

Citizen Satisfaction as a Measure of Health System Performance

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Webinar Series on Health Systems Assessment

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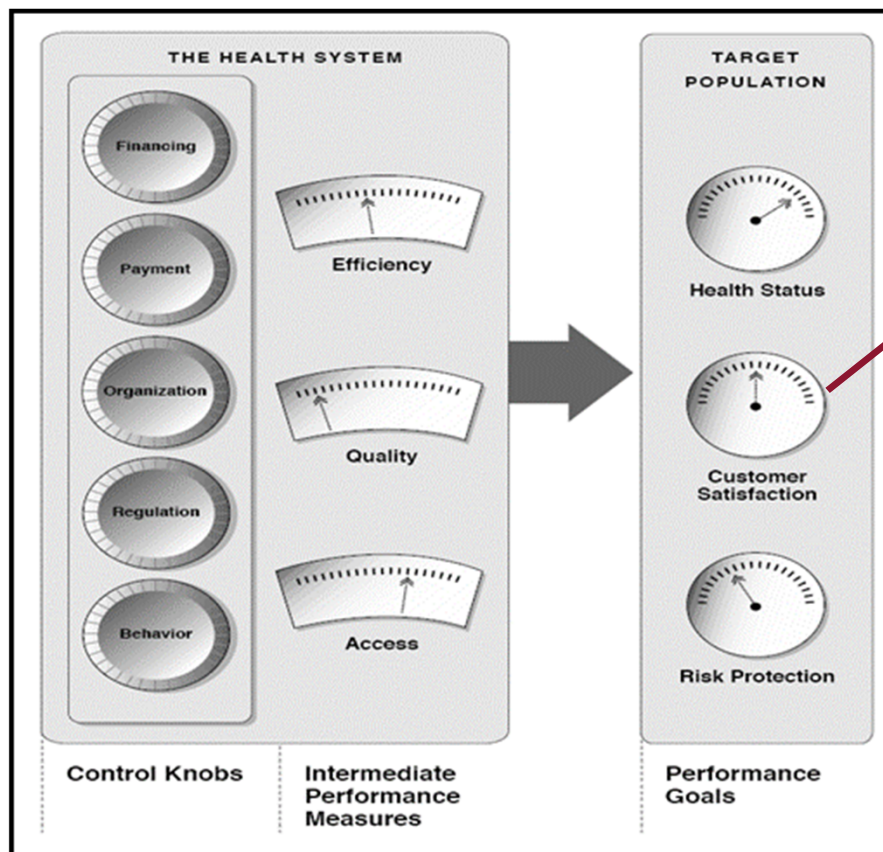
Objectives of this session

- Define citizen satisfaction
- Place citizen satisfaction in the Control Knob Framework and understand why it is important for health system assessment
- Understand how to measure citizen satisfaction
 - Common surveys
 - Global literature
- Diagnose the possible reasons behind high or low levels of citizen satisfaction with an illustration
- Deeper discussions on the difficulties in measuring & interpreting citizen satisfaction, and exploring its implication for health systems.



What is citizen satisfaction?

Citizen satisfaction (or public satisfaction) is the degree to which citizens or the public are satisfied with the health system.



Health system is a means to an end.
Citizen satisfaction is one of the goals (ends) of a health system.



Why is citizen satisfaction important in a health system assessment?

- Citizens are stakeholders in health systems. Their opinions are important in shaping health policies, providing feedback for reforms/health programs.
- Citizen satisfaction measures a health system's adequate responsiveness and accountability to the public who use the system. That health systems reflect the values of the public.
- Citizen's trust, confidence and satisfaction with the health system influence health-seeking behaviors, in turn affecting access, utilization, financial risk protection, health status...
- Citizen satisfaction has political and strategic value to reformers & politicians.
 - High public satisfaction with specific services such as health care is linked with higher trust in public institutions, which is an important element in the effective functioning of democratic governments.
 - Citizen satisfaction brings legitimacy to policies and the policy-making process.



POLL: Citizen satisfaction - objective or subjective?

- According to you, which definition of citizen satisfaction is better – the objective definition or the subjective definition?



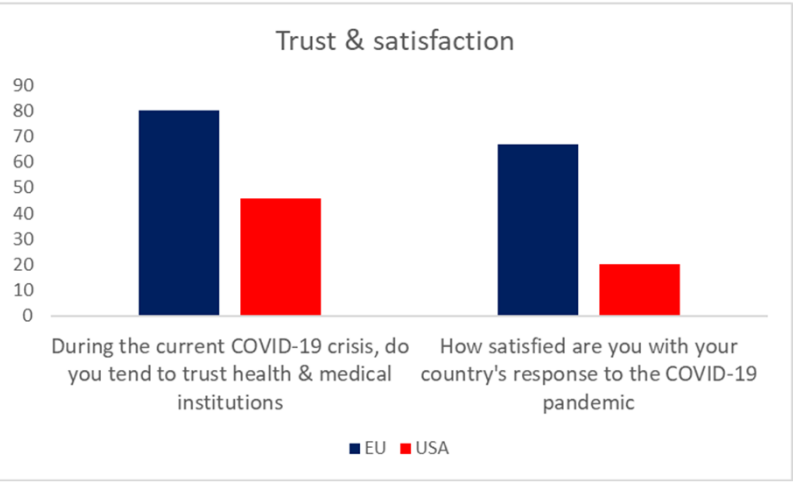
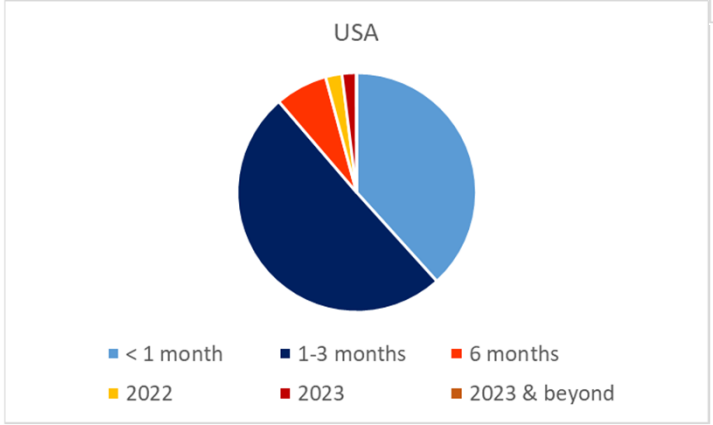
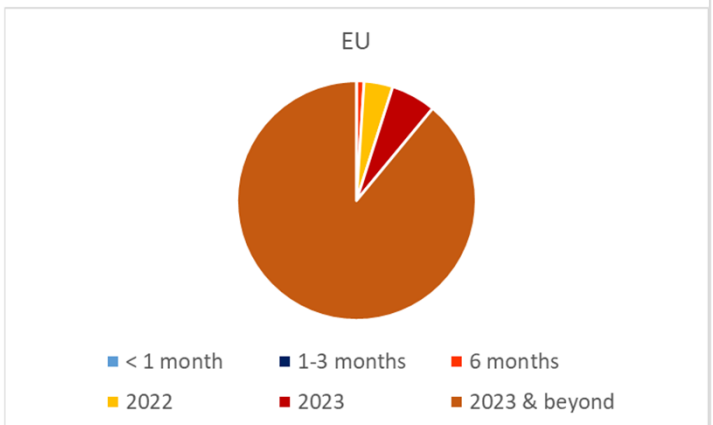
Use of objective versus subjective definitions for citizen satisfaction

- **Objective View:** there is a list of characteristics of an ideal health system determined by experts and people's perception of whether they are satisfied or not is measured against these characteristics.
 - WHO's list of characteristics (physical access, wait times, presence of health personnel, drugs/equipment). This view considers "legitimate" public satisfaction in the health system.
 - E.g., health system in some countries/states would score low. Citizens from remote tribal districts are expected to express dissatisfaction.
- **Subjective (Ethicists) View:** considers that "satisfaction" is a subjective construct and should be accepted as expressed by citizens, without imposing an expert's legitimacy.
 - Satisfaction is influenced by culture and social norms. The meaning of satisfaction or citizens' expectations will vary.
 - E.g. COVID-19 response in different countries.

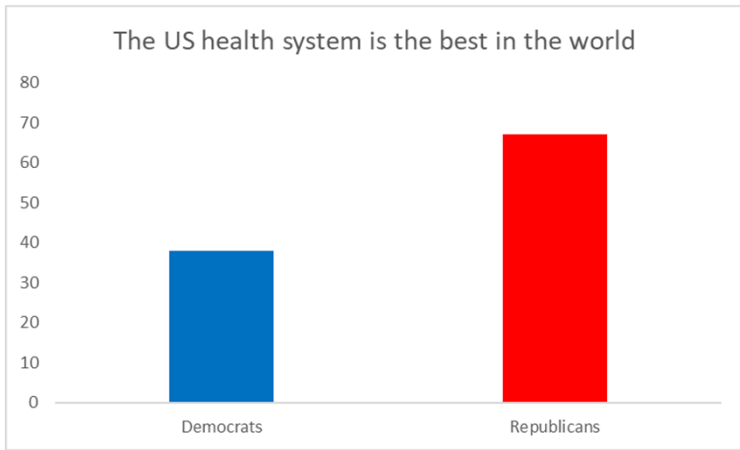


How expectation, culture, political ideology influence satisfaction

How long do you think will the COVID-19 crisis continue to affect our everyday lives?



Political ideologies make a difference



POLL: Citizen satisfaction and patient satisfaction?

- Do you think it is possible to have a high level of citizen satisfaction with the health system and a low level of patient satisfaction with the health providers?



How is citizen satisfaction different from patient satisfaction?

CITIZEN SATISFACTION

- Measures include non-users as well as users of health care.
- Incorporates not only experiences based on service provision but also wider factors –ideological beliefs, political views, cultures, and media influences, etc.
- Is a final outcome/goal of health system performance.
- Measured at the state/national level.

PATIENT SATISFACTION

- Measures only users' experience with health service delivery connected to a specific visit to a provider.
- Patient satisfaction is an aspect of quality of care – will be covered in detail in a future webinar.
- Is an intermediate outcome of health system performance.
- Measured at the level of a healthcare provider (health facility/hospital).



Available data, literature, & citizen satisfaction research in India

- Most research on citizen satisfaction is in high-income countries, most commonly in the United States and Western Europe. Very few MIC/LMIC studies.
- None of the national surveys in India measure citizen satisfaction.
- World Health Survey (WHS) administered by the WHO in 70 countries during 2002–2004 measured citizens' trust in the health system, but these variables were not a part of the WHS in India.
 - WHS asked about responsiveness (wait time, travel time, provider talked with respect, etc.)
 - One study asked a few questions on citizen satisfaction in India, but it had several limitations & sampling issues.
- To the best of our knowledge, our study in Odisha was the first large scale study to systematically measure citizen satisfaction.



How do we measure citizen satisfaction?

- Citizen satisfaction is assessed through survey questions asking respondents for self-reported “satisfaction” levels with their national or state health systems.
- Most surveys use a Likert scale for questions, where respondents rate their level of satisfaction.
- The Commonwealth Fund Survey
<https://www.commonwealthfund.org/series/international-health-policy-surveys>
- Eurobarometer Survey <https://europa.eu/eurobarometer/surveys/detail/2355>



How do we measure citizen satisfaction? – types of questions

- **Endorsement of the health system** - level of satisfaction citizens showed in agreeing that the system functions well.

Question: “Which of the following statements comes closest to expressing your overall view of the health care system in this state?”, ranked across three statements:

1=Our healthcare system has so much wrong with it that we need to completely rebuild it.

2=There are some good things in our healthcare system, but major changes are needed to make it work better.

3=On the whole, the system works pretty well and only minor changes are necessary to make it work better.

- **Confidence to receive treatment from the health system if they were to fall ill** - assesses perceived access or availability of care, rather than actual access.

Question: “How confident are you that if you became sick tomorrow, you would be able to receive effective treatment from the health system?”, ranked on a four-point Likert scale: 1 = Very confident, 2 = Somewhat confident, 3 = Not very confident, 4 = Not at all confident

- **Perceived importance for improving the health system** - an indication of how the public perceives the need for improvement and the state’s role.

Question: “How important is it that the government improves our health system?” ranked on a four-point Likert scale: 1 = Very important, 2 = Fairly important, 3 = Not very important, 4 = Not at all important

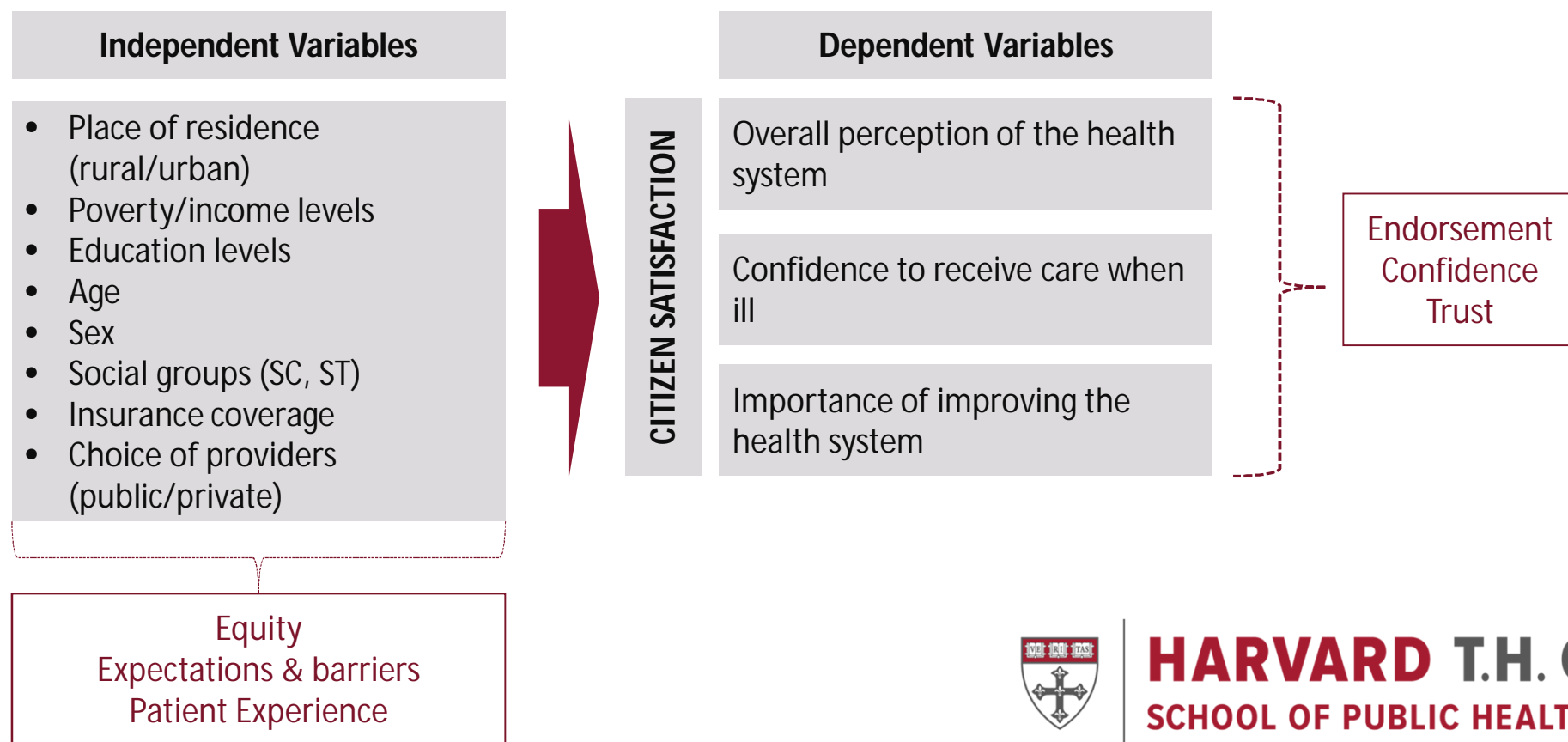
What are the correlates of citizen satisfaction? Summarizing the global evidence

- Positive association between insurance coverage/financial risk protection and citizen satisfaction, negative association between OOPE & cost control mechanisms (gatekeeping, long wait times, lower choice of providers) – Blendon (1995), Bhatia (2009), Munro (2015), ++
- Association with total government health spending is mixed. E.g. USA, Sri Lanka – Blendon (1995) & Bhatia (2009)
- Positive association between citizen satisfaction and trust in the government, positive attitudes/confidence towards public institutions, legitimacy of the ruling party, perceived efficiency & state capacity. E.g. USA vs Canada, Germany – Blendon (1995), Fukuyama (2020, 2021)
- Positive association with perceived fairness and equity. E.g. USA vs Canada, Germany – Blendon (1995)
- Expectations from the health system/medical care. E.g. USA, Sri Lanka & Bangladesh – Blendon (1995), Papanicolas (2013) & Bhatia (2009)
- Association with demographic variables (age, sex, income, education, etc.) is mixed - Munro (2015) ++



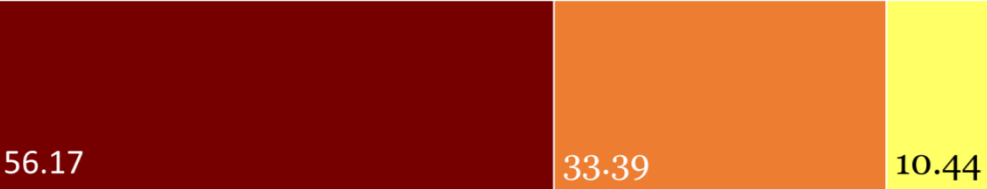
Our assessment of citizen satisfaction in Odisha

1. What is the level of citizen satisfaction with the health system in Odisha?
2. What are the correlates of citizen satisfaction?



How satisfied are the public in Odisha with their health system?

Endorsement of the health system

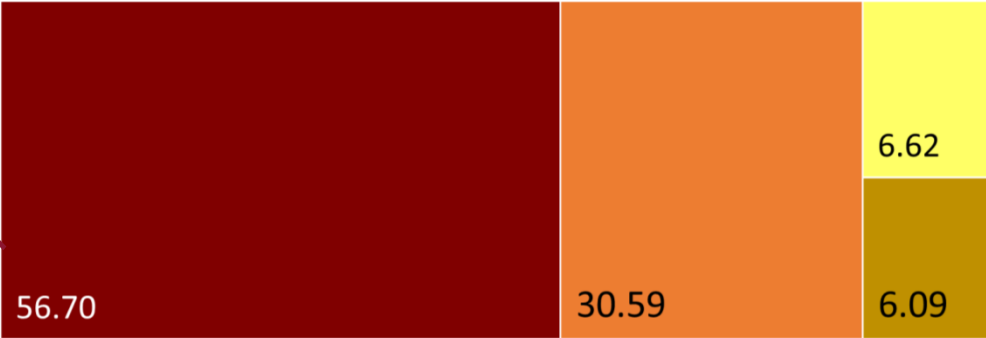


People's overall perception of the health system is poor

- Our health system has so much wrong with it that we need to completely rebuild it (lowest)
- There are some good things in our health care system, but major changes are required to make it work
- On the whole the system works pretty well and only minor changes are required to make it work better

Most people are confident to receive care when ill

Confidence to receive care from the health system when ill



■ Not at all confident ■ Not very confident ■ Somewhat confident ■ Very confident

How important is it that the health system is improved?



■ Very important ■ Fairly important ■ Not very important
 ■ Not at all important ■ Don't know

Overwhelming majority feel improvement is needed



Low Citizen Satisfaction:
Majority of people have poor overall perception of the health system

1
Majority of the people face barriers vis-à-vis the health system
A. Low financial risk protection: Only ~15% are covered by insurance, ~25% experience CHE, 76% of THE is OOPE
B. Difficulty in access: inconvenient timings, unreliable provision, travel, loss of wages
C. Poor service experience: low quality care, people waste time/money, people do not get cured

2
People have experienced discrimination/perceived inequities
Systemic inequities faced by people from low SES, vulnerable social groups, rural areas, minorities

3
People do not trust the government
People's interactions with the State in different instances have led to loss of trust



1

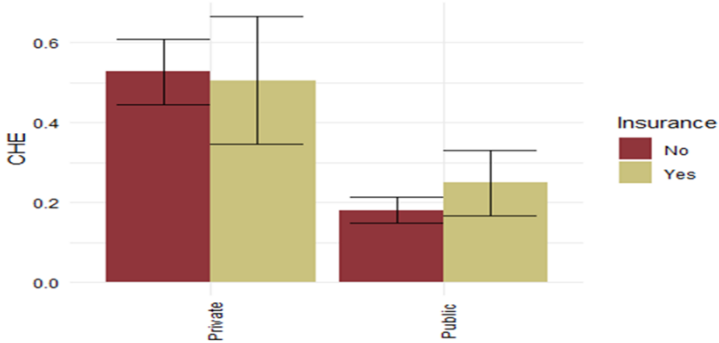
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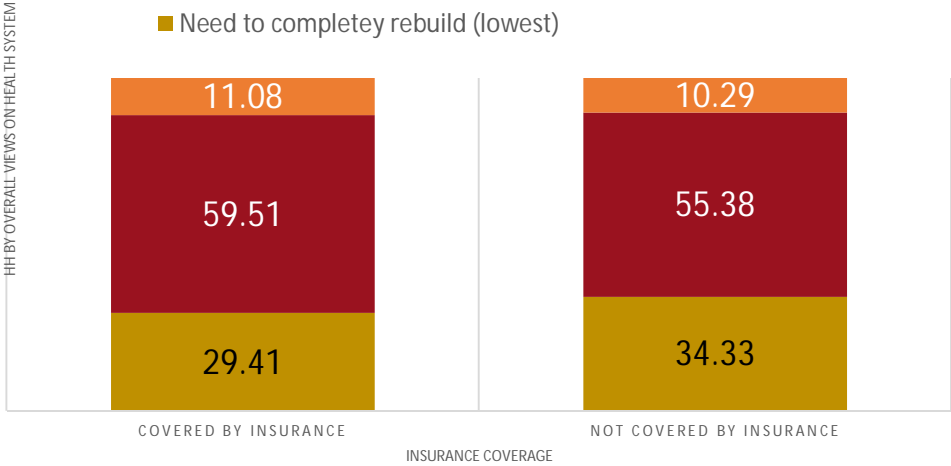
Majority of people have poor overall perception of the health system

CHE rates for hospitalization, by public/private & with/without insurance



OVERALL VIEW OF THE HEALTH SYSTEM BY INSURANCE COVERAGE

- Works well, only minor changes needed (highest)
- Some good things, but major changes needed (medium)
- Need to completely rebuild (lowest)



Low Citizen Satisfaction:

Majority of people have poor overall perception of the health system

1

Majority of the people face barriers vis-à-vis the health system

A. Low financial risk protection: Only ~15% are covered by insurance, ~25% experience CHE, 76% of THE is OOPE

1.1
A

Why inadequate Insurance Coverage

Population coverage too low: No universal GHIS. ~85% popn qualify for BSKY, but only 15% households reported having insurance

Insufficient benefit package: BSKY covers only secondary/tertiary care (not the main causes of OOPE)

Both insured & uninsured HHs incur OOPE/CHE

1.1.1

Why is popn coverage low?

- Implementation gaps
- low awareness among the insured

1.1.2

Why is benefit package thin?

- Lack of funds
- BSKY design; How to empanel/pay OP care providers, private providers
- Moral hazard, overuse



Health System Goal

Diagnosis – possible underlying causes of poor performance

1

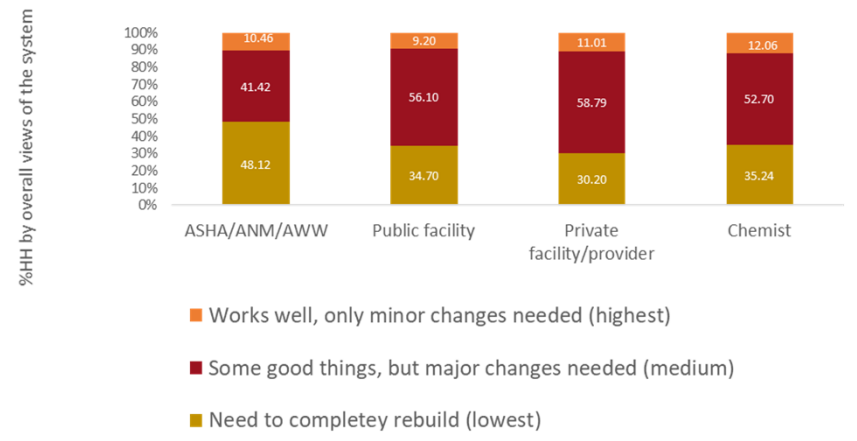
Majority of the people face barriers vis-à-vis the health system

B. Difficulty in access: inconvenient timings, unreliable provision, travel, loss of wages

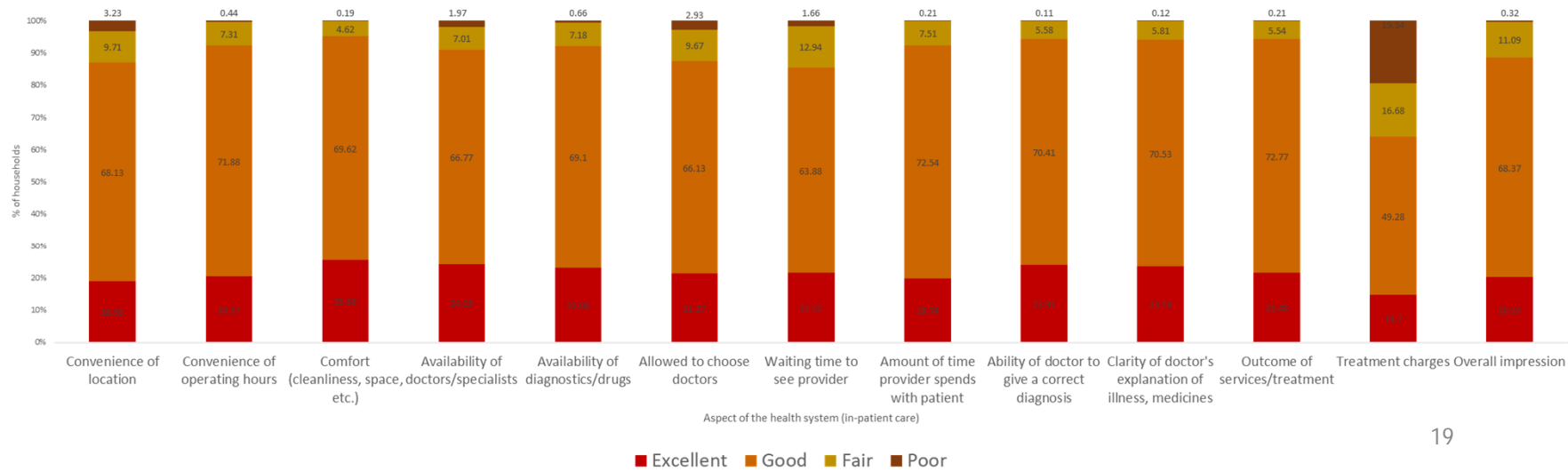
C. Poor service experience: low quality care, people waste time/money, people do not get cured

Low Citizen Satisfaction:
Majority of people have poor overall perception of the health system

OVERALL VIEWS OF THE HEALTH SYSTEM (BY PREFERRED PROVIDER FOR MINOR ILLNESSES)



CITIZEN SATISFACTION WITH DIFFERENT ASPECTS OF THE HEALTH SYSTEM



Diagnosis – possible underlying causes of poor performance

1 Majority of the people are not confident in the health system

B. Difficulty in access: inconvenient timings, unreliable provision, travel, loss of wages

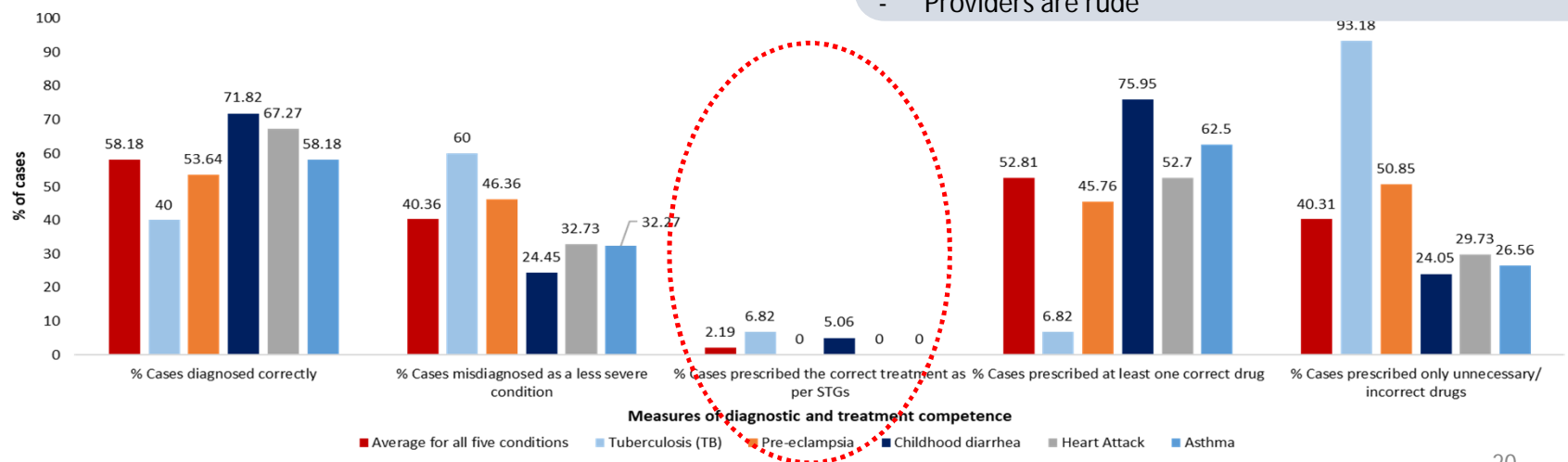
C. Poor service experience: low quality care, people waste time/money, people do not get cured

1.1 B Why are health services not convenient?
 - Poor design
 - No accountability & regulation of providers (absenteeism)

1.2 B Why other barriers of access?
 - Transportation
 - Poverty & lack of social protection (informal labor)

1.3 C Poor quality of care?
 - Wrong treatment – no improvement or worsening/complications
 - Irrational treatment – wastage
 - Providers are rude

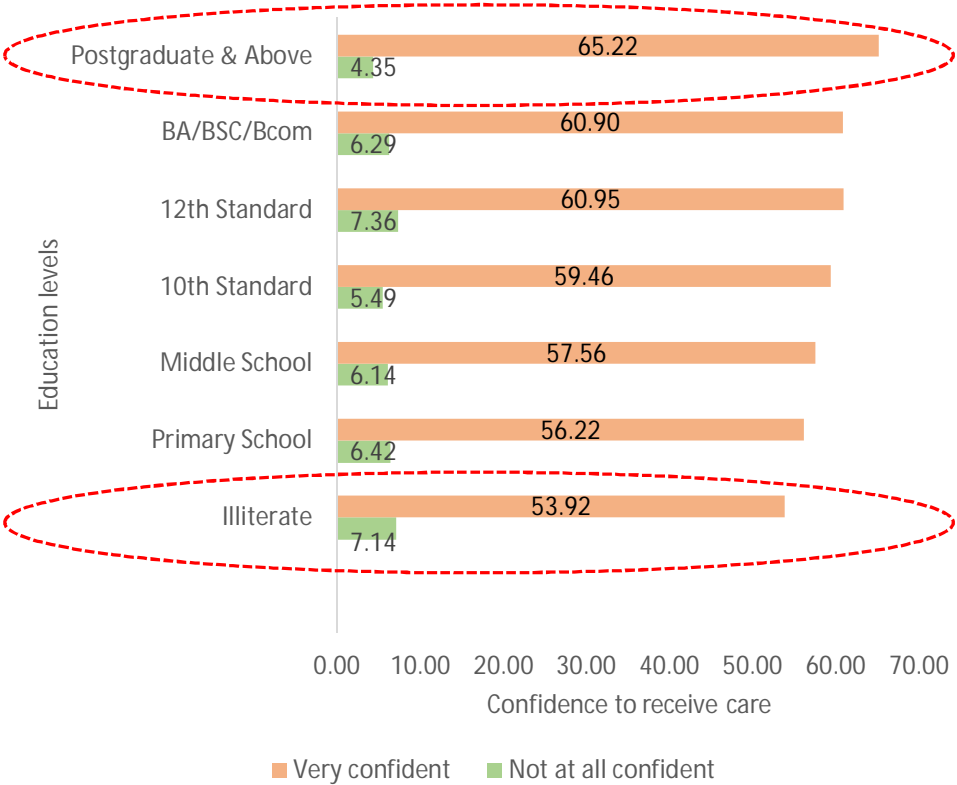
Low Citizen Satisfaction:
 Majority of people have poor overall perception of the health system



2
People have experienced discrimination/perceived inequities
Systemic inequities faced by people from low SES, vulnerable social groups, rural areas

Low Citizen Satisfaction:
Majority of people have poor overall perception of the health system

CONFIDENCE TO RECEIVE CARE WHEN ILL AND EDUCATION LEVELS



Low Citizen Satisfaction:
Majority of people have poor overall perception of the health system

3
People do not trust the State
People's interactions with the State in different instances have led to loss of trust

3.1
Interaction with the state - corruption?
- People have faced widespread corruption with the state – not just in health, but other state agencies

3.2
Interaction with the state - violence?
- People have faced violence from the state
People living in Naxal-affected areas may perceive the state differently
People from minority groups may perceive the state differently

3.3
Interaction with the state - underperformance?
- People feel that the state has let them down, they do not get anything in return for the taxes they pay, the government does not perform well, is inefficient



BREAKOUT SESSIONS: Group discussions

GROUP 1: Citizen satisfaction is higher among people with lower income and education levels. What could be possible explanations? How would you interpret these results?

GROUP 2: People in Scheduled Tribes & those in rural areas were the least “confident to receive care from the health system when ill.” What could be possible explanations? What are some of the implications of this finding for future reforms?

GROUP 3: Citizen satisfaction was lower for patients who had used health services in the last 1 year. What could be the possible reasons? What are the implications for reforms?

GROUP 4: People perceive that private sector providers are better than public sector ones. How do you think this perception relates to citizen satisfaction? What could be the consequences of such a perception on access and financial risk protection?

GROUP 5: How do you think aspects of citizen satisfaction (trust and confidence in the health system) have influenced people's behaviors during the COVID-19 pandemic?

What are some of the concerns for interpretation of citizen satisfaction assessments? (Discussion of Groups 1 & 2)

GROUP 1: Citizen satisfaction is higher among people with lower income and education levels. What could be possible explanations? How would you interpret these results?

GROUP 2: People in Scheduled Tribes & those in rural areas were the least “confident to receive care from the health system when ill.” What could be possible explanations? What are some of the implications of this finding for future reforms?

- Relationship between citizen satisfaction and education/income is not always straightforward: A number of studies have found that people with low income or education report higher levels of satisfaction compared to others.
- This needs careful interpretation:
 - Satisfaction is linked to expectation. People with lower education or income levels may have low expectations to begin with.
 - This needs to be interpreted with other equity-related findings – What about access to care? What about financial risk protection for the poor? What about people from vulnerable social groups?
 - Equity is a critical lens for interpretation of *ALL* our findings and assessments of health system performance.



What are the implications of citizen satisfaction for other health system indicators? (Discussion of Group 3)

GROUP 3: Citizen satisfaction was lower for patients who had used health services in the last 1 year. What could be the possible reasons? What are the implications for reforms?

- Citizen satisfaction is influenced by individual experiences with the health system and patient satisfaction.
 - If a person had a bad experience with a specific provider, it may affect their perception of the health system. Important factors: difficulty accessing care, long wait times, long travel times, unreliable/inconvenient operating hours of health facilities, large OOPE at the time of visit to provider, rude/disrespectful behavior of provider, patient did not get cured after treatment.



What are the implications of citizen satisfaction for other health system indicators? (Discussion of Group 4)

GROUP 4: People perceive that private sector providers are better than public sector ones. How do you think this perception relates to citizen satisfaction? What could be the consequences of such a perception on access and financial risk protection?

- Poor citizen satisfaction could influence people's decisions about access – whether or not they seek care, which provider they go to, when do they seek care...this, in turn, affects how much people pay.
 - E.g. if people have low “confidence to receive care when ill” they might not seek care, or delay care-seeking till the illness is very advanced, requiring more expensive care from specialists or hospitals.
 - E.g. people's decision to purchase more expensive branded drugs from private chemists rather than free generic drugs at public facilities.



What are the implications of citizen satisfaction for other health system indicators? (Discussion of Groups 5)

GROUP 5: How do you think aspects of citizen satisfaction (trust and confidence in the health system) have influenced people's behaviors during the COVID-19 pandemic?

- Citizen's lack of confidence in the health system might have influenced care seeking decisions and resulting OOPE during COVID-19:
 - Relying on un-proven treatments and advice from people other than doctors.
 - Relying on black markets for medicines, oxygen.
 - Not seeking care, not getting tests.
 - Vaccine hesitancy is closely related to trust in the health system. Not on patient satisfaction, but citizen satisfaction.



To recap

- Citizen satisfaction is a critical indicator of health system performance
- Very limited research from LMICs. Almost none from India – more surveys need to incorporate citizen satisfaction measures
- Two view: objective & subjective
 - Social norms, culture, political ideologies, subjective expectations are important factors
- Citizen satisfaction \neq patient satisfaction
 - Patient experiences do influence citizen satisfaction
- Diagnosing causes of low citizen satisfaction needs to consider equity, access, financial risk protection, quality, broader socio-cultural experiences
- Citizen satisfaction affects and is affected by other health system outcomes



Thank you

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Key summary findings from our research in Odisha

Multivariate regression between independent variables and citizen satisfaction measures

Dependent Variables -> Independent Variables	Endorsement of the health system	Confidence to receive treatment from the health system	Perceived importance to improve the health system
Education	0.005 (0.017)	0.036** (0.018)	-0.155*** (0.033)
Social Group (ST)	-0.683*** (0.149)	-2.945*** (0.150)	1.681*** (0.256)
Income (BPL)	0.094* (0.052)	-0.016 (0.052)	-0.272*** (0.099)
Insurance Status (covered)	0.177*** (0.062)	0.057 (0.062)	-0.320** (0.124)
Location (rural)	-0.019 (0.060)	-0.288*** (0.062)	-0.217** (0.104)
Preferred provider minor illnesses (private)	-0.008*** (0.003)	0.002 (0.005)	0.007 (0.009)
Preferred provider major illnesses (private)	0.029*** (0.003)	0.033*** (0.005)	-0.039*** (0.013)

