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## The Impact of Rising Living Costs on Healthcare Services after 2021: An Evaluation Based on the Perspectives of Individuals Living in Türkiye

### 2021 Sonrası Artan Yaşam Maliyetlerinin Sağlık Hizmetleri Üzerindeki Etkisi: Türkiye’de Yaşayan Bireylerin Görüşlerine Dayalı Bir Değerlendirme

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#### Abstract

Economic crises or rising living costs have a profound impact on social life. Anticipating the consequences of such crises is crucial for developing strategies to address them effectively. This study aims to provide insights into the effects of the observed cost of living from 2021 onward on healthcare services in Türkiye. The research was conducted as a descriptive and cross-sectional study involving a sample of 468 participants. It focused on individuals receiving healthcare services in 2022 in a province located in eastern Türkiye. Data was collection using an 11-item measurement tool designed by the researcher, drawing upon existing literature and the structure of the Turkish healthcare system. Statistical analysis was performed using SPSS v22.0 software, with random sampling methods, and results were interpreted at a 95% confidence level ( $p < 0.05$ ). Among sociodemographic factors, only working status showed statistical significance, revealing that unemployed participants were the most affected by the rising cost of living. An item-level analysis of the measurement tool indicated that during the early stages of the economic downturn, individuals experienced low satisfaction with healthcare services, difficulties in accessing medication, a shortage of available appointments, and an increased referral rate. Consequently, severe living conditions have adversely impacted access to healthcare resources. Given the transitional nature of this period, continued public investment in the healthcare system and the implementation of best practices are recommended to aid recovery from the crisis.

**Anahtar Kelimeler:** Attitudes, cost of living health services, patient satisfaction

**JEL Kodları:** B26; H51; I10

#### Öz

Ekonomik krizler veya artan yaşam maliyetleri, sosyal hayat üzerinde derin etkiler yaratmaktadır. Bu tür krizlerin sonuçlarını öngörmek, onlarla mücadele etmek için stratejiler geliştirilmesi açısından kritik öneme sahiptir. Bu çalışma, 2021 ve sonrasında gözlemlenen yaşam maliyetlerinin Türkiye’de sağlık hizmetleri üzerindeki etkilerine dair bilgi sağlamayı amaçlamaktadır. Tanımlayıcı ve kesitsel bir çalışma olarak tasarlanan araştırmada, 468 katılımcıdan oluşan bir örneklem yer almıştır. Araştırma, 2022 yılında Türkiye’nin doğusunda bir ilde sağlık hizmeti alan bireyleri incelemiştir. Veri toplama, literatür ve Türkiye’nin sağlık sistemi yapısına referansla, araştırmacı tarafından tasarlanan 11 maddelik bir ölçüm aracı kullanılarak gerçekleştirilmiştir. İstatistiksel analizler SPSS v22.0 yazılımı ile rastgele örnekleme yöntemi kullanılarak yapılmış ve sonuçlar %95 güven düzeyinde ( $p < 0,05$ ) yorumlanmıştır. Sosyodemografik faktörler arasında yalnızca çalışma durumu istatistiksel olarak anlamlı bulunmuş ve işsiz katılımcıların artan yaşam maliyetlerinden en fazla etkilenen grup olduğu ortaya çıkmıştır. Ölçüm aracının madde düzeyindeki analizi, ekonomik durgunluğun erken dönemlerinde bireylerin sağlık hizmetlerinden düşük memnuniyet, ilaç erişiminde zorluklar, randevu bulma fırsatlarında azalma ve sevk

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oranlarında artış yaşadığını göstermiştir. Sonuç olarak, şiddetli yaşam koşulları bireylerin sağlık kaynaklarına erişimini olumsuz etkilemiştir. Krizin geçici bir dönem olduğu göz önüne alındığında, kamu sağlık yatırımlarının devam etmesi ve bu krizden çıkış için en iyi uygulamaların yapılması önerilmektedir.

**Keywords:** Tutumlar, hayat pahalılığı, sağlık hizmetleri, memnuniyet

**JEL Codes:** B26; H51; I10

## 1. INTRODUCTION

Inflation, which is defined as a decrease in purchasing power accompanied by an increase in the prices of goods and services over a specific period, leads to significant and lasting economic and social consequences. The crisis resulting from inflation highlights the vulnerabilities of a financially open economy (Rodrik, 2012). This economic turmoil not only affects the economy itself but also has an impact on strategic sectors like healthcare. While some crises have more severe social and global implications, countries and institutions that make the right decisions and have successful economic performance can more easily overcome the crisis (Aslan and Çınbulak, 2022; Saleh, 2023). The relationship between financial crises and health is widely accepted. As with many other fields (Crookes et al., 2020), the healthcare sector changes during crisis periods, such as restructuring, reforms, and new practices (Simou and Koutsogeorgou, 2014). However, during financial pressures and inflation, the decrease in individuals' disposable income leads to a contraction in demand, causing households to develop strategies to reduce expenses in all sectors (Spina, 2015). Therefore, the government's management of health expenditures and their political responses to the crisis play a critical role (de Belvis et al., 2012). There have been insufficient studies addressing the impact of the financial crisis or cost of living Caused by inflation, on healthcare services in Türkiye. Especially recently, no such study has been conducted to examine how high inflation and the cost of living, which have had serious effects in every field, affect both the supply side and demand for health services. Therefore, this study aimed to determine individuals' perceptions of the economic turbulence that has occurred lately. The paper was conducted in 2023 to examine the effects of the cost of living that took place in 2022, in Bingöl located in the eastern part Türkiye, focusing on the initial effects and short-term consequences of the economic downturn on healthcare. For this reason, the opinions of hospital service users on the effects of the economic crisis at the beginning of 2021 in Türkiye on health services are resorted to. The effects of economic challenges and inflation on individuals often become apparent over time. For instance, symptoms of post-traumatic stress disorder (PTSD) typically emerge at least six months after the initial stressor. Moreover, in the medium to long term, the reduction in individuals' purchasing power, the experiences of unemployment and poverty, and shifts in living standards are notable consequences that gradually manifest (Ayla et al., 2019; Bakan et al, 2011). Accordingly, the adequacy of health services, their affordability, communication with healthcare staff, and service satisfaction were determined by consulting the opinions and perceptions of citizens living in the province.

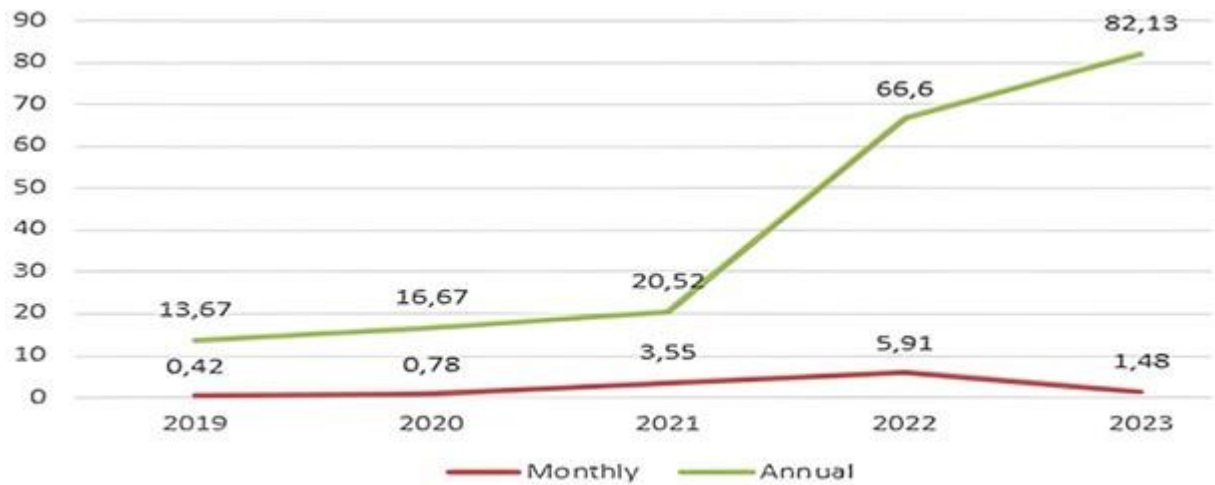
## 2. LITERATURE REVIEW

Periods of economic turmoil create general unrest, and this issue becomes even more important when it comes to healthcare. The impact of an economic crisis on health has significant consequences, particularly for patient outcomes, access to medication, and the workforce, including issues like employee dismissals and non-payment of wages (Fleming, 2023; Simou and Koutsogeorgou, 2014). Moreover, during a crisis, both public and private health institutions may reduce health expenditures as a measure of austerity, shifting the financial burden onto individuals and resulting in difficulties in accessing healthcare for those

without insurance (Kentikelenis et al., 2011; Vlasiadis et al., 2019). Expanding the coverage of public health insurance has been considered as a way to alleviate the pressure on individuals' demand for healthcare services during inflationary periods (Palencia et al., 2014). In addition to financial austerity, other issues such as cost-sharing strategies (de Belvis et al., 2012), a shift in demand from private to public settings (Yang et al., 2001), and hospital mergers become more pronounced over time (Karathanasi et al., 2015).

All of those negative developments mentioned above contribute to unmet health needs, including unfinished surgical treatments, length of waiting for a doctor or healthcare services while in hospital, and increased waiting times for appointments (Israel, 2016; Simou and Koutsogeorgou, 2014). Another health-related problem that arises during a crisis or inflation environment is the insufficient access to services for disadvantaged groups, leading to inequalities and an increased demand for emergency health services across all segments of society (Charalambous et al., 2015; Guessous et al., 2014). On the other hand, in high-cost living environments, both psychological and physical health of the population may be negatively affected, resulting in increased rates of death and disease, decreased quality of life, and reduced life expectancy at birth (Roelfs et al. 2011). For example, the average life expectancy at birth, calculated annually by the Turkish Statistical Institute (TURKSTAT), a government agency in Türkiye, was 78.3 just before the crisis period of 2018-2020. However, during the first phase of the crisis between 2020 and 2022, this rate dropped to about 77.5 (TURKSTAT, 2023). The extent of the crisis experienced in Türkiye over the last five years, as shown in Figure 1, highlights the critical nature of the healthcare issue.

Figure 1: Change rates in Health according to the Consumer Price Index (CPI) (%)



As shown in Figure 1, the change rates of CPI in health, which indicate the inflation level, have increased both monthly and annually over time. Although the monthly CPI has somewhat decreased as of 2022, there has been a significant increase in the annual rate from 2021 to the end of 2023, highlighting the alarming and crisis dimension in Türkiye. The high cost of living in Türkiye might be due mostly to COVID-19, but also to structural and policy choices in Türkiye. This high cost of living and inflationary environment, which is specific to Türkiye, is likely to have significant consequences on health services, as in every other field. Therefore, this study investigated the impact of this economic downturn on individuals' access to health services.

### 3. METHODS

This section of the study provides a comprehensive overview of the research design, the measurement tool employed, the sample size, data collection methods, and the statistical techniques used for analysis.

#### 3.1. Study Design and Measurement Tool

This study is descriptive with a cross-sectional design, as it was conducted within a specific timeframe and population (Alpar, 2014; Metintaş and Atay, 2019). Following the establishment of the measurement tool's validity and reliability, the sample size was determined and data collection proceeded accordingly. To ensure content validity, expert opinions were sought. Literature recommends consulting at least three subject matter experts to establish content validity (Ekici et al., 2023). In this study, five experts from the fields of nursing and health management evaluated the survey items, which were developed by the researcher based on existing literature and the structure of Türkiye's healthcare system. To assess construct validity and internal consistency, item analysis and exploration factor analysis were conducted. Validity and reliability were further examined using Bartlett's Test of Sphericity, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, Cronbach's Alpha, total item correlation, and item deletion analysis (Table 1). All item-total correlations exceeded the recommended threshold of 0.20, and factor loadings in the extraction phase were above 0.50, indicating no problematic items (Hasançebi et al., 2020). A pilot test was then conducted with 30 participants who shared characteristics with the main sample, aligning with recommendations in the literature for preliminary testing (Ekici et al., 2023). As a result, the measurement tool was determined to be both valid and reliable.

**Table 1:** Measurement Tool Validity and Reliability

Items	Extraction	Total correlation	If item deleted	Cronbach's Alpha	(KMO)	Bartlett's Test
Item-1	0.661	0.550	0.649	0.674	0.707>0.60	0.001<0.05
Item-2	0.652	0.337	0.636			
Item-3	0.668	0.280	0.628			
Item-4	0.668	0.309	0.641			
Item-5	0.511	0.388	0.605			
Item-6	0.656	0.490	0.567			
Item-7	0.589	0.392	0.585			
Item-8	0.615	0.351	0.593			
Item-9	0.521	0.312	0.621			
Item-10	0.738	0.498	0.562			
Item-11	0.677	0.505	0.557			

Through pilot testing and expert input, attempts were made to remove any errors and uncertainties in the survey questions. The reliability of the pilot sample was assessed using Cronbach's alpha coefficient ( $\alpha$ ) and was determined to be 0.725. Yet, the overall Cronbach's alpha ( $\alpha$ ) value for the survey, based on the data analyzed in the research, was found to be 0.674, indicating an acceptable and reliable score (Alpar, 2014).

The instrument was divided into two parts. The first part collected demographic data, including gender, marital status, age, education level, working conditions, and income level per month. Sociodemographic variables were determined based on the research's nature, including variables that were believed to impact individuals' access to health services. The second part consisted of an 11-item survey where respondents provided their opinions on a 3-point Likert scale as well as item-based analysis. The survey assessed how the economic and

living-cost problems affected the healthcare system, ranging from strongly disagree to strongly agree.

### 3.2. Sample Size

This descriptive, cross-sectional study employed a random sampling method to select participants. The research targeted people who applied to the hospital due to any health problem in Bingöl city center. No specialty was selected for the sample. Citizens living in the city where the study took place and receiving health services at least once in 2022 were included, and those over the age of 18 were included. The sample size was calculated using the following data and equations (Karagölge and Peker, 2002; Naing et al., 2006):

- N = population size (180,000)
- n = sample size (?)
- p = incidence of the event to be examined (0,5)
- q = the incidence of the absence of the event to be examined (0,5)
- t = standard normal Z value corresponding to a cumulative probability of 1- $\alpha/2$  (1.96).
- d = sampling error (0,05)

$$n = \frac{Nt^2pq}{d^2(N-1) + t^2pq}$$

In 2022, when the study was conducted and the impact of inflation pressure was felt nationwide, the city's population center, in which the study was carried out, was approximately 180,000 (TURKSTAT, 2023). When the necessary data for calculating the sample size was input into the formula, the lower limit of the sample size for the study was determined to be 383 people. However, 468 questionnaires were fully completed. It is widely known that an adequate sample size includes enough respondents to provide reliable results and reduce the probability of type 1 error. Consequently, more participants were sampled than initially needed.

### 3.3. Data Collection

This study assessed the impact of high inflation and rising cost of living in Türkiye on health services from the perspective of residents. Data was collected between March and May 2023. The survey was conducted through face-to-face interviews, taking approximately 4-5 minutes to complete. Participants did not receive compensation. Lastly, informed consent was obtained verbally from those who agreed to participate in the research.

### 3.4. Statistical Analysis

In the study, normality was not found with the Kolmogorov-Smirnov and Shapiro-Wilk tests ( $p = 0.001$ ). However, the skewness and kurtosis values were 0.188 and 0.101, respectively. Since the skewness and kurtosis values of the survey were approximately within the accepted limits of -2.00 and 2.00 (George and Mallery, 2020; Tabachnick and Fidell, 2013), parametric tests were used for analysis. Therefore, a t-test was used to compare binary data, and the ANOVA test statistic was employed to compare more than two groups. Frequencies (n) and percentages (%) were used to summarize the descriptive variables. As for continuous data, central measures of tendency and central dispersion, such as mean and standard

deviation, were utilized. The statistical analysis was carried out using the SPSS statistical program. Results were interpreted with a 95% confidence level ( $p < 0.05$ ).

Ethics committee permission was obtained from the Bingöl University Social and Human Sciences Scientific Research and Publication Ethics Board with the document dated December 27, 2022, and numbered 33117789-044-90089. Ethical principles were complied with throughout the study process. Moreover, this research was conducted in accordance with the principles of the Declaration of Helsinki ([www.wma.net/e/policy/b3.htm](http://www.wma.net/e/policy/b3.htm)).

#### 4. RESULTS

Among the 468 respondents, 259 were male, and 58.8% were married. Regarding age distribution, 41.9% were aged 50 years and older, 34.6% were between 30 and 49 years old, and the remaining respondents were between 18 and 29 years old. In terms of educational attainment, the largest group consisted of high school graduates (32.3%), followed by primary school graduates (22.9%). Additionally, 19.0% held undergraduate degrees, 14.7% had associate degrees, 9.2% were illiterate, and 2.1% held postgraduate degrees. At the time of data collection, the minimum wage in Türkiye was approximately 5,500 Turkish lira (TL), equivalent to \$294. Based on this benchmark, 32.1% of respondents reported a monthly income below the minimum wage. In contrast, 32.9% reported a monthly family income exceeding 10,000 TL (approximately \$535), while the remaining respondents reported incomes between 5,500 TL and 10,000 TL (i.e., between \$294 and \$535) (Table 2).

**Table 2:** Distribution of Respondents' Sociodemographic Characteristics

Independent variables		Frequency (f)	(%)
Gender	Female	209	44.7
	Male	259	55.3
Marital status	Single	193	41.2
	Married	275	58.8
Age	18-29	110	23.5
	30-49	162	34.6
	50 <	196	41.9
Training level	Illiterate	42	9.0
	Primary school	107	22.9
	High school	151	32.3
	Associate's degree	69	14.7
	Undergraduate graduate	89	19.0
	Postgraduate	10	2.1
Working condition	Not-working	304	65.0
	Working	164	35.0
Income state	5.500 ₺>	141	32.1
	5.500 ₺-10.000 ₺	129	35.0
	10.000 ₺<	69	32.9

Table 3 below presents a framework summarizing respondents' perspectives on the cost of accessing healthcare needs. The majority of respondents (77.3%) indicated that the current economic hardship has had a negative impact on healthcare services, both strongly and somewhat. The percentage of those who completely agreed with the research was 34.4%. Approximately 35.0% of respondents reported not being able to fully take their prescribed medication, while 26.7% indicated that they were unable to obtain the medication at all. Furthermore, 27.6% of respondents had difficulty finding prescribed medicines in pharmacies, while 33.1% stated that they had limited access to the medicine. However, 39.3% of respondents expressed no problems accessing medicine. Additionally, during the economic

turmoil, around 26.3% of respondents postponed their healthcare needs, while approximately 37.2% partially suspended their health needs, indicating severe consequences of the crisis. One of the survey items measuring the impact of inflation and the high cost of living on access to healthcare is related to patients' ability to make appointments. Regarding this item, about 43.6% of respondents stated that they did not have any ALO 182 and MHRS (Central Physician Appointment System) appointment opportunities, and approximately 36.5% were only able to make a partial appointment. Only 26.3% of respondents stated that they could easily make an appointment.

The satisfaction rate with the hospital's health services was moderate. In terms of health satisfaction during times of crisis, 26.1% of survey respondents reported being perfectly satisfied, while the majority stated partial satisfaction (52.1%). What was even worse was that satisfaction with the hospital's health services fell far short of expectations, with 73.9% expressing dissatisfaction. During such economic hardships, health staff are also likely to be affected, leading to dissatisfaction, personnel shortages, and inadequate service quality, among other issues (Cervero-Liceras et al., 2015; Recio et al., 2022). Therefore, when asked about the adequacy of hospital staff, 46.4% of respondents stated that there was a shortage of health personnel, while only 16% stated that there was sufficient medical staff. In both crisis periods and normal periods, inadequate supply of resources and a lack of experience among personnel contribute to an increase in the referral rate. As a result, nearly 40.6% of respondents in the study were referred to another province or institution when the research was conducted. Another parameter examined in the study during the crisis was the level of communication with hospital staff. According to the findings, 39.3% of respondents stated that they were able to communicate easily with physicians during the service process, while 20.5% reported encountering some difficulties. Similar issues were observed with other healthcare personnel, such as nurses and support staff, in terms of communication during turmoil. Finally, the total mean score for the survey items as presented in Table 3 seems to be higher ( $\bar{x}=2.08$ ;  $SD=0.357$ ), indicating the perception of respondents might have to do with negative high-cost effect on healthcare.

**Table 3:** Respondents' Assessments on the Effects of the Financial Crisis by Items

Items	Descriptive statistics		Strongly disagree		Somewhat		Strongly agree	
	$\bar{x}$	SD	f	(%)	f	(%)	f	(%)
Financial crises have a negative impact on healthcare services I received from the hospital	2.12	0.747	166	22.6	201	42.9	161	34.4
I have difficulty in paying for the medication prescribed by doctor	2.08	0.782	125	26.7	179	38.2	164	35.0
I can easily find prescribed medications from drugstores	2.12	0.810	129	27.6	155	33.1	184	39.3
I have to suspend my unmet health needs due to financial crisis	1.90	0.787	171	36.5	174	37.2	123	26.3
I can easily make an appointment via online platforms such as ALO 182 and MHRS	1.81	0.804	204	43.6	149	31.8	115	24.6
I am satisfied with the health services provided by the hospital I received service	2.04	0.691	102	21.8	244	52.1	122	26.1
Health services I got from the hospital meets my expectations	2.01	0.717	118	25.2	228	48.7	122	26.1
The health staff (doctors, nurses, etc.) working in the hospital are sufficient	1.70	0.730	217	46.4	176	37.6	75	16.0
Thanks to the personnel and medical shortages I have been referring to the other provinces outside the city	2.14	0.808	124	26.5	154	32.9	190	40.6
I can easily communicate with the doctors in the hospital during receiving healthcare services	2.19	0.751	96	20.5	188	40.2	184	39.3
I can easily communicate with other staff (nurses, admission, overheads, security, etc.) in the hospital	2.16	0.805	119	25.4	153	32.7	196	41.9

The impact of the high cost of living observed in the province on healthcare services' sociodemographic characteristics of the respondents was examined in Table 4. When analyzing the table, only the variable of working conditions showed a statistically significant difference ( $p = 0.005$ ;  $t = 2.796$ ). Consequently, the impact of the economic hardship on health services was perceived to be higher among the unemployed. It can be concluded that the current high cost of living significantly affects those who are not working and those with a lower income level per month.



**Table 4.** Respondents' Inferential Statistical Results

Participant characteristics		Statistics on the survey			
		$\bar{x}$	SD	t/F test	P value
Gender	Female	2.05	0.366	1.393	0.164
	Male	2.01	0.349		
Marital status	Single	2.01	0.369	1.177	0.240
	Married	2.04	0.349		
Age	18-29	1.99	0.372	1.515	0.221
	30-49	2.01	0.326		
	50 <	2.06	0.372		
	Illiterate	2.09	0.377		
Training level	Primary school	2.08	0.386	1.293	0.256
	High school	2.00	0.348		
	Associate's degree	1.93	0.369		
	Undergraduate graduate	2.03	0.302		
	Postgraduate	1.89	0.427		
Working condition	Not-working	2.59	0.359	2.796	0.005*
	Working	1.99	0.352		
	5.500 ₺>	2.04	0.358		
Income state	5.500 ₺-10.000 ₺	1.99	0.354	1.067	0.345
	10.000 ₺<	2.05	0.360		

## 5. CONCLUSIONS AND DISCUSSION

Türkiye has experienced several financial crises in recent decades, each significantly influencing social life. Notable among these are the crises of 2001, 2008–2009, 2016, and the global economic downturn following the COVID-19 pandemic, the effects of which have been acutely felt since 2021. The economic crisis and the sharp rise in the cost of living beginning in 2021 have posed particularly severe challenges for Türkiye, surpassing the impact of previous financial crises. While this surge in living costs may stem from post-COVID-19 global economic disruptions, it may also reflect the political decisions of the country's leadership. Regardless of its origins, the ongoing crisis has profoundly affected social life, with significant repercussions for public health and various other sectors. Unlike earlier crises, the 2021 economic downturn appears to have had more pronounced adverse effects on healthcare services. However, research examining these impacts within Türkiye remains limited. This paper seeks to address this gap by exploring inflationary pressures on the Turkish healthcare system, as perceived by respondents.

In this study, the majority of respondents acknowledged the increased cost of living and believed that the crisis had affected the provision of health services to some extent. Most respondents reported issues with both the availability and affordability of prescribed drugs. A significant number of respondents mentioned that they had deferred their health needs partially or entirely due to the crisis. Additionally, there were disruptions in healthcare services and difficulties in scheduling appointments due to inflation and the high cost of living. When measuring the impact of the economic turmoil on satisfaction with health services, approximately half of the respondents stated that they were partially satisfied, while over a quarter expressed absolute dissatisfaction. Furthermore, more than one in three respondents reported that the health services provided in hospitals they got were either partially or completely inadequate. Respondents also mentioned a lack of personnel in the hospitals, high referral rates, and difficulties in communicating with physicians and other

healthcare staff. Regarding the sociodemographic characteristics of the respondents, a statistically significant difference was found among those who were not employed, concerning the impact of the economic crisis on health services.

Here, the findings of some published studies regarding how the previously experienced economic crisis has affected healthcare or influenced individuals' perceptions are discussed. A study conducted in the European Union (EU) zone (Mitropoulos, 2021) indicated a decline in the provision of health services during periods of economic turbulence, leading to a low perception of quality among service users. In another paper (Cervero-Liceras et al., 2015), undesirable consequences such as budget cuts, increases in out-of-pocket spending, and reductions in health staff were observed during the crisis. Furthermore, another study (Popic et al., 2019) found that females, older individuals, and those in the lowest income level quintile were more likely to have unmet health needs, highlighting the profound negative effects of economic crises on disadvantaged groups. However, even during the crisis, it is still possible to provide quality, effective, and efficient health services it may be possible to provide. For instance, in a study (Karathanasi et al., 2015), carried out in both public and private hospitals, despite the high cost of living and economic crisis, both public and private healthcare services showed positive quality.

Consumers are less likely to spend money on healthcare and seek medical help when they are worried about their finances (Parker, 2009). Therefore, factors such as low income and education level, chronic diseases, unemployment, being female, having private health insurance, and other disadvantageous situations can hinder individuals from accessing healthcare services (Fernández et al., 2015; Zavras et al., 2016). A study conducted on private hospitals during the partial economic crisis in Türkiye in 2016 (Aslan and Çınbulak, 2022) revealed that hospitals downsized by laying off staff. The study also found a decrease in the number of qualified hospital beds, a drop in readmissions, and a significant reduction in the bed turnover rate. However, despite the crisis, patient satisfaction with health services provided by private hospitals increased. A systematic review study (Recio et al., 2022) investigating the impact of the crisis on society and health identified unmet health needs, restrictions on drug expenditures, a decrease in hospital bed utilization, and the privatization of services as the most frequently discussed themes. Economic crises and high cost of living not only directly affect health and increase poverty, but also have indirect consequences such as increased alcohol consumption, mental health disorders, and a decline in self-health assessment. Additionally, the crisis has led to a sharp rise in suicides and deaths (de Belvis et al., 2012; Simou and Koutsogeorgou, 2014)

In spite of the aforementioned points, this research has several limitations. Firstly, it was conducted in only one city, which is a major limitation. Additionally, the research was conducted during the early stages of the crisis period, which is another significant limitation. Furthermore, the research solely relies on users' perceptions towards the healthcare they received during economic turmoil. However, there may be other factors influencing respondents' perceptions. Another limitation is that the paper is just limited to the province settlers during the economic and social crisis resulted from inflation. Nevertheless, the changes such as privatization, city hospitals in our health system, and the people who cannot access health services in terms of diverse factors are excluded. As such factors are excluded, assessing the real impact of the crisis may be inadequate.

Despite the significant impact of the economic crisis felt from 2021 on Türkiye's outlook, high inflation has not significantly changed the overall nature of the country's health systems. However, several consequences were observed in healthcare services, including a decrease in

satisfaction levels, issues with accessing medicine, an increase in the referral rate, and insufficient appointment opportunities. The results obtained in this study might be, of course, temporary or cyclical, but individuals' perceptions of health services and their views on affordability during inflation periods are important, as they have shown how quickly the crisis spreads in social processes. Another critical point is that Türkiye's healthcare system is largely funded through national taxes and premiums, and this could have had positive effects on the current study. Since nearly 80% of healthcare funding is derived from public sources, the development of public health insurance might have shown that the economic downturn has a limited impact on citizens' access to health services. Consequently, Türkiye should adopt all the best practices to overcome these economic hardships. Such practices should be like supporting people's purchasing power, expanding public health insurance coverage, increasing people's access to medicine and health services, and improving working conditions and personal rights of health workers as well as enhancing the number of staff. As this is a transitional period, I recommend that investments in the health system are not interrupted. The extent of the financial crisis should also be revealed by adequate research carried out in other hospitals and in other social fields. The current paper focuses on the early effects of the high cost of living on public health from the perspective of respondents. Thus, it is too early to estimate precisely the impact of the economic crisis on health in Türkiye. Nevertheless, the current findings might provide new insights into the perception of crises.

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