EXAMINATION OF HEALTH SERVICES FOR CITIZENS: DISABILITY, ACCESSIBILITY AND EQUALITY

AUTHORSHIP

Umit Ozkiran
Ph.D., Akdeniz Karpaz University, Turkey.
ORCID: https://orcid.org/0000-0002-2941-4974
E-mail: ubbboz@hotmail.com
DOI: https://doi.org/10.24115/S2446-6220202172696p.139-144

INTRODUCTION

Health management and services covers the practice of equality and quality for all citizens in all around the world. Service quality includes accessibility, standards and satisfaction on services and delivery in any services which health system and organization need to have strategic plan in a long run. Dealing with paradoxes on research and development of health operations are specially related to strategic issues where corporate level, network level strategies is required.

The rapid development of technology and the constant innovation and application of computer and information technology result in information technology changing humans’ future lifestyles. (CHEN, 2021) Resolving operations and visioning strategic innovations on service quality in health sector are core subjects to control and develop organizational context upon teamwork and learning cycle. The most of the dilemma comes from the lack of continuous learning and organizational issues. Health services are compulsory and broader service in the society that even governmental and private service conditions need automation and operations upon the world standards to give equal services based on education, technology and physical conditions.

Developing an international perspective and model on health services and management for the developing countries is very crucial. Despite all attention paid to competition on hospitals, services, this study pays attention on strategy theories and plan for common standard model and international perspective on health services for disability. To solve general service problems in health issues, the strategic reasoning process is the suitable solution upon problem and experience to set long run solutions for overcoming problems. Within a perspective of strategic reasoning, cognitive abilities needs to be fostered based on identifying, diagnosing, realizing and conceiving where human being factor is sensible factor to be paid attention. Therefore, the demand for logical thinking and human intuition need to be considered. The health services also cover paradox of responsibility for human being which responsiveness, satisfaction and synergy of work context carries managing paradox of compliance and choice. In terms of organizational context, control and chaos, organizational development need to be explored to set and manage service quality (WIT, 2017).

With a scientific perspective, human relations and inspection on services need learning cycle, teamwork and synergy in order to improve quality in services. Significantly, learning based inspection becomes popular for health management in order to fulfill lack of parts and update conditions. Therefore, inclusion and participants of employers and responsible people in health sector increase success on quality. Group synergy, majority and performance help empowerment on service quality for citizens. Disability is the universal concern which is specially part of health services. It needs different politics and plan on services, it needs practical solutions in health services for the developing countries where disabled citizens face common problems to overcome in daily life.

The state of disability, which creates temporary or permanent obstacles in a person’s life, is caused by the loss of physical, mental and social skills due to congenital or for any other reason. Sociologically disabled individual is an individual whose accessibility is largely restricted by social pressures, not because of their pathological problems (ÇARKÇI, 2011). In general, 10% of the world’s population, in other words, about 600 million people live as disabled. It is an inevitable fact that people with disabilities, who are the biggest minority group in society, face many problems in every aspects of life in developing countries. In fact that, those minority group also provide potential tourism opportunity for the island and developing countries where conditions need to be set with proper strategic plans.

The minimization of the dependency of individuals with disabilities could be minimized if they reach out services and solve the barriers. In this respect, the self-sufficiency will be positive if they could be included to in every aspect of life even they have disabilities. Therefore, physical, technical, legal and social attitudes and behavior in all areas should be considered in harmonic plan that this may help solve the problems. People with disabilities are more affected by the same health problems.
than individuals without disabilities. In addition, individuals with disabilities are at greater risk for their health problems which they need proactive plans and health care.

As is the case with all members of the society, ensuring the full participation of disabled people in all opportunities provided to society constitutes the basis of the social state concept. The literature paid attention on the basis of human rights by the fact that all individuals can benefit from all services without any discrimination. The only requirement is that both the service and the information need to be accessible and demand basis (UNVER, 2016). This study aims to examine accessibility of health services; identify obstacles on health management services in order to propose model for solution. The policies that are produced for the elderly are thought to be one of the most important issues in the field of social policy. The increase in the number of elderly people, as seen on a global scale like the disabled people, gives more importance to the social policies towards the elderly. Additionally of the social services, quality of services are taken most importance in health services.

Social policies and service quality prepared for the elderly are known as the concrete / practical by socio political aspect of this support. In this context, social policies towards elderly people are developed and implemented through care services, social services, social assistance and various pension systems (KARA, 2016). Many people with disabilities are excluded from the society in which they live and therefore they are forced to live independently by being in need of care and care (GÖKMEN, 2007).

The social problems such as the lack of adequate information about the disabled people, the wrong approaches and negative attitudes of people with disabilities as well as the social problems such as the discrimination of the disabled individuals and the inadequacy of the physical environment conditions and economic opportunities are the most important problems of the disabled people in the society (ERGÜN, 2005).

People with disabilities face various barriers to access to services such as health, education, employment, transportation. Individuals with disabilities worldwide have poorer health status, lower education level and less social well-being than individuals without disabilities (WHO, 2011). The social policies and services created for these problems are; the levels of development of countries vary according to the welfare systems and society’s perspective on people with disabilities (METIN, 2017). The sociologically impaired individual is create problems whose accessibility is largely restricted by social pressure (ÇARKÇI, 2011).

As is the case with all members of the society, ensuring the full participation of disabled people in all opportunities provided to society constitutes the basis of the social state concept. The concept of accessible environment for people with disabilities is not to make the whole environment accessible, but to change some special areas so that the disabled can be included in social life. Examples of these areas are education, health, home, work, transportation and communication systems (ALBRECHT, 2006). Making all available health services inclusive and making public health services accessible to people with disabilities will reduce inequalities and unmet needs in the health sector.

To overcome physical barriers and other barriers to communication and information in the field of general health services; A number of approaches have been used such as making structural changes in health institutions, using equipment with universal design features, communicating information appropriately, arranging appointment systems and using alternative models to communicate services. In the lack of resources, community-based rehabilitation has been successful in facilitating the access of people with disabilities to existing services and promoting and monitoring preventive health services. Therefore, this study encapsulates the examination of current situation in health services for people with disabilities and propose management model for solution for developing countries.

METHODOLOGY
This research paper relies on a qualitative research. Qualitative research stands on patterns to investigate issue in detail based on deeper perspective. This study focuses on experiences and thoughts of specialists, disabled people to examine conditions and services about health in order to propose management model for the future. Considering xperiences and thoughts justify why qualitative nature is core of the research (CRESWELL, 2003). Case study is the research approach as it is chosen as much appropriate approach to examine the context and situation Purposive sampling
was used that 5 authorities from disability associations and 3 experts were participated research by responding self reflection form in order examine awareness on health services. 120 participants from medicine faculty respond self-report to propose what kind of social responsibility projects can be developed in order to increase awareness on responsibility for health services and care. A thematic analysis was done in order to evaluate responds of the research participants (DENZİN & LINCOLN, 1994).

RESEARCH FINDINGS AND DISCUSSION
The study aims to reveal findings and discussion on current situation and problems on health services for people with disabilities. Furthermore, study proposes an organisational model for practical solution. 5 disability association representative and three experts pointed out problems and proposed solutions within the context of informal meeting which they give permission to get notes during the conversations. Upon that meetings, participants all agree on that people with disabilities and their families face with various problems on health services and care. Upon their experiences and observations, people with disabilities and families could not reach health services properly upon physical, technological obstacles in hospital and govermental institutions.

There is a big problem on human resources management and equality on services in hospitals. Even they observe lack of social sensibility in health services. Furthermore, there is intensified need learning based inspection for the employers who need to have self development on update standards for service quality. 110 from the 120 participants properly respond to the self-reports. All agree that social responsibility projects create synergy and awareness to underline politics, strategy and standards from professional international perspective.

Table 1: Problems and possible solutions for disabled people in health services in our country

<table>
<thead>
<tr>
<th>THEME</th>
<th>PARTICIPANT STATUS</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To produce state policies and projects that everyone can benefit from health services equally without any problems.</td>
<td>Opinion Stated: 80, Opinion not Stated: 30</td>
<td>110 % 72</td>
</tr>
<tr>
<td>Making serious inspections</td>
<td>Opinion Stated: 74, Opinion not Stated: 36</td>
<td>110 % 67</td>
</tr>
<tr>
<td>To increase educational services</td>
<td>Opinion Stated: 70, Opinion not Stated: 40</td>
<td>110 % 63</td>
</tr>
<tr>
<td>Health institutions and services should be rearranged for disabled people</td>
<td>Opinion Stated: 85, Opinion not Stated: 25</td>
<td>110 % 77</td>
</tr>
<tr>
<td>Trainings should be given on how healthcare workers can provide services for disabled people</td>
<td>Opinion Stated: 83, Opinion not Stated: 27</td>
<td>110 % 75</td>
</tr>
<tr>
<td>The necessary measures should be taken especially in the construction of health services institutions</td>
<td>Opinion Stated: 84, Opinion not Stated: 26</td>
<td>110 % 76</td>
</tr>
<tr>
<td>Measures should be taken for disabled people in health care institutions</td>
<td>Opinion Stated: 89, Opinion not Stated: 21</td>
<td>110 % 80</td>
</tr>
<tr>
<td>Accessibility of health institutions should be increased</td>
<td>Opinion Stated: 63, Opinion not Stated: 47</td>
<td>110 % 67</td>
</tr>
<tr>
<td>Health workers should be trained on wording, speech and behavior</td>
<td>Opinion Stated: 80, Opinion not Stated: 30</td>
<td>110 % 72</td>
</tr>
<tr>
<td>Disabled media, press and media organs in health sector should make public awareness for health tourism every day within a specific program</td>
<td>Opinion Stated: 77, Opinion not Stated: 33</td>
<td>10 % 70</td>
</tr>
</tbody>
</table>

Source: Search data.
* To produce state policies and projects that everyone can benefit from health services equally without any problems, to make serious inspections.

* To increase training services.

* Health institutions and services should be rearranged for disabled people.

* Training should be given to employees in health sector about how they can provide services for disabled people.

* The necessary measures should be taken especially in the construction of health services institutions.

* Accessibility of health institutions should be increased.

* Health workers should be educated in terms of behavior and speech and behavior.

* In the health sector, the disabled media, press and media organs should make public awareness-raising publications for health tourism every day.

**Duties and responsibilities of institutions and individuals within the scope of unhindered health services**

* Raising awareness of the students in the context of the universal design principles of the universities, especially the faculties of architecture for transferred to the students with different courses. In particular, it will be the duty and responsibilities of both the institutional and individual level to gain the consciousness of being a natural part of the design of creating a barrier-free space in both urban and architectural scale while raising the architects of the future.

* Every institution and individual should be able to use the facilities properly and adequately in the scope of social responsibility projects, and in the areas of unobstructed tourism and health.

**Examples of Germany and proposed model**

According to the German Social Welfare Code, "due to illness or injury help and care that can not sustain life oblivious" people are people in need of care. The need for care is also included in the Maintenance Insurance Act, which has been in force since 1995. In this Law, those in need of care are physically, mentally, spiritually ill or disabled, therefore cannot manage own lives, are unable to perform simple daily tasks, and thus are dependent on others (SEYYAR, 2006). In this sense, it is seen that elderly people have assurances in terms of taking care services under these two laws. Indeed, the elderly may be weaker or more vulnerable to diseases. In addition, they can also enter into psychological distress by the effect of their old age psychology. All this can prevent elderly people to be self-sufficient.

Although elderly and disabled care services are performed to a great extent in these cases, it is seen that the wishes of the families have come to the fore in order to make care services in a mixed manner. In this respect, according to a study, families do not want to leave the elderly care services only to the institutional professionals, and they want a blend care model by including themselves. Therefore, neither the contribution of the state in the full sense of the care service nor the contribution of the family in the full sense. Instead, there is a model that is a mixture of the two (SUNDSTROM VE JOHANSSON, 2005).

There is a need to propose an organisational model for the whole system. The first attempt should cover the organisational culture and behaviours of the employers within the health care and services. In this respect, identifying and transforming culture within organisation should be set. The need for change and capacity for change are the analysis steps for the strategic innovation. Furthermore, competitive value models and its development need to be sensitive on health services for disability. In that specific concern, communication, human resources management, practical and critical management skills need to be included to the strategic plan and learning based inspection.
CONCLUSION AND RECOMMENDATIONS
It is an obstacle for disabled and elderly individuals to benefit from health services, which is a disadvantaged group in terms of accessibility in all areas of life through the creation of accessibility basis in all areas. Physical, technical, administrative etc. all arrangements to prevent any problems in all health institutions and organizations should be planned.

One of the most important services for disabled individuals in health institutions and organizations is the use of priority right in inspection procedures. The priority right applied to people with disabilities and some disadvantaged groups should be used. State has to take responsibility and create conditions for certain groups (e.g. the disabled, people with dyslexia and immigrants with insufficient knowledge of the Swedish language) in order to make lifelong learning a reality for all. (FLORIN et al., 2020)

The advancement of technology facilitates and facilitates the life style of all individuals and facilitates their lives in disabled individuals and provides many opportunities in education, work and health. As in all areas of the disabled (tourism, education, culture, etc.) in the field of health with the support of technology leads to more comfortable and accessible services.

The literature pointed out that services for people with disabilities are not satisfied because of communication and infrastructure problems (ERGÜDEN, 2008; KARİP, 2016). As in the case of Germany, with the participation of the family, a program for elderly and disabled people can be developed and the task and responsibility of the health sector will be facilitated and the people who are in need of assistance can be followed continuously. The future studies may conduct longitudinal studies with both qualitative and quantitative studies to set action and activities for each problem in government level.

REFERENCES


Examination of health services for citizens: disability, accessibility and equality
Exame de serviços de saúde para cidadãos: deficiência, acessibilidade e igualdade
Examen de los servicios de salud para la ciudadanía: discapacidad, accesibilidad e igualdad

Resumo
O objetivo do estudo é divulgar os serviços de saúde para os cidadãos com deficiência sobre acessibilidade e automação. O estudo baseia-se em pesquisas qualitativas em que foram utilizadas a análise documental e o reflexo do relatório autoral das autoridades sobre os temas. Modelos de automação e acessibilidade e prática de serviços sociais e de saúde baseados na literatura e nos resultados das oficinas reveladas e comparadas aos resultados. O sistema e o bem-estar dos países em desenvolvimento precisam de automação e serviços acessíveis para cidadãos com deficiência. A acessibilidade física e web cria um grande dilema para alcançar serviços que devem ser urgentemente considerados pelo governo e autoridades institucionais.

Abstract
The aim of the study is to reveal the health services for disabled citizens upon accessibility and automation. The study relies on qualitative research which documentary analysis and self-report reflection of authorities form upon themes were employed. Automation and accessibility models and practice of social and health services from literature and workshop results revealed and compared with the results. System and welfare for the developing country needs automation and accessible services for disabled citizens. Physical and web accessibility create a big dilemma to reach services that needs to be considered urgently by governmental and institutional authorities.


Keywords: Accessibility. Automation. Disability. Service model.

Resumen
El objetivo del estudio es dar a conocer los servicios de salud para ciudadanos discapacitados sobre accesibilidad y automatización. El estudio se basa en una investigación cualitativa en la que se emplearon el análisis documental y la reflexión del autorreporte de las autoridades sobre los temas. Modelos de automatización y accesibilidad y práctica de los servicios sociales y de salud a partir de la literatura y los resultados de los talleres revelados y comparados con los resultados. El sistema y el bienestar de los países en desarrollo necesitan automatización y servicios accesibles para los ciudadanos discapacitados. La accesibilidad física y web generan un gran dilema para llegar a servicios que deben ser considerados urgentemente por las autoridades gubernamentales e institucionales.