BIM Proceedings
Bali International Meeting on Business, Advanced engineering, and Leadership sustainability Impact
BIM University
DOI: 10.xxxxxxxxxxxxxxxxxxxx/

A Systematic Literature Mapping of Service Accessibility in Healthcare: Trends, Dimensions, And Research Gaps

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Abstract

Healthcare service accessibility remains a critical issue in achieving equitable and inclusive health systems, particularly amid persistent disparities between regions and population groups. Despite extensive research, accessibility is often examined in fragmented dimensions, limiting a comprehensive understanding of its complexity. This study aims to systematically map the literature on healthcare service accessibility to identify research trends, key dimensions, and existing gaps. The study employs a Systematic Literature Mapping (SLM) approach by collecting and analyzing peer-reviewed articles from major academic databases, followed by a structured classification based on publication trends, geographic distribution, methodological approaches, and accessibility dimensions. The findings reveal that research is predominantly focused on availability and affordability, with a growing emphasis on digital health integration. However, significant gaps remain, including the lack of multidimensional frameworks, limited studies in developing countries, insufficient attention to patient-centered perspectives, and methodological constraints such as the dominance of quantitative approaches. Furthermore, issues such as digital inequality, policy implementation gaps, and sustainability are underexplored. This study highlights the need for integrative, inclusive, and context-sensitive research to advance healthcare accessibility.

Keywords: healthcare accessibility, systematic literature mapping, digital health, research gaps, health equity

INTRODUCTION

Accessibility of healthcare services constitutes a fundamental pillar in establishing an equitable, inclusive, and sustainable health system. In the contemporary global context, accessibility is no longer limited to the mere availability of healthcare facilities, but extends to a multidimensional construct encompassing affordability, geographic reach, quality of care, and cultural appropriateness between providers and patients [1]. The ongoing transformation of healthcare systems driven by digitalization, service integration, and technological innovation has further expanded the conceptual boundaries of accessibility into a dynamic and complex domain. Despite these advancements, disparities in healthcare access remain a persistent global challenge, particularly in developing countries where infrastructural limitations, unequal distribution of healthcare professionals, and low levels of health literacy continue to hinder effective service delivery [2]. Within the framework of the Sustainable Development Goals (SDGs), especially

DOI: 10.xxxxxxxxxxxxxxxxxxxx/

Goal 3 concerning good health and well-being, accessibility is a critical indicator for evaluating the performance of public health policies and governance systems. Consequently, a comprehensive and systematic examination of the existing body of literature is necessary to map the evolution of research on healthcare accessibility, identify dominant trends, and uncover underexplored areas that warrant further investigation.

The issue of healthcare accessibility becomes more evident when examined through empirical data at both global and national levels. According to reports from the World Health Organization (WHO), nearly 50% of the global population still lacks access to essential healthcare services, and more than 100 million people are pushed into extreme poverty each year due to high out-of-pocket healthcare expenses [3]. In Indonesia, disparities in access are particularly pronounced between urban and rural areas, where the ratio of healthcare professionals remains significantly uneven [4]. Data from the Ministry of Health indicate that specialist doctors are predominantly concentrated in Java Island, while eastern regions face critical shortages of medical personnel. Furthermore, statistics from the Central Bureau of Statistics (BPS) reveal that approximately 30% of the population experiences barriers in accessing healthcare services due to cost constraints, long travel distances, and limited transportation infrastructure [5]. These challenges are further exacerbated by the digital divide, which limits the equitable adoption of technology-based healthcare solutions such as telemedicine. Such evidence underscores that healthcare accessibility issues are not merely structural but also systemic and multidimensional, requiring a holistic and integrative research approach.

Several prior studies have attempted to explore various aspects of healthcare accessibility; however, their findings often remain fragmented and limited in scope. The study by [6] conceptualizes accessibility through five key dimensions availability, accessibility, affordability, acceptability, and accommodation which collectively determine the degree to which healthcare services can be utilized by the population. [7] propose a framework that emphasizes the alignment between healthcare system characteristics and patient needs, highlighting the importance of balancing supply and demand factors. [8] expand the perspective by incorporating individual capabilities, such as the ability to perceive healthcare needs, seek services, reach facilities, afford costs, and engage in care processes. While these studies provide significant theoretical contributions, they largely adopt partial perspectives and lack integration into a unified and comprehensive mapping of the research landscape.

A critical review of the existing literature reveals several research gaps that form the foundation for this study's novelty. First, there is a conceptual gap, as previous studies have yet to integrate the diverse dimensions of healthcare accessibility into a cohesive analytical framework. Second, a methodological gap exists, where most prior research relies on case studies or limited empirical analyses, thus failing to capture broader global research trends. Third, a contextual gap is evident in the limited exploration of healthcare accessibility dynamics in developing countries, particularly in the context of digital transformation and evolving healthcare systems. Addressing these gaps, this study introduces a novel contribution by employing a Systematic Literature Mapping (SLM) approach, which enables a structured, comprehensive, and data-driven synthesis of existing research. This approach facilitates the identification of research trends, thematic dimensions, and future directions while offering an integrative perspective that bridges various theoretical frameworks into a more holistic understanding of healthcare accessibility.

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Based on the aforementioned background, this study aims to systematically map the existing literature on healthcare service accessibility, focusing on identifying research trends, key dimensions, and existing gaps within the field. Specifically, the study seeks to classify the evolution of research topics based on temporal trends, geographic distribution, and methodological approaches used in previous studies. Additionally, it aims to examine the interrelationships among different dimensions of accessibility and their relevance in the context of global healthcare system transformation, including the role of digital technologies in enhancing access to care. Through the application of Systematic Literature Mapping, this study is expected to provide both theoretical and practical contributions by offering evidence-based insights for the development of more inclusive healthcare policies and serving as a valuable reference for future research in advancing a more integrated and comprehensive understanding of healthcare accessibility.

METHOD

This study adopts a Systematic Literature Mapping (SLM) approach to comprehensively identify, classify, and analyze the body of scientific literature related to service accessibility in healthcare [9]. The SLM method is selected because it enables a structured and transparent overview of research trends, thematic distributions, and knowledge gaps across a broad field of study. The research process begins with the formulation of research questions focusing on trends, dimensions, and gaps in healthcare accessibility studies. Subsequently, a systematic search is conducted across major academic databases such as Scopus, Web of Science, and Google Scholar using predefined keywords including “healthcare accessibility,” “service access,” and “health service equity.” The inclusion criteria consist of peer-reviewed journal articles published within a specific time frame (e.g., the last 10 years), written in English, and directly addressing healthcare accessibility. Meanwhile, exclusion criteria include non-academic publications, duplicate studies, and articles lacking full-text access [10]. The screening process follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework to ensure rigor, transparency, and replicability in the selection of relevant studies.

After the selection process, the included articles are subjected to a classification and mapping procedure based on several analytical dimensions, including publication year, geographic focus, research methodology, and thematic categories related to healthcare accessibility. Data extraction is conducted systematically using a structured coding sheet to identify key variables such as accessibility dimensions (e.g., availability, affordability, and acceptability), research contexts, and methodological approaches [11]. The analysis employs both descriptive and bibliometric techniques to visualize research trends and patterns, including the use of tools such as VOSviewer to map keyword co-occurrence networks and thematic clusters. Furthermore, a qualitative synthesis is performed to interpret the findings and identify emerging themes as well as underexplored research areas [12]. Through this integrative analytical approach, the study provides a comprehensive mapping of the literature, enabling the identification of dominant research streams, evolving dimensions of healthcare accessibility, and critical gaps that can inform future research directions and policy development.

RESULTS AND DISCUSSION

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The classification framework presented in Table 1 is developed to systematically organize and synthesize the diverse body of literature on healthcare service accessibility. This framework reflects a multidimensional perspective that integrates temporal trends, geographic contexts, methodological approaches, and substantive dimensions of accessibility. By structuring the literature across these categories, the study is able to capture not only the evolution of research over time but also the variation in focus across different regions and populations. Importantly, the inclusion of core accessibility dimensions—such as availability, geographical accessibility, affordability, acceptability, and accommodation—demonstrates alignment with established theoretical models while also allowing for a more comprehensive analytical lens. In addition, the integration of technological aspects, particularly digital health, highlights the growing relevance of innovation in shaping access to healthcare services in the modern era. This structured classification serves as a foundational tool to map existing knowledge and identify patterns within the literature.

Table 1. Classification Framework of Healthcare Service Accessibility Literature

No	Classification Dimension	Sub-Dimension	Description	Indicator/Example
1	Publication Trend	Year of Publication	Distribution of studies over time	2015–2025 growth trend
2	Geographic Distribution	Region/Country	Location where study is conducted	Developed vs Developing Countries
3	Research Methodology	Quantitative, Qualitative, Mixed Methods	Approach used in the study	Survey, Case Study, SEM, Interviews
4	Accessibility Dimension	Availability	Presence of healthcare services	Number of hospitals, doctors
		Accessibility (Geographical)	Physical reach to services	Distance, travel time
		Affordability	Financial ability to access services	Cost, insurance coverage
		Acceptability	Cultural and social suitability	Patient satisfaction, trust
		Accommodation	Service organization and responsiveness	Waiting time, service hours
5	Technological Integration	Digital Health	Use of technology in healthcare access	Telemedicine, e-health
6	Target Population	Demographic Group	Focus of study population	Rural communities, elderly
7	Outcome Focus	Health Outcomes	Impact of accessibility	Mortality rate, service utilization
8	Policy Relevance	Health Policy	Link to policy and governance	Universal Health Coverage (UHC)

Source: Author's elaboration (2026)

DOI: 10.xxxxxxxxxxxxxxxxxxxx/

Following the classification presented in Table 1, it becomes evident that research on healthcare accessibility is both expansive and fragmented, spanning multiple dimensions and contexts. The framework reveals that while traditional dimensions such as availability and affordability remain dominant in the literature, emerging areas such as digital health integration and policy relevance are gaining increasing attention. Furthermore, the categorization underscores the importance of considering target populations and outcome measures, which are often overlooked in narrowly focused studies. The presence of varied methodological approaches also indicates the richness of perspectives used to examine accessibility, although it simultaneously suggests the need for greater methodological integration. Overall, this classification not only provides a clear mapping of existing research but also highlights areas where further exploration is needed, particularly in bridging conceptual dimensions, enhancing contextual diversity, and strengthening the linkage between accessibility and health outcomes within policy frameworks.

Table 2. Research Trends, Gaps, and Future Directions in Healthcare Accessibility

No	Research Area	Key Findings from Literature	Identified Gap	Future Research Direction
1	Accessibility Dimensions	Most studies focus on affordability and availability	Lack of integrated multidimensional analysis	Develop holistic accessibility frameworks
2	Geographic Focus	Dominated by studies in developed countries	Limited research in developing regions	Expand studies in low- and middle-income countries
3	Digital Healthcare	Increasing adoption of telemedicine	Unequal digital infrastructure	Study digital divide and inclusivity
4	Methodological Approach	Predominantly quantitative methods	Lack of mixed-method and longitudinal studies	Apply mixed-method and panel data approaches
5	Patient-Centered Access	Focus on system-level factors	Limited focus on individual capabilities	Integrate behavioral and psychological dimensions
6	Policy Analysis	Emphasis on general policy outcomes	Lack of micro-level policy evaluation	Conduct policy impact evaluation studies
7	Health Inequality	Identifies disparities in access	Limited intersectional analysis	Explore gender, income, and regional disparities simultaneously
8	Service Quality	Linked to accessibility outcomes	Underexplored relationship with experience	Study patient experience as mediator
9	Rural Healthcare Access	Identified as critical issue	Limited scalable solutions	Develop adaptive and context-specific models
10	Sustainability	Rarely linked to accessibility	Lack of long-term system perspective	Integrate sustainability in healthcare access research

Source: Author's elaboration (2026)

DOI: 10.xxxxxxxxxxxxxxxxxxxx/

The synthesis presented in Table 2 highlights that research on healthcare accessibility has evolved significantly but remains characterized by notable imbalances and unresolved gaps across multiple domains. The literature tends to concentrate heavily on traditional dimensions such as affordability and availability, while lacking a fully integrated, multidimensional perspective that captures the complexity of access in real-world settings. In terms of geographic focus, the dominance of studies conducted in developed countries reveals a critical contextual gap, as healthcare accessibility challenges in low- and middle-income regions remain underexplored despite their greater urgency. The increasing adoption of digital healthcare solutions, such as telemedicine, signals a transformative trend; however, disparities in digital infrastructure continue to limit equitable access, emphasizing the need to address the digital divide. Methodologically, the prevalence of quantitative approaches indicates robustness in measurement but also underscores the necessity for mixed-method and longitudinal designs to capture deeper, contextual insights. Furthermore, the limited emphasis on patient-centered perspectives, particularly individual capabilities and behavioral factors, suggests an incomplete understanding of access beyond system-level determinants. Gaps in policy analysis, especially at the micro-implementation level, along with insufficient attention to intersectional inequalities, service experience, rural scalability, and sustainability, collectively point to the need for more holistic, inclusive, and forward-looking research agendas.

Source: Author's elaboration (2026)

Figure 1. Mapping of Service Accessibility in Healtcare

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Figure 1 presents a comprehensive mapping of healthcare service accessibility through a Systematic Literature Mapping approach that integrates research trends, key dimensions, and identified gaps within a unified analytical framework. The visualization highlights how accessibility is not a single construct but a multidimensional concept influenced by structural factors such as availability and affordability, as well as emerging elements like digital health and policy relevance. Furthermore, the figure demonstrates the interconnectedness between existing research streams and future research directions, emphasizing the need for more integrative, inclusive, and forward-looking studies in addressing healthcare accessibility challenges.

1. Integration of Accessibility Dimensions

   The figure illustrates that healthcare accessibility is composed of multiple interrelated dimensions, including availability, geographical access, affordability, acceptability, and accommodation. These dimensions must be understood as a unified system rather than isolated components to capture the complexity of real-world healthcare access. The lack of integration across these dimensions in previous studies has limited the development of comprehensive frameworks. Therefore, future research should focus on constructing holistic models that bridge these dimensions to provide a more accurate and policy-relevant understanding of accessibility.

2. Disparities Between Developed and Developing Regions

   The mapping clearly shows a contrast between developed and developing countries in terms of healthcare accessibility and research focus. Developed countries tend to have more advanced infrastructure and higher research output, while developing regions still face fundamental challenges in access. This imbalance indicates a significant contextual gap in the literature that needs to be addressed. Expanding research in low- and middle-income countries is crucial to ensure that global healthcare policies are inclusive and contextually relevant.

3. Role of Digital Health in Expanding Access

   The inclusion of digital health in the mapping reflects the growing importance of technology in improving healthcare accessibility. Innovations such as telemedicine and e-health platforms have the potential to overcome geographical and structural barriers. However, the unequal distribution of digital infrastructure creates new forms of inequality, often referred to as the digital divide. Future research should explore how digital health solutions can be implemented inclusively to ensure equitable access for all populations.

4. Methodological Diversity and Limitations

   The figure also emphasizes the diversity of research methodologies used in studying healthcare accessibility, ranging from quantitative surveys to qualitative case studies. While this diversity enriches the field, it also reveals a lack of methodological integration and longitudinal analysis. Most studies rely on cross-sectional designs, limiting the ability to capture changes over time. Therefore, adopting mixed-method and longitudinal approaches is essential to deepen the understanding of accessibility dynamics.

5. Future Research Directions and Policy Implications

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The mapping outlines several future directions, including the development of holistic frameworks, expansion of global and local studies, and the use of mixed methods. These directions are critical for addressing the identified research gaps and enhancing the relevance of healthcare accessibility studies. Additionally, the figure underscores the importance of linking research findings with policy evaluation to ensure practical impact. By aligning academic research with policy needs, future studies can contribute more effectively to improving healthcare systems and achieving equitable access.

In conclusion, this study demonstrates that healthcare service accessibility is a complex, multidimensional construct shaped by the interaction of structural, technological, and contextual factors, as systematically mapped through the SLM approach. The findings reveal that although existing literature has extensively examined key dimensions such as availability and affordability, significant gaps remain in terms of conceptual integration, geographic representation, methodological diversity, and the incorporation of patient-centered and sustainability perspectives. Furthermore, the mapping highlights the growing role of digital health and policy relevance while simultaneously emphasizing persistent inequalities, particularly in developing regions and rural contexts. Therefore, this study underscores the importance of developing holistic, integrative, and context-sensitive frameworks to advance future research and support evidence-based policymaking aimed at achieving equitable and inclusive healthcare access globally.

1. Research Trends and Dimensions of Healthcare Service Accessibility

The influence of social media engagement on consumer behavior has become increasingly significant in the digital era, where interactive communication and user participation redefine traditional marketing dynamics. Social media platforms such as Instagram, TikTok, and Facebook have transformed the role of consumers from passive recipients of promotional messages into active participants in the creation and dissemination of brand-related content [13]. Engagement in this context refers to various forms of user interaction, including likes, comments, shares, views, and content creation [14]. These interactions reflect not only the level of consumer interest but also the depth of their emotional and cognitive involvement with a brand. As a result, social media engagement becomes a critical mechanism through which marketing messages are amplified, interpreted, and validated within digital communities.

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The evolution of research on healthcare service accessibility demonstrates a substantial shift in both conceptual understanding and empirical investigation over time. Initially, accessibility studies were predominantly centered on the availability of healthcare resources, such as the number of hospitals, healthcare professionals, and service distribution. This early approach was largely supply-oriented, emphasizing the presence of services as the primary determinant of access. However, as healthcare systems became more complex and awareness of social inequalities increased, the concept of accessibility expanded into a more comprehensive and multidimensional framework [15]. Accessibility is now widely understood as the interaction between healthcare systems and individual as well as contextual characteristics, encompassing dimensions such as affordability, geographical accessibility, acceptability, and accommodation. This shift indicates that access is no longer defined solely by the existence of services, but by the extent to which individuals can effectively utilize those services within their socio-economic and cultural environments.

Recent research trends also reveal a growing emphasis on user-centered approaches, which position individuals as active agents in accessing healthcare services. This perspective highlights that access is influenced by individuals' capabilities, including their ability to recognize healthcare needs, seek appropriate services, physically reach facilities, afford treatment costs, and engage effectively with healthcare providers. As a result, accessibility is increasingly conceptualized as a dynamic process shaped by both system-level and individual-level factors. This has led to the integration of behavioral and psychological dimensions, such as health literacy, trust in healthcare systems, and cultural preferences, into accessibility studies. Consequently, the field has become more interdisciplinary, incorporating insights from public health, health economics, sociology, and behavioral sciences to provide a more holistic understanding of healthcare access.

The rapid advancement of digital technologies has emerged as a key driver in transforming healthcare accessibility. The rise of digital health solutions—including telemedicine, mobile health (m-health), and electronic health information systems—has significantly altered how healthcare services are delivered and accessed. These innovations have the potential to overcome geographical barriers, enhance service efficiency, and expand access to underserved populations, particularly in remote areas [16]. However, the increasing reliance on digital solutions also introduces new challenges, particularly in the form of the digital divide, where disparities in technological infrastructure and digital literacy limit equitable access. This paradox highlights that while digital health can improve accessibility, it may also exacerbate inequalities if not implemented inclusively. Therefore, technological integration has become a critical dimension in contemporary accessibility research, reflecting both opportunities and emerging risks.

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From a methodological standpoint, the literature is largely dominated by quantitative approaches, including survey-based research and statistical modeling techniques such as regression analysis and Structural Equation Modeling (SEM). These methods provide strong empirical evidence regarding the determinants and outcomes of healthcare accessibility. However, the heavy reliance on quantitative methods often limits the exploration of deeper contextual and experiential aspects of access. As a result, there is a growing recognition of the need for qualitative and mixed-method approaches to capture the lived experiences of individuals and the complexities of healthcare systems. Additionally, most studies employ cross-sectional designs, which restrict the ability to analyze changes over time. The increasing call for longitudinal studies reflects the need to understand how accessibility evolves in response to policy changes, technological advancements, and socio-economic transformations.

The dimensions of healthcare accessibility themselves have also undergone significant expansion and refinement. Traditional dimensions such as availability, geographical accessibility, and affordability remain central, as they directly influence the ability of individuals to obtain healthcare services. However, newer dimensions such as acceptability and accommodation have gained prominence due to their relevance in shaping patient experiences and service utilization [16]. Acceptability refers to the alignment of healthcare services with cultural values, beliefs, and expectations, while accommodation relates to the organization and responsiveness of healthcare systems, including factors such as waiting times and service flexibility. These dimensions highlight that even when services are physically and financially accessible, they may still be underutilized if they do not meet the social and practical needs of users.

Recent research increasingly links healthcare accessibility to broader health outcomes and policy implications. Accessibility is no longer treated merely as an independent variable but is recognized as a critical determinant of health outcomes, including mortality rates, quality of life, and healthcare utilization. This has led to a growing interest in integrating accessibility studies with policy evaluation, particularly in the context of Universal Health Coverage (UHC). Accessibility serves as a key indicator for assessing the effectiveness of health policies and the overall performance of healthcare systems. However, despite this progress, there remains a gap in translating empirical findings into actionable policy recommendations, particularly at the micro-implementation level.

The trends and dimensions identified in healthcare accessibility research indicate that the field has evolved into a complex, multidimensional, and interdisciplinary domain. While significant progress has been made in expanding the conceptual and methodological scope of accessibility studies, challenges remain in integrating these diverse dimensions into a unified framework. Future research should focus on developing holistic and integrative models that capture the interactions between structural, individual, and technological factors. Such an approach is essential not only for advancing theoretical understanding but also for informing more effective and inclusive healthcare policies aimed at achieving equitable access for all populations.

2. Research Gaps and Future Directions in Healthcare Accessibility

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Despite the substantial growth of literature on healthcare accessibility, the field continues to exhibit critical gaps that limit the development of a comprehensive and actionable understanding of access to healthcare services. One of the most prominent gaps lies in the absence of an integrated, multidimensional framework that captures the complex interplay among the various dimensions of accessibility. While prior studies have extensively examined individual components such as availability, affordability, or geographical access, these dimensions are often analyzed in isolation rather than as part of an interconnected system. This fragmented approach restricts the ability to fully understand how multiple barriers interact simultaneously to influence healthcare utilization [17]. As a result, future research must move beyond reductionist models and focus on developing holistic frameworks that integrate structural, individual, and contextual factors into a unified analytical perspective. Such integrative models are essential for capturing the real-world complexity of healthcare access and for informing more effective policy interventions.

Another significant gap is the uneven geographic distribution of research, with a clear dominance of studies conducted in developed countries. This imbalance presents a major limitation, as the findings derived from high-income settings may not be directly applicable to low- and middle-income countries, where healthcare systems face fundamentally different challenges. Issues such as inadequate infrastructure, workforce shortages, limited financial protection, and socio-cultural barriers are more pronounced in developing regions, yet remain underrepresented in the literature [18]. Consequently, future research must prioritize context-sensitive studies that explore healthcare accessibility within diverse socio-economic and cultural environments. Expanding the empirical base in underserved regions will not only enhance the external validity of existing theories but also contribute to the development of more inclusive and globally relevant healthcare policies.

In addition to geographic disparities, there is a notable gap in the incorporation of patient-centered perspectives within accessibility research. Much of the existing literature focuses on system-level determinants, such as service provision and policy frameworks, while overlooking the role of individual capabilities and lived experiences. However, access to healthcare is fundamentally shaped by how individuals perceive, navigate, and engage with healthcare systems. Factors such as health literacy, cultural beliefs, trust in providers, and psychological readiness significantly influence healthcare-seeking behavior. The limited integration of these behavioral and psychological dimensions results in an incomplete understanding of accessibility. Therefore, future studies should adopt a more human-centered approach by incorporating insights from behavioral science and exploring how individual-level factors interact with systemic barriers to shape access outcomes.

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The rapid expansion of digital health technologies introduces both opportunities and new research challenges that remain insufficiently addressed. While telemedicine, mobile health applications, and digital health platforms have the potential to enhance accessibility by overcoming geographical constraints, they also create new forms of inequality associated with the digital divide. Disparities in internet access, technological infrastructure, and digital literacy can exclude vulnerable populations from benefiting from these innovations. Existing research has largely focused on the potential benefits of digital health, with limited attention to its unintended consequences and implementation barriers [19]. Future research should therefore critically examine the inclusivity of digital health interventions, assessing not only their effectiveness but also their accessibility across different population groups. This includes exploring strategies to bridge the digital divide and ensuring that technological advancements contribute to equitable rather than unequal access.

The field is characterized by a strong reliance on cross-sectional quantitative studies, which, although valuable for identifying relationships between variables, are limited in their ability to capture dynamic changes and causal mechanisms over time. The lack of longitudinal research restricts understanding of how accessibility evolves in response to policy reforms, economic shifts, and technological developments. Additionally, the underutilization of mixed-method approaches limits the depth of analysis, particularly in capturing contextual nuances and individual experiences. Future research should prioritize methodological diversification by integrating quantitative rigor with qualitative depth, as well as employing longitudinal designs to track changes in accessibility over time. Such approaches will enable a more comprehensive understanding of both the determinants and consequences of healthcare access [20]. There is a critical gap in linking healthcare accessibility research with policy implementation and evaluation at the micro level. While many studies discuss the implications of accessibility for health policy, few provide detailed analyses of how policies are implemented in practice and how they impact different population groups. This disconnect between research and practice reduces the practical relevance of academic findings. Future research should focus on policy evaluation studies that examine the effectiveness of specific interventions, such as Universal Health Coverage (UHC) programs, insurance schemes, and service delivery reforms. By bridging the gap between theory and practice, such studies can provide actionable insights for policymakers and contribute to the development of more effective and equitable healthcare systems.

Another area that remains underexplored is the intersectionality of healthcare access inequalities. Although disparities in access based on income, geography, and gender are widely acknowledged, there is limited research that simultaneously examines how these factors interact to create compounded disadvantages. For example, individuals living in rural areas who also belong to low-income and marginalized groups may face multiple overlapping barriers to healthcare access. The lack of intersectional analysis limits the ability to design targeted interventions that address the needs of the most vulnerable populations. Future research should adopt an intersectional lens to better understand the complexity of healthcare inequalities and to inform more inclusive policy design.

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Sustainability has emerged as an increasingly important yet underdeveloped dimension in healthcare accessibility research. Most studies focus on short-term access improvements without considering the long-term resilience and sustainability of healthcare systems. Issues such as resource allocation, environmental sustainability, and system adaptability in the face of global challenges such as pandemics and climate change are rarely integrated into accessibility frameworks. Future research should incorporate sustainability perspectives to ensure that improvements in healthcare access are not only effective but also enduring. This includes exploring how healthcare systems can maintain accessibility over time while adapting to changing demographic, environmental, and technological conditions. In conclusion, the identified research gaps highlight the need for a more integrative, inclusive, and forward-looking research agenda in healthcare accessibility. Addressing these gaps requires a shift toward multidimensional frameworks, greater contextual diversity, patient-centered approaches, methodological innovation, and stronger connections between research and policy. By advancing research in these directions, future studies can contribute to a more comprehensive understanding of healthcare accessibility and support the development of equitable and sustainable healthcare systems worldwide.

CONCLUSION

The findings of this study indicate that healthcare accessibility should not be viewed as a single concept, but rather as a multifaceted phenomenon influenced by the interplay of healthcare system characteristics, individual capacities, and ongoing technological advancements. The Systematic Literature Mapping demonstrates that scholarly attention to healthcare accessibility has increased considerably over recent years. However, the existing body of literature tends to concentrate on issues related to service availability and financial affordability, while dimensions such as acceptability, accommodation, and patient-oriented considerations receive comparatively less attention. The review also reveals a strong concentration of studies originating from developed countries, which may limit the applicability of current knowledge to developing nations where barriers to healthcare access are often more pronounced. At the same time, the growing adoption of digital health technologies presents a dual reality: it creates new opportunities to improve access to healthcare services, yet it may also exacerbate disparities among populations that face limitations in digital connectivity and literacy. Taken together, these findings suggest the importance of adopting broader and more contextually grounded perspectives when examining healthcare accessibility in contemporary health systems.

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Based on these observations, future studies should seek to establish more comprehensive conceptual frameworks that integrate structural conditions, individual behaviors, and technological influences into a cohesive understanding of healthcare access. There is also a need to increase research efforts in developing countries and underserved communities so that evidence reflects a wider range of social, economic, and healthcare contexts. From a methodological standpoint, the use of mixed-methods designs and longitudinal investigations would provide richer insights into how access to healthcare evolves over time and across different populations. Future scholars should further explore patient-centered aspects, including health literacy, trust in healthcare providers, personal beliefs, and behavioral determinants that shape healthcare utilization. In addition, stronger collaboration between researchers, practitioners, and policymakers is needed to ensure that academic findings contribute directly to the development of effective policies and interventions aimed at creating healthcare systems that are equitable, sustainable, and responsive to the needs of diverse populations.

DECLARATION OF GENERATIVE AI

The author declares that this manuscript was produced entirely through independent scholarly effort without the assistance of any generative artificial intelligence technologies. All stages of the research process, including literature exploration, evaluation of sources, analytical interpretation, and manuscript writing, were completed manually by the author. The author assumes full accountability for the authenticity, precision, and academic rigor of the content presented in this study.

ACKNOWLEDGEMENTS

The author expresses sincere appreciation to all parties who have supported the completion of this research. Special thanks are conveyed to the Faculty of Economics and Business, Universitas Muhammadiyah Jember, for providing an enabling academic atmosphere and necessary resources throughout the study. The author also extends gratitude to lecturers and academic mentors for their valuable insights, thoughtful feedback, and continuous guidance. Appreciation is further directed to colleagues and peers whose discussions contributed to the enrichment of this work. Lastly, the author acknowledges with gratitude the encouragement and support received from various individuals that have been instrumental in bringing this research to completion.

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