

# The Satisfaction with the Health Care Service of Local Residents in Korea

Misoon Jeon

*Professor, Dept. of Nursing, Baekseok University, 1 Baekseokdaehak-ro, Dongnam-gu, Cheonan-si, Chungn  
Republic of Korea*

## **Abstract**

**Background/Objectives:** *This study was conducted to establish a health care plan to meet the health care needs of local residents and systematically execute various health care projects.*

**Methods/Statistical analysis:** *Tools for measuring the satisfaction with the health care services of the subjects were revised and supplemented by the tools of the Community Health Survey. The data was collected from 423 local residents by structural questionnaire. Data was analyzed using SPSS 18.0.*

**Findings:** *As a result of analyzing the number of annual use of public health center service, the total 'no use' was 47.0%, and in area A, 'no use' was 51.6% and area B was 40.3%. And the purpose of visiting health centers was the highest in the area of 'disease diagnosis and treatment' (32.2%), followed by 'health promotion services' (23.5%), 'other' (21.3%), and 'flu vaccines' (14.8%). The satisfaction level of the health care services was 3.37 points out of 4 points for vaccination, 3.29 points for health education, and 3.27 points for infants and maternal care. In terms of service satisfaction by health promotion project, no smoking was 3.43 out of 4 points, 3.31 points on exercise, 3.26 points on no alcohol, and 3.26 points on nutrition.*

**Improvements/Applications:** *It will improve the self-management ability and quality of life of residents by establishing a health plan based on the data analyzing the satisfaction of health services of local residents.*

**Keywords:** *satisfaction, health service, medical care, health promotion, residents*

---

## **1. INTRODUCTION**

Along with income growth, residents' desire for a healthy life has also been expressed. In addition, due to the rapid economic growth and the development of medical technology, the average life span of human beings has been extended, and the aging society is rapidly progressing. Unlike the past, where the view of health focused on the preventive behavior of diseases, it has been changed to improve health potential, such as nutrition, exercise, stress adaptation, disease resistance, and control of health risk factors [1].

Until now, the health service business has been in charge of public health projects such as maternal and child health, disease prevention, family planning, and tuberculosis. However, due to the rapid change in disease patterns, it is inevitable to establish the medical service delivery system and strengthen the functioning of the medical service in the public sector [2].

Therefore, health centers should play the role of health administration authorities and health service providers at the same time, and seek ways to strengthen their functions by combining prevention and treatment projects [3]. In addition, front-line health projects are the dual structure of local administration and central government's health projects, and the public health centers do not have the ability to independently provide medical services that meet the characteristics and demands of local residents.

Therefore, in local governments, local health projects are carried out at public health centers. Therefore, the health projects can be successful only if the organization, manpower, and finances are coordinated and departments are well coordinated to carry out the roles and functions of the public health centers. Public health centers are the only public health institutes at the city, county, and district levels, and their functions are low in profitability [4]. Therefore, they are centered on preventive health care services avoided by private medical institutions. .

The task of the public health center is to fulfill the primary health care needs of local residents and at the same time develop and expand basic health services such as disease prevention and health promotion projects. There is an urgent need to redefine the role of management and to respond proactively to new health care needs.

In particular, local health plans should be adjusted in accordance with the health care environment and national health policies to improve the efficiency of health care projects and provide comprehensive quality health services to local residents. It is desirable to research and plan based on the opinions of public health center users so that they can continue to carry out preventive projects such as health care plans, health promotion, and health education that meet the needs of local residents who are the beneficiaries.

Thus, due to the recent aging of the population and the extension of life expectancy, a tailored health care approach that considers an approach optimized for medical goals is needed [5, 6]. In other words, healthcare has different levels and affecting factors, and requires a differentiated approach strategy.

As the forefront of health care, the health center's mission is to meet a wide range of health care needs of local residents, while at the same time providing a new approach to health care for residents [7]. In other words, by developing and expanding basic health services, such as disease prevention and health promotion projects [3, 8], it is urgent to establish functions and roles to actively address primary health care and new medical needs.

Therefore, this study attempted to provide the necessary data to satisfy the needs of local residents and systematically execute various health care projects by analyzing the use of health center services, the purpose of health center visits, and the satisfaction level of health services.

## **2. METHOD**

### ***2.1. Research Design***

This study is a descriptive study to analyze the satisfaction level of health care service for local residents.

### ***2.2. Data Collection***

After explaining the purpose of the study to the subjects, the data collected was used for research purposes only, ensuring that the subject's anonymity and confidentiality, and that the subject had the right to participate in or reject the study at any stage of the study. After receiving consent for the study, the survey was conducted from August 1 to

27, 2018. 447 questionnaires were collected, but 423 questionnaires were used for data analysis, with the exception of 24, where data were not clear or missing.

### 2.3. Instruments

#### 2.3.1. The satisfaction of the health care service

A tool for measuring the satisfaction of the health care services was developed by modifying and supplementing the tools in the Community Health Survey [9]. The tool is divided into four categories and is evaluated on a four-point scale. The satisfaction level of health care service was given 4 points of 'very satisfied', 3 points of 'satisfaction', 2 points of 'unsatisfaction' and 1 point of 'very dissatisfied'. The higher the score, the higher the satisfaction level of health care service. Cronbach's  $\alpha$  value for satisfaction with health care services is 0.975.

### 2.4. Data Analysis

The collected data were analyzed with the SPSS 18.0 program:

- The frequencies and percentages of the general characteristics of the subjects were calculated.
- The number of annual use of public health service and the purpose of visit to public health center was analyzed with the percentages.
- The satisfaction level of the health service was analyzed by cross analysis and chi-square test.

## 3. RESULTS

### 3.1. General characteristics

Table 1 shows the general characteristics of the subject. The gender was 41.8% for male and 58.2% for female. The age ranged from 20 to 49 years old with 73.5%, and over 60 years old with 8.2%. The highest level of education is 60.8% for college graduates and 29.1% for high school graduates. Living with a spouse was the highest with 55.6% and singles with 38.1%.

**Table 1. General characteristics**

		n=423		
Characteristics	Categories	Total	A-area	B-area
		n(%)	n(%)	n(%)
Gender	Male	177(41.8)	110(43.3)	67(39.6)
	Female	246(58.2)	144(56.7)	102(60.4)
Age(years)	20~29	102(24.1)	68(26.8)	34(20.1)
	30~39	128(30.3)	73(28.7)	55(32.5)
	40~49	81(19.1)	46(18.1)	35(20.7)
	50~59	77(18.2)	45(17.7)	32(18.9)

	60~69	19( 4.5)	9( 3.5)	10( 5.9)
	70 over	16( 3.7)	9( 3.5)	3( 1.8)
Education	Over college	257(60.8)	148(58.3)	109(64.5)
	High school	123(29.1)	80(31.5)	43(25.4)
	Middle school	24( 5.7)	12( 4.7)	12( 7.1)
	Elementary school	19( 4.5)	14( 5.5)	5( 3.0)
Housemate	Alone	161(38.1)	105(41.3)	56(33.1)
	Spouse	235(55.6)	133(52.4)	102(60.4)
	Bereavement	14( 3.3)	11( 4.3)	3( 1.8)
	Separation	6( 1.4)	2( 0.8)	4( 2.4)
	Divorce	7( 1.7)	3( 1.2)	4( 2.4)

### 3.2. The number of use of public health center service

As a result of analyzing the number of annual use of public health center service, the total 'no use' was 47.0%, and in area A, 'no use' was 51.6% and area B was 40.3%. 'Use 1 ~ 2 times' is 32.0%, while in area A, 27.1% and area B. 39.2%, the usage frequency is higher in area B than area A. The details are shown in Figure 1.

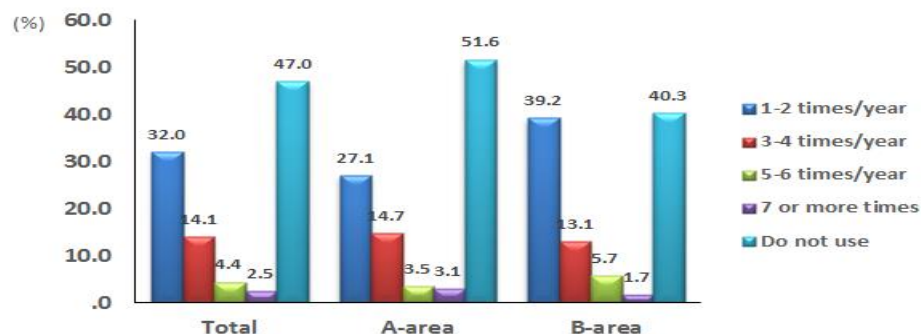


Figure 1. The number of use of public health center service

### 3.3. Purpose of visit to public health center

The purpose of visit to public health center is shown in Figure 2. Among all the subjects, the purpose of visiting health centers was the highest in the area of 'disease diagnosis and treatment' (32.2%), followed by 'health promotion services' (23.5%), 'other' (21.3%), and 'flu vaccines' (14.8%). As a result of comparing the purpose of visiting health centers in areas A and B, area A showed 36.2% of disease diagnosis and treatment, and health promotion services 23.6%, and area B showed 27.2% of disease diagnosis and treatment. Health promotion service was 23.3%. The purpose of health center visit was similar in area A and B.

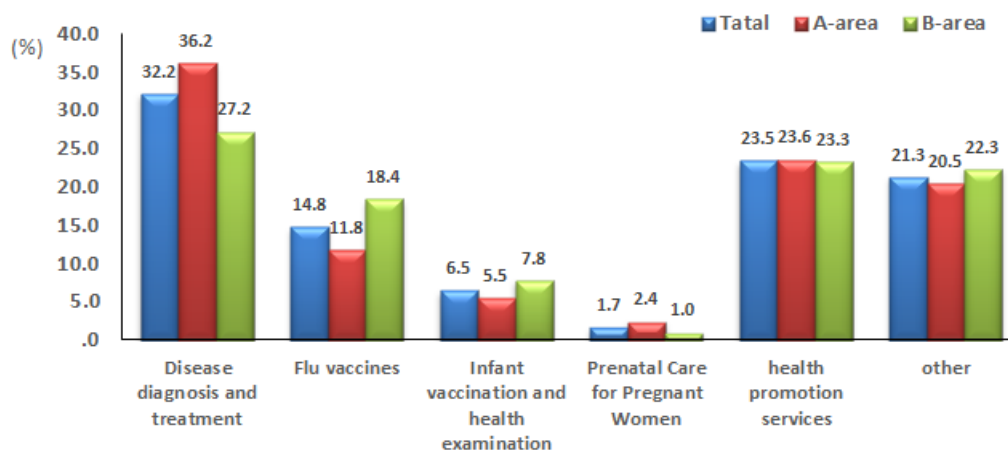


Figure 2. Purpose of visit to public health center

### 3.4. Satisfaction level of health care services

The satisfaction level of the health care services was 3.37 points out of 4 points for vaccination, 3.29 points for health education, and 3.27 points for infants and maternal care. There was a statistically significant difference in vaccination, mental health service, and oriental medicine between the two health centers, and B-area was higher than A-area.

In terms of service satisfaction by health promotion project, no smoking was 3.43 out of 4 points, 3.31 points on exercise, 3.26 points on no alcohol, and 3.26 points on nutrition. There was a statistically significant difference in the oral care program between the two health centers, and B-area was higher than A-area.

Table 2. The satisfaction level of the health care service

Division	Total		A-area		B-area		t	p
	M	SD	M	SD	M	SD		
Medical care level								
General care	3.14	1.30	3.05	1.25	3.27	1.36	-1.660	.098
Health examination	3.24	1.97	3.13	1.36	3.41	2.62	-1.337	.182
Physical therapy	3.25	1.53	3.14	1.46	3.40	1.61	-1.723	.086
Vaccinatiion	3.37	1.26	3.32	1.21	3.44	1.33	-.928	.354
Oral care	3.22	1.57	3.13	1.46	3.36	1.70	-1.460	.145
Quarantine service	3.27	1.45	3.13	1.28	3.48	1.65	-2.359	.019**
Health education	3.29	1.39	3.20	1.27	3.43	1.54	-2.657	.098
Infant & Maternal Care	3.27	1.24	3.18	1.15	3.40	1.35	-1.723	.086
Mental health service	3.14	1.50	3.02	1.37	3.33	1.72	-2.027	.045*
Chronic disease care	3.17	1.38	3.08	1.26	3.31	1.53	-1.622	.106

Oriental Medicine	3.20	1.61	3.03	1.39	3.47	1.86	-2.698	.007**
<b>Health promotion level</b>								
No smoking	3.43	1.24	3.38	1.18	3.50	1.32	-0.948	.344
Exercise	3.31	1.36	3.21	1.16	3.47	1.61	-1.848	.066
No alcohol	3.26	1.44	3.14	1.24	3.43	1.67	-1.931	.054
Nutrition	3.26	1.32	3.17	1.18	3.40	1.50	-1.645	.101
Obesity	3.23	1.36	3.14	1.18	3.37	1.58	-1.668	.096
Physical activity	3.25	1.35	3.18	1.16	3.36	1.59	-1.284	.200
Mental health	3.24	1.46	3.12	1.26	3.41	1.70	-1.906	.058
Oral care	3.24	1.42	3.12	1.25	3.41	1.63	-2.008	.046*

\* p<0.05, \*\*p<0.01

#### 4. DISCUSSION

This study was conducted to establish a health care plan to meet the health care needs of local residents and systematically execute various health care projects by analyzing the use of health center services, the purpose of health center visits, and the satisfaction level of health care services.

The number of the use of health center services in the subjects was 'no use', with 47.0%, 51.6% in the A area and 40.3% in the B area. This result is different from Lee's study, which showed that 68.5% of users who use health care institutions to receive general medical care or vaccination at low prices have relatively high accessibility between health care institutions and local residents. The health center used by this study was the municipal health center, and the health center used by Lee's study [3] was the local health center. In the case of local health centers, the use rate of public health institutions is higher than that of citizens because residents do not have easy access to private medical institutions.

The purpose of visiting health centers was the highest in the area of 'disease diagnosis and treatment' (32.2%), followed by 'health promotion services' (23.5%), 'other' (21.3%), and 'flu vaccines' (14.8%). As a result of analysis of the most used services among local health centers in one region, vaccination was the highest with 41.4%, followed by physical therapy 18.9%, general medical care 15.3%, and oriental medicine 13.5% [3]. Since the health care needs of residents differ from region to region, it is considered that health institutions should provide health services by prioritizing projects that meet the needs of local residents.

Until now, the health center's health project has been mainly responsible for public health projects such as maternal and child health projects, preventive projects, family planning and tuberculosis projects for acute infectious diseases and some primary care. Most of the medical services rely heavily on the private sector, so preventive health services and health care services have been managed separately [10]. However, due to the implementation of the national health insurance system and the dramatic changes in disease patterns, the health service delivery system must be established and the functions of the public service sector should be strengthened [11, 12].

The satisfaction level of the health care service was 3.37 points out of 4 points for vaccination, 3.29 points for health education, and 3.27 points for infants and maternal care. And in terms of service satisfaction by health promotion project, no smoking was 3.43 out of 4 points, 3.31 points on exercise, 3.26 points on no alcohol, and 3.26 points on nutrition.

How to improve satisfaction based on the opinions of the health service users of the public health center suggested the promotion of the project promoted by the public health center as an alternative to the dissatisfaction of the public health service [8]. Public health centers should take measures to increase the use of public health centers by actively promoting public health services. In addition, health centers should be able to provide visiting services because they are public health institutions for residents, not private medical institutions.

## 5. CONCLUSION

This study will provide basic data for establishing and evaluating local health policies that actively cope with changing social environment, local environmental characteristics, and local health care environment through the survey of local residents' health care. We will improve the self-management ability and quality of life of local residents by establishing a health plan based on the data analyzing the satisfaction of health care services of local residents.

## ACKNOWLEDGMENTS

This study was supported by the Research Program funded by the Baekseok University.

## REFERENCES

- [1] Kim MR, Need, satisfaction, and availability of public health and medical service for elderly receiving homecare in urban and rural areas. Seoul(Korea): Chung-Ang University; 2014.
- [2] Jung CS, Lee G. Goals, strategic planning, and performance in government agencies. *Public Management Review*. 2013; 15(6):787-817.
- [3] Lee SA. A study on public health center users' satisfaction with local health and medical services [dissertation]. Daegu (Korea): Keimyung University; 2007.
- [4] Byun YW. An Study on The Use of Long-term Home Care Service in Agricultural Districts. *Korean social security studies*. 2010;26(3):283-308.
- [5] Ahn DK. Study on improving the connection system among public medical institution; Focusing on the city of Chuncheon [dissertation]. Chuncheon (Korea): Kangwon National University; 2012.
- [6] Ministry of Health and Welfare. National health promotion comprehensive plan, Seoul: 2013.
- [7] Kim YH. A study on effects of users' satisfaction in local health and medical center -focused on Paju-city. *Gyeonggi-Do-Korean Journal of 21st Century Social Welfare*. 2013; 10(1):193-209.
- [8] Jang MH. Effects of local health planning [dissertation]. Seoul (Korea): Seoul National University; 2014.
- [9] Center of Disease Control and Prevention (CDC). 2017 regional health survey. Osong (Korea); 2018.
- [10] Ju DK. A research on the realities of physical activity and exercise for the establishment of the health care programs of Pohang city. Gyeongju (Korea): Uiduk University; 2007.

- [11] Park SY, Jang MY, Park SH, Na BJ, Kim EY, Kim SY. Factors of health care expenditure of local government. *Health Policy and Management*. 2013; 23(1):59-65.
- [12] Youn JH, Lee YG, Choi DG, Jang SH. Comparative analysis of the factors affecting the degree of consumer satisfaction in the community social services investment. *Korean Association of Health and Medical sociology*. 2015; 38:201-223.