for care services for the elderly, while Health Quality Standards (SKS) define detailed quality criteria for elderly care institutions. However, there are shortcomings in terms of the enforceability of the legislation, the continuity of oversight mechanisms, and the enforcement power. In particular, there are noticeable deficiencies in awareness and implementation of standards in private sector institutions [29]. Therefore, regular inspections, the development of objective performance criteria, and the sharing of results with the public are critical for ensuring transparency.

8. The Role of Psychologists in Elder Care

The increasing psychosocial needs of older adults are increasing the need for qualified professionals working in this field. Psychologists can play important roles in various areas of elder care services, from individual counseling to organizational planning. The fundamental knowledge and skills of psychology provide a solid foundation for understanding and supporting the emotions, thoughts, behaviors, and social relationships of older adults [4]. A psychology education supported by health management knowledge can contribute to the development of elderly care systems. Psychologists can improve the quality of life of elderly individuals by providing individual assessment and counseling in areas such as depression, cognitive decline, loss and grief processes, loneliness, and adjustment problems [5]. They can also play an active role in applications such as group therapy, memory exercises, cognitive stimulation activities, and psycho-educational programs. Cognitive tests and follow-up programs conducted on individuals at risk of dementia are among the areas of expertise of psychologists [13]. In line with the recommendations of the WHO [1], regular monitoring of indicators such as cognitive capacity, emotional balance, social connections, and life satisfaction is of critical importance in terms of preventive psychological services. The level of knowledge of staff working in elderly care services regarding elderly psychology directly

affects the quality of service. Psychologists can support staff by providing training on empathetic communication, recognizing behavioral symptoms, and coping with challenging emotions [15]. Additionally, since care workers are at high risk of burnout, psychologists can enhance staff well-being through group supervision, stress management workshops, and individual support sessions [3]. Such support enhances both service quality and organizational commitment. Psychologists can contribute not only in the clinical field but also in a consulting role in collaboration with institutional management. Psychological knowledge guides the human-centered structuring of institutional care models [4]. Psychologists with health management knowledge can also support service planning, monitoring quality indicators, and data-driven decision-making processes. Indicators such as the satisfaction level of elderly individuals, the rate of fulfillment of their psychosocial needs, and the effectiveness of care plans fall within the scope of psychologists' assessments. Laidlaw and colleagues emphasize that effective elderly care services require a multidisciplinary approach, and therefore psychologists should be actively involved in both clinical and managerial processes [6].

9. Conclusions

With the increase in the aging population in Turkey and around the world, developing comprehensive approaches to the psychosocial and physical needs of older individuals has become a necessity not only at the social policy level but also at the levels of service delivery, institutional management, and professional practice. This study examines how the disciplines of psychology and health management can collaborate to provide more effective, ethical, and sustainable services in elderly care. The need for psychosocial support in old age is critical not only in terms of mental health but also in terms of the individual's quality of life, social connections, sense of identity, and search for existential meaning [4]. At the same time, the contribution of the health management discipline in terms of organization, quality, and strategic planning is necessary for these supports to be provided in a planned and manageable manner within institutional care systems [18]. In this context, the following recommendations can be made for an effective and ethical structure in elderly care services: Interdisciplinary collaboration should be strengthened. Coordination between fields such as psychology, nursing, social work, physical therapy, and health management should be ensured to promote a multidisciplinary team approach. The knowledge and skills of each professional group should be used in a complementary manner for the holistic well-being of the elderly individual [22]. Psychosocial services should be made an integral part of institutional care. The employment of psychologists in institutional elderly care models should be increased, and the continuity of psychological support services at the individual and group levels should be ensured. Psychological assessments should be a natural part of care plans [1]. Staff training and supervision should be regularized. Training programs on geriatric psychology, ethical principles, communication skills, and burnout prevention should be planned for care staff. Psychologists should actively contribute to this process as supervisors and educators [6]. Quality management and patient safety should be prioritized. Quality indicators, patient safety practices, and accreditation processes should be actively implemented in elderly care services; psychosocial support services should also be included in quality assessments [19,30]. Community-based services should be expanded. Institutional-based service models such as home care, day care centers, and mobile support teams should be developed to ensure that elderly individuals can receive support without being separated from their communities [31]. The professional development and employment of psychologists should be increased. Psychologists should not only be involved in therapeutic roles in the field of elderly care, but also in planning, education, counseling, and management roles. Graduate education programs should be expanded to recognize this field as an area of expertise [4].

Author Statements:

- **Ethical approval:** The conducted research is not related to either human or animal use.
- **Conflict of interest:** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper
- **Acknowledgement:** The authors declare that they have nobody or no-company to acknowledge.
- **Author contributions:** The authors declare that they have equal right on this paper.
- **Funding information:** The authors declare that there is no funding to be acknowledged.
- **Data availability statement:** The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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