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Public satisfaction with the healthcare system performance in South Korea: Universal healthcare system



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ABSTRACT

Background: An awareness of the public's level of satisfaction with health professionals is becoming more important as steps are being taken to improve quality, reduce costs, and implement reform. The purpose of this study is to assess public satisfaction with the healthcare system and to examine the relationship between satisfaction and socio-demographic factors in the context of the health care environment in the Republic of Korea.

Methods: The data were obtained from 1573 adults aged 20–69 in three major areas – Seoul, Gyeonggi, and Busan – by the Ministry of Health and Welfare during June and July 2011 in South Korea. Satisfaction with the healthcare system was evaluated by using 13 items in three sections: access to care, cost of care, and quality of care. A confirmatory factor analysis (CFA) was conducted to examine the validity of satisfaction with a healthcare system performance questionnaire. A structural equation model (SEM) was estimated to assess the relative impact of demographic and socio-economic variables on satisfaction.

Results: The study proposed a comprehensive three-factor model of healthcare system performance satisfaction. Among the three factors, the quality of care had the largest impact on satisfaction with the healthcare system, suggesting that is the most important determinant of consumers' satisfaction with their healthcare system. Regarding the relationships between public satisfaction and demographic and socio-economic variables, residence and marital status were significant predictors of the satisfaction level.

Conclusions: It is important to be aware of the potential significance of background variables in determining satisfaction with the healthcare system. An understanding of the characteristics of the sample enables healthcare managers and/or policymakers to inform targeted follow-up actions.

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1. Background

To ensure the continuum of care, not merely for curative services, but for health prevention and promotion, the importance of the quality of the healthcare system has emerged more strongly over the last few years. The measurement of healthcare system performance usually

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concentrates on technical concerns and the delivery process. Based on the application of professional standards and considering the public/patients' views, experiences, and perceptions, however, a more accurate and legitimate assessment of healthcare system performance can be provided [1,2]. Researchers have demonstrated the measurement of public/patient satisfaction to be more sensitive and reliable than measuring other traditional measures, such as morbidity, mortality, and physician peer review [3].

There are several reasons that assessing satisfaction with the healthcare system has been recognized as a significant factor for service quality assurance. Above all, satisfaction is an important health outcome in its own right. For example, patients who are satisfied with their healthcare system are more likely to be positive about their situation and therefore be more compliant and cooperative as well as more engaged in their treatment. Second, understanding the factors associated with satisfaction and attempting to enhance those factors improve the quality of the healthcare system. The use of health services is more effective, ultimately leading to a better health outcome [3]. In addition, evaluating satisfaction is important for continuous quality monitoring and improvement in healthcare delivery. Consumer evaluation enables managers to be alert to the public's needs, perceptions and concerns while identifying areas of service failure. Satisfaction measures also encourage healthcare professionals to take more responsibility for the quality of services they deliver [3,4].

Understanding the different factors that influence satisfaction variation is essential to improving the healthcare system. Managers should be able to distinguish socio-demographic factors that they have control over from those that are part of a social and political context. It is important to identify particular sub-groups who require different strategies and approaches in their healthcare provision [5]. Several studies examined the influences of socioeconomic factors on satisfaction in the United States and Western Europe in terms of age, gender, income, and geographic influence [6–10]. The most consistent influential factor is age; older people rated the level of satisfaction in receiving health care higher than younger ones [8–11]. Gender also has been shown as an associated variable, but is not consistently influential in any one direction [6]. Bleich et al. [6] and Footman et al. [12] found a positive association between satisfaction and income per capita. In addition, a geographic influence, which is rarely examined, emerged as an important factor, particularly in the United Kingdom [9]. The previous studies, however, show ambivalent results on the influence of socioeconomic status.

Being aware of the public's level of satisfaction with health professionals is becoming more important when steps are taken to improve quality, reduce costs, and implement reform in healthcare systems. However, the majority of past studies have been geographically focused on the United States and Western Europe [7,9,13]. Additionally, there appears to be no universally accepted definition or measure in satisfaction studies [4]. Given the predominating cross-national difference in healthcare systems, an examination of the stability and applicability of well-established functional relationships among the

key constructs in the area of satisfaction with healthcare systems is needed. The purpose of this study was to propose a model showing public satisfaction with healthcare system performance in the context of South Korea, where there is greater private sector domination than in Western countries, and to explore how satisfaction with the healthcare system performance is correlated with the demographic and socioeconomic variables.

2. Relevant literature review

2.1. Korean health care delivery system

South Korea has a unique National Health Insurance (NHI) system, with a single insurer, the National Health Insurance Corporation (NHIC), covering almost all citizens. In this regard, the health care system is similar to that of several European countries (e.g., Germany, the United Kingdom) with a centrally funded national health system [14,15]. The healthcare system in South Korea has been significantly changed alongside industrialization. Within 12 years, South Korea achieved government-mandated universal coverage from private voluntary health insurance. In 1977, the national health care policy became effective, first for businesses with more than 500 employees. In 1989, the national health insurance expanded to the entire nation, and everyone became covered by health insurance. Finally, after consolidating 370 medical insurance unions, the NHIC was established in 2000 [16].

The NHI system in South Korea allows patients considerable freedom in choosing their service providers. They can choose any general practitioners, or any specialists at a primary hospital (0–30 beds) or a second (31–700 beds) hospital without a medical referral. If the patients want to obtain treatment at a tertiary hospital (university hospitals and general hospitals with over 700 beds), they can go to the hospital with a referral slip issued by the medical practitioner from whom they were initially diagnosed [14]. In contrast, in the United States, under the private insurance healthcare system, the majority of health care costs are paid by either private insurers or by the government. The type of insurance held by patients puts constraints on their choice of healthcare providers [13,14]. Under the NHI system, the government decides on the level of cost sharing. The co-payments differ according to the level and type of medical care institution (e.g., outpatient at a clinic – 30% of the total treatment cost, outpatient at a general hospital – 50% of the total of treatment cost, outpatient at a tertiary care hospital – doctors' fees and 60% of the total treatment cost, and inpatient – 10–20% of total treatment cost) [14].

In South Korea, under the NHI system, health outcomes are relatively successful along with preventive healthcare for everyone in the country, compared to other OECD countries. Life expectancy and the infant mortality rate have improved remarkably in the past three decades. In addition, South Korea has a relatively low level of health expenditure compared to other OECD countries [17]. The NHI system controls health care costs by limiting the medical services they will pay for or by making patients wait to be treated. The single payer system in South Korea also has great

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