

Araştırma Makalesi/ Research Article

Experiences of Older Adults in Türkiye Accessing Healthcare Services: A Qualitative Study

Türkiye'deki Yaşlı Yetişkinlerin Sağlık Hizmetlerine Erişim Deneyimleri: Nitel Bir Araştırma

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ABSTRACT

Objective: This research aims to deeply examine older adults' experiences of accessing healthcare services and understand their expectations of healthcare services within the framework of Penchansky and Thomas's Access Theory.

Methods: It is a qualitative research. Fifteen people aged 65 and over with a history of accessing health services participated in the study. Face-to-face interviews were held. Deductive content analysis was conducted.

Results: Older adults' experiences accessing healthcare services were examined under the themes of accessibility, availability, acceptability, affordability, adequacy, awareness, and expectation. Seven categories and 18 codes were created.

Conclusion: It was found that the majority of the elderly think that health services are not accessible and affordable, but are available, adequate and acceptable. Elderly people think that information and communication in health services are good. Their expectations were for good communication, good care and treatment, reduced waiting times at the hospital, improved appointment systems, no drug fees and home care services. It is recommended to develop practices such as home health services, tele-medicine and to make legal arrangements regarding the payment of medications. It is recommended to increase the employment of public health nurses in home care services.

Keywords: Aged, health services, qualitative research

ÖZ

Amaç: Bu araştırmanın amacı, Penchansky ve Thomas'ın Erişim Teorisi çerçevesinde yaşlı yetişkinlerin sağlık hizmetlerine erişim deneyimlerini derinlemesine incelemek ve sağlık hizmetlerine ilişkin beklentilerini anlamaktır.

Yöntem: Nitel bir araştırmadır. Araştırmaya, sağlık hizmetlerine erişim öyküsü olan 65 yaş ve üzeri 15 kişi katılmıştır. Yüz yüze görüşmeler yapıldı. Tümdengelimli içerik analizi yapılmıştır.

Bulgular: Yaşlı yetişkinlerin sağlık hizmetlerine erişim deneyimleri erişilebilirlik, ulaşılabilirlik, kabul edilebilirlik, karşılanabilirlik, yeterlilik, farkındalık ve beklenti temaları altında incelenmiştir. Yedi kategori ve 18 kod oluşturulmuştur.

Sonuç: Yaşlıların çoğunluğunun sağlık hizmetlerinin erişilebilir ve karşılanabilir olmadığını ancak kullanılabilir, yeterli ve kabul edilebilir olduğunu düşündükleri bulunmuştur. Yaşlılar, sağlık hizmetlerinde bilgilendirmenin ve iletişimin iyi olduğunu düşünmektedirler. Beklentileri iyi iletişim, iyi bakım ve tedavi, hastanede bekleme sürelerinin azalması, randevu sistemlerinin iyileştirilmesi, ilaç ücretinin alınmaması ve evde bakım hizmetlerinin sunulmasıydı. Evde sağlık hizmetleri, tele-tıp gibi uygulamaların geliştirilmesi ve ilaçların ödenmesine ilişkin yasal düzenlemelerin yapılması önerilmektedir. Evde bakım hizmetlerinde, halk sağlığı hemşirelerinin istihdamının artırılması önerilmektedir.

Anahtar Kelimeler: Yaşlı, sağlık hizmetleri, nitel araştırma

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Introduction

The proportion of the older adult population in Türkiye is increasing, similar to the demographic transformation of many countries in the world (Bostan and Sertkaya Doğan, 2019). The number of individuals aged 65 and older, defined as people in old age in Türkiye, was 8.722.806 in 2023, and the percentage of older adults in the total population reached 10.2%. It is predicted that this share will increase further (TURKSTAT, 2024). This prediction shows that “old age problems” will take a more important place on Türkiye's agenda in the coming years (Bostan and Sertkaya Doğan, 2019).

All the systems of the body undergo various changes during old age, such as structural and functional losses or regression (Yerli, 2017). Older adults are more prone to diseases due to the biological and physiological changes brought about by advanced age, and they have more health problems to address (Sönmez and Çevik, 2021). The demand for access to healthcare services may also increase to cope with these doubling health problems in old age (Özerdoğan et al., 2018). Adequate access to healthcare services is essential, especially for older adults, whose need to protect and improve their health and to receive treatment for diseases increases with age (Zhang et al., 2017). To evaluate whether access to health services is sufficient, the concept of access and the dimensions of access must first be well known.

Many studies (Aday ve Anderson, 1981; Frenk ve White, 1992; Shengelia ve ark., 2003) have been conducted by different researchers to explain the concept of access and its dimensions; however, it is not yet clear what this concept is, and researchers do not have a common view on the dimensions of Access (Levesque et al., 2013). Despite this, the most widely accepted study for defining the concept of access and explaining the dimensions of access is the framework of Penchansky and Thomas (Fret et al., 2019; Penchansky and Thomas, 1981). Penchansky and Thomas (1981) defined access as “a general concept that summarizes a set of more specific dimensions that define the adjustment between the patient and the healthcare system.” They stated that access had five dimensions: availability, accessibility, accommodation, affordability, and acceptability (Penchansky and Thomas, 1981). Saurman, reassessed this access framework and proposed a sixth dimension: “awareness” (Saurman, 2016).

This study aimed to perform an in-depth analysis of older adults' experiences accessing healthcare

services using the access framework explained above and interview questions designed to evaluate the dimensions of access and to determine their difficulties in accessing, the convenience of, and expectations about accessing healthcare services. Individuals' perceptions of their previous experiences can affect how they will realize their next experiences (Türnüklü, 2000). Therefore, determining the elderly's access to health services, the ease and difficulties they experience in accessing them, and their expectations from accessing health services can help determine and organize the elderly's subsequent experiences. In addition, it may enable individuals and organizations providing health services to determine the necessary regulations for these services and to work accordingly.

According to the international literature, there are various studies on older adults' experiences accessing healthcare services (Fret et al., 2019; Kelly et al., 2019). In Türkiye, where the demand for health services is high and the older adult population is increasing, research has been conducted on the level of use of health services by the elderly (Padır, 2016; Sahin, 2020); however, there are no studies examining their experiences accessing healthcare services from their perspectives, factors affecting their access, or their expectations. Additionally, no study in Türkiye has been conducted to analyze older adults' access to healthcare services using a framework (or model). Some studies are addressing the framework of access to healthcare services on which this study is based, but these studies do not include the evaluation of older adults (Gözlü and Tatlıdil, 2015; Kaya, 1995). Since no study addresses the experiences of older adults in Türkiye with accessing healthcare services within a structured access framework, this study can serve as an example for similar studies that examine access in the context of a framework on this subject and can guide researchers on how this access framework can be used. It is also thought that taking into account the findings of this research, arrangements can be made in healthcare services and policies to solve the difficulties experienced by older adults in accessing healthcare services, to further improve and expand the facilities, and to meet these people's expectations.

The aim of the study is to examine in depth the experiences of older adults in accessing health services and to understand their expectations from health services within the framework of Penchansky and Thomas' Access Theory. The research question

is: 'What are the difficulties and facilities that older adults experience in accessing health services and what are their expectations regarding access to health services?'

Methods

The Study Design

In this research, the phenomenological approach, a qualitative research method, was employed.

Study Group

The study group was formed using criterion and snowball sampling methods, which are purposeful sampling types. Purposive sampling is a frequently preferred sampling type in terms of providing effective management of limited resources by selecting people with rich knowledge about the phenomenon to be examined (Palinkas et al., 2015; Patton, 2014). Therefore, purposive sampling type was selected in order to identify people with experience that will enable us to access rich data, and the criteria for participation in the study were determined as 'being 65 years of age or older, having a history of access to health services, and having the level of awareness to answer the questions'. With snowball sampling, it is ensured that the sample is reached by directing the researcher to other people who meet the inclusion criteria of the research (Bienacki & Waldrof, 1981). It was preferred because it facilitates reaching potential research participants.

There are different views on how to determine the number of participants in qualitative research. There is no standard formula or criterion to define people's expressions (Luborsky and Rubinstein, 1995). Therefore, no sample was determined and interviews were conducted until data saturation was reached. Fifteen people participated in the research. Consent was obtained from the elderly stating that they participated in the study voluntarily. The interviews were audio recorded. Personal data of the elderly are hidden and the names of the elderly are A1, A2, etc. It is coded as.

Data Collection Tools

In this research, interview and semi-structured interview types were preferred as the data collection tool. During the preparation of the form to be used for the interview, first, a literature review was conducted. The dimensions of access determined by Panchansky and Thomas (1981) were presented in a study by Obrist et al., (2007) in a table called "Five Dimensions of Access to Healthcare Services", with definitions of the dimensions and questions regarding these dimensions. Questions related to the

five dimensions of this study were created by using the questions in this table. The questions about the sixth dimension were prepared based on the definition of the sixth dimension made by Saurman (2016). One question was about understanding the expectations of older adults regarding access to healthcare services. Below are sample questions with the related dimensions in parentheses.

- 1) How do you go to healthcare institutions (hospitals, family health centers, pharmacies, etc.)? (Accessibility)
- 2) What do you think about the adequacy of resources and facilities (such as the number and quality of materials, the number and quality of personnel, and the diversity of tests and examinations) in health institutions? Why? (Availability)
- 3) How do you think your language, beliefs, and culture affect your seeking or receiving services from healthcare professionals? Why? (Acceptability)
- 4) How do expenses for medicines, devices, examinations, and transportation to health institutions affect your receiving healthcare services? (Affordability)
- 5) How do you think hospitals and healthcare professionals handle issues such as hospital appointments, examination hours, and referrals to another service or hospital? (Accommodation)
- 6) How do you evaluate the information given by healthcare professionals on issues related to your health? Why? (Awareness)
- 7) What are your expectations of health institutions (hospitals, family health centers, pharmacies, etc.) or healthcare employees regarding your examination and treatment?

In addition to the probe questions created to detail the answers to these main questions, those asked to get to know the participants (age, gender, etc.) were also included in the interview form. The suitability of the questions for the method was evaluated by a faculty member teaching a qualitative research course. Afterward, two public health nursing experts were consulted about the same topic. One of the public health nursing experts suggested that the questions be modified to make them clearer and more colloquial so that older adults can understand. Accordingly, the questions were edited to make them clearer, shorter, and more intelligible. The other expert suggested asking detailed questions about the dependency levels of older adults and added that instrumental daily living activities could be questioned to do this. In line with this suggestion,

a literature review was conducted. Based on a study in which instrumental daily life activities were evaluated (Lawton and Brody, 1969; Tel Aydın et al., 2006), the following question was created: “Which activities, such as using the phone, doing housework, cooking food, shopping, getting on transportation vehicles, taking medications, and handling money, can you do with help and which can you do without help?”.

Data Collection

Interviews were initiated after ethics committee approval was obtained (Cappadocia University Non-Interventional Clinical Ethics Committee-letter dated 24.06.2022 and numbered 22/11). Two researchers conducted the interviews between 20-30 April 2023. People who met the research criteria were contacted using snowball sampling, one of the purposeful sampling methods. First of all, the consent of the elderly who volunteered to participate in the research was obtained. The Declaration of Helsinki has been complied with. This research was conducted by research and publication ethics. The interviews were held face-to-face in places that participants preferred (e.g., at home or somewhere near their home). Before the participants were asked the interview questions, a conversation atmosphere was created. Older adults' names are A1, A2, etc. It is coded as. The interviews were audio recorded with the consent of the older adults. It was informed that these voice recordings were made to better collect the answers given to the elderly and that they would not be used outside of the research. Important parts of the participants' answers were noted. After the participants answered the questions, some of the questions were read again, and the answers were confirmed. The interviews ended by thanking the participants for participating in the research. Interview times vary between 25-30 minutes. The data collection process was terminated when the data saturation point was reached.

Ethics Issues

Interviews were initiated after ethics committee approval was obtained (Cappadocia University Non-Interventional Clinical Ethics Committee-letter dated 24.06.2022 and numbered 22/11). The interviewees were informed about the research and their consent was obtained from those who agreed to participate in the research. The study was conducted following the Declaration of Helsinki. This research was conducted by research and publication ethics.

Data Analysis

Deductive content analysis was used to analyze the data of this research. The availability,

accessibility, accommodation, affordability, and acceptability dimensions of access determined by Penchansky and Thomas (1981) and the awareness dimension added by Saurman (2016) were taken as the themes of this research. Apart from these themes, an 'expectation' theme was created. While the data were being collected with the qualitative research method, data analysis was also initiated (Vaismoradi et al., 2013). No program was used in data analysis. The audio recordings made during the interviews were transcribed. Repetitive concepts and expressions in the interview text were colored. The codes created on the basis of these expressions were grouped under themes in accordance with the themes determined at the beginning. Categories were also created to reflect the themes. The codes and categories created were then assessed together by the study's researchers and given their final shape. The researchers successfully completed the 'Qualitative Research' course they took during their doctoral education and analyzed the data.

Results

Descriptive characteristics of the participants are presented in Table 1. The majority of the participants were found to be 70 years of age and older (n=8), female (n=12), primary school graduate (n=7), housewife (n=10) and middle-income (n=10). The number of those living alone was low (n=2). The number of those who did not receive any assistance while doing the activities was low (n=5). The majority of the participants (n=8) received health care from a health institution within 15 days (Table 1). In this part of the research, the codes, categories, and themes elicited from participants' responses to the questions about their experiences accessing healthcare services are presented in tables (Table 2). In addition, participants' responses supporting these codes, categories, and themes were presented as direct quote. One of the participants, A14, stated the following about the accessibility of healthcare services. “*You take one bus and access the hospital. It is easy to go and come...*” Some participants stated that healthcare services were not accessible, hospitals were far away, and that they needed someone's company to go to the hospital. Example expressions are:
“*There is a distance between my home and the hospital. The hospital is far from my home.*” (A4)
“*My husband or the children take me there. How will I go by myself? I cannot go anywhere alone.*” (A13)

Table 1. Participants' descriptive characteristics

Participants	Age	Gender	Education	Job	Income	Households	Status of getting help in activities	Latest presentation to healthcare services
A1	71	Female	Elementary school	Housewife	Middle	Son	For all activities	In the past week
A2	70	Female	Non-literate	Farmer	Good	Spouse	For using the phone	Two months ago
A3	73	Female	Elementary school	Housewife	Middle	Single	None	Three-four months ago
A4	73	Female	Non-literate	Housewife	Middle	Daughter	For getting on vehicles	15 days ago
A5	65	Female	Elementary school	Housewife	Middle	Spouse	None	Three months ago
A6	67	Female	Elementary school	Housewife	Poor	Son	For all activities	Three days ago
A7	68	Female	Elementary school	Housewife	Middle	Grandchild	For all activities	Two days ago
A8	70	Female	Non-literate	Housewife	Poor	Daughter, son, grandchild	For all activities	15 days ago
A9	66	Female	Non-literate	Housewife	Middle	Son, daughter-in-law, grandchild	Does housework and takes medication without help. Needs help with shopping and getting on vehicles.	A month ago
A10	77	Male	Elementary school	Farmer	Middle	Daughter	None	A day ago
A11	77	Male	Elementary school	Printer	Middle	Grandchild, son, daughter	None	15 days ago
A12	69	Female	Non-literate	Housewife	Middle	Son, daughter-in-law, spouse	For all activities	Two weeks ago
A13	68	Female	Middle school	Housewife	Middle	Spouse, daughter	For all activities	Two-three months ago
A14	70	Female	Undergraduate	Retired teacher	Good	Single	None	A month ago
A15	66	Male	High school	Small business owner	Good	Spouse	Not doing shopping. Housework is done by the spouse.	Two months ago

Table 2. Older people’s opinions on healthcare services

Theme	Category	Code	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	
			Accessibility	Access to healthcare services	Accessible		+	+		+		+		+	+			
	Inaccessible	+				+		+		+		+			+	+		+
Availability	Resources and opportunities of healthcare services	At an available level	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Acceptability	Consideration of social values and caring when providing healthcare services	Attention is paid to social values		+	+	+	+	+	+	+	+	+	+			+	+	+
		No attention is paid to social values	+												+			
Affordability	Affordability of healthcare costs	Affordable		+	+		+	+	+		+					+		+
		Unaffordable	+			+				+		+	+	+			+	
Adequacy	Adequacy of healthcare services organization	Adequate		+	+	+	+		+		+	+	+	+	+	+	+	+
		Inadequate	+					+		+								
Awareness	Provision of information and good communication in healthcare services	They provide you with information and communication channels are open.		+	+	+	+	+	+		+	+	+	+				+
		The provision of information is not good.	+								+					+	+	

Participants stated that the resources and facilities of healthcare services were adequate and good and that the healthcare staff cared for them well. Example expressions are:

“Well, I'm pleased with the services. They have taken good care of me.” (A5)

“It is good enough for me; good for me. I mean they give good care. They examine me well.” (A7)

Most participants thought that their language, beliefs, or culture did not affect their seeking or receiving service from healthcare professionals and that they were welcome. However, two elders stated that being a villager affected the provision of health services. Example expressions are:

“It does affect. No matter what the routine service is, they give us less importance to thinking that we are villagers.” (A1)

“They consider it very normal. I mean, they do not judge me for my language or my culture. Everyone fulfills their duty.” (A9)

The majority of participants stated that healthcare expenses were deducted from their insurance and that the costs did not affect them. Some seniors stated that they had to pay some of their medication bills and they cost a lot of money. Example expressions are:

“We do not pay for it; they just deduct it from our salary. They deduct it from our insurance.” (A2)

“I think they are too expensive. Especially if you need to buy something from medical shops, they are extremely expensive. People have to buy them. Additionally, health coverage is insufficient for them, especially for diaper expenses. Transportation is free for me by bus or cycle to the hospital, but some people cannot go. They need support for transportation. Not everyone has a relative to take them to the hospital. When I go and stay with the children, I have all my examinations. The difference is not so much in the examination fee but rather in the medicine. The government does not

pay for vitamins or things like that, but I use them every day.” (A14)

Participants were mostly satisfied with the organization of healthcare services and thought that they were being examined on time. On the other hand, many elderly people stated that it was difficult to get an appointment for hospital visits. Example expressions are:

“Well, they called me just in time, at the time of the appointment.” (A2)

“We have difficulties making an appointment. You cannot go and get examined normally. It is difficult to make an appointment, and sometimes you cannot make it.” (A8)

“They immediately intervened in me and sent me to K. Hospital. I had an angiogram there and stayed there for five days. I am pleased with such services.” (A12)

The majority of elderly people stated that healthcare professionals cared about them well and

that the information provided was intelligible. Some elderly people stated that the information given was not good. Example expressions are:

“They care for you. They listen to your complaints and care about you.” (A9)

“Apart from that, no one gives any information. Medicines are prescribed, and the usage is written on them at the pharmacy: 'use them before or after eating'; that is all. I'm asking about the medications and trying to learn. I'm trying to read what they have written. Otherwise, it is impossible to know. Nobody gives information. You have to struggle, and spend effort, or one of your family members will do it.” (A14)

The majority of participants expect good communication and interest from institutions, organizations, and individuals providing health services (Table 3). Some sample statements about the participants' expectations are given below.

Table 3. Older people's opinions on their expectations of healthcare services

Theme	Category	Code	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	
			Expectation	Expectations from institutions, organizations, and individuals providing healthcare services	Communicating well and showing interest	+	+	+	+		+	+		+			+	
		Good care, treatment, and services				+			+	+	+							
		Reduction of hospital waiting times	+		+			+	+					+				
		Improvement of the appointment system	+	+		+			+	+				+				
		Not charging for medicines	+		+	+				+				+				+
		Home care services	+	+	+	+				+	+				+			
		Ensuring continuity of satisfaction						+				+	+					

“I expect interest, good behavior, a smiling face...” (A1)

“I expect to receive services right away and not wait there long.” (A6)

“I expect to receive better care.” (A8)

“I wish they came to pick up those who do not have a car.” (A9)

“I wish they would not charge for medications or other services. I'm retired, just making ends meet.” (A12)

“Everyone should have insurance. Otherwise, how will they be cared for? What will their salary be enough for? They go to the emergency room, and even that costs a lot of money.” (A15)

Discussion

According to the results, participants thought that hospitals were far away. In addition, they went to hospitals with someone to help them (children, daughters-in-law, etc.). They thought that they would not go to the hospital or carry out the procedures unless someone helped them. Some participants had physical problems (for example, walking problems, and hearing loss), which caused this thought. Some participants had a low level of education; for this reason, they needed someone to help them. Like this study, Hurley et al., (2013) found that older adults receive support from family members to access services, but if they do not receive support, they will have difficulty accessing them. In another study, Kelly et al., (2019) stated that older adults who could not walk, could not use public transportation, or were not able to access healthcare services because they were not related to a car. Gözlü and Tatlıdil (2015) stated that even if the distance to access services was equal, people were likely to perceive these distances differently and evaluate them as "far" or "close". For this reason, they stated that it was critical to evaluate people's ability to overcome distances; this needs to be taken into account when determining the places where to build health institutions, places that were easily accessible to the public needed to be chosen, and roads and public vehicles needed to be arranged accordingly.

In the present study, it was concluded that participants thought that the resources and opportunities for healthcare services were adequate and good and that they were well cared for. In a study, Huot et al., (2019) concluded that, unlike the results of this study, the inadequate number of qualified healthcare professionals in terms of professional knowledge, skills, and clinical expertise constituted a barrier to accessing healthcare. In the present study, participants did not express the existence of such a problem in their access to healthcare services. Gözlü and Tatlıdil (2015) stated that the availability of healthcare services was the first condition for accessing healthcare services. The authors stated that the availability of healthcare services was also linked to technology and resource distribution and that

resources needed to be allocated to meet the needs and expectations of the provinces.

The majority of the elderly stated that their language, belief, and culture did not affect their ability to receive service from healthcare professionals. However, one of the elderly stated that he/she had difficulty understanding healthcare professionals because she was a villager, and another participant stated that she was looked down on because she was seen as a rural person. Participants mostly thought that healthcare professionals were understandable, that they could understand them, and that they were cared for and informed well. On the other hand, some thought that the information given was not good. It is seen that these views are also present in some studies in the literature. For example, Adatara and Amooba (2020) reported that older adults had negative experiences, such as being exposed to healthcare professionals' negative attitudes and providing inadequate information. Similarly, Kelly et al., (2019) reported that the elderly thought their health needs were ignored, healthcare professionals had negative attitudes towards them, and patient education was not provided adequately. Additionally, they found that due to poor communication between older adults and healthcare professionals, older adults did not have information about treatment processes or misunderstood the information given, which negatively affected their treatment adherence. This result is important because it shows how communication between older adults and healthcare professionals affects the treatment process.

In the present study, participants' opinions about the affordability of healthcare costs were as follows. Some of the elderly reported that they did not experience problems because their healthcare expenses were deducted from their insurance. Another part of the elderly reported that they were charged for some of the medicines and that some medicines cost a lot of money. This result may be caused by the fact that the social insurance institution in Türkiye excludes some important medicines from its coverage. In another study, Pass et al., (2019) reported that older adults thought they made high copayments for clinic visits and medications.

According to the majority of the elderly, the organization of health services is adequate. However, many elderly people also reported that they had problems making an appointment. Participants stated that either they could not find an appointment or found an appointment for very late

dates. In another study, Cheng et al., (2020) concluded that older adults had difficulty making an appointment and waiting for a long time. Van Gaans and Dent (2018) also revealed that long waiting times for the elderly to access health services and difficulties in making appointments with specialist health professionals are important problems. Zhang et al., (2017) reported that the rapid increase in the older adult population and the overuse of medical services led to longer waiting times and delayed treatment.

Elderly people had certain expectations from institutions, organizations and individuals providing health services regarding access to health services. The participants wanted healthcare professionals to take care of them, to be friendly, and to show intimacy. They expected healthcare professionals to treat them well and provide good care and treatment. When we examined participants' expectations from healthcare professionals, it was observed that they were mostly about communication. Participants wished they would not be charged for medicines. They wanted the number of appointments to increase or the appointment system to be abolished. They wanted healthcare professionals to come to their homes for examinations or to pick them up from home and take them to the hospital. Participants were aware of home healthcare services, usually heard about these services from their neighbors, and wanted to benefit from these services themselves.

It was observed that the elderly mostly complained about not being able to reach health institutions on their own and the appointment system. Therefore, it is thought that the organization of home health services will be a solution to these problems. This is also the expectation of the elderly. Another difficulty mentioned by the majority of the elderly is drug payments. It was observed that medicines that are not covered by insurance negatively affect the affordability of health services. Therefore, regulations for drug payments are necessary.

Conclusion and Recommendations

Older adults' experiences accessing healthcare services were discussed in depth using the access framework of Penchansky and Thomas, which Saurman updated. Older adults have problems accessing healthcare services. According to them, hospitals are far away, and they need to go to hospitals for help. They believe that the resources and facilities of healthcare services are generally

adequate but that they have problems finding appointments. They believe that their social values are taken into account when receiving healthcare services and that the provision of information and communication about their health is good. The number of older individuals who thought their healthcare costs were affordable and those who thought they were not was almost equal. The participants' expectations were as follows: good communication, care, and treatment; reduced hospital waiting times; improved appointment system; not paying for medicines; and provision of home care services.

Home healthcare services for older adults people should be improved. For example, older adults who cannot go to health institutions should be examined at home, and the necessary medications for their treatment should be prescribed without having to go to the hospital. Since telemedicine applications can significantly reduce the burden of patient applications to hospitals, studies on these applications need to be accelerated. In particular, it is necessary to demonstrate how care and treatment by ethical principles and laws can be provided through these practices. It is thought that with this application, the burden on hospitals regarding the increase in and unavailability of appointments can be alleviated. Additionally, the employment of public health nurses in-home care services should be increased. Public health nurses undergo intensive training on elderly health during their training. They are important in meeting the good communication and good care needs of the elderly. Finally, legal regulations are needed to reduce medicine payments.

To summarise, it has been found that the majority of the elderly think that health services are not accessible and affordable, but are available, adequate and acceptable. The elderly think that information and communication in health services are good.

Limitations of the Study

The limitations of the research are that the majority of the elderly are women, their education level is low, and they live in the district. A study conducted with participants with high education levels, most of whom were male, or with people living in rural areas, could have produced different results.

Ethics Committee Approval: Ethical approval was obtained from Cappadocia University Non-Interventional Clinical Ethics Committee (dated 24.06.2022 and numbered 22/11).

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What did the study add to the literature?

- It is the first study to examine the experiences of elderly people in accessing health services in Türkiye using access theory. With the use of access theory, it is possible to understand in detail and systematically what challenges, conveniences and expectations are associated with each component of access.
- According to this study, the demand for home health services is high. In addition, the elderly want arrangements to be made regarding the appointment system and medication payments.

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