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DataWatch

Satisfaction With Health Systems In Ten Nations

by Robert J. Blendon, Robert Leitman, Ian Morrison, and Karen Donelan

Amid growing dissatisfaction with its health care system, the United States is increasingly looking abroad for insights into health system reform. In the Spring 1989 issue of *Health Affairs*, an analysis of a three-nation survey of how Americans, Canadians, and Britons viewed the performance of their health care systems showed that, of citizens of the three countries, Americans expressed the greatest degree of dissatisfaction with their health system and Canadians the least.¹ In addition, only Americans were so dissatisfied that they would consider adopting the type of health system found in another country. The majority of the public (61 percent) stated they would prefer the Canadian system of national health insurance, in which “the government pays most of the cost of care for everyone out of taxes, and the government sets all fees charged by doctors and hospitals” to the current U.S. system.

A number of questions were raised about the results of this survey, including the following. (1) Were the findings of this three-nation survey replicable across multiple surveys and time periods, or were they a onetime, random result? (2) Are citizens of other industrialized countries as satisfied with their governments’ national health plans as Canadians or Britons are? Might not other nations with health systems similar to these have populations that are dissatisfied with their government-sponsored programs? (3) Were Canadians’ favorable attitudes toward their health system more a reflection of their optimistic and supportive views regarding their national institutions than an actual measure of their satisfaction with their universal health program? This DataWatch seeks to address these questions with recent findings from a number of international and domestic opinion surveys.

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Data and methods. The data reported here are derived primarily from three sources. The first is a ten-nation survey conducted in two time periods by Louis Harris and Associates and their international affiliates, using the same research instrument. These findings are based on interviews with scientifically selected samples of 1,250 respondents in the United States, 1,026 in Canada, 1,669 in Great Britain, 1,053 in West Germany, 994 in Australia, 1,196 in France, 500 in Sweden, 1,434 in Japan, 928 in Italy, and 1,000 in the Netherlands. The American, Canadian, and British surveys were conducted in 1988 as part of our earlier study conducted for The Baxter Foundation, and surveys in the other seven countries were conducted in 1990. Depending on the standard of survey practice in each country, some of these national surveys were conducted by telephone and others as in-home interviews.

The second source of data consists of two national opinion surveys on health care conducted by the *Los Angeles Times* and NBC: The former was conducted in 1990, involving telephone interviews with 2,046 randomly selected adults, and the latter in 1989, involving 2,019 adults. The third source of data is a set of individual national opinion surveys conducted between 1985 and 1989 by the Gallup survey organization on general attitudes of Canadians and Americans. Each survey involved a randomly selected sample of at least 1,000 adults from each country.

When interpreting these findings, one should recognize that all public opinion surveys are subject to sampling and nonsampling error. For results based on samples of the size included in this DataWatch, one can say, with 95 percent confidence, that the error due to sampling could be approximately ± 3 or 4 percent for each question.

Results Of The Ten-Nation Survey

Replicability of the 1988 findings. In March 1990, the *Los Angeles Times* in a national survey replicated the 1988 finding that most Americans would prefer the Canadian system to their current health care arrangements.² The question this 1990 survey posed differed slightly from the wording of the 1988 version. It was as follows: “In the Canadian system of national health insurance, the government pays most of the cost of health care out of taxes and the government sets all fees charged by doctors and hospitals. Under the Canadian system—which costs the taxpayer less than the American system (emphasis added)—people can choose their own doctors and hospitals. On balance, would you prefer the Canadian system or the system we have here in the United States?”³

As Exhibit 1 shows, the results of the 1990 survey were almost identical to those reported earlier. Nearly two-thirds of Americans indicated a

Exhibit 1**Proportion Of Americans Preferring Canadian Health System. 1988 And 1990**

	1988	1990
Prefer Canadian system	61%	66%
Income group		
Low income	58	63
Middle income	58	68
High income	56	65
Race		
White	61	68
Black	61	54
Hispanic	62	57

Sources: R.J. Blendon and H. Taylor, "View on Health Care: Public Opinion in Three Nations," *Health Affairs* (Spring 1989): 149–157; and Los Angeles Times Poll, "Health Care in the United States," Poll no. 212 (Storrs, Conn.: Roper Center for Public Opinion Research, March 1990).

preference for the Canadian system. As in 1988, the strongest support for such a change was found among middle-income Americans. The one difference between the two studies is reflected in the lower level of support for such a change reported by minority groups in 1990.

In addition to the *Los Angeles Times* survey, NBC also explored whether Americans now favored an all-government health insurance system, a program that would be similar to Canada's. In their survey, conducted in 1989, they asked whether "you would favor a comprehensive national health plan that would cover all Americans and be paid for by federal tax revenues." Once again, the results were similar; 67 percent of the public indicated support for the enactment of such a plan. NBC also inquired about public attitudes toward the Canadian and British health systems. They asked whether the public thought the average American received better medical care than citizens of these two countries, "where government paid for most health care costs." Only 27 percent thought Americans received better care from their system. The remaining 73 percent either believed there was no difference between countries (34 percent), believed Americans received worse-quality care (12 percent), or were unsure (27 percent).⁴

Satisfaction with other health systems. In 1990, as a follow-up to the earlier study, Louis Harris and Associates, in conjunction with the Harvard School of Public Health and the Institute for the Future (ITF), surveyed seven additional countries: the Netherlands, Italy, West Germany, France, Sweden, Australia, and Japan. Residents were asked an identical question from the three-nation 1988 survey about their overall satisfaction with the health care system in their country.

Views expressed in these countries differed significantly from those in the United States and Canada. With the exception of Australia, residents

of these nations spoke different languages and represented varying histories and cultures. However, they had in common the fact that each country had established universal health insurance coverage for its population through the framework of either a Social Security-like system found in West Germany or a national health service such as Great Britain's. In addition, each nation had lower health care costs, both per capita and as a share of their economy (gross domestic product, or GDP) than either the United States or Canada.⁵

As shown in Exhibit 2, the results of this ten-nation survey suggest a number of important findings. First, among the nations studied, Canadians were the most satisfied with their current health care system and Americans the least. This latter distinction was shared only with the Italians. On both measures used in this survey, that is, satisfaction with their current system or wanting their health care system rebuilt, Americans ranked ninth and tenth among those nations studied.

The United States and Italy, the countries with the highest level of public disenchantment, could not differ more in their health care arrangements. The United States has a private/public pluralistic health system, while Italy has a national health service, organized on a regional basis. Italy also has a limited private medical practice sector for those desiring a nongovernmental alternative. In 1987, Americans spent \$2,051 per person for health care; Italians spent \$841 (in U.S. dollars).

Second, this international survey shows that having a national health

Exhibit 2

The Public's View Of Their Health Care System In Ten Nations, 1990

	Minor changes needed ^a	Fundamental changes needed ^b	Completely rebuild system ^c	Per capita health expenditure (U.S. dollars)
Canada	56%	38%	5%	\$1,483
Netherlands	47	46	5	1,041
West Germany	41	35	13	1,093
France	41	42	10	1,105
Australia	34	43	17	939
Sweden	32	58	6	1,233
Japan	29	47	6	915
United Kingdom	27	52	17	758
Italy	12	46	40	841
United States	10	60	29	2,051

Source: Harvard-Harris-ITF, 1990 Ten Nation Survey.

^aOn the survey, the question was worded as follows: "On the whole, the health care system works pretty well, and only minor changes are necessary to make it work better."

^b"There are some good things in our health care system, but fundamental changes are needed to make it work better."

^c"Our health care system has so much wrong with it that we need to completely rebuild it."

program does not in itself guarantee high levels of satisfaction with a nation's health care system. In five countries with national health plans—Australia, Sweden, Japan, Great Britain, and Italy—more than six out of ten citizens reported they desired a fundamental change in their system. Only in four countries—Canada, the Netherlands, West Germany, and France—did more than 40 percent of the population report relative satisfaction with their current health care arrangements.

Third, if one excludes the United States and Sweden from the analysis, the results suggest that among the nations surveyed, public satisfaction is associated with higher levels of health care spending per capita. This may be a reflection of the increased availability of more sophisticated medical technologies, more choice of physicians, less waiting and travel time for elective and specialized medical procedures, and the age and modernity of health care facilities. Among the other eight countries, Canadians are most satisfied and expend the largest resources for health care (\$1,483 per capita); Italians and Britons are the least satisfied, expending the lowest amounts (\$841 and \$758, respectively).⁶ A similar relationship can be seen in the Netherlands, West Germany, and France, which have higher levels of public satisfaction and expend more than Japan, Australia, Great Britain, and Italy for health services.

The obvious outlier in this trend is the United States. It has the highest level of spending per person and reports the lowest level of satisfaction. Why citizens of Italy and Sweden also expressed less satisfaction with their systems than people in other countries that spend similar amounts for health care cannot be explained from data collected in this study. Our survey did find wide regional variations in satisfaction with the Italian health care system. In the south of Italy, 50 percent of the population expressed a desire for their system to be completely rebuilt, while in the northeast, the figure was only 24 percent.

Cultural differences. Even though we share a common language and national border, Americans and Canadians differ in many dimensions. But are Canadians more satisfied with their health system because of their unique cultural attitudes, or is it due solely to their more positive comparative assessment of Canada's Medicare program?

To answer this question fully would require responses to multiple culturally relevant questions about attitudes found in the two countries. However, what is available is only a subset of these data. For several years, the Gallup Organization has been surveying both the American and Canadian publics on their general optimism about the future and on their overall level of satisfaction with their nation's current direction. Gallup has used this latter question as a measure of the public's satisfaction with the policies of each country's national government. As can be

seen in Exhibit 3, in data available for the past decade, Americans have been more optimistic about their future, and, since 1985, as satisfied as Canadians with the direction of their nation's government.⁷ This suggests that Canadians' views on health care are not being shaped solely by their more positive general attitudes; rather, they are more satisfied than Americans specifically with their health system.

Implications For U.S. Policy

For the second time, the results from our international surveys raise the same critical question: Why are Americans so much more disaffected with their health care system than citizens of other industrialized countries? Drawing on myriad survey data for the United States, we can offer an informed speculation about the answer. To be conclusive, however, we would need comparative responses from the other nine countries studied. In addition, more cross-national research is required on how much variation exists in public expectations for health care among industrialized nations. Based on a review of current U.S. studies, we offer the following preliminary conclusions.

Cost and quality issues. Americans' high level of comparative dissatisfaction is not related to two areas that often trouble U.S. health policy analysts. For example, the public is not very concerned that 11 percent of gross national product (GNP) is too much for the United States to spend on health care. A decade of survey results show that no more than 10 percent of Americans hold this view, while over half report the nation spends too little for health.⁸ In a 1990 survey, Americans were shown the differences in GNP health spending levels between the United States and Canada, West Germany, and Great Britain. When asked if they thought our higher levels of health spending were justified, the majority (58

Exhibit 3

Comparison Of Attitudes Toward Nation, Canada And United States. 1985–1989

Satisfied with nation's direction	Percent who say they are satisfied				
	1985	1986	1987	1988	1989
Americans	51%	47%	45%	56%	55%
Canadians	39	38	42	41	41

Optimistic about coming year	Percent who say next year will be better				
	1985	1986	1987	1988	1989
Americans	61%	64%	53%	61%	49%
Canadians	44	53	46	47	36

Source: The Gallup Poll (Storrs, Conn: Roper Center for Public Opinion Research, trends during 1985–1989); and Gallup Canada, unpublished data, 1988–1989.

^aNot available.

percent) responded positively.⁹

Similarly, Americans show little dissatisfaction with the health care they receive from their doctors and hospitals. Once again, multiple years of survey results show little public anxiety over the quality of health services available.¹⁰ In 1990, only 6 percent of the public reported the quality of medical care they received was not adequate, while 93 percent responded they considered their care to be of good quality.¹¹

Inadequate insurance protection. We conclude that American dissatisfaction arises from the interaction between our sharply rising health care costs and the inadequate financial protection provided by our health insurance system. Unlike those of Canada, West Germany, or the Netherlands, the U.S. system provides little guarantee of continuing health insurance coverage to almost any individual. A 1989 survey by the U.S. Census Bureau portrays the implications of this. In a twenty-eight-month period, more than one American in four (28 percent) reported they were without health insurance coverage for some period of time.¹² This phenomenon is almost nonexistent in these other nations.

Similarly, Americans have no guarantee that their employer will not decide to reduce the breadth of their health insurance benefits when they may be most needed. As with Medicare, the scope of benefits covered in other countries' national health plans are subject to broad scrutiny, and major changes require a widespread national or regional debate. In this country, individual employers, particularly in nonunionized firms, see these decisions as their management prerogative. A 1990 survey found one in six adults (18 percent) under age sixty-five reporting that their health benefits were reduced over the most recent two-year period.¹³ Similarly, since 1980, the share of employee health premiums paid for by employers has declined from 80 percent to 69 percent, leaving the employee paying the difference.¹⁴

Out-of-pocket spending. Lastly, Americans, in comparison to citizens of the other nations surveyed, appear to pay more out of pocket at the time they are ill. Surveys show that Americans, on average, pay 26 percent of their health care bills out of pocket, and one in six (19 percent) report paying more than 40 percent of these costs directly.¹⁵ Surveys as far back as the mid-1970s report concerns with high out-of-pocket costs as the major reason for public dissatisfaction with medical care.¹⁶

Combination of factors. We believe it is these features taken together that lead 89 percent of Americans to report they desire a fundamental change in our health system. In our view, they are also the driving force behind the now twice-reported six out of ten Americans preferring Canada's health system to our own. From our perspective, this willingness to consider adopting the type of health system found in another

country does not necessarily reflect American understanding of the nature of Canada's national health program. Rather, this response indicates the high level of public frustration with our current health financing arrangements. As a final example, a recent study reported that 57 percent of Americans who had someone in their family needing medical care reported some problems in paying for it; for 25 percent, these payments caused financial difficulties.¹⁷ We conjecture that Americans perceive that Canadians would have responded differently.

NOTES

1. R.J. Blendon and H. Taylor, "Views on Health Care: Public Opinion in Three Nations," *Health Affairs* (Spring 1989): 149–157; and R.J. Blendon, "Three Systems: A Comparative Survey," *Health Management Quarterly* 11 (First Quarter 1989): 2–10.
2. Los Angeles Times Poll, "Health Care in the United States," Poll no. 212 (Storrs, Conn.: Roper Center for Public Opinion Research, March 1990).
3. The italicized segment of the question wording is not technically accurate. Because 59 percent of all health expenditures are paid for privately in the United States, taxpayers in Canada pay more directly than Americans, even though their total per person outlays are lower. See S.W. Letsch, K.R. Levit, and D.R. Waldo, "National Health Expenditures, 1987," *Health Care Financing Review* 10 (Winter 1988): 109–122.
4. NBC News Poll (Storrs, Conn.: Roper Center for Public Opinion Research, 1–25 April 1989).
5. G.J. Schieber, *Financing and Delivering Health Care: A Comparative Analysis of OECD Countries* (Paris: Organization for Economic Cooperation and Development, 1987), 11–30; and G.J. Schieber and J.P. Poullier, "Overview of International Comparisons on Health Care Expenditures," *Health Care Financing Review* (1989 Annual Supplement): 1–11.
6. Schieber and Poullier, "Overview of International Comparisons on Health Care Expenditures."
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8. R.J. Blendon, "The Public's View of the Future of Health Care," *Journal of the American Medical Association* 259, no. 2 (1988): 358–3589.
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15. Los Angeles Times Poll, "Health Care in the United States;" and Levit et al., "Health Spending and Ability to Pay."
16. L.A. Aday, G.U. Flemming, and R. Andersen, *Access to Medical Care in the U.S.: Who Has It, Who Doesn't* (Chicago: Pluribus Press, 1984), 56–57.
17. Los Angeles Times Poll, "Health Care in the United States."