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Unmet healthcare needs depending on employment status

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ABSTRACT

Objectives: The purpose of study is to find relevance between unmet healthcare needs and employment status and if factors have relevance to unmet healthcare needs due to “economic burden” and “no time to spare”.

Methods: The study conducted a survey of 9163 respondents who said they needed a medical treatment or checkup were asked why the need for care was unmet.

Results: 22.9% of the respondents said they did not receive a medical treatment or checkup they needed at least once. The rate of unmet healthcare needs caused by “economic burden” was higher among temporary workers (ORs = 2.13), day workers (ORs = 1.92). However, the rate of unmet needs due to “no time to spare” was lower for temporary workers (ORs = .58) than for regular workers, studies (ORs = .33), housework (ORs = .26), early retirement (ORs = .19) and disease or injury (ORs = .07).

Conclusion: Non-regular waged workers were more likely to have an unmet need for healthcare due to “economic burden” than regular waged workers. On the other hand, regular waged workers were less likely to receive necessary healthcare services due to “no time to spare” than non-regular waged workers and economically inactive people.

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1. Introduction

Unemployed people use healthcare services more frequently relative to employed people [1–3]. Although the relationship between being unemployed and healthcare use cannot be said to be definitive [4], healthcare use by unemployed people may be one means of improving health and function. It may also be a method of improving their

potential for employment. Therefore, if adequate healthcare can be assured for unemployed people, it could help to resolve problems that serve as barriers to employment.

However, unemployed people are unable to use healthcare services as frequently as required, and they are likely to experience more unmet healthcare needs relative to those experienced by employed people. In a Swedish study, 37% of the nonemployed participants, including the unemployed and those who were economically inactive, reported experiencing unmet healthcare needs; this rate was 12% higher than that of the employed participants [5]. Furthermore, even after adjusting for sociodemographic factors, there was a significant relationship between unmet healthcare needs and nonemployment [6].

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The Swedish government provides economic compensation to unemployed people [5] and, government health insurance provides very high insurance coverage, and consequently the individual's out-of-pocket expenses are very low. Thus, it seems unlikely that unmet healthcare needs among nonemployed people are directly associated with reduced income arising from nonemployment. However, in Korea, economic compensation is not provided to nonemployed people by the government, and government health insurance coverage is very low; thus, loss of income is expected to increase the individual's healthcare costs and the likelihood that they will experience unmet healthcare needs.

The employment rate in Korea is 64%, which is one of the lowest among the OECD member nations [4], and nonemployed people make up 36% of the total population. Moreover, women account for over 50% of the economically inactive population in Korea [10]. But, Korea's official unemployment rate as of February 2009 is 3.9%, which is significantly lower than the OECD (Organization for Economic Cooperation and Development) average of 6.9%. The contradiction in statistics with respect to low employment and unemployment rates in Korea is attributed to the high number of discouraged unemployed people who have given up seeking employment due to continued failure to find work; in addition, those who have chosen to continue education in preparation for employment are excluded from the calculation for the unemployment index. The potential unemployed including discouraged workers and those preparing for employment was 1.1 times bigger than the official unemployed in 2008 [11]. When taking this into account, Korea's unemployment rate cannot be simply considered lower than that of OECD members.

Besides, most job seekers only get low-wage, temporary work without job security. In Korea, non-regular workers account for 34.2% of the total waged workers as of August 2011. Their wage is only 54.6% of that of their regular counterparts and their employment status is very insecure [12].

Against this backdrop of non-regular job, some people who have failed to get a regular position opt to start their own business rather than to have a non-regular job. As a result, self-employed people take up more than 30% in the Korean labor market which is more than two times higher compared to other countries. A considerable number of self-employed people belong to a low-income bracket and are exposed to the danger of working poverty. The income gap of people in this group is relatively serious compared to waged workers [13].

As mentioned above, there are quite a number of self-employed, unemployed and non-regular workers in Korea, and these people are often expected to have unmet needs for healthcare. The reason is that even though Korea has a universal healthcare system, Korea's National Health Insurance benefit is limited. As of 2010, National Health Insurance coverage in Korea is 62.7% while the proportion of out-of-pocket payments is 37.3% [14], which is about twice higher than the OECD average of 19% [15].

Although self-employed, unemployed and non-regular workers are expected to have unmet healthcare needs as considering their status in the Korean labor market, few studies have been conducted on the relevance between

people's employment status in the labor market and unmet healthcare needs. Previous study of unemployed persons of workable ages in Sweden and South Korea indicates that being unemployed is associated with abstaining from contacting a physician despite perceiving a need for care. However, the study results from Korea and Sweden were different. The unemployed and economically inactive Swedish population had a higher incidence of unmet healthcare needs than employed persons [5,6], whereas the incidence of unmet healthcare needs in the unemployed and economically inactive Korean population were lower than those of wage earners [8].

However, the cause of this difference in study results between Sweden and Korea is not well understood. Unlike employed persons in Sweden, the gap between regular and non-regular employed persons in Korea is quite large in terms of financial compensation and working conditions. Therefore, an analysis of the relationship between unmet healthcare needs and employment status, where regular workers and non-regular workers are analyzed separately, may help explain the differences observed between Sweden and Korea.

In addition, to determine the reason(s) for the lower incidence of unmet healthcare needs in the economically inactive Korean population, subjects must be classified according to their reason(s) for economic inactivity. Only then their unmet healthcare needs can be compared to those of wage earners. There are various reasons for economic inactivity, including being a student, being a housewife, illness, injury, and early retirement. Although the potential cause for healthcare needs being unmet can vary, depending on the reasons for economic inactivity, previous study did not investigate the reasons for economic inactivity before examining the unmet healthcare needs of wage earners and the economically inactive [5,6].

Reasons for unmet healthcare needs vary depending on age. According to existing studies, "economic burden" such as inability to pay medical expenses were the most common among senior citizens while "no time to spare" (having no time to visit a clinic or hospital) were the most common among the non-aged [7,8]. Thus, unmet healthcare needs should be analyzed taking into account such reasons in order to find relevant factors for each reason [16]. Unfortunately, no study had analyzed related factors depending on reasons for unmet healthcare needs. Only one study conducted an additional analysis on unmet healthcare needs by limiting the reasons to economic difficulties [8].

This study compared differences in the unmet healthcare needs depending on people's participation in economic activities and their employment status such as regular worker, non-regular worker, self-employed, unemployed. As well, economically inactive people were classified by reasons as being a student, being a housewife, illness, injury, or early retirement. Only then, the incidence of unmet healthcare needs of the economically inactive population can be compared to those of regular wage earners. And also this study examines the effect of employment status on unmet health care needs caused by "economic burden" and on the one caused by "no time to spare", and reviewed related factors of unmet health care needs by causes such as "economic burden" and "no time to spare".

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