“Multiple margins” (being older, a woman, or a visible minority) constrained older women’s access to Canadian health care


Q What are older women’s experiences with the Canadian healthcare system? How do they manage their health and access health care?

DESIGN
A feminist phenomenological study.

SETTING
Calgary, Alberta, Canada.

PARTICIPANTS
32 Canadian women who were 65–83 years of age. 14 were Caucasian, 11 Ismaili, 3 Aboriginal, and 4 Japanese.

METHODS
Participants were interviewed (for 1.5 to 2.5 h) in 5 small groups of 3–11 women. A follow up interview was held with 5 members of 1 group. Interviews were audiotaped, transcribed, and analysed for emergent themes.

MAIN FINDINGS
4 themes were identified within and across the interviews. Femininity, relationships, and means of support. The women were intrigued by the concept of sharing their stories in an organised discussion (eg, “We always get together and we sit around and talk, but never discussing the …the personal things”). Examples of “personal” matters included the loneliness they had endured after spending years in various relationships in their working and personal lives. They made a connection between extreme loneliness and widespread depression.

Health information and the politics of access to care. 2 areas stood out under this theme. (1) Technologies of support and isolation. Some participants used computers (and the internet) and technology such as television to mediate support in the face of their isolation. For other women, friends were central to the management of their health. One woman described community support given to a friend who had recently died at home: “She didn’t go into hospital, everybody was there… We looked after one another, and we decided who to go, who to ask, how to navigate the system, and how to manage to obtain the information they needed by consulting their pharmacists who also served as translators. When their needs were still not being met, many women waited until their condition worsened. One woman’s comment suggested ageist, cultural, and gendered marginalisation: “We are women; we are not allowed to complain.”

CONCLUSIONS
Older Canadian women managed their health care privately, with the support of family, friends, and voluntary organisations. However, being older, a woman, and a visible minority constrained and challenged their access to equitable health care.

Commentary
I t has repeatedly been acknowledged in research studies that healthcare systems should strive to extend and improve the nature and scope of services to better meet the needs of older women. These needs and associated healthcare priorities often differ from those of older men.1,2

The findings of the study by Kinch and Jakubec support the view that older women have complex needs and that they often have problems negotiating the healthcare system.1,2 Ironically, Kinch and Jakubec further identified that when support was provided by family, friends, and cultural groups, healthcare providers may have assumed that the recipient had both the opportunities and abilities to access all relevant forms of care with the aid of such support. The researchers suggested that opportunities to reflect on their experiences in negotiating the healthcare system helped these women to identify factors that led to their marginalisation in society: old age, female gender, and membership in a visible minority.

Several marginalised groups were included in this study. It was unclear which findings were found across all groups. The study could have been strengthened by including more participants in the smaller groups and recurrent data gathering sessions. The relatively small number and size of groups and the brevity of the contact limited the depth of understanding and transferability of the findings.

The findings of Kinch and Jakubec highlight the importance of carrying out active, detailed assessments with older women in order to more comprehensively determine their healthcare needs and expectations. The study also highlights the importance of considering the effects of marginalisation (age, gender, and culture) on access to healthcare services.

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