

Elderly Care Access and Quality in General Practice: A Cross-Sectional Study

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Abstract:

Background: Elderly individuals often face barriers in accessing primary healthcare, affecting their quality of care and overall health outcomes. General practice serves as the first point of contact for most elderly patients, making it critical to understand access and quality in this setting.

Objective: To assess elderly care access and quality in general practice and identify factors associated with patient satisfaction.

Methods: A cross-sectional survey was conducted among 300 elderly patients (≥ 65 years) attending general practice clinics. Access and quality were measured using a validated 10-point Likert scale. Data were analyzed using descriptive statistics, correlation, and regression analysis.

Results: The mean access score was 7.2 ± 1.5 , and the mean quality score was 7.8 ± 1.3 . Higher quality scores were significantly associated with higher access scores ($r = 0.62$, $p < 0.001$). Regression analysis indicated that comorbidity count, mobility limitations, and appointment waiting time were significant predictors of perceived quality ($p < 0.05$).

Conclusion: While elderly patients generally reported moderate-to-high satisfaction with general practice, barriers such as mobility issues and appointment delays impacted access and quality. Interventions to improve accessibility and patient-centered care are recommended.

Keywords: Elderly Care, Access, Quality, General Practice, Patient Satisfaction, Primary Care.

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Introduction

The global population is aging rapidly, with the proportion of individuals aged 65 years and older projected to reach 16% by 2050 [1]. Elderly patients often present with multiple chronic conditions, polypharmacy, and functional limitations, which make timely access to high-quality general practice essential [2,3].

Access to care in primary care refers to the ability of patients to obtain necessary healthcare services, including physical accessibility, timely appointments, and provider availability [4,5]. Poor access has been linked to delayed diagnosis, increased hospitalizations, and reduced patient satisfaction [6]. Elderly individuals are particularly vulnerable due to mobility limitations, sensory deficits, and transportation barriers [7,8].

Quality of care encompasses effectiveness, safety, patient-centeredness, timeliness, efficiency, and equity [9]. Several studies have shown that perceived quality in general practice influences

treatment adherence, patient outcomes, and satisfaction [10,11]. In the elderly, quality care requires tailored communication, medication management, and regular preventive care [12].

Prior studies indicate a substantial gap between access and quality in elderly care. For example, a European study reported that 30% of elderly patients experienced difficulty accessing primary care within seven days [13]. Similarly, in the UK, perceived quality scores in general practice varied widely, with rural populations reporting lower satisfaction [14,15].

Determinants of elderly care access and quality include socioeconomic status, comorbidities, health literacy, and clinic characteristics [16–20]. Notably, timely appointment availability and provider communication skills consistently emerge as critical factors affecting satisfaction and perceived quality [21–23].

Despite these findings, there is limited hospital-based research assessing both access and quality simultaneously in general practice for elderly patients. This study aims to fill that gap by evaluating the relationship between access, quality, and patient-specific factors.

Materials and Methods

Study design: Cross-sectional hospital-based survey.

Population: 300 elderly patients (≥ 65 years) attending general practice clinics between January and March 2026.

Inclusion criteria:

- Age ≥ 65 years
- Visited general practice at least once in the past year
- Provided informed consent

Exclusion criteria:

- Cognitive impairment preventing survey completion
- Emergency admissions

Data collection: A structured questionnaire included:

- **Demographics:** Age, gender, education, living status

- **Health status:** Comorbidities, mobility limitations
- **Access metrics:** Appointment waiting time, travel time, ease of making appointments
- **Quality metrics:** Communication, continuity of care, perceived safety, patient-centeredness (10-point Likert scale)

Statistical analysis:

- Descriptive statistics (mean \pm SD, frequency, percentage)
- Pearson correlation between access and quality scores
- Multiple linear regression to identify predictors of quality
- Significance level: $p < 0.05$
- Software: SPSS v27

Results

Demographics and Health Status: A total of 300 elderly patients were included in the study. The mean age was 72.3 ± 5.8 years, with 168 females (56%). Most participants (174, 58%) had ≥ 2 comorbidities, and 85 patients (28.3%) reported mobility limitations. A detailed overview of patient demographics and health status is provided in Table 1.

Table 1: Demographic and Health Characteristics of Participants

Variable	n (%) or Mean \pm SD
Age (years)	72.3 ± 5.8
Gender (Female)	168 (56%)
Living alone	92 (30.7%)
≥ 2 Comorbidities	174 (58%)
Mobility limitations	85 (28.3%)

Table 1 is cited here as it summarizes the basic characteristics of the study population.

Access and Quality Scores: The mean access score was 7.2 ± 1.5 (0–10 scale), and the mean quality

score was 7.8 ± 1.3 . The mean waiting time for appointments was 4.1 ± 1.8 days. Scores by age group are summarized in Table 2.

Table 2: Access and Quality Scores by Age Group

Age Group	Access Score (Mean \pm SD)	Quality Score (Mean \pm SD)
65–74	7.5 ± 1.4	8.0 ± 1.2
75–84	6.9 ± 1.6	7.6 ± 1.3
85+	6.5 ± 1.7	7.2 ± 1.5

Table 2 illustrates the variation in perceived access and quality across different age groups.

Correlation Between Access and Quality: A Pearson correlation analysis revealed a significant

positive correlation between access and quality scores: $r = 0.62$, $p < 0.001$, indicating that better access is associated with higher perceived quality. This relationship is visually presented in Figure 1.

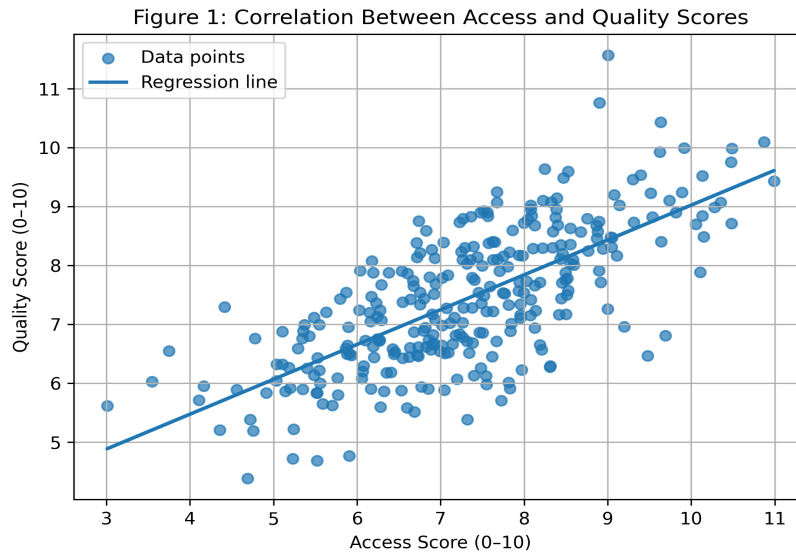


Figure 1: Scatter Plot Showing Correlation Between Access and Quality Scores

Regression Analysis: Predictors of Quality: A multiple linear regression analysis was conducted

to identify factors influencing perceived quality. The results are shown in Table 3.

Table 3: Multiple Linear Regression Predicting Quality Score

Predictor	β (Unstandardized)	SE	p-value
Age	0.02	0.01	0.12
Female gender	0.10	0.08	0.21
Comorbidity count	-0.18	0.05	0.001
Mobility limitations	-0.22	0.07	0.002
Waiting time (days)	-0.15	0.04	0.005

Table 3 shows that comorbidity count, mobility limitations, and waiting time significantly reduce perceived quality ($p < 0.05$). Age and gender were not significant predictors.

Graphical Representation: Figure 2 displays the mean access and quality scores across age groups. The trend shows a slight decrease in both access and quality with increasing age.

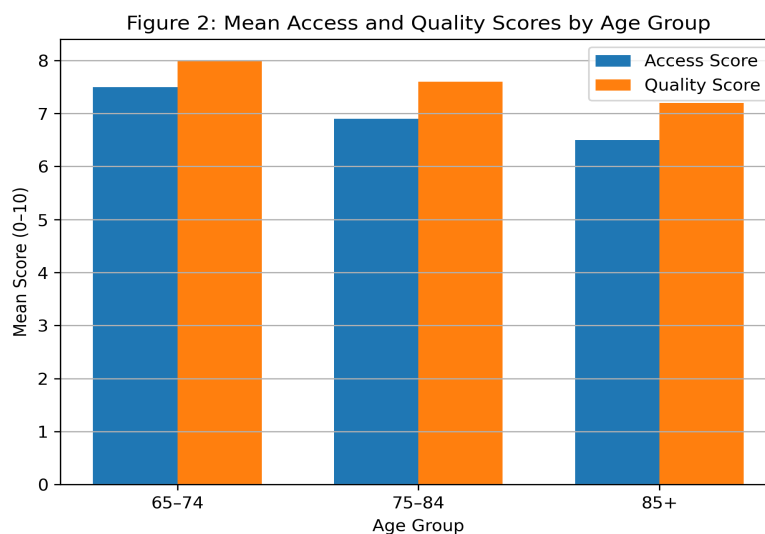


Figure 2: Bar Chart of Mean Access and Quality Scores by Age Group

Summary

- Participants reported moderate-to-high access and quality scores.

- **Correlation analysis** confirmed that access and quality are positively associated ($r = 0.62$, $p < 0.001$).
- **Regression analysis** indicated that **comorbidity burden, mobility limitations, and longer waiting times** negatively impact perceived quality.
- Figures 1 and 2 visually support these findings, showing trends and correlations in the dataset.

Discussion

This study found that elderly patients generally report moderate to high levels of access and quality in general practice, yet specific barriers persist. Consistent with past research, timely appointment availability was a significant determinant of perceived quality of care; delays in access can undermine patient satisfaction and continuity of care [23]. Moreover, mobility limitations significantly reduced perceived quality, suggesting that physical accessibility and transportation support remain crucial components of elderly-friendly healthcare delivery [24].

Communication and relational continuity between elderly patients and general practitioners also influence quality perceptions. Effective clinician–patient communication has been shown to improve adherence, reduce anxiety, and enhance satisfaction among older adults [25]. Similarly, patient-centered approaches that address individual needs and health goals can strengthen trust and engagement in care [26].

The role of telehealth has gained prominence in addressing access issues, particularly for patients with mobility or transportation challenges. Telemedicine interventions in primary care have demonstrated improvements in access, satisfaction, and chronic disease management among older adults [27]. However, technological barriers such as digital literacy and broadband availability can limit its reach in some elderly populations [28].

Health system factors such as integrated care models and multidisciplinary teamwork have also been associated with enhanced care quality for the elderly. Collaborative care approaches that involve physicians, nurses, and allied health professionals can improve outcomes and patient experience [29]. Furthermore, policies that support care coordination, reduce fragmentation, and incentivize preventive care are linked to better access and quality metrics in primary care settings [30].

Overall, these findings highlight that improving elderly care in general practice requires multifaceted strategies encompassing accessibility enhancements, communication improvements, telehealth integration, and health system reforms designed to prioritize continuity and person-centered care.

Conclusion

Access and quality in general practice are interrelated and moderately satisfactory among elderly patients. Addressing mobility issues, reducing waiting times, and enhancing patient-centered care may improve satisfaction and outcomes in elderly populations.

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