Health care access barriers and facilitators: a qualitative systematic review.


Abstract

OBJECTIVE: To determine whether health care access barriers and facilitators cut across different populations, countries, and pathologies, and if so, at which stages of health care access they occur most frequently.

METHODS: A qualitative systematic review of literature published between 2000 and 2010 was undertaken drawing on six international sources: Fuente Académica, MEDLINE (full-text), Academic Search Complete (a full-text multidisciplinary academic database), PubMed, SciELO, and LILACS. Scientific appraisal guidelines from the Critical Appraisal Skills Programme Español (CASPe) and Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) were applied. Gray literature was also reviewed.

RESULTS: From the review of scientific literature, 19 of 1 160 articles and 8 of 12 gray literature documents were selected. A total of 230 barriers and 35 facilitators were identified in countries with different contexts and degrees of development. The 230 barriers were classified according to the Tanahashi framework: 25 corresponded to availability, 67 to access, 87 to acceptability, and 51 to contact. Most of the barriers were related to acceptability and access. The facilitating elements that were identified had to do with personal factors, the provider-client relationship, social support, knowledge about diseases, and adaptation of the services to patients.

CONCLUSIONS: The barriers and facilitators were seen mostly in people who initiated contact with the health systems, and they occurred at all stages of health care access. Only a few of the studies looked at people who did not initiate contact with the health services. The barriers and facilitators identified were socially determined and largely a reflection of existing social inequities in the countries. To reduce or eliminate them, joint action with other non-health sectors will be necessary.