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How to make healthcare accessible to all? A systematic literature review

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Abstract : Despite important developments in the healthcare sector, there hasn't been a comparable improvement in healthcare accessibility for all which means irrespective of gender, class or religion. Our study is a comprehensive attempt to understand healthcare accessibility. We conducted a systematic literature review to understand the characteristics of our study such as publication timeline and geographical scope. We also conduct content analysis of the studies to identify barriers and factors that will help make the healthcare industry accessible to the people. Our study offers theoretical and practical implications for various stakeholders.

Keywords : Healthcare accessibility, Systematic literature review

1. Introduction

The World Health Assembly's 1978 declaration of "Health for all" remains a worthy objective today. Accessibility to healthcare is crucial for granting people equal rights and opportunities. To make it simple for infrastructure builders, makers of furniture and equipment, and service providers to offer high-quality, secure, and simply accessible healthcare, the accessible healthcare must be standardized. The World Health Organization (WHO) asserts that ensuring access to health care is necessary to achieving this aim since it views health as a human right. People who don't have access to medical treatment "consume fewer services and have lower health outcomes" (Center for Health Economics Research, 1993).

How easy it is for people to access healthcare has a big impact on health. People who have health insurance or other reliable coverage are more likely to visit their doctor on a regular basis. You may be able to avoid developing chronic illnesses with the aid of the screenings and preventative care offered during these visits. There are certain people who do not have easy access to healthcare or health insurance. Some people cannot get to medical visits because they lack transportation. While some cannot afford it, some people speak a foreign language. All of these things can make it difficult for someone to get the medical attention they need and delay the treatments for diseases that could have been prevented. If you can't get medical attention, your health may suffer a lot.

To collect the evidence and to understand accessibility of healthcare, we propose the following objectives: First, to understand the pattern of publication in the field of healthcare accessibility. Second, to know the geographical scope of the studies conducted in the field of healthcare accessibility. Lastly, to find how healthcare can be accessible to all.

The first section of the paper provides a suitable introduction. Second part describes the methodology used in order to conduct systematic literature review. Third section discusses and provides a base for future studies. Fourth section provides a conclusion followed by limitations of the study.

2. Research Methodology

We conducted content analysis of 76 papers by looking into the database of Google Scholar on healthcare accessibility. We used inclusion and exclusion criteria to conduct systematic literature review. We included the studies according to the following criteria: a) In English language b) From peer-reviewed journals c) Studies published during 2000-2023. We excluded the studies according to the following criteria: a) Journal pre-proofs b) In any other language than English c) Conference articles. Along with providing descriptive analysis of our studies, we conducted content analysis of our studies in order to address our third research question.

Our study formulates the following research questions :
RQ1: What has been the pattern of publication in the field of healthcare accessibility?
RQ2: What is the geographical scope of the studies conducted in the field of healthcare accessibility?
RQ3: How can healthcare be accessible to all?

3. Characteristics of the study

3.1 Publication Timeline

Publication years of our studies (n = 76) are shown in Figure 1. We can see a constant growth in the publication timeline throughout the included time period. Increase in research was seen due to the pandemic caused by COVID-19.

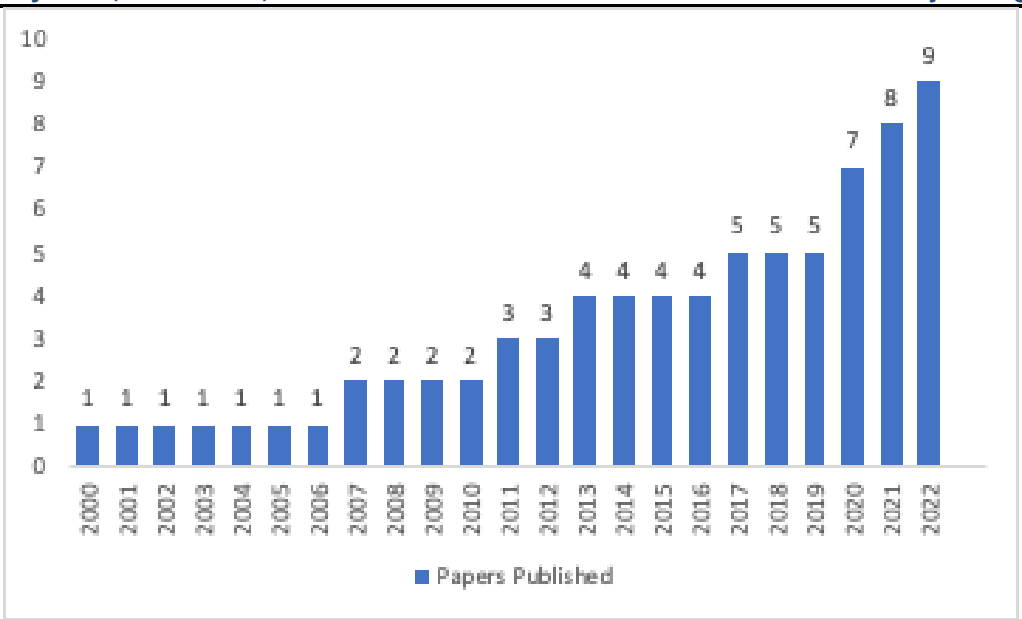

Figure 1 : Publication timeline of the studies

3.2 Geographical Scope

Figure 2 presents the geographical scope of the studies. Most of the studies are published in the USA (n = 12). China (n = 10) and India (n = 11) are the top most Asian countries with the maximum number of publications. We have not included mentioned countries with 1 publication due to a long list of countries. The investigations that were conducted in more than one country were independently recorded.Germany (n = 7) and Australia (n = 5) also recorded publications after these Asian countries.

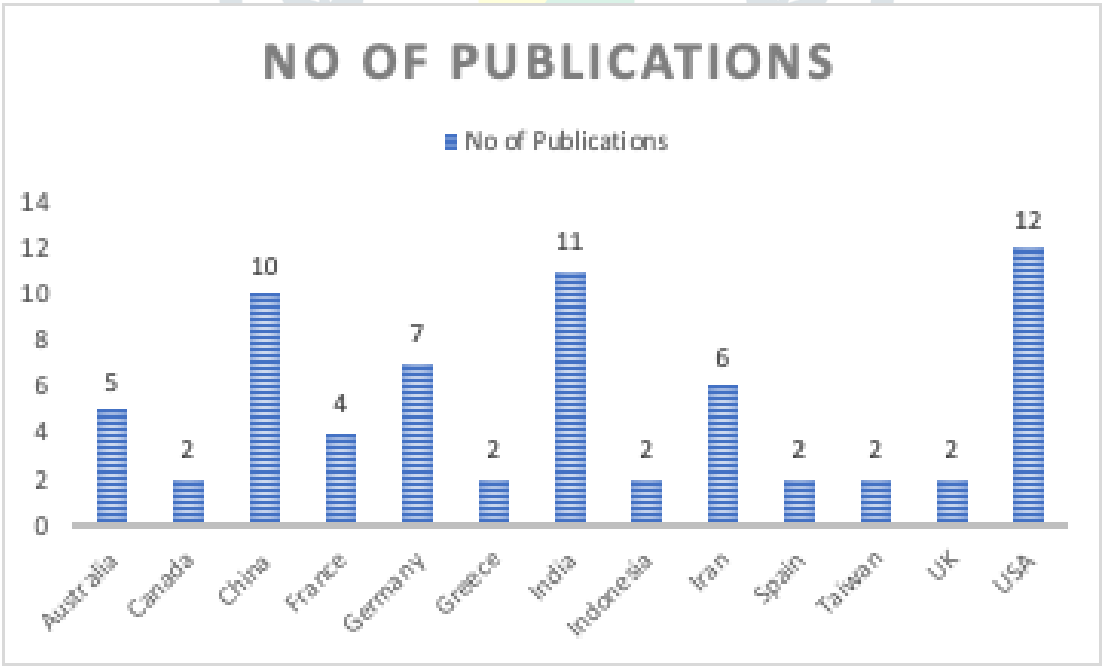

Figure 2 : Geographical scope of the studies

4. Discussion and Future Work

4.1 Barriers towards healthcare accessibility

There are many barriers to healthcare accessibility. People frequently run into healthcare obstacles that prevent them from getting the care they require. Healthcare services must be accessible and timely in order to be considered accessible. But many people face obstacles when trying to receive healthcare. Some of the obstacles are given below:

Lack of professionals in the healthcare industry *(Britnell, 2019; T. Hoff et al., 2016; T. J. Hoff et al., 2016; M et al., 2011; Noordegraaf & Burns, 2016).* The difference in a country's health care workforce's size and distribution is a significant source of concern. For instance, the number of health professionals available in a country has a big impact on its capacity to deliver care and conduct interventions (Beaglehole, 2003). It is crucial to continuously address the skill-development of medical professionals. At the district, national, and international levels, there should be special training and free lectures.

Several developing nations' healthcare systems broke down during the pandemic. A period of chaos was observed, particularly during the second wave of Covid-19, as a result of insufficient staffing, which led to subpar supply chain management and healthcare administration.

Lack of funds and poverty levels *(Akuffo & Soop, 2020; Faunce & Nasu, 2008; Nasir et al., 2018; Saha & Paul, 2021; Williamson & Fast, 1998).* Higher-income individuals typically have longer lifespans and greater health. They are more likely to live in safe locations. Access to shops and healthy meals is easier for them. They typically have simpler access to locations where they can work out or partake in other activities. People with low salaries are more likely to live in a community that is impoverished. They are more prone to encounter situations that might be harmful to their health. A few issues include inadequate housing, difficulty obtaining good food, and a lack of time for physical activity whereas people living in poverty tend to have these basic amenities out of their reach. While non-communicable lifestyle diseases including diabetes, hypertension, cancer, and others are rapidly increasing in metropolitan areas, communicable diseases remain the main cause of death in rural and underdeveloped areas. This limits the government's capacity to effectively concentrate on and lower the number of disease cases in any one category.

For example, in rural places, it might be difficult to find providers and resources for mental health. Because of this, primary care doctors frequently fill in the gaps and offer mental health services. Primary care physicians, however, can experience difficulties that could restrict their capacity to offer mental health care access, such as inadequate financial reimbursements or a lack of patient interaction time. Also, according to research, rural women, especially nomads, dramatically underuse maternity and child health services as compared to the metropolitan population (Abiodun, 2010).

Low health literacy *(Fineman, 2005; Institute of Medicine et al., 2004; Santafé-Madueño et al., 2023; Sarper, 2022).* A patient's capacity to comprehend health information and instructions from their healthcare professionals is influenced by their level of health literacy. All hospitals, both public and private, ought to have top-notch hygienic infrastructure and facilities for treating patients. If necessary, they or their family

members should receive high level training while receiving medical attention at hospitals. Most of the time, our patients are uninformed about the treatment and are taken advantage of.

Cultural factors *(Ajala, 2009; Ashcroft, 2001; Christiansen et al., 2020; Liu et al., 2022; Tjale & De Villiers, 2004)***.** India is a hugely diverse nation, with religious and cultural customs shifting every 100 kilometers. Each community possesses its own taboos and centuries-old customs that, when violated, cause a reaction that occasionally causes conflict between the public and the government. Access to healthcare is more likely to be hampered by social stigma issues. Due to uneasiness or privacy concerns, people living in rural areas may be reluctant to seek treatment for common chronic illnesses as well as common mental and substance abuse disorders. Cultural traits, sociodemographic traits, and economic considerations are things to take into account when figuring out the demand for health services in a specific nation (Zurn et al., 2004).

4.2 Towards finding the accessibility of healthcare for all

The healthcare system has been designed to keep the population as healthy as possible. Health care access is the availability of medical services for the prevention, recognition, diagnosis, and treatment of illnesses, diseases, disorders, and other issues that have an effect on one's health irrespective of gender, class or religion. Some of the factors that will help to make healthcare accessible are listed below.

Government institutions with free medical facilities *(Pardeshi, 2005)***.** One of the main factors pushing individuals into poverty is the sharp rise in the cost of medical facilities. For example, according to other studies, kickbacks from pharmaceutical and device firms, referrals to other doctors, or cesarean sections all result in needless operations like CT scans, stent insertions, and cesarean sections. It should be possible to make generic medications and their supplies available to all hospitals, throughout all of India. The "shortages amid surplus paradox" is caused by improper distribution of the healthcare personnel (Hart et al., 2002). Government policies should be revised with regard to the healthcare sector.

Providing healthcare literacy *(Costantini, 2021; Fiander, 2011; Haslinger-Baumann, 2018; Joyner, 2011; Murphy, 2000)***.** The ability of a person to access, process, and comprehend the fundamental health information and services required to make wise health decisions is referred to as health literacy (Fineman, 2005; Institute of Medicine et al., 2004). A lot of previous studies have highlighted the importance of health literacy (Hadden & Kripalani, 2019; Institute of Medicine et al., 2004; Santafé-Madueño et al., 2023; Sarper, 2022). Literacy in general provides the skills required to make wise judgements regarding one's health. Lifespan rates are higher for those with higher levels of education. They are more likely to engage in physically active pursuits and regular doctor appointments. They are less prone to engage in harmful behaviors like addicting habits. Additionally, education often results in positions that pay more. These frequently include advantages including health insurance, better working conditions, and the chance to interact with others. Better health is the result of all of these factors.

By quoting from the holy scriptures, one might appeal to peoples' religiosity to support their health messaging. It is possible to interpret local beliefs so that they support the desired health behaviors (Abiodun, 2010). The promotion of a healthy lifestyle also acquires significant significance in this context. Many nations are

dealing with a double burden of disease as the prevalence of non-communicable diseases (NCDs) such as cancer, diabetes mellitus, and cardiovascular diseases rises.

Government schemes for disabled *(Barber, 2014; Chambers, 1998; &na; & &NA;, 2004; Saulo et al., 2012)***.** People with disabilities could be unable to have a paid job as a result of their disability, or they could be getting public benefits and exhausting their medical coverage, which reduces their ability to pay for medical expenses.

Having a suitable infrastructure to provide medical facilities. The country's healthcare issues have long been viewed as having a single solution: universal healthcare. A system that offers medical services to individuals without regard to their ability to pay is referred to as universal healthcare. It attempts to guarantee that healthcare services are available to everyone and are affordable. To do this, it is necessary to have a strong and healthy physical and human infrastructure that can cater to the demands of patients. The goal of universal health care is to raise the community's average level of health. Increasing the community's capacity to live a happy and fruitful life.

Additionally, a significant problem with low-cost and free clinics that can be found in and near low-income communities frequently have a bad reputation for the kind of treatment they offer, which deters lower-income individuals from using them as a resource as they navigate the healthcare system (Hawthorne & Kwan, 2013). The geographic distance between people's homes and healthcare facilities can be taken into account when evaluating access to healthcare services, as well as the number of healthcare options available to a person (Delamater, 2013; Penchansky & William Thomas, 1981). Spatial accessibility is the result of this geographic accessibility and healthcare opportunities (Khan & Rabbani, 2015; Phadke, 2018; Rau & Vega, 2012). Access to healthcare is decided by the spatial accessibility of healthcare services, which is a primary deciding factor of healthcare utilization (Siegel et al., 2016).

5. Conclusion

We conducted a systematic literature review on healthcare accessibility. We demonstrated a publication timeline in which we could find that the growth on the publications of healthcare accessibility was consistent. It saw a growth in the publications during the COVID-19 pandemic. We also presented the geographical scope of the publications in the sector. Most of the studies are published in the USA. China and India are the top most Asian countries with the maximum number of publications. We also conducted content analysis to address our third research question. We received four major inputs that could help to make healthcare accessible to all irrespective of gender, class or religion and which are as follows: a) Government institutions with free medical facilities b) Government schemes for disabled c) Providing healthcare literacy d) Having a suitable infrastructure to provide medical facilities. Our factors will help future practitioners and involved stakeholders to make healthcare accessible to everybody.

6. Limitations and Implications

Our study is also bounded by some of the limitations. First, we used Google scholar as our database. More relevant databases can be considered in future studies. Future studies can focus on various characteristics

such as publication scope, published authors, themes used and research methods used in the field of study and contribute to the theoretical literature. Our study offers inputs that will help policy makers in the healthcare industry to understand how medical facilities can be accessible to all but not enough light is not shed that how these inputs can be practically implemented. Future scholars can identify more factors that will help to make healthcare accessible to all irrespective of gender, class or religion.

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