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REVIEW ARTICLE

BARRIERS AND FACILITATORS TO ACCESSING MEDICAL SERVICES IN RURAL AND REMOTE AUSTRALIA: A SYSTEMATIC REVIEW.

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ABSTRACT

OBJECTIVE

This qualitative review aims to identify and list the barriers and facilitators to accessing medical services for rural and remote Australians, within the current literature to inform policy development and highlight the need for further research.

METHODS

The review was guided by the PRISMA method. Boolean search strings identified relevant articles using the Griffith University Library electronic catalogue. The study included only English language research articles published between August 31st, 2018 and August 31st, 2021, focusing on facilitators and barriers within the Australian context considering both access and rurality/remoteness.

RESULTS

Thematic analysis of six articles identified ten barriers: communication, confidentiality, fear and shame, funding, geography, health behaviours, reliance on others, service provision, staffing, transport; and eight facilitators: collaboration/partnerships, communication, cultural safety funding, service provision, staffing, and telehealth, to accessing medical services in rural and remote Australia.

CONCLUSION

Ten barriers and eight facilitators to accessing medical services in rural and remote Australia were identified and listed from six articles identified through a qualitative review. This review identified a research gap regarding understanding the underlying challenges behind these barriers and facilitators and the implications for policy implementation to improve access to medical services.

KEYWORDS

barriers, facilitators, access, rural, remote, Australia

INTRODUCTION

Access to health care is defined as the 'timely use of personal health services to achieve the best possible outcomes'. [1] Many people face barriers to receiving healthcare due to the complex nature of healthcare systems. These barriers result in disparate health outcomes between segments of the population. [2]

Barriers that prevent or limit access to health services are accentuated in rural and remote communities, resulting in disparate outcomes for rural and remote Australians compared to their metropolitan neighbours. [3] Identifying barriers and facilitators to accessing medical services is a critical step for improving accessibility of services to the rural and remote population, thereby improving health outcomes. [2] Considerable research has been completed to identify these factors. However, the existing evidence base explores these factors individually and within isolated scenarios, with no current systematic review available relating to the Australian environment. Defining themes and problems across rural and remote communities informs the policy changes required at health services and governments to improve access and outcomes [4, 5].

The primary aim of this review is to analyse the available literature then identify and list the barriers and facilitators to accessing medical services in rural and remote Australia. It is hoped that identifying these will promote and inform effective policy solutions and service planning at the government and health services level.

BACKGROUND

Rural and remote communities experience personal obstacles such as increased health risk status, lower education rates and inequalities in employment and income status that influence how they engage with the health system and the outcomes they experience. [6] They also encounter external obstacles such as reduced access to health services, less health funding per capita, reduced service availability, reduced access to specialist and allied health clinicians and higher out of pocket costs for non-bulk-billed (Medicare Benefits Scheme) services. [7, 3]

As a result of these, rural and remote Australians – defined as those living outside the major cities by the ASGS 2016 – have reduced life expectancy, higher rates of mortality, disease, and preventable hospitalisations. [5] These outcomes are magnified for Indigenous communities, who make up 15% and 49% of Australia's remote and very remote populations, respectively, despite comprising 2.4% of the national population. [7]

The available literature describes these differences in health outcomes, the disparity in care provision, and the reduced access to healthcare for rural and remote Australians. Rural communities experience lower cancer survival rates, [8] increased stroke mortality, [9] increased cardiovascular disease mortality, [10] and reduced childhood leukemia survival rates. [11] When considering disparity in care provision, rural and regional populations are required to travel further to receive care from a reduced number of available services. [12] Breast cancer patients experience reduced breast reconstruction rates and overall mortality, [13] while hepatocellular patients have a reduced likelihood of preventative treatment, surgical resection and survival. [14] When considering reduced access, rural patients see reduced availability of trained staff and specialist advice, and a reduction in catheterisation services, supply of medications and timely follow up care. [15]

The causes credited to these disparities include reduced access to services, poor health risk status, differing education rates and inequalities in employment. [5] These broad descriptors are symptomatic of underlying practical barriers and facilitators that impact access to healthcare and the resulting clinical outcomes. An evidence base is growing beyond highlighting broad descriptors, research that investigates the specific barriers and facilitators to rural and remote Australians accessing healthcare. This research provides a detailed and practical understanding of the barriers present, their causal relationship to reduced access, and poorer clinical outcomes. However, there is currently no systematic review that evaluates and analyses this body of research in the Australian context.

Therefore, through the analysis of the current literature, this review aims to identify and analyse the underlying barriers and facilitators that cause the disparate access to health services for those living in rural and remote communities in Australia. This includes the barriers that currently exist, along with any facilitators that could promote improvement. By performing a systematic review and thematic analysis, barriers and facilitators across different age groups and levels of rurality can be identified to most effectively inform policy development and service planning to improve access and health outcomes in these communities.

METHOD

This qualitative review was completed using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statement. [16] Relevant peer-reviewed and scholarly journal articles were located using the Griffith University Library electronic catalogue, with articles

reviewed from all databases that returned results. These included BMJ, CINAHL, Medline, PubMed, Scopus and Wiley Online.

INCLUSION AND EXCLUSION CRITERIA

Due to the volume, and to assess the most contemporary of available literature, only English language articles published between August 31, 2018, and August 31, 2021, were included for review. The search was refined to include only academic, peer-reviewed materials with full text available online. Grey literature was not included. Articles were excluded if they proposed or studied solutions to identifiable barriers and facilitators, discussed facilitators or barriers within health systems outside the Australian context, or discussed barriers and facilitators in the context of access or the rurality/remoteness, but not both.

Access to certain high acuity services (e.g. acute neurosurgery and paediatric cardiothoracic) is not practical in the rural setting due to infrastructure costs, staffing availability and low demand. [17, 18] Articles were included if they described the access to medical services deliverable to the public regardless of location, such as primary and emergency care and mental health services. Many articles were captured during the review describing the implementation of telehealth as a means of improving access. As this review attempts to identify the barriers and facilitators rather than their solutions, these articles were excluded from the study.

IDENTIFICATION AND SELECTION OF EVIDENCE

Search term combinations were created with the assistance of Boolean operators. Two keyword combinations were used, delivering the following results: barriers AND rural AND remote AND access AND medical* AND Australia (3014 articles); facilitators AND rural AND remote AND access AND medical* AND Australia (881 articles).

The screening process was completed first by reviewing article titles, the abstracts and conclusions, and finally through the Standard Quality Assessment Criteria quality assessment tool. [19] The screening process applied the inclusion and exclusion criteria listed above during the first two review stages. After quality assessment, only articles with a score above 16/20 were included in the review.

THEMATIC ANALYSIS

Analysis commenced with the collation of results and key themes from each article. From this information, determinants were separated into either barriers or facilitators. Due to the volume and specificity of the results, the results identified were distilled into themes and subsequently listed in an inductive approach.

FIGURE 1. PREFERRED REPORTING ITEMS FOR SYSTEMATIC REVIEWS AND META-ANALYSES (PRISMA) DIAGRAM SUMMARISES FINDINGS AT THE OUTCOME LEVEL [20]

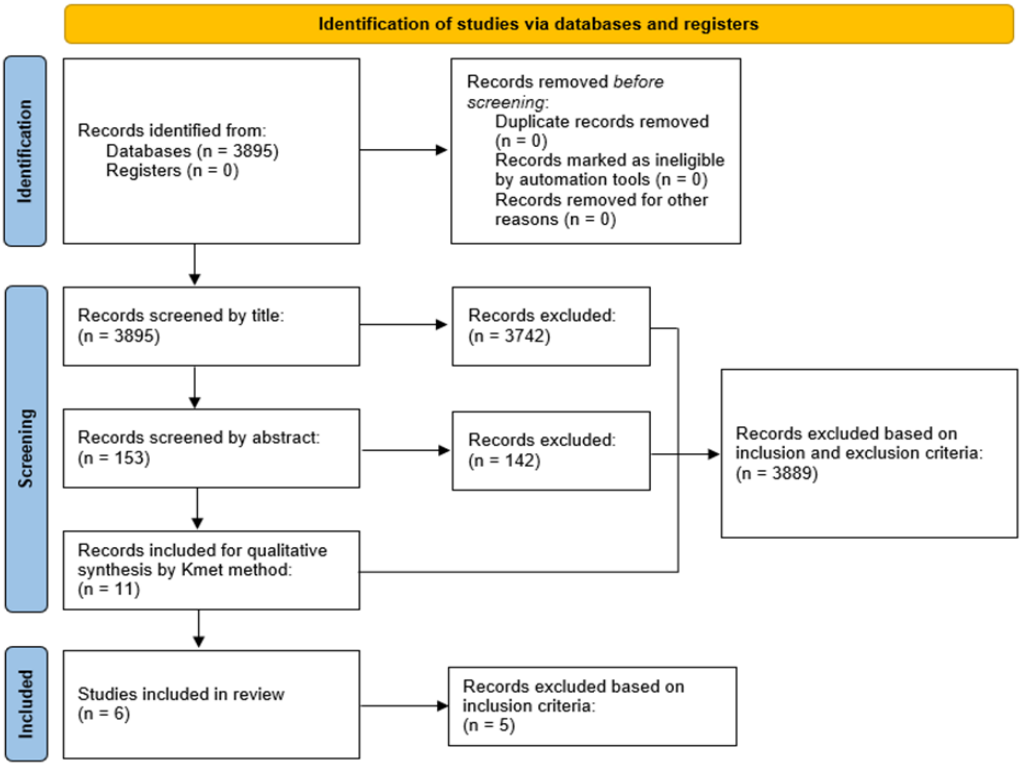

FIGURE 2. STANDARD QUALITY ASSESSMENT CRITERIA QUALITY REVIEW ASSESSMENT RESULTS

Paper	Question	Study design	Context	Connection to framework	Sampling Strategy	Data Collection	Data Analysis	Verification Procedure	Conclusions	Reflexivity	Total
Dolan et al., 2020	2	2	2	2	1	2	2	2	2	2	19
Keeves et al., 2021	2	2	2	2	2	2	2	2	2	2	20
Mitchell et al., 2020	2	1	2	2	1	1	1	2	2	0	14
Neville et al., 2020	-	-	-	-	-	-	-	-	-	-	0*
Nolan-Isles et al., 2021	2	2	2	2	2	2	2	2	2	1	19
Shukla et al., 2021	-	-	-	-	-	-	-	-	-	-	0*
Street et al., 2019	2	2	2	2	2	2	2	2	2	1	19
Taylor et al., 2021	2	2	2	2	2	2	2	2	2	1	19
Thompson et al., 2019	2	1	2	1	1	1	0	2	2	1	13
Warwick et al., 2019	2	2	2	2	2	2	2	2	2	2	20
Zurynski et al., 2021	-	-	-	-	-	-	-	-	-	-	0*

*Articles were excluded and not assessed during qualitative review after not meeting inclusion criteria.

RESULTS

TABLE 1. OUTCOME THEMES EMERGING IN THE LITERATURE INCLUDED IN THE PRESENT SYSTEMATIC REVIEW

Theme	Barrier or Facilitator	No. of studies	References
Communication	Both	5	Dolan et al., 2020, Keeves et. al., 2021, Nolan-Isles et. al., 2021, Street et. al., 2019, and Warwick et. al., 2019.
Funding	Both	4	Dolan et al., 2020, Keeves et. al., 2021, Nolan-Isles et. al., 2021, and Street et. al., 2019.
Service Provision	Both	6	Dolan et. al., 2020, Keeves et. al., 2021, Nolan-Isles et. al., 2021, Street et. al., 2019, Taylor et. al., 2021, and Warwick et. al., 2019.
Staffing	Both	5	Dolan et al., 2020, Keeves et. al., 2021, Nolan-Isles et. al., 2021, Street et. al., 2019, and Warwick et. al.,
Confidentiality	Barrier	2	Dolan et al., 2020, and Warwick et. al., 2019.
Fear and Shame	Barrier	2	Nolan-Isles et al., 2021, and Warwick et al., 2019.
Cultural Safety	Facilitator	2	Nolan-Isles et al., 2021, and Warwick et al., 2019.
Reliance on Others	Barrier	3	Dolan et al., 2020, Keeves et. al., 2021, and Nolan-Isles et. al., 2021.
Transport	Barrier	5	Dolan et al., 2020, Keeves et. al., 2021, Nolan-Isles et. al., 2021, Taylor et. al., 2021, and Warwick et. al., 2019.
Trust	Facilitator	3	Dolan et al., 2020, Nolan-Isles et. al., 2021, and Warwick et. al., 2019.

Telehealth	Facilitator	3	Dolan et. al., 2020, Keeves et. al., 2021, and Street et. al., 2019.
Collaboration/Partnerships	Facilitator	2	Dolan et al., 2020, and Nolan-Isles et al., 2021.
Geography	Barrier	4	Keeves et al., 2021; Nolan-Isles et. al., 2021, Street et. al., 2019, and Taylor et. al., 2021.

TABLE 2. STUDIES INCLUDED IN QUALITATIVE SYNTHESIS

No.	Author	Title	Summary
1.	Dolan E, Allott K, Proposch A, Hamilton M, Killackey E. Youth access clinics in Gippsland: Barriers and enablers to service accessibility in rural settings. Early Intervention in Psychiatry. 2020;14(6):734-740.	Youth access clinics in Gippsland: Barriers and enablers to service accessibility in rural settings	This qualitative study interviewed staff members and consumers of four youth access clinics (YACs) in the Gippsland region to identify the barriers and facilitators for youth accessing the YACs in Gippsland. The review identified a lack of service availability, service proximity, lack of staffing, reduced transport options and an overreliance on family members for transport as barriers to young people attending YACs. Improved funding, friendly and consistent staff, and partnerships between the community and YACs were identified as enablers to young people accessing YACs. The article concluded that providing additional outreach services, complimentary services, and improved funding in collaboration with headspace will continue to ensure the success of YACs in the Gippsland South Coast region.
2.	Keeves J, Braaf SC, Ekegren CL, Beck B, Gabbe BJ. Access to Healthcare Following Serious Injury: Perspectives of Allied Health Professionals in Urban and Regional Settings. International Journal of Environmental Research and Public Health. 2021;18(3):1230.	Access to healthcare following serious injury: perspectives of allied health professionals in urban and regional settings	This qualitative study interviewed community-based allied health professionals involved in post-discharge care to identify factors that affect access to healthcare post-discharge for people with serious injuries. The study found that complex systems and funding models, long wait times, administrative delays, inadequate numbers of allied health professionals and mental health services, and the reliance on others for transport and assistance were behind reduced access for people with serious injuries post-discharge from hospital. The study highlights that it is important to address non-clinical and administrative factors

			alongside clinical pathways when improving access to healthcare services.
3.	Nolan-Isles D, Macniven R, Hunter K, Gwynn J, Lincoln M, Moir R et al. Enablers and Barriers to Accessing Healthcare Services for Aboriginal People in New South Wales, Australia. International Journal of Environmental Research and Public Health. 2021;18(6):3014.	Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia	This study completed semi-structured interviews with healthcare delivery staff and stakeholders in communities with a high proportion of Aboriginal people from regional and remote locations, to investigate barriers and enablers to accessing healthcare services for Aboriginal people with chronic conditions living in regional and remote Australia. Themes were often identified as barriers and facilitators: improved coordination of healthcare services, communication between staff and patients, trust in services and cultural safety, reliable affordable and sustainable services, and distance and transport availability. The importance of these findings is heightened given the comparatively worse health outcomes seen in Indigenous populations, along with the burden of chronic disease on the nation's health. The study also introduces the importance of cultural safety between services and indigenous patients and emphasises the critical role of Aboriginal Health Workers (AHWs) and ACCHOs in health service delivery.
4.	Street TD, Somoray K, Richards GC, Lacey SJ. Continuity of care for patients with chronic conditions from rural or remote Australia: A systematic review. Australian Journal of Rural Health. 2019;27(3):196-202.	Continuity of care for patients with chronic conditions from rural or remote Australia	This systematic literature review seeks to identify the barriers and facilitators of achieving continuity of care for patients with chronic conditions from rural or remote Australia. The review assessed peer-reviewed journals between January 1990 and April 2018, with 12 studies included for qualitative analysis. Three key themes were identified as barriers and facilitators to continuity of care within rural and remote Australia: communication and coordination of health services, availability of resources, and location.
5.	Taylor D, Lange J, Laurence C, Beilby J, Kitson A, Barrie H et al. General practice access in regional and	General practice access in regional and remote Australia for ageing populations	This study completed a geospatial analysis linked to demographic information to examine if general practice locations in non-metropolitan South Australia and Western Australia are

	remote Australia for ageing populations. Geographical Research. 2020;59(1):6-15.		geographically accessible to frail and prefrail populations. Approximately 7% of WA and 1.5% of SA frail and prefrail populations were more than 60km from a GP practice. Future population analysis identified that this is likely to increase to 10% and 2% respectively by 2027, highlighting the geographical and transport-related barriers to receiving care and the ongoing service planning challenges as Australia's ageing population continues to increase.
6.	Warwick S, Atkinson D, Kitaura T, LeLievre M, Marley JV. Young Aboriginal People's Perspective on Access to Health Care in Remote Australia: Hearing Their Voices. Progress in Community Health Partnerships: Research, Education, and Action. 2019;13(2):171-181.	Young Aboriginal people's perspective on access to health care in remote Australia: hearing their voices	This qualitative study interviewed young Aboriginal people to identify barriers and enablers to accessing local health services in the remote town of Kimberley and surrounding communities. The review identified staffing, communication, confidentiality, shame, patient education and transport as barriers or enablers to accessing local health services. This study gives voices to young Aboriginal people and their experiences, providing specific and practical suggestions for service improvement. The study highlighted the role of shame as a barrier to accessing care and the importance of patient education to ensure patients know the purpose of the health service and when they can access various services.

DISCUSSION

This systematic literature review identified many barriers and facilitators to accessing medical services in rural and remote Australia, with the resulting themes listed in Table 1. In addition to identifying barriers and facilitators, the studies included detailed, practical examples of how these impact access, delivering insights that can aid future service planning and policy development.

Access was reduced when services received insufficient funding to provide appropriate staffing and resources and healthcare that was not Medicare Benefits Scheme bulk billed or free. A lack of staff and reduced continuity of essential staff (doctors, allied health, mental health), poor staff diversity (gender and ethnicity), and unfriendly and impersonal staff contributed to reduced uptake of services. Complex systems and funding models, a lack of services, inadequate services, and services at times not convenient to patients contributed to reduced utilisation of services. Similarly, poorly scheduled or lack of public transport, large travel distances and reliance on family or friends to attend services often acted as disincentives to service utilisation. Communication breakdowns between health services due to poor discharge planning and lack of referrals, and poor communication between staff and patients resulted in patients not receiving necessary follow up services, understanding medical advice or what services are available. Living in small communities reduces patient anonymity, and when combined with reliance on family and friends to access care, patients experienced reduced confidentiality and increased likelihood of shame. Both factors made it less likely for patients to access services. Finally, the provision of culturally safe models of care by

culturally aware staff is essential to optimising access to services by Indigenous people.

Analysis of the barriers and facilitators reveals characteristics about their effect on access. Many of these studies noted that the same obstacles act as facilitators when implemented effectively. Barriers and facilitators are often interdependent or reliant on one another to optimise access. For example, effective staffing can rely on adequate funding, and improved services models can reduce reliance on family and friends to receive care. Similarities also exist between some identified themes, such as transport and geography as these are important variables in rural and remote settings. Identifying and examining these relationships is critical for effective service planning and policy development.

When considering development and implementation of solutions to determinants of rural and remote health access, approaches need to be shaped by whether the specific challenges are systemic or endemic. Sourcing funding, recruiting staff, and creating cultural changes like communication, trust and cultural safety, can in some circumstances be done quickly (e.g., grant applications, advertising campaigns, enforcing governance and accountability practices). However, in others it can be a perpetual and unceasing endeavour (e.g., workforce or migration shortages and organisational culture change). Organisations need to assess which barriers or facilitators are contributing to their service offering, determine whether these determinants will require short or long-term solutions, then plan and develop innovative solutions to improve access to their services.

The qualitative nature of this review and the limited geographical and demographic of the results make them not generalisable. However, the practical examples identified in the results allows for consideration and comparison when evaluating and developing new and existing models of care to ensure that access is optimised. This review reinforced the findings of existing literature that determinants such as funding and staffing are significant barriers to accessing health services in rural and remote regions. [21, 22] The study also identified determinants that affect access in rural and metropolitan areas. Further work is recommended to assess which barriers and facilitators are unique to rural and remote health, and whether there are differences between rural and remote regions.

CONCLUSION

This qualitative review identified several determinants to access medical services in rural and remote Australia, with ten barriers and eight facilitators identified from the six high-quality research articles included. Access to services can be improved through the removal of barriers or the implementation of facilitators. Determinants of access can be inter-dependant or over-lapping, resulting in implications of applying practical strategies to improve access to services. Improvements can be achieved by addressing structural determinants and determinants influenced by day-to-day human decision-making. Further research is required to assess each determinant to understand any underlying challenges that need to be addressed to remove barriers or implement facilitators to aid the development of practical strategies and policies to improve access to services.

CONFLICTS OF INTEREST.

The secondary author is a Board member of the Australasian College of Health Service Management, the publisher of this journal. The authors declare there are no other conflicts of interest.

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