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Original Article

Elderly care access and quality in general practice: A retrospective cross-sectional study.

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Abstract

Background:

The need for accessible, high-quality healthcare services has increased with the growing elderly population. General practice plays a vital role in delivering primary healthcare to older adults.

Objective:

To assess elderly patients' access to healthcare services and perceived quality of care in general practice settings.

Methods:

A retrospective cross-sectional study was conducted using medical records of 100 elderly patients (≥ 60 years) attending general practice clinics. Data on demographic characteristics, access to care, and quality indicators were analyzed using descriptive statistics and the chi-square test.

Results:

Among the participants, females constituted a slightly higher proportion, and most patients were in the 60–69-year age group. Good access to healthcare was reported by 49%, moderate by 33%, and poor by 18%. High quality of care was reported by 44%, average by 32%, and low by 24%. There was no statistically significant association between access and quality of care (χ^2 test, $p = 0.8115$).

Conclusion:

Although most elderly patients reported adequate access and acceptable quality of care, a substantial proportion still face barriers. Strengthening geriatric-friendly services and improving accessibility may enhance healthcare outcomes.

Recommendation:

Policies should focus on improving accessibility, infrastructure, and geriatric-specific training in primary care settings.

Keywords: Elderly care, General practice, Healthcare access, Quality of care, Retrospective study

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Introduction

Globally, one of the main demographic trends is population aging. The percentage of older people in communities is rising due to advancements in healthcare and life expectancy. Due to their greater susceptibility to sickness, numerous chronic disorders, and functional restrictions, older persons may have complex health demands. (1).

For the senior population to receive ongoing, all-encompassing care, primary healthcare—especially general practice is essential. General practitioners offer therapeutic, diagnostic, and preventive care and are frequently the initial point of contact for medical services. (2).

Despite its significance, several factors affect older individuals' capacity to obtain medical care. These include challenges with transportation, healthcare infrastructure, financial limitations, and physical mobility limitations. Furthermore, patient satisfaction, treatment compliance, and general health outcomes are all strongly impacted by the standard of care provided in general practice. Assessing senior patients' access and care quality aids in detecting gaps in the provision of healthcare and guides the development of better geriatric services (3). The purpose of this retrospective study is to evaluate the quality of care and access to healthcare for senior citizens who visit general practice clinics.



Material and Methods

Study Design

This was a retrospective cross-sectional study.

Study Setting

The study was conducted at Government Medical College and Hospital (GMCH), Purnea, Bihar, a tertiary care center providing outpatient and inpatient services to a large population from surrounding districts.

Study Population

The study included 100 elderly patients aged ≥ 60 years who attended general practice clinics during the study period.

Inclusion Criteria

Age ≥ 60 years
Complete medical records
Attended general practice clinics

Exclusion Criteria

Incomplete records
Age < 60 years

Variables

Independent variable: Access to healthcare (good, moderate, poor)

Dependent variable: Quality of care (high, average, low)

Covariates: Age, gender

Data Sources/Measurements

Data were collected from hospital records. Access to care and quality of care were categorized based on documented patient records and clinical assessment notes.

Statistical Analysis

Descriptive statistics (frequency and percentage) were used. The association between access and quality of care was analyzed using the Chi-square test. A p-value < 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee of GMCH, Purnea. Patient confidentiality was maintained, and no personal identifiers were used.

Results

Participant Flow

A total of 120 elderly patient records were screened. Of these, 20 were excluded due to incomplete data. Finally, 100 patients were included in the study analysis.

Table 1: Demographic Characteristics of Study Participants (n=100)

Gender	Age Group	Number of Patients
Female	60–69	30
Female	70–79	22
Female	≥ 80	3
Male	60–69	17
Male	70–79	20
Male	≥ 80	8

Females constituted a slightly higher proportion of the study population. The majority of patients were in the 60–69-year age group.

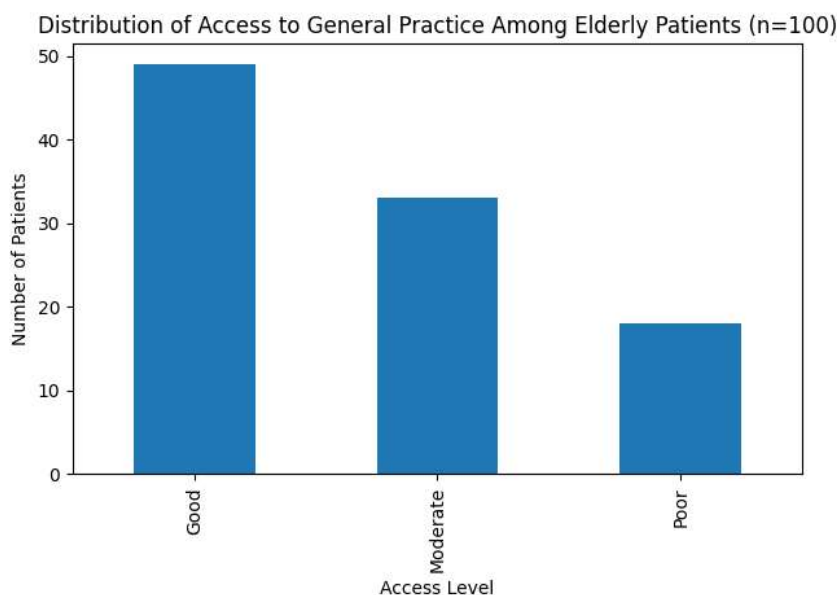
Table 2: Association Between Access to Care and Quality of Care

Access to Care	High Quality	Average Quality	Low Quality	Total
Good	19	16	14	49
Moderate	16	10	7	33
Poor	9	6	3	18

p-value = 0.8115

The results indicate no statistically significant association between access to healthcare and quality of care.

Figure 1: distribution of access to general practice among elderly patients.



Discussion

The present study evaluated access to healthcare and quality of care among elderly patients attending general practice clinics. Nearly half of the participants (49%) reported good access, while 18% experienced poor access, indicating persistent barriers in healthcare utilization (4). Despite better access, no statistically significant association was observed between access and quality of care ($p = 0.8115$). This suggests that factors beyond accessibility—such as physician expertise, consultation time, and healthcare infrastructure—may play a more critical role in determining perceived quality (5). These findings are consistent with previous studies, which highlight that accessibility alone does not guarantee improved healthcare quality. Studies by Berkelmans et al. and Naidoo et al. have similarly emphasized the importance of patient-centered care, provider competence, and system-level factors. The observed barriers, including mobility issues, transportation difficulties, and a lack of geriatric-focused services, may explain reduced access among some participants. Strengthening primary healthcare systems and integrating geriatric care services could help address these challenges (6). Overall, improving both accessibility and quality simultaneously is essential for better health outcomes in the elderly population.

Generalizability

The findings of this study may be generalized to similar tertiary care settings in developing regions. However, variations in healthcare infrastructure and population characteristics may limit broader applicability.

Conclusion

This retrospective study emphasizes how crucial it is for senior patients in general practice to have access to high-quality healthcare services. A considerable percentage of patients had moderate or poor access to healthcare, despite the fact that the majority reported having good access. Access to healthcare and perceived treatment quality were not shown to be significantly correlated by the study. Efforts should focus on improving both accessibility and quality through enhanced healthcare infrastructure, better geriatric care training, and patient-centered services. Improving these factors can help the aged people live better lives and achieve better health outcomes.

Limitations

This study has certain limitations, including its retrospective design and relatively small sample size. Additionally, reliance on medical records may introduce information bias.

Recommendations

Healthcare systems should focus on improving accessibility through better infrastructure, transportation



support, and geriatric-focused services. Training healthcare providers in elderly care and implementing patient-centered approaches are also recommended.

Funding

No funding was received for this study.

Conflict of Interest

The authors declare no conflict of interest.

Data Availability

The data used in this study are available from the corresponding author upon reasonable request.

Author Contributions

All authors contributed to the study design, data collection, analysis, manuscript drafting, and final approval.

Acknowledgement

The authors thank the staff of GMCH, Purnea, for their support in data collection.

List of Abbreviations

GMCH – Government Medical College and Hospital

OPD – Outpatient Department

References

1. Naidoo K, Wyk J Van, Africa S, Practice P, Africa S, Naidoo K, et al. What the elderly experience and expect from primary care services in KwaZulu-Natal, South Africa. *African J Prim Heal Care Fam Med*. 2017;11(1):1-6. <https://doi.org/10.4102/phcfm.v11i1.2100>
2. Dadich A. Models of Care for Older People : A Scoping Review. *J Am Geriatr Soc*. 2025;73:1588-97. <https://doi.org/10.1111/jgs.19371>
3. Genaro LE, Marconato V, Pereira E, Pinotti FE, Valsecki A, Saliba A, et al. Home Care for the Elderly : An Integrated Approach to Perception, Quality of Life, and Cognition. *Int J Environ Res Public Health*. 2024;21(539):1-14. <https://doi.org/10.3390/ijerph21050539>
4. Lal D, Virk A, Goel A, Goel S, Kapoor K, Garg S, et al. Dialogues in Health Healthcare Access and utilisation trends among the elderly in India : Evidence from the LASI Wave-1 survey. *Dialogues Heal [Internet]*. 2025;7:100232. Available from: <https://doi.org/10.1016/j.dialog.2025.100232>
5. <https://doi.org/10.1016/j.dialog.2025.100232>
6. Berkelmans PIGJ, Berendsen AJ, Verhaak PFM, Meer K Van Der. Characteristics of general practice care : What do senior citizens value ? A qualitative study. *BMC Geriatr [Internet]*. 2010;10(80):1-8. Available from: <http://www.biomedcentral.com/1471-2318/10/80> <https://doi.org/10.1186/1471-2318-10-80>
7. Lôrena T, José T, Andrade B De. Evaluation of Quality Care for Senior Citizens in Primary Health Care. *Health (Irvine, Calif)*. 2015;7(September):1069-74. <https://doi.org/10.4236/health.2015.79121>



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