ASSESSING THE PERCEPTION OF BENEFITS OF A PORTUGUESE PUBLIC HEALTHCARE SUBSYSTEM: THE CASE OF ADSE

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BACKGROUND/OBJECTIVES

ADSE is a Portuguese health subsystem intended for civil servants. Its core purpose is to ensure the workers in the Portuguese Public Administration, as well as its family members, social protection within the scope of healthcare. Given its severe constraints in external funding, the Portuguese Government subscribed with the European Commission, the European Central Bank, and the International Monetary Fund, on May 17, 2011, a Memorandum of Understanding, intended to provide financial assistance to Portugal. This memorandum established the ground rules for structural budget measures, specifically, on healthcare. Thus, ADSE’s strategic goal became to attain financial self-sustainability, i.e., to provide a service whose funding exclusively rests upon the scheme’s own revenues.

METHOD AND PROCEDURE

A questionnaire was developed and administered to a sample of beneficiaries (n = 76) and non-beneficiaries (n = 90). The sample was obtained by: (1) snowball method and (2) convenience. A seven-point Likert scale was used to gauge levels of perceived benefits and satisfaction. An index of “Perceived Benefits” was computed by the sum of the 10 items intended to assess ADSE’s perceived benefits by participants. As for the endogenous variable “Satisfaction”, an index was obtained by the sum of the 17 questions composing a generic satisfaction questionnaire. This scale was solely aimed at beneficiaries.

RESULTS

A Student's t, considering “35” as the middle value for the index of perceived benefits was statistically significant. (t(66) = 17.5, p < .001, revealing a general benefit perception by the participants above the index mean, M = 45.6, SD 7.6. Likewise, the same analysis regards the satisfaction index, disclosing significant differences, thus showing that ADSE beneficiaries have an above the mean value of satisfaction with the scheme, M = 71.0, SD. 18. A between-subjects ANOVA failed to disclose differences concerning perceived benefits between beneficiaries and non-beneficiaries (p > .05), revealing, however, significant differences for age, F(1, 162) = 6.2, p < .013. The interaction Beneficiaries/Non-Beneficiaries x Age did not reach statistical significance (p > .64).

Another between-subjects ANOVA did not reveal differences in perceived benefits considering the exogenous variables beneficiaries/non-beneficiaries and gender (all ps > .15). Nevertheless, a between-subjects ANCOVA disclosed significant differences in perceived benefits for participants with private health insurance (PHI), F(1, 162) = 5.24, p < .023, though failing to disclose differences between beneficiaries and non-beneficiaries (p > .49).

The analysis concerning the variable satisfaction with ADSE, in the Beneficiaries group, disclosed significant differences revealing, in this group, high values of satisfaction with the subsystem. Likewise, the perception of the subsystem’s benefits in our sample was strongly positive, with the mean values of the variable perceived benefits above the scale’s mean value. There were no differences between both groups for this variable. In this sense, we disclosed significant differences in both groups’ opinions, with the Beneficiaries presenting a higher frequency of responses “I have ADSE and I will not waste”, whilst the non-Beneficiaries displayed a greater number of responses “I agree with the existence of ADSE, open to the general public”.

Since the link between economic income and health behaviors is frequently taken into account by the literature addressing the impact of socio-demographic variables in health. Two linear regressions were performed, for beneficiaries and non-beneficiaries, with income as predictor and perceived benefits as criterion. Both analyses failed to reveal any effects (all ps > .05).

The participants’ opinion as regards ADSE were also assessed. In this sense, we disclosed significant differences in both groups’ opinions, with the Beneficiaries presenting a high frequency of responses “I have ADSE and I will not waste” (60.3%), whilst the non-Beneficiaries displayed a greater number of responses “I agree with the existence of ADSE, open to the general public.”

DISCUSSION

Thus, our conclusions point to the idea that the ADSE is generally perceived as an added-value by the population, either beneficiaries or not. This may, ultimately, contribute to its political and social sustainability.