

Challenges being Faced by the Elderly People in Accessing Health Services at Beni-Suef University Hospital

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Abstract

Background: aging is a gradual physiological degradation that causes organ system function to deteriorate and physiological reserves to dwindle, causing challenges to elderly people functional activity, this study outlines the challenges that the elderly experience while seeking health-care services at Beni-Suef University Hospital. **Aim of Study:** the aim of this study was to assess the challenges being faced by elderly people in accessing health services at Beni-Suef University Hospital. **Setting:** the research was carried out in the outpatient's clinic at Beni-Suef university hospital. **Sample:** a convenience sampling that consisted of elderly patients aged 65 and above from both sexes who attended the outpatient clinic at Beni-Suef university hospital. **Tools:** tools were used an interview a questionnaire that include five parts, Sociodemographic characteristics, medical history, availability, and accessibility of health care services, barriers and challenges that the elderly face in accessing health care services, the elderly's satisfaction about health care services, and suggestion. **Results:** outpatient clinics were favored by 48% of participants, 48% who were seen for medical examinations and investigations, 94% had transportation difficulties, 73% of participants were waiting for a long time to be diagnose, 66% had not have health insurance coverage. **Conclusion:** there was a statistically highly significant difference between elderly people residency and the types of health care challenges which faced, there was statistically highly significant difference between the level of satisfaction among elderly people and the types of health-care challenges they faced. **Recommendation:** encouraging the government to develop new policies to provide free health insurance to all elderly people; as well as raise awareness about the difficulties that the elderly face in accessing health care services at Beni-Suef University Hospital.

Key words: Accessibility, Availability, Challenges, Elderly people, Health insurance.

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Introduction

The great majority of living species undergo aging, which is a complicated, diverse process that occurs throughout time. Aging is described as the accumulation of damage to molecules, cells, and tissues through time, eventually leading to the physical and functional decline of the complete organism. As a result, aging is linked to an increased risk of illness development. The term "aging" refers to the process of becoming older "a biological process with its own dynamic that is mostly uncontrollable by humans the term "aging" refers to the process of becoming older "a biological process with its own dynamic that is mostly uncontrollable by humans (1).

Egypt is the Middle East's most populous country and Africa's second most populated (after Nigeria). Egypt has a population of 1.20 percent of the total population of the globe. In 2050, Egypt is predicted to maintain its top position in absolute numbers among the region's elderly and oldest populations (2).

Egypt is predicted to have the region's biggest population of elderly people (3.1 million) and old adults (23.7 million). Every ten years, Egypt conducts a census, the most recent of which was held in 2006. In 1976, 4.4 percent of the population was 60 years or older, rising to 5.75 percent in 1996 and 6.27 percent in 2006. In 2015, 6.9 percent is forecast, followed by 9.2 percent in 2021 and 20.8 percent in 2050. This means that at that time, almost 20 million Egyptians will be considered elderly; this is a large figure that in certain areas of the world resembles an entire nation (3).

The Egyptian Ministry of Health and Population has set up specialized geriatric care facilities and departments to meet the requirements of the elderly. The Ministry's curative care sector and WHO revealed the results of an examination of these institutions this week. Governments and decision-makers in the Eastern Mediterranean Region and throughout the world are being forced to become more inventive in order to address evolving health-care demands (4).

Medical, mental health, financial, and long-term services and support are all available to older persons across the world. With a few exceptions, such as medical requirements (e.g., lack of access to a doctor, untreated physical diseases), older individuals who were given a list of service requirements said their requirements were largely satisfied. According to other study, carers report a wide range of service shortages, including support groups, community-based programs, and respite care, as well as home-based programs and transportation. (5).

When comparing older adults' reported needs (e.g., identified physical health impairment) to services received (e.g., medical or nursing services), more than 60 percent of older adults' mobility assistance, physical health, social activities, and activities of daily living were met; however, more than 75 percent of older adults had unmet needs in the other assessed areas. (6).

When asked to explain the services they believe are needed to preserve healthy independent living, community-dwelling older persons said the most important services

are communication, education, or advertising about available resources, as well as supporting home care (e.g., shopping, house cleaning); service providers substantially echoed older individuals' comments (7).

Financial security, personal security, mental health, access to health care, and self-actualization are some of the fundamental requirements of the elderly that should be satisfied in low- and middle-income nations. These demands have not been fully met until recently, and it is still a challenge in low- and middle-income nations. The satisfaction of these basic demands is necessary for good aging, which is an investment in the welfare of any country and its residents (8).

Social services: health care services tailored to the requirements of the aged, with a focus on chronic disease; nutrition; proper physical activity; and a weight-control program for the elderly are among the requirements of the aged. It also included the need for women's elderly to get comprehensive, accessible, and cost-effective health care services; the need for happiness; various education needs for a healthy lifestyle; economic needs; and emotional support needs for women's elderly; the most important elderly needs studied were financial needs, health care services with a focus on chronic disease, and the need for social services (9).

The procedure of gaining access to health-care services is extensive. For promoting and maintaining health, preventing and controlling illness, avoiding avoidable disability and early death, and attaining health equity for all Americans, the quality of health care services is critical. "The timely use of personal health services to obtain the best health outcomes" is what "access to health services" entails. It entails three separate steps: Getting into the health-care system is a difficult task (usually through insurance coverage), Getting to a location where you can get the health care you need (geographic availability) Finding a health care practitioner with whom the patient feels comfortable and with whom he or she can speak (10).

In order to improve and ensure the health and well-being of Egyptians, particularly those from lower socioeconomic backgrounds, the Egyptian health-care system faces various problems. In addition to fighting diseases linked to poverty and a lack of education, the system must also adapt to new ailments linked to contemporary living. To this aim, both health officials and Egyptian citizens are concerned about quality, comprehensive coverage, long waiting lists, and the restricted availability of modern technology. Because of the government's limited resources and people's rising demands for better treatment, a significant number of middle- and upper-class individuals are turning to the private healthcare sector for care (11).

Significance of study:

It has been noted through time that government agencies are always working and seeking to raise awareness about aged care and the need of reducing the risk of problems. Some of these issues may put old people's lives at jeopardy, which might be avoided. Unfortunately, no data on the difficulties experienced by the elderly in accessing health care services in Beni-Suef City has been documented. As a result, the goal of this research is to identify these issues.

This study will aid in the development of evidence-based data for health care team members, which can be used to identify treatments and develop protocols and policies to assist the elderly obtain excellent care and remove or lessen the obstacles they have when it comes to health care. Furthermore, it has the potential to increase early detection of issues and give evidence-based data on their breadth. As a result, the financial load is reduced, and awareness is raised.

Members of the old person's family will be more knowledgeable and eager to seek health care services from Beni-Suef University Hospital as a result of greater awareness regarding access to free health care services. The elderly getting medical attention at Beni-Suef University Hospital. will obtain specialized treatment and meet their requirements in a timely way if they are able to lessen or eliminate the barriers, they have in obtaining health care services.

According to the management of Beni-Suef University Hospital, easy access to health care would increase their health-seeking behaviors, so increasing their health and quality of life. The recommendations from study will help the healthcare professionals at Beni-Suef University Hospital with strategic planning during their meetings. It will give them evidence-based knowledge to use as a guide in providing current care to senior individuals.

The cost of elderly people's day-to-day transportation concerns will be determined in this study. This may motivate the government to equip them with mobile medical teams and home care nurses rather than requiring them to travel for a health care center.

Aim of the study:

The aim of this study was to assess the challenges being faced by elderly people in accessing health services in Beni-Suef University Hospital; as well as to determine the following.

- Health-care difficulties come in a variety of shapes and sizes.
- Health-care services accessibility
- Health-care services are readily available.
- Service and provider satisfaction among the elderly.

Subjects and Method

Research design: the research design used in this study was a descriptive research design.

Setting: the research was carried out in the outpatient's clinic at Beni-Suef university hospital.

Subjects: to select respondents in the area, a convenient sample technique will be used that characterizes all elderly people of both sexes aged 65 and above, regardless of socioeconomic background. for a period of four months, samples will be gathered.

Tools of data collection: the current study employed a questionnaire sheet.

Questionnaire Sheet: The questionnaire was the principal instrument in gathering the data which used for the analysis of this study, the questionnaire consists of 5 parts, it was assessed the challenges being faced by the elderly people in accessing health care services in the outpatient units at Beni-Suef University Hospital. Which was include the items listed below.

1. **Socio-demographic characteristics** of elderly people who are accessing health care services at Beni-Suef University Hospital such as (age, gender, residence, marital status, occupation, income).
2. **Medical history, such as** (past medical history, present history, surgical history, and habits), is used to assess their health condition.
3. **The elderly face difficulties** in accessing health services and determining the extent to which they have access to free health care facilities, **and availability of health care services** was to assess the elderly barriers may encounter during medical treatment.
4. **Types of health services challenges** was to list the challenges faced by the elderly in accessing health care services with support as evidence base practice mentioned in the literature review.
5. **Elderly satisfaction regarding** services and health care provider/respect/Dignity, and **Elderly peoples' suggestions** for better care/treatment.

Fieldwork: Data collection of the study was started at the beginning of March 2019 and completed by the end of June 2019. The researcher attended the geriatric units three days per week from 9am to 12pm at Beni-Suef university hospital for all older adults and continuously collected data for four months. The researcher was asked permission from the assigned hospital administrative authorities to conduct the proposed study by submitting a Letter of approval and to conduct this study, once permission is granted to proceed with the proposed study, the respondents will then be approached by the researcher to explain the purpose and nature of the study, the informed consent was secured thereafter.

The given questionnaire was reviewed by expert community health nursing at faculty of nursing-Beni-Suef university for modification ,and ensure that validity and reliability maintained, the researcher handed over the questionnaire sheet to the respondent to fill out the first part, which is the socio demographic profile, personal data, and the second part, which was to collect data about the health status and history of elderly patients.

The third part was to collect data about availability and accessibility barriers, fourth part was to collect data regarding type of challenges facing elderly people,

fifth part was to collect data regarding elderly satisfaction and suggestion. care/treatment. all Part above explained the barriers and challenges faced by the elderly in access to health care services and the respondent's experience of accessing health care at Beni-Suef University Hospital.

Administrative Design: An official letter requesting permission to conduct the study was directed from the dean of the faculty of nursing Beni-Suef University to director at Beni-Suef university hospital to obtain their approval to carry out this study. This letter included the aim of the study and photocopy from data collection tools in order to get their permission and help for collection of data.

Ethical Considerations: The study was conducted with careful attention to ethical standards of research and the rights of participants. Verbal consent was taken from each patient to participate in this study. During the initial interview, the purpose of the study and the procedures were explained to the participants, the subjects were assured that all information would be confidential and would be used for the research only to assure the confidentiality of the participants. Participants were assured that their participation in the study was voluntary and that they could refuse to participate in the study. it was explained that there are no costs to participate in the study.

Statistical Analysis: The collected data were coded and entered the statistical package for the social science (SPSS 23.0). Data was presented and suitable analysis was done according to the type of data obtained for each parameter, data were presented using descriptive statistics in the form of frequencies and percentages for categorical variables for continuous quantitative variables. Qualitative categorical variables were compared using Chi-square (X²) test; Statistical significance was considered when P-value <0.05.and highly significant was considered when P-value <0.01.

Results

Figure 1 represent Demographic characteristics of elderly people seeking medical treatment from Beni-Suef University Hospital's health services which shows that 59% of participants were females; 57% were residency in rural areas; 64% of participants had enough income.

Figure(I): Demographic characteristics of elderly people who are accessing health care services.

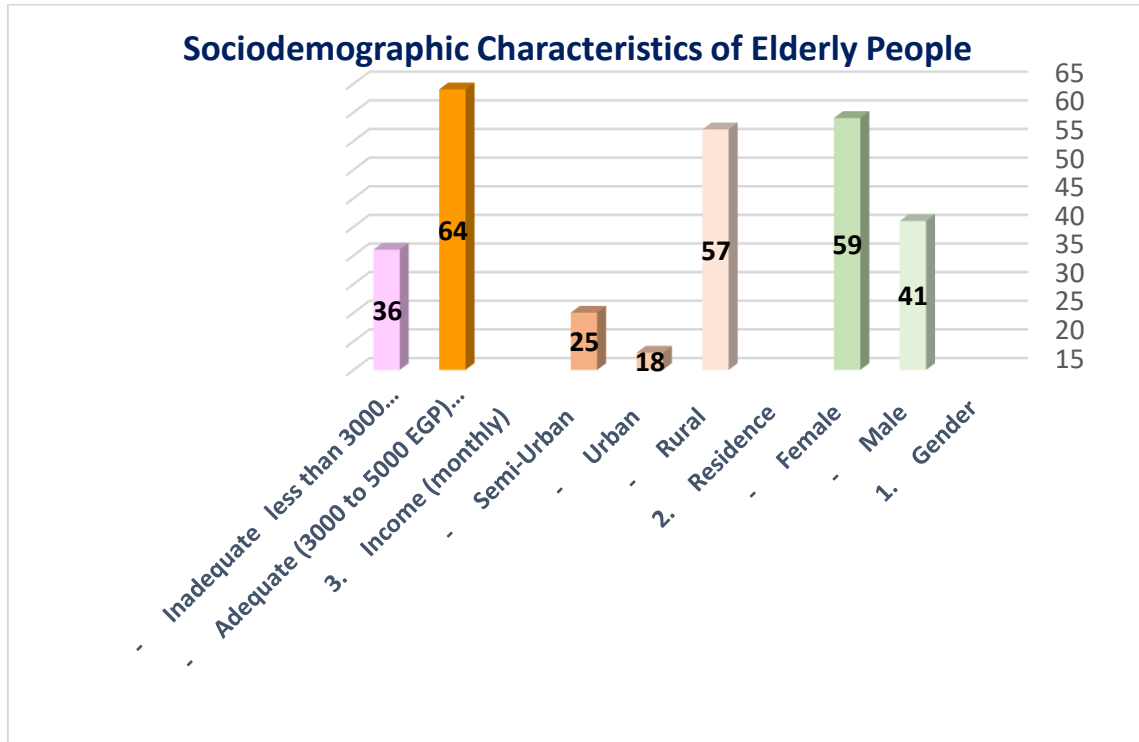


Table 1 disclosed that 28% of participants had no visits in the last month to Beni-Suef University Hospital; outpatient clinics were favored by 48% of participants; 48% who were seen for medical examinations and investigations.

Table (1): Percentage distribution of health services accessibility for elderly people at Beni-Suef University Hospital (n=100).

Items	No	%
1. Number of hospital visits within the last month		
- No visits in the last month.	28	28
- Once	19	19
- Two times	39	39
- More than two times	14	14
2. Causes of hospital visits		
- Medical examination and investigations	48	48
- Monthly medications dispensing	21	21
- Monthly follow up	31	31
3. Accessible preferred health setting		
- Private physician home visit	13	13
- Private physician clinic	8	8
- Outpatient clinics	48	48
- Charitable clinic	8	8
- Charitable hospital	10	10
- Traditional therapist	7	7
- Pharmacies	6	6

Figure 2 illustrates that 94% of the participants stated they have transportation difficulties; 76% of those who took part in the study used public transportation; uncomfortably long distances were cited as a difficult cause by 49% of them.

Figure (2): Percentage distribution of elderly people transportation as barriers faced elderly people to access health services (n=100).

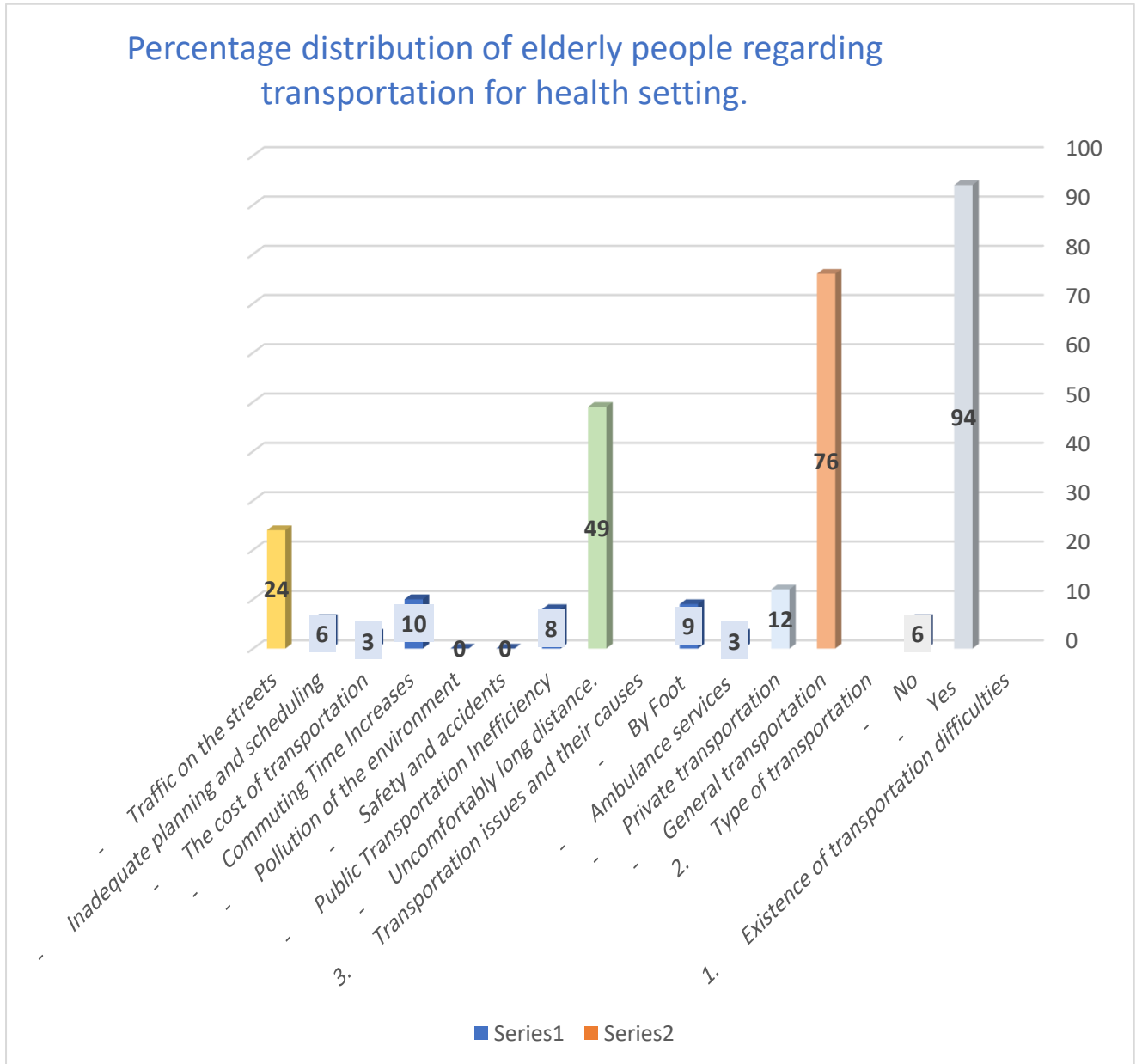


Table 2 explained that 72% of participants offered services at no cost; 73 % of those who took part in the study did not obtain medical service at the right time; but instead had to wait 4 hour; 66% of participants did not have health insurance; while 34% did and went to the university hospital to relieve the financial burden of costly procedures; Beni-Suef University Hospital did not provide free drugs or tests to 54% of participants ,while 63% could not cover the cost.

Table (2): Percentage distribution of elderly people according to availability of health services (n=100).

Items	No	%
1. Type of health services offered at Beni-Suef University Hospital		
○ Services at no cost	72	72
○ In part, free services	19	19
○ Payment in full (Economical sectors)	9	9
2. Time obtaining accessing medical health services		
Is there a delay in obtaining medical health services?		
- No	27	27
- Yes	73	73
○ If Yes, answer the following questions.		
● Waiting time for health services		
- One hour	12	12
- Two hours	15	15
- For more than 4 hours	73	73
3. Health insurance coverage		
- Yes	34	34
- No	66	66
● If yes, services paid by health insurance		
○ Reduce the financial burden for costly procedures (Heart Catheterization, (PET) scan, Orthopedic items, Screws, or plates ... etc).	34	34
● If no, Beni-Suef University Hospital offers a Variety of health services		
A choice to treat qualifying groups at the MOHP expense e.g. (Some medication that is free; Accommodation is provided at no cost; Investigation and surgeries are free of charge ... etc).	66	66
4. Available medications and investigations at Beni-Suef University Hospital		
- Yes	46	46
- No	54	54
○ If no, are you able to cover the costs of meds and tests?		
- Yes	37	37
- No	63	63

Figure 3 revealed that 94% of participants stated there were no rehabilitation services for elderly people ;91% stated there were no elderly specialized physicians and consultation clinics;86% stated hospitals were not equipped to serve the elderly care;82% stated there was a lack of follow-up care;73% of participant were waiting for long time to be diagnosed ;60% of participant stated there's lack of communication and coordination among health care providers for elderly people.

Figure (3): Percentage distribution of elderly people according to types of health services challenges (n=100).

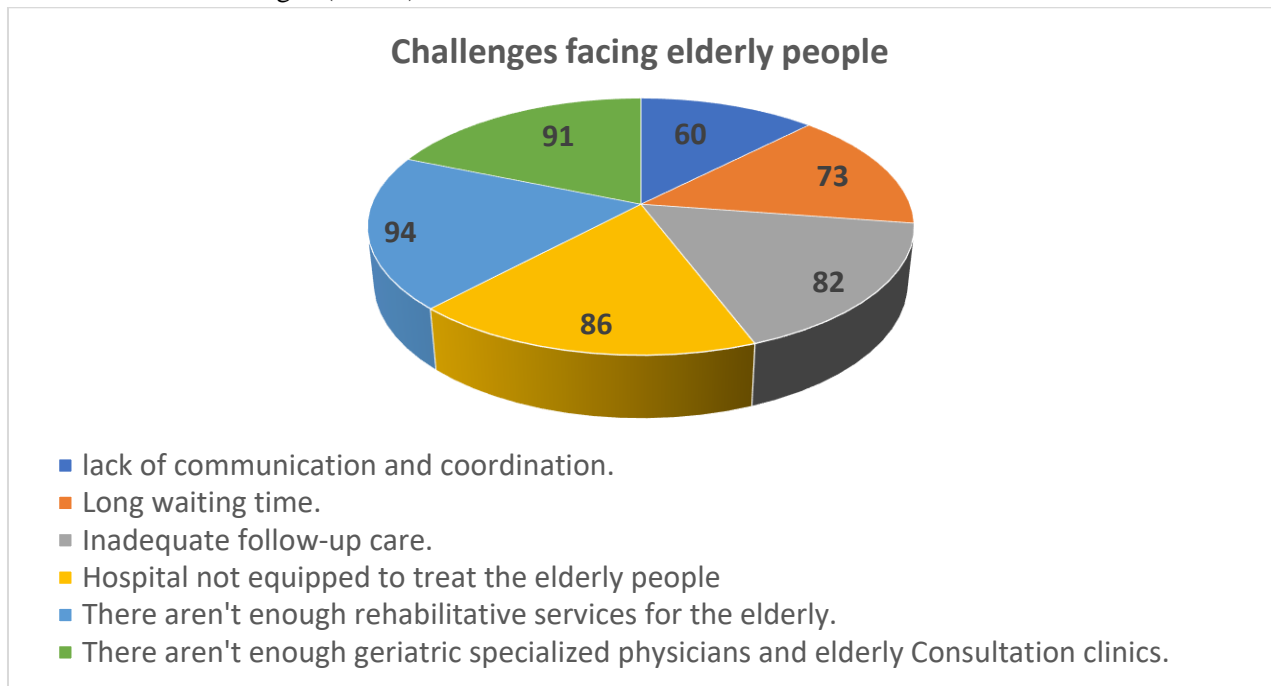


Figure 4 revealed that 67% of participants had not satisfaction feelings about Beni-Suef University Hospital's health-care provider; 49% of participants were not satisfied that hospital capable to overcome health-care challenges; 41% of participants were not satisfied with health care services provided at hospital; 31% of them were not satisfied regarding respect and dignity from health care providers.

Figure (4): Percentage distribution of elderly people based on their satisfaction with health care offered (n=100).

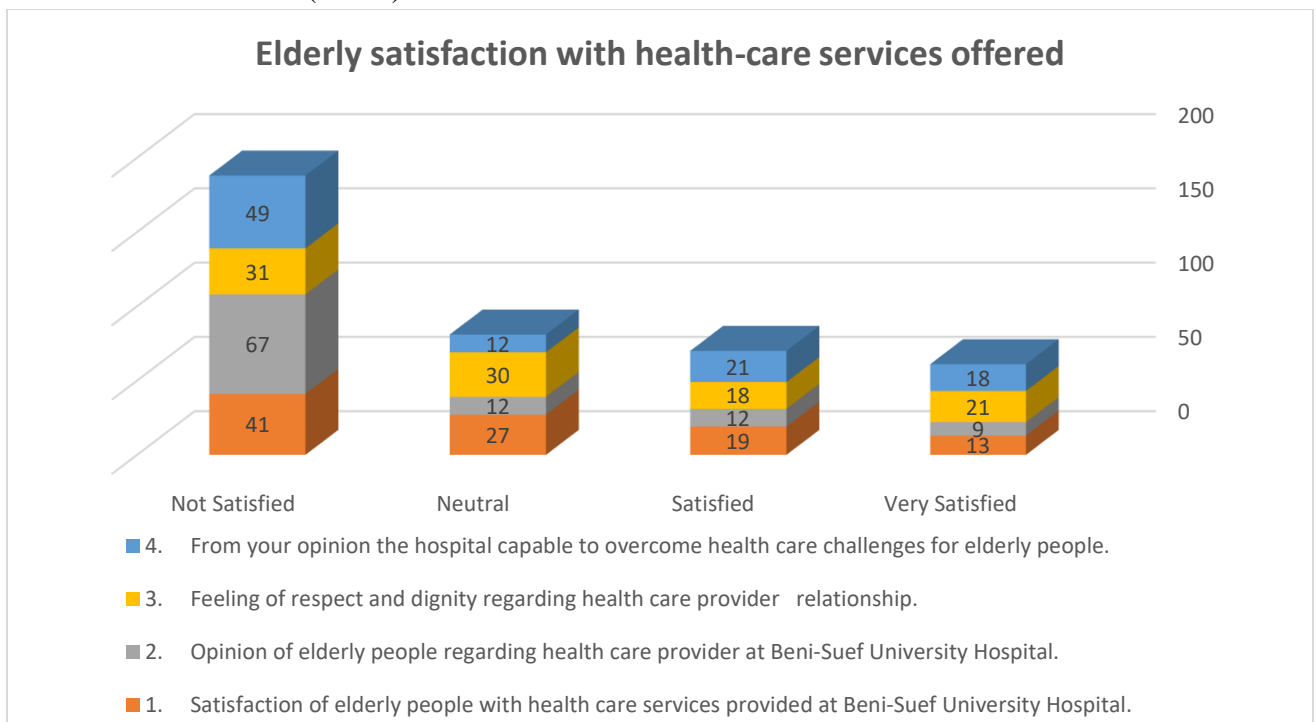


Figure 5 shows that 28% of participants suggest that the hospital needs to provide hospitals with specialized physicians for the elderly and specialized geriatric clinics; 21% suggest free health services need to be provided for elderly people; 15% reported giving priority to care for elderly people.

Figure (5): Percentage distribution of elderly peoples' suggestions for better treatment /care (n=100).

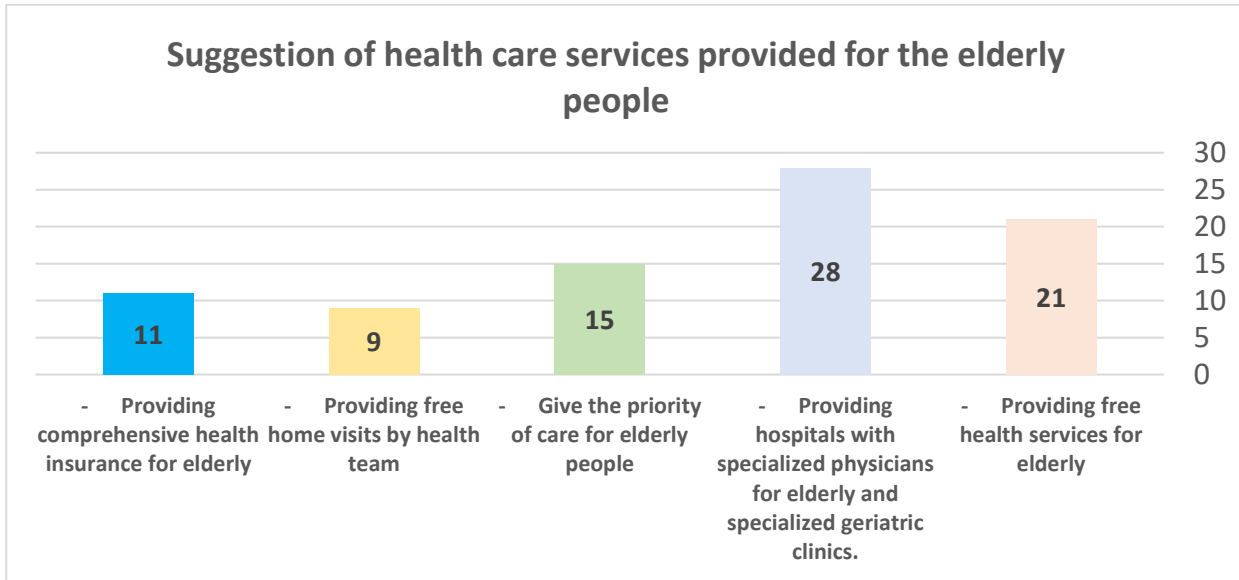


Table 3 shows that there is a highly statistically significant relation between elderly people's gender and the type of health care challenges.

Table (3): The relation between elderly people's gender and their types of health services challenges (n=100).

Types of health services challenges	No	Male	Female	X ²	P
Long waiting time	73	30	43	47.2	0.000**
There aren't enough geriatric specialized physicians and elderly Consultation clinics.	91	39	52		
shortage of drugs and other medical supplies	35	13	22		
Access to pharmacies is limited.	12	5	7		
Out-of-pocket expenses	30	12	18		
Hospital not equipped to treat the elderly people (physical environment e.g. entrance with ramps, Space, grab bars, material with color coding, elevators with voice instruction etc.).	86	39	47		
Inadequate follow-up care	82	34	48		
There aren't enough rehabilitative services for the elderly.	94	41	53		
there has been a delay in providing services (Due to a shortage of healthcare providers).	38	20	18		
Between caregivers and consumers, there is a lack of communication and coordination.	60	22	38		
Lack of Integration services between the Beni-Suef University Hospital and health insurance hospital (other health settings).	22	13	9		

Discussion

The aim of the current study was to assess challenges being faced by elderly people in accessing health care services at Beni-Suef University Hospital

This chapter discusses the findings of the current study on the challenges being faced by elderly people in accessing health care services at Beni-Suef University Hospital, it is covered in this section, it is an attempt to explain the results of surveys done with elderly people at Beni-Suef University Hospital outpatient clinics. The current study's findings are divided into five sections, as mentioned before. (1) Sociodemographic characteristics of older adults seeking medical treatment (2) Medical history and health status of elderly people (3) Barriers facing elderly people in reaching health services and Availability of health-Care Services for elderly people (4) Types of health service challenges facing elderly people. (5) Elderly satisfaction with health-care services offered and study relationships.

1. Sociodemographic characteristics of older adults seeking medical treatment.

Regarding percentage distribution of Sociodemographic the study samples features, the data revealed that greater than one third of elderly participant was between age 70:74 years old, more than half of elderly was female from total sample of (n=100), this result with agreement with study done by (**Gerardo carpentieri,2020**). who mentioned that similar sociodemographic data of more than one third of age group between 66:72, also two third of the study was female, while greater than half of elderly people residence in current study reported living in rural area.

Our study results are in agreed with other research done by (**Halla S Sweed,2016**) who mentioned that the Egyptian census noted, rural locations have a larger proportion of elderly peoples than urban ones, while near two third of elderly people adequate income.

2. Medical history and health status of the elderly people

In relation to percentage distribution of medical history and health status of the elderly people, the study revealed that the majority of the individuals had chronic diseases, quarter of the illness categories were caused by high blood pressure, more than a third of the top complaints were related to chest discomfort and dyspnea ,This might be explained by a lack of awareness about the importance of a healthy lifestyle in preventing high blood pressure within the rural community, in accordance with study done by (**Annette L,2018**). mentioned that more than one third of participants experienced hypertension defined by medication used. Also, in agreement with the study done by (**Schapira et al., 2020**). stated that the largest prevalence of the disease among his studied sample were renal and cardiorespiratory diseases.

3.(Accessibility) Barriers facing elderly people to reaching health services availability of Health-Care Services for elderly people.

Int term of percentage distribution of health services accessibility for elderly people in term of barriers facing elderly to reach health care facility, our study illustrate that near to half of elderly people participant favored to visit outpatient

clinics with more than quarter no visit in last month, while near to half of them reason of visit was for medical examinations and investigations, in accordance with research done by (*Daniella Harth,2018*). who concluded that the large percentage of elderly people visit outpatient clinics once per month for blood collection and immunization.

In connection to result done by (*Yuqi Ta,2020*) who stated That elderly are more likely to seek outpatient care within the first two weeks of each month and Rural residents attended outpatient doctors more often and had a hospital admission rate that was nearly similar to their urban peers, this might be due to the easy access to outpatient clinics than other services ; as well as the low cost of having the elderly assessed by a specialist physician.

In regard of the percentage distribution of elderly people in terms of transportation for health care settings, the current study found that majority of elderly people have transportation issues, while three-quarters of those who participated used public transportation. Nearly half of them cited uncomfortably long distances as a difficult cause , This could be due to a lack of electronic health system and lack of equipped hospitals in rural areas for the elderly to avoid traveling to urban areas and reduce transportation costs, prompting us to consider mobile team services to provide home care to the elderly in the same way that outpatient clinics do, this similar to the study done by (*Joye M P,2020*) who stated that most elderly people and their families use public transportation to get to the hospital. participant stated that there are obstacles they face when using public transportation due to long distances, particularly for elderly people who use wheelchairs and walker aids.

As a result of the current study's percentage distribution of elderly people on the basis of availability of health services, the current research revealed nearly three-quarters of participants offered them services at no cost. Three-quarters of those who participated in the study did not receive medical service at the appropriate time, but instead had to wait an hour; and two-thirds of participants did not have health insurance, while near two thirds of elderly people were not able to pay for hospital, this in agreement with study done by (*Yuqi Ta,2020*) demonstrates historical insurance trends The rate of coverage under public health insurance increased from nearly three-quarters of the population to the majority of the elderly, indicating that China is on the verge of achieving near-universal health care coverage. Some respondents, particularly migrating workers from rural to urban areas, expressed interest in enrolling. For urban residents, the rate of insurance coverage is 93.85 %, while for rural people, 70.20 percent. This result does not match my current data, which could be due to the Egyptian government's inability to cover and engage all the elderly population in coverage with health insurance and, because of their financial situation, they are able to provide free health care.

In agreement with a study done by (*Gasto Frumence,2017*), district councils and health facility management have put in place mechanisms for identifying elderly people in the community who are eligible for health-care

exemptions, according to the national exemption policy. According to the key informants questioned, the councils have hired Social Welfare Officers who work at district and regional hospitals to ensure, among other things, that people over the age of sixty who cannot afford health care receive it for free. A study conducted by (**Julia Doetsch,2017**) concluded that the elderly was more reliant on their families' income to purchase medications and healthcare expenses, but also on having to assist their unemployed families with their pensions.

4.Types of health services challenges facing elderly people

In terms of the percentage distribution of elderly people based on the types of health services challenges, the current study found that 94 percent of participants reported no rehabilitation services for the elderly, 91 percent reported no elderly specialized physicians and consultation clinics, and percent reported hospitals were not equipped to serve elderly care perceivably.

All the aforementioned challenges are mentioned in the current study, which was conducted at Beni-Suef University Hospital, and the findings were supported by (**Joyce M,2020**). The inefficiency of the health-care system was a majority issue among the participants, elderly people frequently have long wait times in medical settings and have experienced delays in scheduling new office-based appointments. Participants frequently felt rushed or undertreated during urgent care or outpatient department visits, and there was a lack of follow-up. (**Mushabab Al Asmri,2020**) According to research conducted in Saudi Arabia, staff shortage is a global issue in all hospitals. Saudi Arabian hospitals suffer from a shortage of health care providers as a result of nurses and physicians moving into managerial positions for salary increases.

Furthermore, according to the study (**Xiaodong Di,2020**), payment for medical services is high in the pockets of the elderly, healthcare resources have not yet been adequately matched to the needs of the elderly, there is a lack of information exchange and public awareness of key legislation, and service providers lack an active understanding of the elderly's service demands.

According to the study conducted by (**Deborah van, 2018**), there are issues. Lack of services, excessive wait times, and difficulty getting a doctor's appointment are all examples of integration and infrastructural deficiencies. Many health-care facilities are overburdened, and after-hours appointments are limited. This is especially problematic in rural regions, where a shortage of workers is a result of government policies and difficulty attracting families to rural areas, restricting services.

Based on a study done by (**Hai Luo,2018**) who mentioned that there is a major communication and instruction gap for the elderly, according to the research. Elderly people stated that they did not receive systematic information on how to obtain healthcare in print materials, that there were obstacles to obtaining information because many of them did not know how to use computers, and that a

lot of service information and applications were available online. most crucially, there was a dearth of guidance and assistance from the system. "To navigate through the healthcare system, you have to be persistent," one elderly guy remarked. "You have to learn to speak up and ask the proper questions and locate the proper people to talk to or advise you."

In reference to a study done by (*Gasto Frumence,2017*) mentioned that more than three quarters of elderly people face challenges such as a lack of rehabilitation services, long waiting times, a lack of specific consultation rooms and doctors for elderly people, and a shortage of medication and supplies.

5. Elderly satisfaction with health-care services offered and Study relationship

Regarding the matter of Percentage distribution of elderly people based on their satisfaction with health care offered the study data prove that greater than two third of participant had not satisfaction about Beni-Suef University Hospital's health-care provider, near to half of participant were not satisfied that hospital capable to overcome health-care challenges, more than one third of participants were not satisfied with health care services provided at hospital, while greater than quarter of them not satisfied regarding respect and dignity from health care providers, in accordance with study done by (*Yuqi Ta,2020*) revealed that more than half of participant not satisfied with care offered , I addition to they are not satisfied with health care providers communication and coordination.

According to (*Miriam Schenker.2017*), elderly participants do not feel respect and dignity from health care providers because they are subjected to shooting while receiving care.

In relation to the relationship between elderly people's gender and their types of health services challenges the study sample revealed that a highly statistically significant relation between elderly people's gender and the type of health care challenges , this might prove that female faced challenges more than male due to illiteracy in rural area as well as low income ,as well as female ratio noted more than male previously showed in socio demographic data, this supported by study done by (*Gerardo carpentieri,2020*).which noted that two third of elderly participant was female who faced challenge.

In relation to the relationship between elderly peoples' residence and their Availability of health-care services for elderly people the study revealed that there's statistically significant between elderly propel residency and health services offered and time obtain to be seen and there's statistically highly significant in health insurance and cost of medication and investigation, this might be due to the number of elderly people living in rural area more than half of elderly living in urban area, as well as elderly people who had health insurance in rural area less than who in urban, while rural health facility less equipped than urban hospitals, this with agreement with the following study(*Halla S Sweed,2016*) conducted in Egypt the Egyptian census was noted, rural locations have a larger proportion of elderly

peoples than urban ones, while near two third of elderly people were had adequate income.

In addition to the study done by (*Deborah van Gaans,2017*). who conducted the study in Australia near half of visiting urban hospital from rural area due to limitation poor services provided in rural area.

In relation between elderly peoples' monthly income and their accessibility of health services the study sample revealed that statistically highly significant differences between the monthly income of elderly people and the number of hospital visits in the last month in addition, there is a statistically significant differences between the monthly income of elderly people and the reasons for hospital visits as well as the preferred health setting, this might be due to elderly with adequate income more accessible to health services in terms of transportation cost , medication cost , service cost specially if its required specific diagnostic investigation and examination, this was supported by study done by (*Daniella Harth,2018*). who concluded that the large percentage of elderly people visit outpatient clinics once per month for blood collection and immunization, in connection to result done by (*Yuqi Ta,2020*) who stated That elderly are more likely to seek outpatient care within the first two weeks of each month and Rural residents attended outpatient doctors more often and had a hospital admission.

Conclusion

The study was determining how much time people spend waiting. Subspecialty difficulties, a lack of continuity of treatment due to the inaccessibility of medical data and changes in physician duty, expense, and health-care worker miscommunication.

The study discovered that the initiatives to improve elderly people's access to health care services have not been executed properly. Access to health care for elderly people continues to be a risk to their health across the country, as a result of their health concerns, the elderly is limited in their ability to participate in production, Many elderly people still lack access to free medical care due to a variety of factors, including, transportation to health facilities has become a barrier for them. According to the study, there was insufficient health insurance coverage for the elderly, a lack of medication, a shortage of geriatric specialists and elderly consultation clinics, hospitals were not well structured for treating/caring for the elderly, and long wait times for treatments in health institutions. There aren't any elderly rehabilitation services, inadequate follow up care, lack of communication and coordination, lack of service integration, a lack of crucial medication and supplies.

Also, they are not satisfied with the level of care and services provided, even though the policy for older persons expressly indicates that they are not eligible for health-care cost sharing, the policy should be revisited. The government might revise innovative strategies for improving health care for the elderly people, such as

adopting a health insurance system for the elderly, allocating elderly department clinics and services to reduce waiting time and improve the elderly's quality of care.

Recommendations

- **For government and stakeholder**

- 1- Egypt would make health insurance available to all elderly people over the age of 60, the government may increase funding for the Ministry of Health in order to improve the availability and accessibility of health care for the elderly.
- 2- The government advise to enhance the quantity of public transportation seats for the elderly as well as timing coordination to be accessible 24/7, must be free ambulance services for people who use a wheelchair or those that are bed-bound or bedridden.
- 3- The government advise to develop health care facilities for elderly people, specialized rehabilitation centers and nursing care facilities and identify adequate geriatric clinics in all hospitals to improve access to care and minimize waiting time for them.
- 4- The government and MOHP strongly encourage to follow international safety goals/hazards for elderly treatment areas, hospitals must be well designed for all the elderly who have a normal ageing process and abnormal changes. e.g. voice message in elevators, color signage in all corridors, proper entrances with ramps, grab bars in the toilets, and green space and proper ventilation.
- 5- The government can offer an electronic follow-up system for all patients to prevent losing geriatric appointment, in addition to giving phone counselling for the elderly, who can get guidance and their family can handle at home.
- 6- The government could develop an elderly triage system to give them priority and prevent delay management and minimize waiting time. Furthermore, availability of geriatric specialty clinics also plays a vital role in avoiding long waiting periods.

- 7- The government could establish medication homes for all geriatrics, using a mobile pharmacy system to deliver free medication to the elderly, reducing hospital wait times and crowding.
- 8- The government can offer and set up communication and call systems for the elderly to report and complain about all their problems. All hospital leaders may communicate on social media and write in newspapers to increase awareness of elderly needs and elderly rights.

- **For nursing education**

Providing appropriate education and training for nursing students at the faculty of nursing at Beni-Suef University to make them competent enough to cope with geriatric comprehensive evaluation care and management.

Effective communication among nursing teams can lead to minimizing mistakes and increasing patient care outcomes and satisfaction.

- **For research**

Suggest Further researches regarding challenges facing elderly people to access health care services.

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