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Patients' perceptions of access to care for cardiovascular diseases and diabetes mellitus in Ramallah: a qualitative assessment

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Background Cardiovascular diseases and diabetes mellitus present an increasing challenge for health care in the occupied Palestinian territory (oPt). Effective access to health care is a core prerequisite to the effective management of the two diseases. A main goal for policy makers is to improve access for patients to the services they need. However, improvement of access needs a thorough understanding of the barriers to health care encountered by patients. The aim in this study was to show the main barriers to health-care access that are reported by patients with cardiovascular diseases and diabetes mellitus attending clinics in Ramallah, West Bank, oPt.

Methods A qualitative method based on theory developed from data generated during field research was used to develop a framework of patients' perceptions of access to health care and management of illness. Data were gathered as part of a larger project (Mediterranean Studies of Cardiovascular disease and Hyperglycaemia: Analytical Modelling of Population Socio-economic transitions) from four clinics selected to represent the main health-care providers in the oPt: an outpatient cardiology clinic (urban setting) and three primary health-care clinics (rural and refugee-camp settings). 40 patients had exit interviews and 16 had in-depth interviews; 12 in-depth interviews were done with patients' family members, and eight in-depth interviews with the clinic staff.

Findings Factors that are related to patients and systems interact to form barriers or facilitators to health care and effective illness management, and were noted in all three themes that became apparent from the interviews: availability (central physical location and distance from home, patient's waiting time, availability of the needed drugs and laboratory tests, and the presence of specialist staff); affordability of drugs that were not provided at the local formulary and thus were not provided to patients free of charge, and needed laboratory tests that were not available at the centre; patients' acceptability of or satisfaction with care (previous social ties between patients and providers; sense of belonging to or ownership of the centre; patients' views of the importance of seeking care; and patients' expectations of what providers should inform them about and how they should deal with their illness). The last theme became apparent differently between primary and secondary health-care centres—patients at the primary health-care centres expressed higher satisfaction than for secondary health care, determined by strong social ties and a sense of belonging to the providers and the health-care centre.

Interpretation For patients, health services are not only places for the provision of health care, albeit varied, but they are also sites of social relations. Patients' perceptions of their access to health care differ, dependent on their socioeconomic, political, and cultural influences, and should also be taken into serious consideration in future policy development.

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Contributors

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Conflicts of interest

We declare that we have no conflicts of interest.

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