

The Trend of Public Perception of Healthcare in Japan — From the 4th Perception Survey of Japanese Healthcare*¹

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Abstract

It is estimated that the population aged 65 and older in Japan will increase from current 24.1% to 30.3% of the entire population in 2025 and to 36.1% in 2040,¹ putting the super-aged society just around the corner. Japan is the most rapidly aging country among developed nations, and it needs to think immediately about social security in an aged society, especially the healthcare system in such a society.

Healthcare has three aspects: the delivery system related to healthcare workers and medical facilities; the finance (insurance) system that pays for the delivery system; and the medical care itself that is actually provided. The perception and requests of the public and patients — i.e. the recipients of healthcare — should be ascertained in a timely manner and reflected in healthcare policy planning. However, there are very few surveys that continuously track the perception of the public and patients in Japan.

The Japan Medical Association Research Institute has been conducting public and patient perception surveys of Japanese healthcare since 2002.² The 4th survey was conducted in November 2011, eight months after the Great East Japan Earthquake. This survey indicated that satisfaction with the healthcare received by the public and satisfaction with the healthcare system overall have increased. At the same time, it revealed high anxiety regarding out-of-hours healthcare and inpatient facilities, showing a need to secure healthcare that can provide peace of mind to community residents.

Key words Perception survey, Satisfaction survey of healthcare, Patient survey, Satisfaction with healthcare system, Perceived health status

Objectives

The following are the main objectives of this study:

- Ascertain trends in satisfaction with healthcare (healthcare received and healthcare system overall);
- Understand the healthcare the public want to receive;
- Ascertain the views on health insurance;
- Expectations for community clinics and requests for information; and
- Understand the end-of-life care and place to spend remaining life desired by the public.

Study Methods

- Survey period: November 2011
- Targets: For the general public, men and women aged 20 and older across the country. Three-stage stratified random sampling of 4,000 people. The number of responses collected was 1,246 with a valid response rate of 31.2%. For patients, outpatients at hospitals and clinics nationwide. 25–30 patients randomly sampled from each facility. The number of responses collected was 1,205.
- Survey method: For the public, individual interview collection through visits by investigators.

*¹ This paper is an abbreviated version of the 4th Perception Survey of Japanese Healthcare, 2012 (JMARI Working Paper No. 260) by Narumi Eguchi prepared for this journal.

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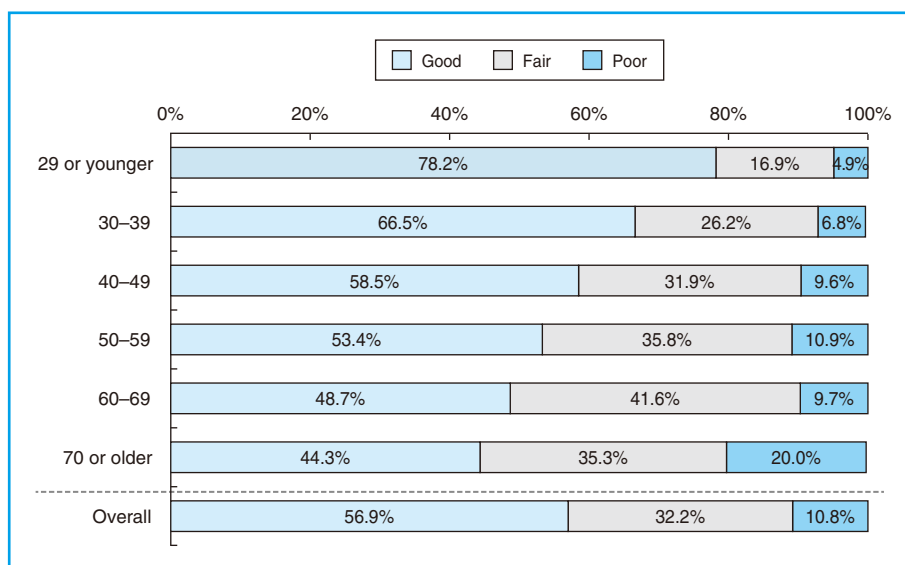


Fig. 1 Current perceived health status by age

For patients, interview collection from outpatients at medical institutions.

Results

Public perception of health (Fig. 1)

Out of respondents from the public, 56.9% overall replied that they are in good health. The number of people reporting to be in good health tended to decrease as age went up while those reporting fair health increased. The proportion of elderly people reporting fair^{*3} health was particularly high, and that tendency affected the overall results. There is a strong national trait for Japanese people to tend to choose the intermediate answer in five-level scale questions in general. So, with the five-level question, the public tend to have low perception of their health. In international comparisons using OECD health data, for example, Japan's self-reported health status is at the bottom of the list.^{3,*4} The low perception of health despite the fact that Japan has

one of the longest life expectancies in the world^{4,*5} could be attributed to that national trait.

Satisfaction

Satisfaction over time (Fig. 2)

This survey used three categories for satisfaction: satisfaction with most recent healthcare service received, satisfaction with overall healthcare (healthcare system), and satisfaction with life in general. Satisfaction with received healthcare and satisfaction with overall healthcare both increased significantly from the last survey. Satisfaction with life was at the same level as the last survey. Here, "satisfaction with received healthcare" is satisfaction with most recent healthcare received.^{*6}

Reasons for being unsatisfied with received healthcare (Fig. 3)

Members of the public and patients who reported that they were not satisfied with received healthcare were asked the reason for that reply. The top reasons for being unsatisfied with received

*3 "Fair" means moderate, i.e. neither good nor poor rating.

*4 In the Health at a Glance 2011: OECD Indicators (OECD 2011), the percentage of people who responded that they are in good health when asked about their perceived health status was 32.7% for Japan, 90.0% for the United States, 88.5% for Canada, and 76.0% for the United Kingdom. This question used a five level response scale that includes an intermediate response category.

*5 With an average of life expectancy of 83 years (79 for men and 86 for women), Japanese have one of the longest life-spans in the world, alongside Switzerland and San Marino (World Health Organization 2013).

*6 Results for the survey of "patients" are not included in this paper due to space constraints. The percentage of "patients" satisfied with received healthcare was 85.2%, the percentage of patients satisfied with overall healthcare was 57.6%, and satisfaction with life was 76.6%. The responses by patients approximated the general public's satisfaction with most recent healthcare received.

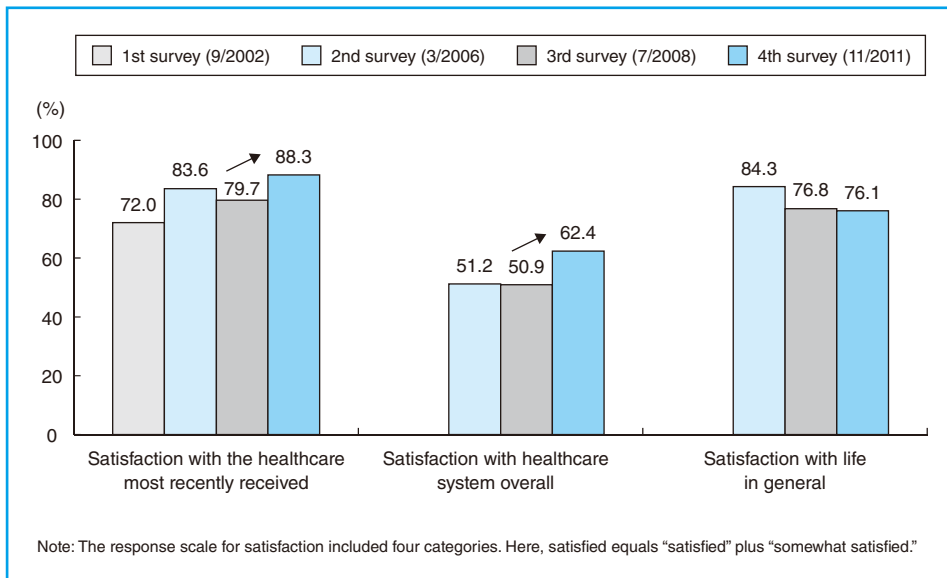


Fig. 2 Satisfaction over time on surveys 1 through 4 (public)

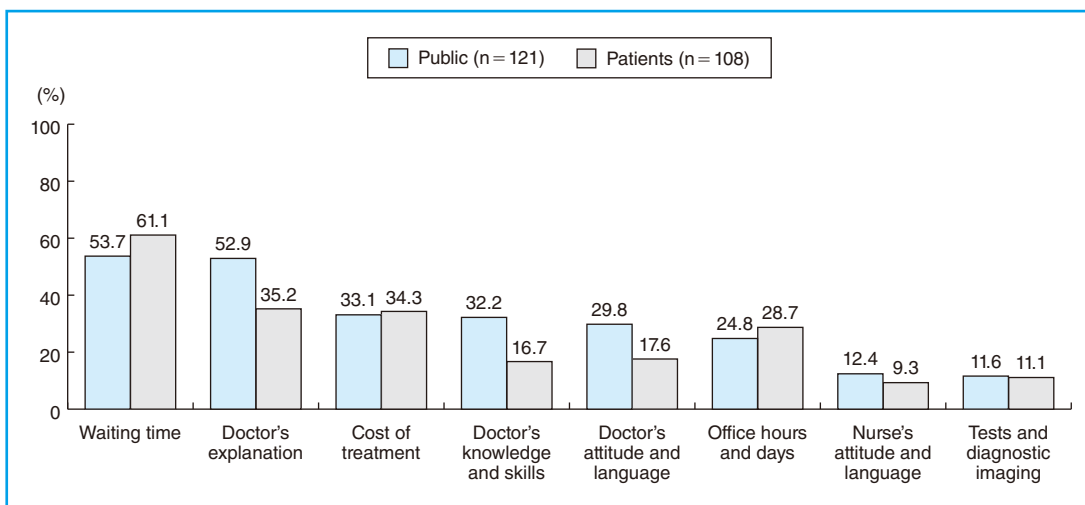


Fig. 3 Reasons for being unsatisfied with received healthcare (only asked of unsatisfied people) (multiple answers allowed)

healthcare were, for the public and patients, waiting time, doctor's explanation, and cost of treatment, in that order.

Satisfaction with received healthcare and overall healthcare satisfaction adjusted for life satisfaction (Fig. 4)

In general, it is possible that each person's satisfaction with life affects his or her satisfaction with healthcare. Accordingly, satisfaction with

healthcare received and satisfaction with overall healthcare (healthcare system) were calculated by adjusting the results for the past three surveys, including this one, for satisfaction with life. Satisfaction after adjustment was shown to rise in each case. In other words, satisfaction with healthcare is increasing gradually, even after making allowances for satisfaction with life. This can be interpreted as meaning real assessment

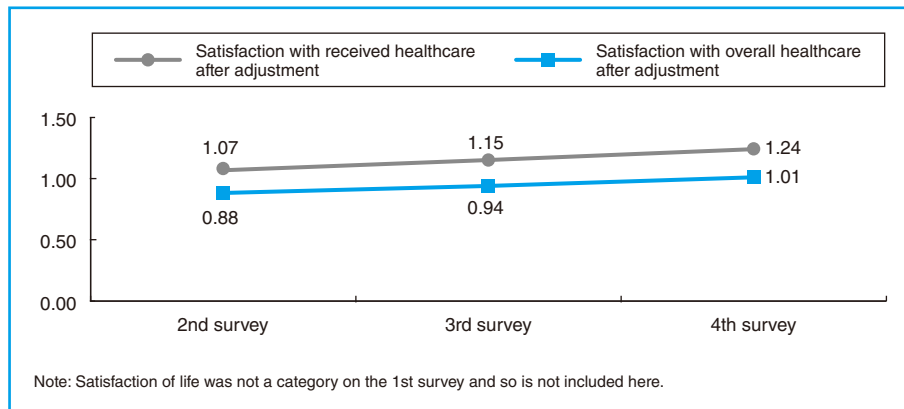


Fig. 4 Satisfaction with received healthcare and overall healthcare satisfaction adjusted for life satisfaction

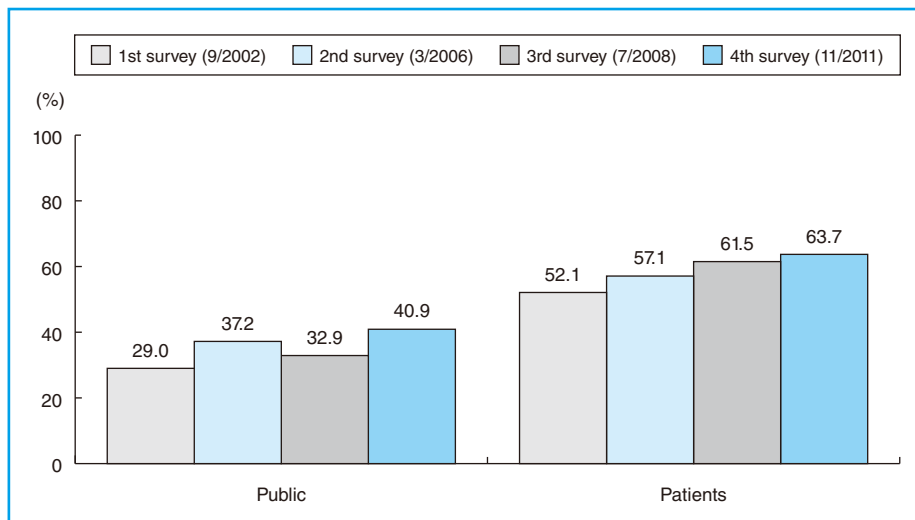


Fig. 5 Percentage of people who feel that doctors not only cure patients' symptoms but also provide mental care (emotional support)

of healthcare, excluding effects from things such as life situation, has improved.

Mental care (Fig. 5)

In regards to the question, “Are doctors providing psychological care (emotional support) and not just curing patients?” the proportion of people who feel that they are “receiving psychological care (emotional support)” increased significantly over the past four surveys among both the public and patients. Overall replies in the affirmative were 40.9% among the public and 63.7% among patients. This suggests that healthcare providers are practicing more patient-

centered medicine. At the same time it is possible that patients’ understanding of healthcare and healthcare providers has deepened. Furthermore, in response to the question, “Has received healthcare been tailored to individual circumstances such as the life and values of each patient?” 53.2% of the public and 81.7% of patients overall reported that they felt so, showing improvement in the doctor-patient relationship.

Satisfaction with received healthcare and satisfaction with overall healthcare (Table 1)

Association with the satisfaction with care received and the satisfaction with the healthcare

Table 1 SPSS output results (public)*7

Top five factors affecting public satisfaction with received healthcare	Standardized coefficient (Beta)	<i>t</i>	Significance probability
Doctor's explanation	.302	9.430	.000
Doctor's knowledge and skills	.262	8.795	.000
Waiting time	.176	8.101	.000
Cost of treatment	.153	6.789	.000
Nurse's attitude	.142	6.225	.000
6th place and lower (age, safety of medical institutions in Japan, life satisfaction, etc.)	.053	2.631	.009
	.045	2.275	.023
	.040	2.055	.040
	.038	1.856	.064
	.013	.673	.501
	.013	.662	.508
	.007	.343	.731
	.005	.286	.775
	(Constant)	1.688	.092

Dependent variable: Satisfaction with healthcare received.

Top five factors affecting public satisfaction with overall healthcare	Standardized coefficient (Beta)	<i>t</i>	Significance probability
Safety of medical institutions in Japan	.171	5.501	.000
Healthcare tailored to individuals	.141	4.454	.000
Satisfaction with received healthcare	.137	4.280	.000
Out-of-hours and emergency medical system	.091	3.047	.002
Burden of insurance payments	.118	2.805	.005
6th place and lower (life satisfaction, perceived health status, etc.)	.080	2.575	.010
	.072	2.275	.023
	.042	.981	.327
	.010	.349	.727
	.005	.149	.882
	(Constant)	13.857	.000

Dependent variable: Satisfaction with overall healthcare.

system, was investigated using multiple regression analysis. First of all, the effects of satisfaction with the doctor's explanation, the doctor's knowledge, the waiting time, and the cost of treatment showed a strong association with public

satisfaction with received healthcare. Meanwhile, sense of security about the patient safety of medical institutions, healthcare tailored to individuals, and satisfaction with received healthcare affected satisfaction with overall healthcare

*7 IBM software package SPSS Statistics was used in the statistical analysis.

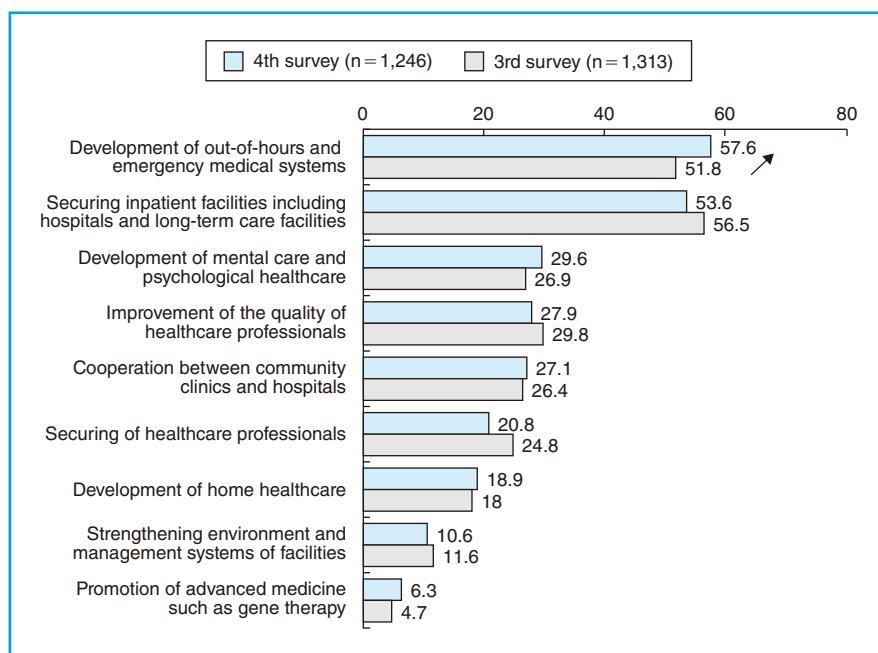


Fig. 6 Important issues in the eyes of the public (up to three)

(healthcare system). As for patients, there was a strong association between satisfaction with received healthcare and the cost of treatment, waiting time, and the doctor's knowledge and skills, while satisfaction with overall healthcare was associated, the same as for the general public, with sense of safety of medical institutions, healthcare tailored to individuals, and satisfaction with received healthcare. A lot of research has been conducted internationally on satisfaction with healthcare systems, and universal factors are regarded as a future issue.^{5,6}

Public needs

Important issues in the eyes of the public (Fig. 6)

More than half of the public thinks priority should be given to the development of out-of-hours and emergency medical systems and also to the development of inpatient facilities and geriatric health services facilities for long-term hospitalization of the elderly, etc. The development of long-term hospitalization facilities and out-of-hours emergency medical care were also always in the top two positions on the 1st through 3rd perception surveys, indicating that the public sees them as the most important issues. The

request for the development of long-term hospitalization facilities tends to increase especially as age goes up.

Views on health insurance (Fig. 7)

The percentage of the public that wishes healthcare received will be the same regardless of income remained at the same level as on the 3rd survey at a little under 80%, showing no change in perception. Nearly the same tendency was seen in the 1st and 2nd surveys. It is clear that most of the public desires equality in healthcare. On existing international surveys the percentage of residents who feel that the same healthcare should be available regardless of income was 79.9% in the United States, 84.2% in France, and 71.3% in South Korea (78.1% in Japan), showing a universal tendency to want equal healthcare regardless of income, even though healthcare systems and environments differ by country.⁷

Place to spend remaining life under medical treatment when a cure is unlikely (Fig. 8)

If told that a cure is unlikely and that one has about six months or less left to live, 37.6% of people overall reported that they would like to receive treatment at home and be admitted to a medical institution or palliative care facility if necessary, 28.5% reported that they would like

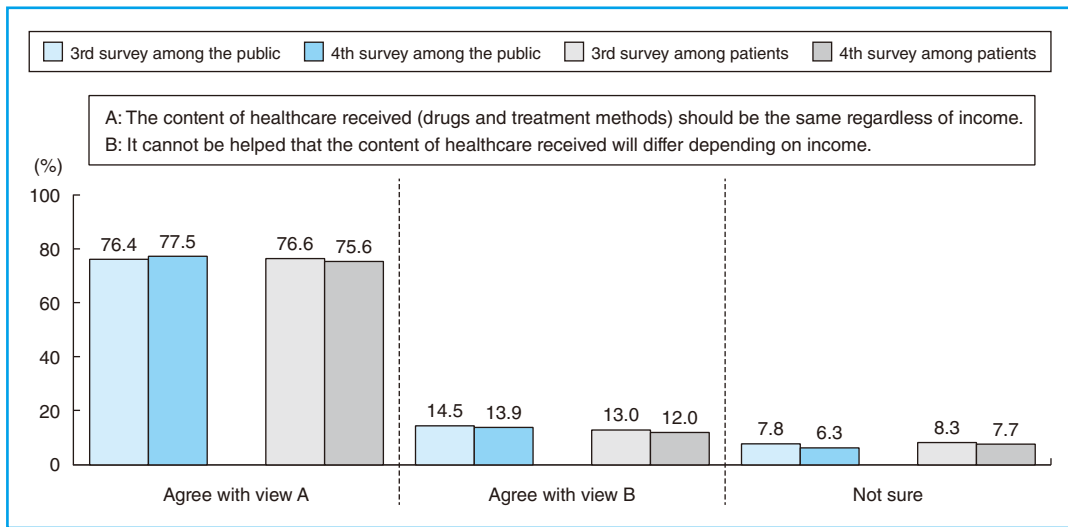


Fig. 7 Views on health insurance (3rd and 4th surveys)

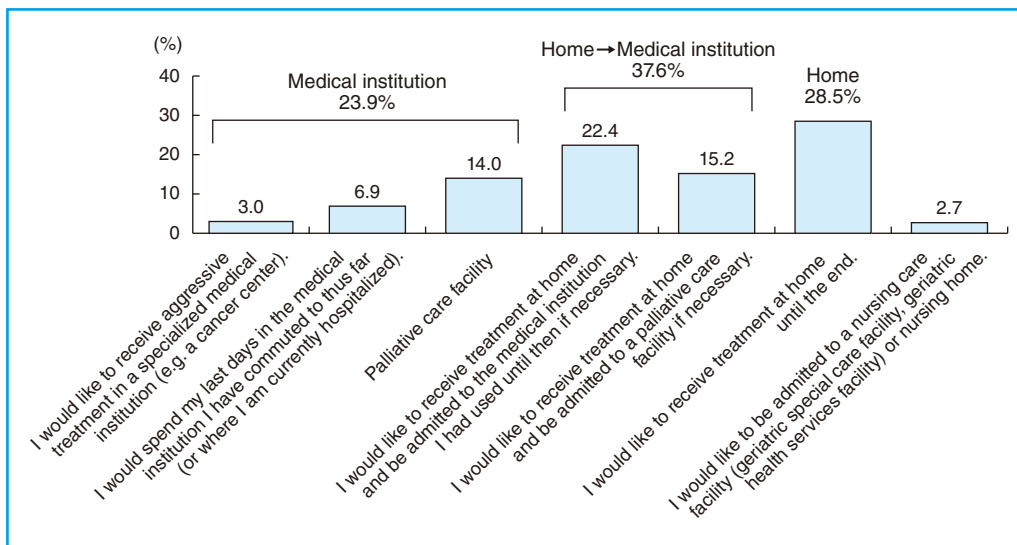


Fig. 8 Place to spend remaining life under medical treatment when a cure is unlikely (n = 1,246)

to receive treatment at home and stay at home until the end, and 23.9% reported that they would like to receive treatment until the end in a palliative care facility or medical institution. This question reveals that 61.5% (23.9% + 37.6%) of the public wishes to receive end-of-life treatment in a medical institution, pointing to the urgent need to develop the end-of-life treatment locations desired by the public in preparation for the aging society.

Discussion

Looking at public perception of healthcare in Japan through the four perception surveys that have been conducted, including this survey, some perception did not change, some are changing (increasing) gradually, and some changed (increased) greatly. What changed was satisfaction with healthcare received and satisfaction with healthcare system overall. Healthcare tailored

to individual circumstances, emotional (mental) care, and sense of security regarding healthcare safety also increased. What did not change, on the other hand, were the priority issues of emergency and inpatient healthcare and the view toward equal healthcare that does not differ according to income level. Sincere support from healthcare providers also stood out as an unchanging request.

It is worth noting that this survey, which was conducted after the Great East Japan Earthquake, did not reveal any particular instances of public perception of healthcare having been changed greatly by the earthquake.*⁸ The percentage of the public that wants the same content of healthcare to be available regardless of income stood at 77.5% and has remained unchanged for the past nine years. The top two priority issues in the eyes of the public (development of out-of-hours and emergency medical systems and development of facilities for long-term hospitalization of

the elderly, etc.) also remained consistent through the past four surveys. These points should be considered as the direction of healthcare policy in the future.

This survey also revealed that there is a need for system development for healthcare services that meet the needs of the public in an aged society, including problems of regional disparities, based on the priority issues in the eyes of the public.

It has to be admitted that limitations in interviews, despite stratified random sample of the public, is a constraint of this survey. A certain percentage of the public, including very low-income earners and sickly elderly people, were not covered by the survey and so their perception is not included. Likewise for patients, the survey only covered outpatients and did not include seriously ill patients, and so it does not represent perception of patients overall.

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*⁸ Ryu Niki of Nihon Fukushi University points out in “Read the Depths, Work Out the Truth (3): How to Read Changes in Public Perception of Healthcare, Social Security, and Society?” (*Japan Medical Journal* 2011.6.4 (Vol. 4545)) that the sense of social solidarity and trust in healthcare has already increased before the earthquake.