

Analysis of Factors Influencing Satisfaction with Public Services in Health Care: An Empirical Study Based on CGSS Data

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Abstract: Medical and health public services are closely related to citizens' lives and have always been widely concerned about people's livelihood. With the rapid development of domestic economy and society, the public's pursuit of health is also increasing, and the demand for medical and health public services has also taken diversified forms. The public's demand for the quality of medical and health public services provided by the government is also getting higher and higher. Therefore, how to improve public satisfaction with public health care services has become a popular topic of current research. This paper uses the method of empirical research to conduct a multiple linear regression analysis of the factors influencing satisfaction with health care public services based on CGSS data by using the main influencing variables including herd mentality, public perception of the government's responsibility to provide health care services, health state, medical insurance participation, family economic status, public social status, and age. On this basis, the actual influence effect is standardized and budgeted to provide directions and ideas for improving the satisfaction of health care public services.

Keywords: Health care; Public service satisfaction; Influencing factors.

1. Introduction

The "Health China Plan for 2030" is the first medium- and long-term strategic plan in the field of health proposed at the national level since the founding of China. In the Health China Strategy, it establishes the "big health concept" that "focus on health promotion" and proposes a comprehensive and scientific measurement of the performance of medical and health public services. It is an important prerequisite for the implementation of the Health China Strategy. Therefore, solving the problems of health care and strengthening social security has become the focus of the current government work. In the process of building a service-oriented government that satisfies the people, public satisfaction has increasingly become an important decision basis for the government's health care public service reform, and public satisfaction with health care public services has become an important indicator to measure whether the government is seriously implementing the Health China Strategy. It is also the main purpose of improving medical security construction in China. The state of satisfaction with public health services reflects the gap between the public's perception of the quality of public health services and their expectation. When the perception is consistent with the expectation, the public becomes satisfied, and when the perception is inconsistent with the expectation, the public becomes dissatisfied. In order to better promote the development of China's health care public services, it is necessary to enhance public satisfaction with health care public services, improve China's health care public service system, and implement the Health China Strategy.

2. Literature Review

2.1 Foreign Studies on the Analysis of Factors Influencing Satisfaction with Public Services in Health Care

The study of satisfaction with health care public services has been quite well established by foreign scholars, such as JohnWare, who is a leading researcher in the study of satisfaction with health care public services. He divided the satisfaction with health care public services into eight areas:

interpersonal style, technical quality, barriers or convenience, financial, efficacy or outcome, continuity, physical environment and accessibility for research. The study by Khayat et al. concluded that social status has a significant influence on satisfaction with health care public services, and individuals with higher social status have access to higher quality health care resources, thus enhancing satisfaction indicators with health care public services. The research literature by Schutz et al. found a significant positive relationship between age and health care satisfaction, with older patients having higher satisfaction with health care public services than younger patients.

2.2 Domestic Studies on the Analysis of Factors Influencing Satisfaction with Public Services in Health Care

Domestic scholars have also conducted studies on satisfaction with health care public services. By constructing a multi-level structural Model, Zhang Jun concluded that rural public satisfaction with health care public services is a progressive, hierarchical relationship, and Tang Lilijuan concluded through micro data analysis that whether or not to participate in medical insurance is an important factor affecting satisfaction with health care public services. Xu Ning et al. concluded that education level and family economic status are important factors influencing satisfaction with health care public services. However, the current research does not take into account the influence of two factors: herd mentality and the public's perception of the government's responsibility to provide health care services. This paper attempts to analyze the public's satisfaction with health care public services in China, to analyze the factors influencing the satisfaction with health care public services provided by the government, and to put forward some rationalized suggestions in response to the research results. It aims to contribute to the improvement of satisfaction with public health care services in China.

3. Data Sources and Variable Measurements

3.1 Data Sources

A total of 10,986 valid questionnaires from the Chinese General Social Survey (CGSS) were used as the data source for this paper. The CGSS is the first nationwide, comprehensive and continuous large-scale social survey project in China. The purpose is to collect data on Chinese people and Chinese society on a regular and systematic basis, to summarize long-term trends in social change and explore social issues of great theoretical and practical significance. And it aims to promote the openness and sharing of domestic social science research, and provide data for government decision-making and international comparative research. The CGSS is jointly executed by Renmin University of China and academic institutions across the country. Since 2003, CGSS has been conducted annually on a sample of more than 10,000 households across the country. It has a strict and scientific sampling, and the data is very representative and can truly reflect the real situation of the respondents.

3.2 Variable Measurement

3.2.1 Independent Variables

The core independent variables of this paper are herd mentality, public perception of government responsibility for providing health care, health state, participation in health insurance, family economic status, public social status, and age. For herd mentality, the indicator chosen for this paper is: According to your general impression, how often do you hold views and opinions on important matters that are consistent with those of the general society? The question is B3, and the options are: 1 - very little agreement, 2 - little agreement, 3 - average agreement, 4 - much agreement, 5 - very much agreement. Public perceptions of the government's responsibility to provide health care services are selected based on the following indicators: In general, do you think the government should or is responsible for providing health insurance for all? The question in the questionnaire is B142. The options for the question are: 1- absolutely not/ absolutely no responsibility, 2- probably not/ probably no responsibility, 3- probably should/ probably have responsibility, 4- absolutely responsibility. The

indicator selected for health state is: What do you think is your current physical health state? The questionnaire item is A15, and the options are: 1 - very unhealthy, 2 - relatively unhealthy, 3 - average, 4 - relatively healthy, 5 - very healthy. Medical insurance participation selected indicators are: Do you participate in the basic urban medical insurance/new rural cooperative medical insurance/public health care? The question in the questionnaire is A166, and the corresponding options are: 0-No, 1-Yes. The indicator selected for family economic status is: What is your family economic status in your location? The corresponding question is A64, and the options are: 1 - far below average, 2 - below average, 3 - average, 4 - above average, 5 - far above average. The indicator chosen for public social status is: Compared to your peers, what do you think of your own socioeconomic status? The question is B1, and the options are: 1 - lower, 2 - average, 3 - higher. Indicator of age selection is: What is your date of birth? The corresponding question is A301 and the options are: 2015 - year of birth.

3.2.2 Control Variables

In this paper, happiness, gender, income, political status, household registration type, ethnic group, marital state, and educational level are selected as control variables, and for happiness, gender, income, political status, household registration type, ethnic group, marital state, and educational level the data are processed. For happiness, 1-very unhappy, 2-comparatively unhappy, 3-not to say happy or unhappy, 4-comparatively happy, and 5-very happy are processed; for gender, 1-male and 0-female; for income, a continuous variable is used for treatment. For political status, 0-non-party member, 1-party member to be processed. For household registration type, 0-rural, 1-urban to process. For ethnic group, 0-Non-Han, 1-Han to process. For marital state, 0-not in marriage, 1-in marriage to be processed. For education level, 0 - no education at all, 3 - literacy class, 6 - elementary school, 9 - junior high school, 13 - vocational high school, 12 - general high school, 13 - junior college, 13 - technical school, 14 - specialized adult higher education, 15 - specialized higher education, 16 - undergraduate adult higher education, 17 - undergraduate higher education, 20 - postgraduate and above to be processed.

3.2.3 Dependent Variables

Government job satisfaction has a special module in CGSS - B module, where B151 stands for satisfaction with environmental governance (Are you satisfied with the government's performance in the following areas? -providing medical services to patients), and after data processing its measure becomes: 1 - very dissatisfied, 2 - dissatisfied, 3 - average, 4 - satisfied, 5 - very satisfied.

Table.1 Variable measurement

Variable type	Variable name	Measurement question items	Measurement
Dependent variables	Satisfaction with government health care governance	Are you satisfied with the government's performance in the following areas? --Providing medical services to patients	1-Very dissatisfied 2-Dissatisfied 3-Average 4-Satisfied 5-Very satisfied
Independent variables	Herd mentality	According to your general impression, how often do you hold views and opinions on important matters that are consistent with those of the general society?	1-very little agreement 2-little agreement 3-average agreement 4-much agreement 5-very much agreement.
	Public perception of the government's responsibility to provide health care services	In general, do you think the government should or is responsible for providing health insurance for all?	1- absolutely not/ absolutely no responsibility, 2- probably not/ probably no responsibility 3- probably should/ probably have responsibility 4- absolutely responsibility.
	Health State	What do you think is your current physical health state?	1 - very unhealthy 2 - relatively unhealthy 3 – average 4 - relatively healthy 5 - very healthy
	Medical insurance participation	Do you participate in the basic urban medical insurance/new rural cooperative medical insurance/public health care?	0 - No 1 - Yes
	Family economic status	What is your family economic status in your location?	1-Far below average 2 - Below average 3 - Average 4 - Above average 5 – Far above average
	Public social status	Compared to your peers, what do you think of your own socioeconomic status	1-Lower 2-Average 3-Higher
	Age	What is your date of birth?	2015 - year of birth
Control variables	Happiness	Overall, do you think you are happy in your life?	1 - Very unhappy 2-Comparatively unhappy 3- Not to say happy or unhappy 4 - comparatively happy 5 - Very unhappy
	Gender	What is your gender?	0 - Female 1 - Male
	Income	What was your personal total income of last year (2014)?	Continuous Variables
	Political status	What is your current political status?	0-Non-party member 1-Party member
	Household registration Type	What is your household registration type?	0 - Rural 1 - City
	Ethnic group	What is your ethnic group?	0- Non-Han 1 - Han
	Marital State	What is your current marital state?	0-not in marriage 1 - In marriage
	Education level	What is your current highest level of education?	3 - No or little literacy 6-Primary School

3.3 Descriptive Statistics

The descriptive statistics of all the variables involved in this study are shown in the following table.

Table.2 Descriptive statistics of variables

Variables	Average value	Standard deviation	Maximum value	Minimum value	Quantity
Satisfaction with government health care governance	3.3664	.9072	5	1	9668
Herd mentality	3.6201	.7197	5	1	9668
Public perception of the government's responsibility to provide health care services	3.6690	.5235	4	1	9668
Health State	3.6187	1.0677	5	1	9668
Medical insurance participation	.91436	.27985	1	0	9668
Family economic status	2.6666	.7118	5	1	9668
Public social status	1.7213	.5469	3	1	9668
Age	50.3212	16.6491	94	18	9668
Happiness	3.8782	.8105	5	1	9668
Gender	.4788	.4996	1	0	9668
Income	3.3542	21.2869	999.999	0	9668
Political status	.1076	.3099	1	0	9668
Household registration type	.5875	.4923	1	0	9668
Ethnic group	.9235	.2659	1	0	9668
Marital State	.7841	.4114	1	0	9668
Education level	5.3849	3.6927	20	0	9668

Through the results of descriptive statistics, we can find that the happiness of the public in this selected sample is at a moderate to high level. There are about the same number of men as there are women, and earnings are at an above-average level. The political status is basically dominated by the number of non-party members. The number of household registration type in urban areas exceeds the number in rural areas. Ethnic group is mainly Han. 70% to 80% of the people are in the state of marriage. The survey was conducted mainly among middle-aged people, with the youngest individual being 18 years old and the oldest being 93 years old. The average education level is in junior high school. From the descriptive analysis, the average value of satisfaction with government health care governance is 3.36626, which indicates that people's satisfaction with government health care governance is at a medium to high level. The average number of herd mentality is 3.62019, which implies that people's views and opinions on some important matters are more than the general level when they agree with the society at large. The average value of public perception of the government's responsibility to provide health care services is 3.669011, with a maximum value of 4 and a minimum value of 1, indicating that the vast majority of people believe that the government should or is responsible for providing health insurance for all.

4. Regression Results

According to the research design, the following eight regression models are developed in this paper, and the results of the regression analysis are shown in the following table.

According to the regression results of Model 1, the regression coefficient of followership is 0.0622993, and the p-value is less than 0.01, so it can be concluded that followership has a significant positive effect on government health care governance satisfaction. When the herd mentality increases by one unit, the satisfaction to government health care management increases by 0.0622993 units.

According to the regression results of Model 2, it can be seen that the regression coefficient of the public's perception of the government's responsibility to provide healthcare services is -0.0458914, and the p-value is less than 0.01, so it can be concluded that the public's perception of the government's responsibility to provide healthcare services has a significant negative effect on the government's satisfaction with healthcare governance. Each unit increase in the public's perception

of the government's responsibility for providing health care services decreases 0.0458914 units of satisfaction with government health care governance.

Table.3 Regression results

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8
Herd mentality	.0623** * (4.94)							.0600** * (4674)
Public erception of the government's responsibility to provide health care services		-.0459** * (-2.67)						-.0535** * (-3.11)
Health State			.0041 (0.46)					.0154 (1.20)
Medical insurance participation				.1452** * (4.49)				.1309** * (4.04)
Family economic status					.0462** (3.43)			.0154 (1.00)
Public social status						.0772** * (4.48)		.0580** * (2.95)
Age							.0027** * (4.38)	.0027** * (4.17)
Happiness	.1342** * (11.94)	.1415** * (12.67)	.1397** * (12.16)	.1385** * (12.39)	.1293** * (11.08)	.1274** * (11.02)	.1401** * (12.54)	.1146** * (9.54)
Gender	-.0358* (-1.96)	- 0.3782* * (-2.07)	-.0389** (-2.13)	-.0372** (-2.04)	-.0383** (-2.10)	-.0393** (-2.15)	-.0373** (-2.04)	-.0352** (-1.97)
Income	-.0049 (-0.65)	-.0003 (-0.70)	-.0003 (-0.70)	-.0003* (-0.66)	-.0004* (-0.83)	-.0004 (-0.84)	-.0002 (-0.56)	-.0003 (-0.68)
Political status	-.0049 (-0.16)	.0050 (0.17)	.0038 (0.13)	-.0029 (-0.10)	-.0066 (-0.22)	-.0094 (-0.32)	-.0182 (-0.60)	-.0429** (-1.41)
Household registration type	-.2965** * (-15.57)	-.2993** * (-15.71)	-.3017** * (-15.81)	-.2968** * (-15.58)	-.3036** * (-15.94)	-.3037** * (-15.96)	-.3012** * (-15.83)	-.2950** * (-15.46)
Ethnic group	-.0675** (-1.99)	-.0645* (-1.90)	-.0671** (-1.98)	-.0672** (-1.98)	-.0707** (-2.08)	-.0716** (-2.11)	-.0712** (-2.10)	-.0755** (-2.23)
Marital State	-.0280 (-1.26)	-.0246 (-1.11)	-.0239 (-1.08)	-.0333 (-1.50)	-.0276 (-1.24)	-.0269 (-1.22)	-.0256 (-1.16)	-.0419* (-1.89)
Education level	-.0194** * (7.73)	-.0194** * (-7.69)	-.0198** * (-7.72)	-.0195** * (-7.76)	-.0207** * (-0206583)	-.0202** * (-8.03)	-.0137** * (-4.80)	- 0146*** (-5.11)
Constant term	3.0019* ** (42.45)	3.3633* ** (40.06)	3.1936* ** (52.69)	3.0831* ** (48.37)	3.1382* ** (51.51)	3.1347* ** (52.32)	3.0433* ** (44.539)	2.8374* ** (27.13)
R ²	0.0556	0.0539	0.0532	0.0543	0.0543	0.0551	0.0551	0.0619
N	9668	9668	9668	9668	9668	9668	9668	9668

Note: *P<0.1, **P<0.05, ***P<0.01, value t is in bracket

According to the regression results of Model 3, it can be seen that the regression coefficient of health state is 0.0041004 and the p-value is greater than 0.1, so it can be concluded that health state has little effect on government satisfaction with health care governance.

According to the regression results of Model 4, the regression coefficient of whether to participate in health insurance is 0.1452443, and the p-value is less than 0.01, so it can be concluded that whether to participate in health insurance has a significant positive effect on the satisfaction of government health care governance, and each unit increase in whether to participate is 0.1452443 units higher for the satisfaction of government health care governance.

According to the regression results of Model 5, the regression coefficient of family economic status is 0.0462279, and the p-value is less than 0.01, so it can be concluded that family economic status has a significant positive effect on satisfaction with government health care governance, and each unit increase in family economic status increases satisfaction with government health care governance by 0.0462279 units.

According to the regression results of Model 6, the regression coefficient of public social status is 0.077216, and the p-value is less than 0.01, so it can be concluded that public social status has a significant positive effect on satisfaction with government health care governance, and each unit increase in public social status increases satisfaction with government health care governance by 0.0622993 units.

According to the regression results of Model 7, it can be seen that the regression coefficient of age is 0.0027219 and the p-value is less than 0.01, so it can be concluded that age has a significant positive effect on satisfaction with government health care governance, and each unit increase in age raises satisfaction with government health care governance by 0.0027219 units.

5. Conclusions and Policy Recommendations

From the research results, the factors influencing the satisfaction of medical services are diverse and complex, and are affected by a series of social, economic, environmental and personal factors, which are the result of a multifactorial interaction. Therefore, improving the satisfaction of medical services is a long-term dynamic process and a difficult task. In this paper, we focus on two main factors: herd mentality and public perception of the government's responsibility to provide health care services, and provide further analysis and policy recommendations.

Herd mentality has a positive effect on satisfaction with government-provided health care governance. The degree to which people's views and opinions on important matters are consistent with those of the public is relatively high. People have community attributes, and public satisfaction with health care public services is often influenced by those around them. The asymmetry of information on health care public services can greatly affect the consensus of the public. The government should strengthen the propaganda of medical security, establish and improve the information propaganda mechanism of medical and health public services, and do a good job of propagating the policies of medical and health public services to guide the public to understand the government's medical security policies and medical security related initiatives. It is conducive to improving the public's awareness level of medical and health public services, and even more conducive to the implementation of medical security policies, and finally enhances the government's medical security governance performance. It will enhance the public's trust in the government's provision of public health care services, keep the public's expectations at an appropriate level, lead the direction of public opinion, establish the correct herd mentality, and increase public satisfaction with public health care services.

The public's perception of the government's responsibility to provide health care services also has a positive effect on satisfaction with health care governance. The stronger the public's perception of the government's responsibility to provide health care services, the more the public will perceive health care coverage as the government's responsibility, and the more the public will rely on the various resources provided by the government when individuals need medical assistance. But

government-provided health care resources are often limited, so the stronger the public's perception of the government's responsibility to provide health care services, the more the government is perceived to be lacking in health care resources and services. Therefore, the government should promote the construction of the health care system, deepen the comprehensive reform of public hospitals, expand the pilot construction of national medical centers and regional medical centers, strengthen the construction of the doctor workforce, improve the capacity of public services in health care, and accelerate the construction of a graded diagnosis and treatment system. It is suggested to provide measures such as optimizing appointment diagnosis and treatment, strive to allow patients with major, urgent and difficult diseases to receive treatment as early as possible, increase the reimbursement ratio of basic medical insurance, and reduce the burden of patients' families. It is supposed to develop multi-channel and multi-body medical and health public services, support social medical services, and promote the standardized development of "Internet + medical and health public services". We should continue to promote the Health China Strategy, carry out patriotic health campaigns, enhance the government's responsibility for providing public health services, improve policies on medical resources and services and carry out vigorous initiatives to improve public satisfaction with public health services.

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