REVIEW ARTICLE

Barriers Towards Healthcare Access and Services among People with Disabilities: A Scoping Review of Qualitative Studies

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ABSTRACT

Healthcare access and services is one of the challenges faced by people with physical disability (PWPD). PWPD also has at risk of early death and preventable chronic illness. Lack of access to healthcare services includes delay or failure to receive needed care, lack of continuity of care and financial burden will result in deterioration of health, wellbeing and functional status. The aim of this paper was to review barriers towards healthcare access and services among PWPD based on the existing qualitative studies. We conducted a scoping review of relevant qualitative articles from PubMed, Scopus and ProQuest. The article search was based on the available keyword in the title with the publication restricted within 10 years (between 2012 to 2021). The search strategy was conducted using MeSH terms of 'barriers, healthcare access, healthcare services and physical disability'. In this review, people with different kinds of physical disabilities were included. There were 2004 articles obtained from the initial search. 27 articles met the inclusion criteria for the final review. In each study, PWPD noted various barriers to access healthcare services. Findings from this review revealed five themes: personal; financial; attitudinal and communication; health system; structural and physical barriers. The findings showed that PWPD faces various barriers when accessing healthcare services. Addressing these barriers could help create a healthcare system that is inclusive and accessible for all.

Keywords
Barriers, Healthcare services/access, Physical disability, Qualitative research.

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INTRODUCTION

According to the World Health Organization (WHO), disability can be defined as a restriction in terms of body function and structures, activities and participation which refers to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).1 People with disabilities (PWD) face unique health needs and may experience poorer health outcomes compared to those without disabilities. Access to healthcare services is a fundamental right for PWD, yet they encounter numerous barriers that impede their access to adequate and equitable care.

In Malaysia, PWPD accounts for 1.8% of the population, with a significant proportion experiencing disabilities above the age of 18.[2] PWPD have specific health requirements related to their impairments, as well as additional general health needs. However, inadequate access to healthcare can contribute to the development of chronic and secondary illnesses, worsening of existing conditions, and overall poorer health outcomes.[3] Ensuring access to healthcare for PWPD aligns with the principles outlined in the Convention on the Rights of Persons with Disabilities (CRPD), which emphasizes the right to the highest attainable standard of health without discrimination[4]. Addressing the gaps in healthcare access and services is a crucial priority for health systems to promote inclusivity and improve the health outcomes of PWPD.[4]

Accessing healthcare services poses numerous barriers for PWPD. Physical barriers, such as lack of accessible infrastructure and transportation, hinder their ability to reach healthcare facilities.[5] Attitudinal barriers, including stigma, biases, and discriminatory attitudes, create a negative healthcare environment that deters individuals with disabilities from seeking care.[6]

Aligned with the Sustainable Development Goals (SDGs), specifically the third goal, which aims to ensure access to quality healthcare for all individuals, regardless of disabilities, this review seeks to explore the barriers faced by PWPD towards healthcare access and services.[7] This review only included findings from qualitative studies since findings from qualitative studies will provide better understanding of the experiences and barriers of PWPD towards healthcare access and services. Our aim is to map the key findings and share them in this scoping review. The key findings of this review will be essential for developing inclusive and accessible healthcare systems that cater to their diverse needs.

METHODS

This scoping review follows five main steps as per the standard way of developing a scoping review. The steps include formulation of research questions, identification of relevant studies, selection of appropriate studies, organisation and mapping of data, and lastly; collection, summarizing, and reporting of results.[9] All these steps are essential to comprehensively map the existing scientific literature and identify areas of knowledge gaps. The last step (step number six) which is an optional consultation exercise was not done in this review.

Search strategy

The literature search was conducted in November and December 2022. Various articles were searched from three search engines: PubMed, Scopus and ProQuest. In this review, our search focused on the main keywords stated in the title: barriers, healthcare services/access and disability. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were applied during the literature search.[10] (PRISMA flow diagram, Figure 1)

Selection studies

According to the aim of our review, only qualitative study design was eligible for inclusion. Thus, other studies such as observational studies (cross sectional, prospective and case control), experimental (randomized controlled and quasi) and review articles were excluded from this review. Other inclusion and exclusion criteria were also considered as stated below:

Inclusion criteria:

1. Qualitative studies
2. Published in English
3. Published between 2012 and 2021
4. Full-text articles and academic journals

Studies on barriers towards healthcare services or access

Exclusion criteria:

1. Quantitative studies
2. Abstracts, letter to editor, editorials and comments
3. Method articles or protocols
4. Grey literature (e.g., conference abstracts, research reports, dissertation, books, policy documents

Data extraction and management

In order to extract the data, we constructed a systematic table which gathered all the essential information about the included articles. The table consists of the titles, authors, country, sample participants, types of disabilities and main findings. Three members extracted data from included studies to guarantee the authenticity of the information acquired. Then, the corresponding author verified the accuracy of the data retrieved by the authors. If there were any issues, we would compare the findings in meetings and address any disputes through discussion.

RESULTS

Throughout the initial search, 2004 articles were found. The articles were selected from three main search engines which were PubMed, Scopus and ProQuest with the publication restricted within 10 years (between 2012 to 2021). Majority of articles were removed due to articles were not in English and also due to excluded study designs (quantitative studies, protocol, review, editorial

and grey literature). Secondly, we studied the abstract of these articles and only 41 were included. Articles that were not related to healthcare services/access for patients with disability were excluded. Finally, only 27 articles were chosen after studying the full text that met the inclusion criteria. All the findings were summarized in Table 1.

From the 27 articles selected, 15 studies were conducted in Africa, 15 in Asia, two from North America, two from South America, one from Europe and one from Australia. Majority of the studies were conducted among adults except for five studies were conducted among caregivers and three studies among children and teenagers. Mainly, the studies were conducted to identify the barriers in accessing the general healthcare facilities. However, several studies were more specific in which the studies involved access to rehabilitation centres, cancer services, pharmacy services, maternal care services and sexual and reproductive health services. Overall, a total of 1245 samples were included from 27 studies. From these studies, we identified five main key findings as shown in Figure 2.

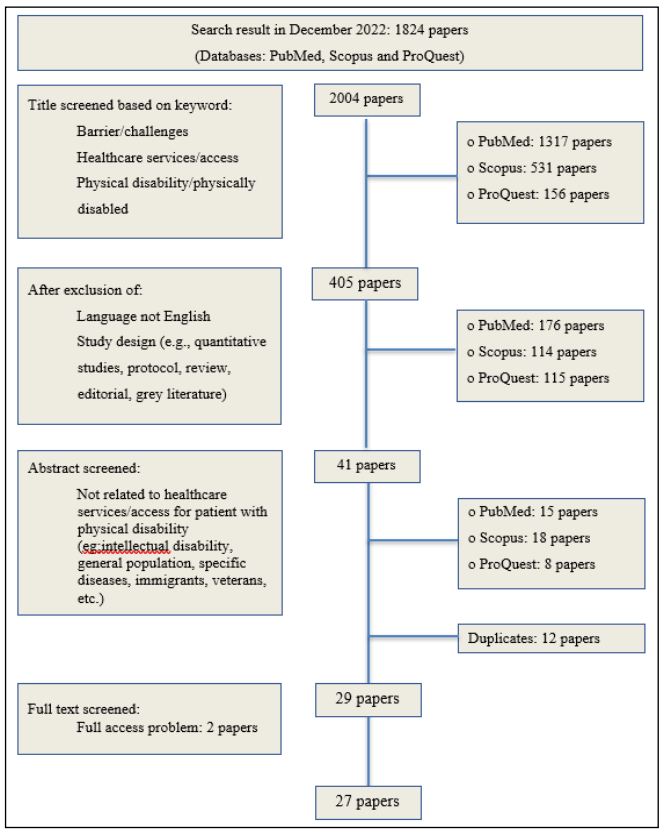

Figure 1: PRISMA flow diagram. The PRISMA diagram details the search and selection process applied during our systematic literature search for this scoping review. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Table 1: Summary of articles

Title, Authors and Country	Sample and type of disability	Main findings
1. A path toward disability-inclusive health in Zimbabwe Part 1: A qualitative study on access to healthcare. Smythe et al. Zimbabwe	N: 24 PWD and 10 key informants Physical, sensory and intellectual	Barries: 1. Health literacy related to general health and impairment specific needs. 2. Out-of-pocket payments 3. Healthcare provider knowledge and capacity 4. Distance to healthcare clinic 5. Ability to engage
2. Understanding Barriers to the Access to Healthcare and Rehabilitation Services: A Qualitative Study with Mothers or Female Caregivers of Children with a Disability in Indonesia. Asa et al. Indonesia	N: 22 mothers/ caregivers of CWD (children with disability) Visual, hearing, speech, physical, cognitive	Barriers: 1. Lack of affordability of healthcare services 2. Religious or faith-based factors 3. Shortage of staff, distrust in the therapy skills of staff at rehabilitation centers, and unavailability of appropriately trained healthcare professionals
3. Cultural barriers in access to healthcare services for people with disability in Iran: A qualitative study. Soltani et al. Iran	N: 50 People with disability, healthcare services providers and policy makers Physical and intellectual disabilities	Cultural barriers: 1. Reluctance to provide health services and disrespect 2. Denial of disability, disproportionate expectation, shame and insufficient sociocultural supports 3. Lack of concern, little attention to the culture of disability and discrimination.
4. Financial Barriers to Access to Health Services for Adult People with Disability in Iran: The Challenges for Universal Health Coverage. Soltani et al. Iran	N:56 20 people with different disabilities, 14 health service providers and 22 policymakers Physical and intellectual disabilities	Financial barriers: 1. Health insurance (lack of insurance coverage for services like dentistry, occupational therapy and speech therapy) 2. Affordability (low income for PWD and their family) 3. Financial supports (low levels of pensions for people with disabilities) 4. Transportation costs (high cost of transportation to reach healthcare facilities for PWD)
5. Examining access to sexual and reproductive health services and information for young women with disabilities in Senegal: a qualitative study. Soule & Sonko Senegal	N:31 Physical disabilities	Barrier 1. Structural inaccessibility within health care establishments 2. Financial limitations 3. Inaccessible transportation and far-away health establishments 4. Long wait times in health care establishments 5. Prejudices and discrimination from health providers
6. Access to health care for people with stroke in South Africa: a qualitative study of community perspectives. Smythe et al. South Africa	N: 16 Physical and sensory disability post stroke	Barrier: 1. Complex pathways to care 2. Physical mobility related to stroke 3. Long travel distances 4. Limited transport options 5. Waiting times 6. Out of pocket expenses
7. Access to primary and secondary health care services for people living with diabetes and lower-limb amputation during the COVID-19 pandemic in Lebanon: a qualitative study. Chaiban et al. Lebanon	N:8 Physical disability with diabetes	Barrier 1. Economic barriers (increasing costs of food, health services and medications, transportation, shortage of medications, and limited income) 2. Structural barriers (availability of transportation, physical environment, and service quality and availability) 3. Cultural barriers (marginalization due to their physical disabilities; favoritism in service provision) 4. Personal barriers (lack of psychosocial support and limited knowledge about services) 5. Covid 19 barriers (fear of getting sick when visiting healthcare facilities, and heightened social isolation due to lockdowns and physical distancing)
8. Health care providers' and persons with disabilities' recommendations for improving access to primary health care services in rural northern Ghana: A qualitative study.[35] Dassah et al. Ghana	N: 33 Physical disability	Recommendation: 1. Making it more affordable 2. Increasing the availability of providers and services 3. Providing more education about system navigation 4. Improving access to disability friendly health facilities and equipment.

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Title, Authors and Country	Sample and type of disability	Main findings
9. Access to health care for people with disabilities in rural Malawi: What are the barriers? Harrison et al. Malawi	N: 12 Physical and sensory disabilities	Barrier: Cost of transport, drugs and services 1. Insufficient health care resources 2. Dependence on others 3. Attitudinal barrier: unfavorable health seeking behavior
10. Perspectives of basic wheelchair users on improving their access to wheelchair services in Kenya and Philippines: a qualitative study. Williams et al. Philippines and Kenya	N: 48 Physical disability	Barrier: 1. Physical environment 2. The need for having multiple chairs to improve access 3. Perceived social stigma 4. Peer support
11. A qualitative exploration of barriers in accessing community pharmacy services for persons with disability in Addis Ababa, Ethiopia: a cross sectional phenomenological study. Dagnachew et al. Ethiopia	N: 15 Physical, visual and hearing disability	Barrier: Transportation 1. Physical layout 2. Communication 3. Medication price 4.
12. Barriers to accessing cancer services for adults with physical disabilities in England and Wales: an interview-based study. Sakellariou et al. England and Wales	N: 18 People with a diagnosis of cancer and a pre-existing physical disability.	Barrier: 1. Lack of acknowledgment of disability 2. Unseeing disability 3. Physical inaccessibility
13. Barriers and Facilitators to Accessing Health Services: A Qualitative Study Amongst People with Disabilities in Cameroon and India. Zuurmond et al. Cameroon and India	N:30 Vision, hearing or musculoskeletal impairments	Barrier: 1. Individual level: a. understanding and beliefs about an impairment b. the nature of the impairment and interaction with environmental factors. 2. Community level: a. family dynamics and attitudes b. economic factors c. social inclusion d. community participation
14. Missed Appointments at a Child Development Centre and Barriers to Access Special Needs Services for Children in Klang Valley, Malaysia: A Mixed Methods Study. Fadzil et al. Malaysia	Phase 1 N:197 Phase 2: N:23 Caregivers of children with developmental disability	Barrier: 1. Transportation factors: a. Personal transport: parking issues and traffic congestion b. Public transport: accessibility 2. Caregiver factors: dilemma between their commitment at work and attending appointments 3. Child factors: competing priorities between children's other obligations and the scheduled appointments 4. Healthcare services factors: inflexibility in setting the appointment slot
15. 'The world is not only for hearing people - It's for all people': The experiences of women who are deaf or hard of hearing in accessing healthcare services in Johannesburg, South Africa.[36] Masuku et al. South Africa	N:10 Deaf	Barrier: 1. Communication barrier 2. Accommodation barrier 3. Negative attitude of healthcare professionals
16. 'You must carry your wheelchair'--barriers to accessing healthcare in a South African rural area. Vergunst et al. South Africa	N: 26 Physical, psychosocial, sensory, cognitive and physical impairment	Barrier: 1. Geographical barriers 2. Transport barriers 3. Organizational barriers 4. Attitudinal barriers
17. "Nothing suitable for us" experiences of women with physical disabilities in accessing maternal healthcare services in Northern Vietnam Nguyen et al. Northern Vietnam	N: 27 women Physical disabilities	Barriers: 1. Attitudinal barriers from staff 2. Specialized information on pregnancy and childbirth was limited. 3. Long waiting times 4. Confusing referral system 5. Financial hardship 6. Facilities not disability friendly
18. Experiences with rehabilitation and impact on community participation among adults with physical disability in Colombia: Perspectives from stakeholders using a community based research approach Toro-Hernández et al. Colombia	N:32 Physical disabilities	1. Barrier: 2. Personal mobility 3. Perceptions and knowledge on disability 4. Navigating the system.

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Title, Authors and Country	Sample and type of disability	Main findings
19. "This one will delay us": barriers to accessing health care services among persons with disabilities in Malawi Munthali et al. Malawi	N:52 Physical, visual, hearing, mental, epilepsy	Barrier: 1. Cost of accessing health care 2. Long distances to health facilities 3. Lack of transport 4. Hilly terrains and flooding of rivers during the rainy season 5. Communication challenges with the health providers 6. Poor attitude of health workers.
20. Access to Healthcare among People with Physical Disabilities in Rural Louisiana[37] N. Davidsson and B. Södergård Louisiana, US	N: 9 Physical disabilities	Barriers: 1. Insurance coverage 2. Financial resources 3. Guidance and knowledge about healthcare 4. Transportation 5. Accessibility within healthcare facilities 6. Quality and continuity of care
21. Addressing the barriers to accessing therapy services in rural and remote areas[38] Dew et al. Australia	N: 78 carers, 10 adult with physical disability	Barriers: 1. Travelling to access therapy 2. Waiting a long time to get therapy 3. Limited access to therapy past early childhood
22. Health care access and barriers for the physically disabled in rural Punjab, Pakistan[39] M. Ahmad Pakistan	N:245 Physical disabilities	Barriers: 1. Built environments 2. Healthcare delivery processes 3. Ceiling of health subsidies
23. Experiences of patients with a disability in receiving primary health care Walji et al. Toronto, US	N:18 Physical, sensory, learning, developmental disability, chronic illness, mental illness	Key findings: 1. Importance of relationship 2. Importance of multidirectional communication 3. Effects of disability 4. Effects of physical buildings issues
24. A qualitative study to explore the barriers and enablers for young people with disabilities to access sexual and reproductive health services in Senegal[40] E. Burke et al. Senegal	Focus group N: 128 Interviews N: 50 Physical, visual, or hearing impairment	Barriers: 1. Financial barriers 2. Provider attitudes 3. Accessibility (related to their disability)
25. Analysis of the impact of healthcare support initiatives for physically disabled people on their access to care in the city of SaintLouis, Senegal Senghor et al. Senegal	N: 105 Physical disabilities (motor, visual and albinism)	Barriers: 1. High cost of care 2. Ill-treatment by health workers 3. Limited human resources 4. Low levels of financial support 5. Logistical challenges
26. Accessing Healthcare in Ghana Challenges Encountered and Strategies Adopted by Persons with Disabilities in Accra Abrokwah et al. Ghana	N: 21 Visual, hearing and mobilities	Barriers: Physical, financial, communication, transportation, and attitudinal barriers, as well as healthcare professionals' lack of knowledge about disability issues, limited access of persons with disabilities to healthcare.
27. "Knocking on Doors that Don't Open" experiences of caregivers of children living with disabilities in Iquitos and Lima, Peru[41] Aguerre Et Al. Peru	N: 20 caregivers and 14 key informants Non specific disability	Barriers: 1. Emotional and Informational Support 2. Stigma and discrimination 3. Difficulty accessing services 4. Poor design of policy 5. regional and economic disparities

DISCUSSION

The purpose of this review is to identify barriers and experiences in accessing healthcare services among PWPD. With the results from qualitative studies selected for this review, we aimed to create a comprehensive and precise picture of the major barriers. In this review, PWPD reported several problems to get optimised healthcare access and services. The key findings were broken down into five main themes which were personal;

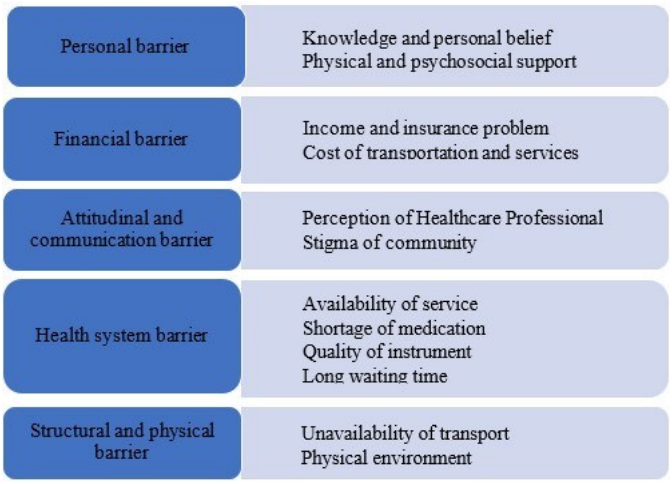

Figure 2: Summary of the main findings.

financial; attitudinal and communication; health system; structural and physical barriers.

Personal barrier

Most PWPD seem to have a lack of knowledge regarding healthcare services. The level of health literacy among PWPD has been found to significantly influence their ability to understand and accept their health needs.[10] This was also affected by unreliable beliefs that they uphold about healthcare.[11,14,15] The knowledge and beliefs among PWPD can vary depending on their personal experiences, education and exposure to healthcare systems. Limited health literacy can impact their understanding of healthcare information, treatment options, and the importance of preventive care.[10,11] This review also found that several negative experiences strengthened their negative perception towards healthcare services. Positive experiences with healthcare providers and services can foster trust and confidence among PWPD. Therefore, it is important to empower health education among PWPD and ensure clear communication takes place between healthcare providers and PWPD. Healthcare professionals can practice "teach back" technique by asking patients to repeat back information and instructions as well as using visual models to enhance the understanding and engagement of the patients.[31] By improving their knowledge and understanding of health-related matters, PWPD can make informed decisions and actively seek appropriate healthcare services.

Secondly, physical and psychosocial support for PWPD is essential to promote their overall well-being, independence, and inclusion in society. Such support plays a crucial role in addressing the challenges and barriers faced by people with disabilities, enabling them to lead fulfilling lives and participate fully in various aspects of society. From our findings, families, peers and surroundings become the core support system for PWPD.[14,16] Physical support for PWPD involves providing assistive devices, adaptive technologies, and accessibility modifications to their living environments. Assistive devices such as wheelchairs, crutches, hearing aids, and prosthetic limbs can enhance mobility and functional abilities, enabling individuals to engage in daily activities and participate in work, education, and social interactions. Not only physical support but psychosocial support is equally important for PWPD as it addresses their emotional, social, and mental well-being.[31] Psychosocial support is crucial for hindering the adverse effects of various stressors on disability, including the ongoing stress caused by physical disability. Psychosocial support may include counselling, peer support groups, and mental health services tailored to the unique needs of individuals with disabilities. To achieve this, organisations and associations can empower PWPD by facilitating their reintegration into society post-hospital discharge. Through recreational activities, vocational training, and workshops, opportunities for workforce participation and financial independence can be created, alleviating caregiver burdens.[20]

Financial barrier

Financial constraints posed a significant barrier to PWPD in accessing healthcare services. The issue of inadequate financial status was particularly prevalent among unemployed individuals, low-income families, and those living in poverty, making it challenging for them to afford health insurance.[18] Furthermore, certain crucial services like occupational therapy, technical orthopaedics, and speech therapy were not covered by insurance companies.[25] The financial status of PWPD can vary widely depending on factors such as the type and severity

of the disability, access to education and employment opportunities, social support systems, and the overall socioeconomic context. PWPD often face barriers in accessing employment opportunities due to discriminatory practices, lack of accommodations, and negative attitudes.[19,20] Consequently, they may experience higher unemployment or underemployment rates compared to the general population. This is primarily due to three factors: the perception that people with disabilities are unproductive, the belief that they incur high costs, and employers' limited understanding of disabilities.[32] On top of that, PWPD may require ongoing medical care, assistive devices, therapies, or medications, which can result in higher healthcare expenses.[18,25] These additional costs can put a strain on their financial resources, particularly if they lack adequate health insurance coverage or access to affordable healthcare services. Unfortunately, PWPD also often incur additional expenses related to their disability, such as accessibility modifications to their living spaces, transportation costs, specialized equipment, medications or personal assistance services.[10,13,18,20,21,22] In order to overcome this financial issue, a few solutions can be considered. Government should streamline the process for accessing disability benefits and social welfare programs. Simplifying application procedures, providing clear guidelines, and offering support in navigating the system can ensure that individuals with disabilities receive the financial assistance they are entitled to. Next, collaboration among government agencies, disability organizations, and advocacy groups is needed to address financial challenges faced by PWPD. This includes advocating for policies that protect the rights and financial well-being of individuals with disabilities, promoting disability-friendly regulations in various sectors, and ensuring the implementation of inclusive practices.

Attitudinal and communication barrier

The perception and attitudes of healthcare professionals play a crucial role in achieving equal access to healthcare services for individuals with disabilities. Unfortunately, our findings from previous studies show that healthcare providers and communities may have held negative stereotypes and biases towards PWPD.[12,19,23,24,25,26,27] These misconceptions could lead to assumptions about their capabilities, intelligence, or quality of life, potentially resulting in unequal treatment or lower expectations for their healthcare outcomes. On top of that, the stigma can contribute to social isolation and exclusion of PWPD.[6] They may face barriers in forming social connections, participating in community activities, or accessing public spaces. This exclusion can lead to feelings of loneliness, marginalization, and a sense of being different or unwanted.[6] Ideally, in order to improve this situation, continuous education and training are needed at different levels. This can involve school programs, community workshops, and media campaigns that highlight the capabilities and achievements of individuals with disabilities. Besides, ongoing advocacy efforts and active involvement of PWPD in shaping healthcare policies and practices are necessary to improve the perception and experience of healthcare.

Health system barrier

The healthcare system itself was also one of the significant issues that has been highlighted by PWPD from previous studies. These include unavailability of certain services, shortage of medication, poor quality of instruments and long waiting time.[11,12,13,14,15,16,17,19,20,23,24,28] These challenges can impact the effectiveness of delivering quality care towards PWPD. Addressing these healthcare system problems requires comprehensive strategies and collaboration among stakeholders. Partnership and cross collaboration between public and private sectors can help to expand healthcare services by establishment of clinics, diagnostic centers or specialty care facilities in underserved areas. In fact, this public-private partnership also can support healthcare companies to increase manufacturing capacity of medicine and good healthcare instruments. Long waiting times due to understaffing can be catered by investing in healthcare workforce development and addressing workforce shortages through training, recruitment, and retention strategies. By addressing these healthcare system problems, it is possible to enhance access to care, improve patient outcomes, and ensure that healthcare systems are efficient, equitable, and patient-centered.

Structural and physical barrier

We also found that accessing healthcare can be hindered by various physical barriers such as unavailability of transport and the physical environment of healthcare facilities. Buildings, clinics, and hospitals without proper ramps, elevators, or other accommodations can prevent PWPD from reaching healthcare services.[10,12,17,20,21,26,26] Furthermore, PWPD also experience a lack of public transportation and some of them live far from healthcare facilities which pose obstacles for them seeking healthcare.[15,16,20,27,28] Addressing these physical barriers requires a comprehensive approach involving various stakeholders. Governments and organizations should invest in building and maintaining healthcare facilities, particularly in underserved areas.[33] This includes constructing hospitals, clinics, and specialised medical centres, ensuring they are equipped with necessary medical equipment and staffed adequately. Governments also can enhance transportation infrastructure, especially in rural areas, to improve access to healthcare services. This may involve building or improving roads, bridges, and public transportation systems. Additionally, implementing mobile health clinics or telemedicine initiatives can bring healthcare services closer to communities that lack nearby facilities.[34]

CONCLUSION

This review identifies barriers to healthcare access and services for individuals with physical disabilities. The major barriers can be categorised into personal, financial, attitudinal and communication, health system, and structural and physical barriers. Limited knowledge and negative beliefs about healthcare, along with inadequate support systems, hinder access. Financial constraints and attitudinal biases further exacerbate the challenges. Improving health literacy, providing physical and psychosocial support, addressing financial barriers, promoting inclusivity, strengthening the healthcare system, and eliminating physical obstacles are essential to enhancing healthcare access for PWPD. By addressing these barriers, we can work towards creating a healthcare system that is highly accessible, inclusive and responsive to the needs of all individuals.

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