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Urban Health Care Satisfaction Survey – A Case of Shenyang City

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Abstracts

Using the method of computer-aided telephone investigation (CATI), taking samples of health care satisfaction survey. The conclusion that effective sample, 34.5% residents choose the satisfied and satisfied, 44.4% residents' choice of General, 21.1% residents choose not too satisfactory and unsatisfactory. Health insurance satisfaction of 59.4 minutes. The research on satisfaction with health insurance in cities and towns, in order to build fair and sustainable health-care system to provide the scientific basis.

Key words: Medical care; Degree of satisfaction; Equity

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INTRODUCTION

As China's overall economic development, improved the overall health of our citizens, lack of material goods and medicine left behind is no longer the major restrictive factors of China's civic health status was elevated. Residents are satisfied with the health care system, has become an important indicator for measuring the outcome of the medical and health system reform in China. Resident satisfaction survey on health care, which provides important reference.

Customer satisfaction research in foreign countries have made considerable developments in theory and practice, in general the model of customer satisfaction index in the field. In 1989, Sweden Bureau Dr application Fenayre model and computing method for the first time, designed the "Swedes Customer Satisfaction Barometer". The index covers Sweden 31 trades and more than 100 companies, is the first national customer satisfaction index model. In 1990, on the basis of analysis of SCSB, the United States National Economic Research Associates (NERA) and United States National Quality Research Center (NQRC) bodies, began customer satisfaction index surveys and studies, and formally with the 1994 United States created the model of customer satisfaction index (ACSI). In reference to United States' customer satisfaction index model structures, New Zealand, and Canada, and Korea, and Malaysia, and France built their customer satisfaction index system. By contrast, United States customer satisfaction index model is a structure set, or a real application system and is by far the most successful model. Customer satisfaction index model used in foreign countries is still relatively little research in the area of medical insurance, also did not establish a unified health care satisfaction index model. Public satisfaction of domestic social security still in the fledgling stage of the study, theory and practice is quite lacking.

1. RESPONDENTS AND METHODS

The survey aims at Shenyang citizens aged over 18, including those in Shenyang's jurisdictions more than one year. It covers 5 standard administrative areas in Shenyang, namely, residents in Hunnan District and Yuhong District by means of stratified random sampling. The number of samples adds up to2200, involving people from all walks of life with broad representation. According to our survey's goal and referring to relevant document literature, we have designed a set of questionnaires to carry out the random survey to Shenyang citizens by

virtue of the automatic computer control quota. Using questionnaires designed by computer, we interview the respondents through the telephone. The design of this Survey has eight aspects including the coverage of basic medical insurance, the security level, the security measures of severe diseases, the medical assistance of difficult family, the medical level, the basic medical-sanitary service, and the supply and price of common medicine.

2. ANALYSIS OF SATISFACTION DEGREE ABOUT MEDICAL-SANITARY SECURITY IN TOWN

2.1 General Evaluation of Satisfaction Degree About Medical-Sanitary Security

General evaluation of satisfaction degree about medical-sanitary security is following in Table1 and Table 2.

Table 1
Genera Satisfaction Rate of Medical-Sanitary Security

	Frequency	Percentage	Effective Percentage	Rate of Satisfaction Effectiveness
Satisfactory	138	6.3	6.6	6.6
Relatively Satisfactory	585	26.6	27.9	34.5
General	931	42.3	44.4	78.9
Less Satisfactory	275	12.5	13.1	92.0
Not Satisfactory	167	7.6	8.0	100.0
Total	2096	95.2	100.0	
Not clear	105	4.8		
Total	2201	100.0		

According to the table above, 105 interviewees choose the option “Not Clear” among the 2201 specimen and there are 2096 effective specimen. 34.5% of the interviewees are satisfied or relatively satisfied with our work of medical-sanitary security, 44.4% choose the option “General”, and 21.1% choose the options “Less Satisfactory” or “Not Satisfactory”.

Table2
Each Score of Satisfaction Degree About Medical-Sanitary Security

	Mean	Diagram of Factor Loading	Score of Satisfaction Degree
People having basic medical insurance and type of decease	3.18	.687	.378
Measure and effect of precautions against major deceases	3.00	.758	.396
Measure and effect of precautions against major deceases	2.95	.774	.398
Medical aid towards impoverished family	2.74	.741	.348
Medical level	3.19	.732	.405
Public health service	3.14	.733	.399
Public health service(hygiene etc.)	2.96	.690	.355
The supply and price of common drug	2.62	.636	.291
Total data	23.78	5.751	2.97

As above mentioned, in the eight aspects of medical health security, health level is the most satisfactory, of which the average score is 3.19. Basic medical insurance coverage following, the score is 3.18. On account of factor loading coefficient, precautions against major deceases is on the top, of which the score is 0.774. Medical insurance security level is subsequent, of which the score is 0.758. The bottom is the supply and price of common drug, of which the score is 0.636. As normalizing its factor loading, measure and effect of precautions against major deceases takes the highest proportion, which is 0.135. The lowest is drug’ supply and price. Its proportion is 0.111. If the degree of satisfaction is calculated by average score and the proportion, the highest score is 0.405, gained by medical level. Public medical service is following and its score is 0.399. The lowest score is 0.291, taken by drug’ supply and price. The degree of satisfaction towards health insurance is 59.4.

2.2 The Degree of Satisfaction Towards Health Insurance

Table3
Satisfaction with Health Insurance

Aspects	Valid percentage				Loss percentage		average
	Satisfactory	Relatively Satisfactory	General	Less Satisfactory	Not Satisfactory	Not clear	
Satisfaction rate of basic medical insurance coverage	16.9	25.9	30.2	12.8	14.1	20	3.19
Satisfaction rate of basic medical insurance level	10.4	23.8	31.2	17.2	17.3	24.3	2.93
Satisfaction rate of major disease insurance	11.5	20.8	31.1	17.2	19.4	35.7	2.88
Satisfaction rate of medical aid in difficult families	12.3	15.7	28.4	19.9	23.8	43.8	2.73
Satisfaction rate of medical level	11.3	29.3	35.9	12.6	10.9	7.3	3.17
Satisfaction rate of public health service	13.8	28.9	33.8	11.8	11.7	24.9	3.21
Satisfaction rate of skeleton health service	12.7	23.4	31.3	16.2	16.4	24.2	3.00
Satisfaction rate of drug's supply and price	6.9	17	27.2	24.2	24.7	7.4	2.57

Taking the eight data into account, the citizen show low degree of satisfaction towards medical and health care. The accumulated ration of relatively satisfaction, satisfaction, fully satisfaction is under 80. The satisfaction rate of medical aid in difficult families, drug's supply and price is under 60. No one can avoid being sick, so medical health security is closely relevant to people' living standard. The survey shows the whole situation should be improved immediately.

An conclusion can be drawn from the above analysis: according to the resident's accumulative satisfaction rate, the eight items of the medical care and health security are ranked as follows: the medical level, 76.5%; the basic health service, 76.5%; the coverage of basic medical insurance, 73.0%; the basic medical care and health service, 67.4%; the level of the basic medical insurance, 65.5%; the critical illness security, 63.5%; the medical aid to impoverished families, 56.3%; the supply and price of medicine, 51.1%, among which the satisfaction rate of the medical insurance and the basic health service is the highest, while the satisfaction rate of the supply and price of the medicine is the lowest. From the research, it can be easily judged that the focus of improving the medical care and health security service should be put on the control of the supply and price of medicine.

3. THE DIFFERENCE ANALYSIS OF THE PEOPLE'S DEGREE OF SATISFACTION,ATTENTION AND EQUALITY AS TO THE MEDICAL CARE AND HEALTH SECURITY

3.1 The Relation Between Three Degrees of the Medical Care and Health Security

Table 4
The Coefficient of Satisfaction on the Attention and Equality

	The degree of attention	The degree of equality
The coefficient of correlation	-0.018	0.441

From the Table 4, it can be seen that the degree of satisfaction is positively correlated with the degree of equality, and the degree of attention is negatively correlated with the degree of equality, which indicates that improving the equality of the medical care and health security will contribute to increasing people's satisfaction of it, and with the emphasis and improvement of the equality, people's attention of it will lessen.

3.2 The Difference Analysis of the Degree Of Satisfaction, Attention and Equality Among Different Occupational Group as to the Medical Care and Health Security

From Table 5, it can be seen that as to the medical care and health security, the difference of three degrees among different occupations are notable. From the degree of satisfaction, the student's of it ranks the first and is 3.56, while the agricultural, forestry, fishery and animal husbandry staff's of it is the lowest and is 1.87; On the attention degree, the highest is the retired personnel, 5.69 and the lowest is the soldiers, 4.00. On fairness degree, the highest is the people engaged in agriculture, forestry, fishery and animal husbandry and the lowest is the people who deal with materials handling and domestic work which is not the permanent jobs.

Table 5
The Difference Analysis of the Degree of Satisfaction, Attention and Equality Among Different Occupational Group as to the Medical Care and Health Security

Occupation	The mean valve of the degree of satisfaction	The mean valve of the degree of attention	The mean valve of the degree of equality	The degree of satisfaction Significance	The Significance of the degree of satisfaction	The Significance of the degree of equality
The Cadres above the division level in Party and government offices or institution	3.06	5.29	3.13			
The advanced professional	2.88	4.77	3.03			
The cadre below the level in Party and government offices or institution	2.87	5.56	3.06			
The senior administrative staff of enterprises	2.69	4.99	3.02			
The self-employed	3.11	4.98	3.17			
The common staff of enterprises	2.91	5.17	3.04	0.000	0.000	0.027
The agricultural,forestry,fishery,animal husbandry staff	1.87	4.40	3.80			
The handling personnel and domestic helpers without permanent job	2.74	5.05	2.47			
The retiree	3.03	5.69	3.19			
The laid-off,unemployed,and jobless worker	2.93	5.29	3.00			
The student	3.56	4.72	3.39			
The soldier		4.00	3.00			

4. SUGGESTIONS TO IMPROVE THE SATISFACTION OF URBAN RESIDENTS TO MEDICAL AND HEALTH SECURITY

Governments at all levels should further strengthen publicity of the medical security system, broaden the ways people access to information. Most of the residents of the relevant State medical insurance policies do not understand.

Government not only in the networks, newspapers, television and other information on related policies, but also in various places, such as streets, community bulletin board information.

The Government should further improve the existing health care system, improve levels of insurance, bearers insured the choice between the various types can be converted. Residents can according to their own economic situation, choose protection level of medical insurance, you can mitigate future burden of selected insurance types of trouble and to see a doctor for medical treatment.

Health care is a social system, Government, society, employers and residents to work together, coordinating. Established residents sick of early warning mechanisms, preventive health care, thereby reducing the probability of residents sick. Further improving the health care system, increase funding for population prevalence in particular suffer from serious illness, really meet the medical needs of residents.

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