



ARE CHINESE PEOPLE SATISFIED WITH THEIR HEALTH CARE SYSTEM?

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By Jane Duckett and Neil Munro



Summary

The Chinese government in 2009 announced a major new round of health care reform and since then per capita government spending on health has increased by 60%. Experts think the health care system is still problem-ridden. But what does the Chinese public think?

We conducted a nation-wide survey of the Chinese population – the China National Health Attitudes Survey – in 2012-13, in which we asked the Chinese public how satisfied they were with the health care system.

We found that:

- Overall, 72% of people said they were satisfied with the health care system, including 7% who were 'very satisfied' and 65% who said they were 'fairly satisfied'.
- Most likely to be satisfied: older people; those in better health; people who have health insurance; people who say that their insurance is adequate for their needs; people who believe in personal responsibility for meeting health care costs.
- Most likely to be dissatisfied: people who have used the health services; people who use social media to get news; people who think access to health care is unequal and service providers act unethically.

ACKNOWLEDGEMENTS

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Background: China's problem-ridden health care system

In 2009, the Chinese government announced a major new round of reforms to its problem-ridden health care system. It extended health insurance to the vast majority of the population and by 2013 had increased its per capita investment more than 60%.

Despite this, health system researchers still see many problems: unequal access due to high user fees and inadequate health insurance for many people, overcrowded hospitals, weak primary care, and unethical behaviour by medical professionals who are motivated to generate profit from their services.

Despite the prominence of health care reforms, public satisfaction with China's health care system has not been studied and the public's views are little understood.

The study: performance evaluations, trust and the utilization of health care

Here we report the findings of the China National Health Attitudes Survey, 2012-13, which was funded through an ESRC-funded project called 'Performance evaluations, trust and the utilization of health care in China' (grant number ES/J011487/1).

Central to the project was a nationwide survey of the Chinese population's attitudes toward, and utilization of health care: The China National Health Attitudes Survey (CNHAS). Conducted in 2012-13, the CNHAS, which provided a stratified nationwide sample of 3,680 Chinese adults, for the first time asked people about their views of the health care system and how they used it. For more information about the survey, and to do simple analyses of the data using our online tool see glasgow.ac.uk/chinahealthsurvey.

One of the questions asked people about their satisfaction: "In general, would you say you are very satisfied, fairly satisfied, fairly dissatisfied or very dissatisfied with the way health care is run in our country?"

To understand why people were satisfied or dissatisfied we used bivariate and multivariate analysis of our survey data to see which other attitudes, beliefs or characteristics across our respondents were most strongly associated with satisfaction. To decide on which factors we would examine, we drew on studies of satisfaction with health care systems in other countries.

We used data from the questions we asked our survey respondents about their age, education, income and (urban versus rural) residence. We asked about household registration, which is a major influence on which kind of health insurance people have.

We used our findings from questions about people's emotional and physical health, whether or not they had health insurance, whether they thought their health insurance was adequate.

We asked people about their beliefs: for example, whether they thought they should pay for their own health care costs and whether they thought the health care provision was unequal.

We asked people about where they got the news: from state-controlled television and radio or from less well-controlled social media. And we asked people to evaluate hospitals and primary health care providers' competence, convenience and value for money.

To improve satisfaction the Chinese government needs to improve health insurance coverage.'

Jane Duckett

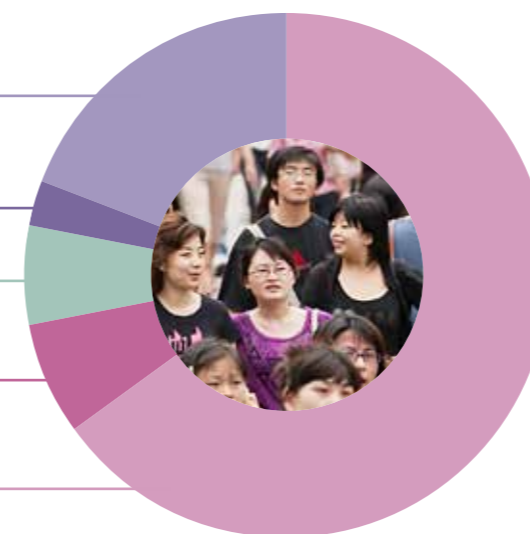
FAIRLY DISSATISFIED 19%

VERY DISSATISFIED 3%

DK/NA 6%

VERY SATISFIED 7%

FAIRLY SATISFIED 65%



Although over one fifth of the Chinese population is dissatisfied with their health care system, a large majority is 'fairly satisfied'.

Neil Munro

Findings

A large majority of respondents (65%) said they were 'quite satisfied', while 7% said they were 'very satisfied'. 19% said they were fairly dissatisfied and 3% said they were 'very dissatisfied'.

Older people and those in better health were slightly more likely to be satisfied. It was much more likely that people who had health insurance and said that their insurance was adequate for their needs would be satisfied. People who believed in personal responsibility for meeting health care costs were also more likely to be satisfied – perhaps because under current arrangements people do have to bear a considerable share of their treatment costs.

Dissatisfaction is more likely among who have used the health services – suggesting that actual experience is

worse than it would seem from media reports or hearsay. This interpretation is reinforced by the further finding that dissatisfaction is also more likely among people who use social media to get news – where discussions of health care system problems have been subject to less state control.

People who think access to health care is unequal and service providers act unethically are also more likely to be dissatisfied with the system: indicating that these are major health system problems for some people.

Recommendations

To improve satisfaction, Chinese policy makers (and policy makers in health care systems that resemble China's) should improve insurance coverage and the quality of health services, and tackle unethical medical practices.

The China National Health Attitudes Survey

We commissioned a nationwide survey in mainland China. Fieldwork was carried out from 1 November 2012 to 17 January 2013 by the Research Centre for Contemporary China at Peking University. The target population was mainland Chinese citizens age 18 to 70 residing for more than 30 days in family dwellings in all 31 provinces. The survey used the GPS "Assisted Area Sampling Method" to project a grid onto 2855 counties, county-level cities or urban districts of the same status. Stratification took place in stages. At the first stage, the country was divided into three official macro-regions, Eastern, Central and Western; each macro-region was divided into urban and rural administrative areas, giving six layers in total; 60 primary sampling units (PSU) corresponding to county-level administrative divisions were selected at random across the six layers with probability proportionate to population. Within each PSU, three half-square minutes (HSM) of

latitude and longitude were chosen with probability proportionate to population density, within each of these, again proportionate to population density, a number of spatial square seconds (SSS) corresponding to 90m x 90m squares was selected at random. Within each SSS, all dwellings were enumerated, and 27 were selected in each HSM by systematic sampling. Within each dwelling respondents were identified by the Kish method. The completed questionnaires were collected, checked, and signed by the field supervisors on location and verified for validity during database creation. To minimize deviation from national 2010 census characteristics, weighting and post stratification was done by age and gender. The result was a sample of 5,424 dwellings in which 3,680 valid interviews were completed, giving a response rate of 67.9 per cent.

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The project

**Performance Evaluations,
Trust and the Utilization of Health Care in China**

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For more information on the project see:
glasgow.ac.uk/petu

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