

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 ensuring to the workers in the Portuguese Public Administration, as well as to 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 on the scheme's own revenues.

In line with this objective, the Portuguese Government decided to increase civil servants' deductions up to 3.5% of gross wage, in March 2014, when, in 2013, this deduction was of 2.5%.

This political decision posed an important question regarding the scheme's future and its financial sustainability considering, for instance, that richer beneficiaries could have incentives to abandon it.

In light of the importance of this debate, it becomes necessary to assess the population's general positions, which, ultimately, are vital for the political decision-making surrounding the functional features of public services.

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) snow-ball 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.

Tables 1 and 2: Socio-Demographic data for Beneficiaries and Non-Beneficiaries

VARIABLE	BENEFICIARIES (n = 76)		NON-BENEFICIARIES (n = 90)	
GENDER	n	%	n	%
Male	18	23.7	35	38.9
Female	58	76.3	55	61.1
AGE				
[ < 26 ]	11	14.5	29	32.2
[ 26-65 ]	65	85.5	61	67.8
CIVIL STATUS				
Single	35	46.1	61	67.8
Married	37	48.7	17	18.9
De facto union	4	5.3	9	10.0
Widower	0	0	3	3.3
PROFESSIONAL ACTIVITY				
Worker	63	82.9	65	72.2
Student	9	11.8	17	18.9
Unemployed	0	0	4	4.4
Retired/ Pensioner	4	5.3	4	4.4
TOTAL	76		90	

VARIABLE	BENEFICIARIES (n = 76)		NON-BENEFICIARIES (n = 90)	
HEALTH STATUS	n	%	n	%
Very good	14	18.4	29	32.2
Good	51	67.1	49	54.4
Average	9	11.8	12	13.3
Bad	2	2.6	0	
MONTHLY INCOME				
[ < 150€ ]	8	10.5	16	17.8
[ 151 a 250€ ]	0	0	3	3.3
[ 251 a 350€ ]	0	0	4	4.4
[ 351 a 485€ ]	1	1.3	10	11.1
[ 486 a 700€ ]	1	1.3	25	27.8
[ 701 a 900€ ]	10	13.2	8	8.9
[ 901 a 1200€ ]	24	31.6	13	14.4
[ 1201 a 1500€ ]	20	26.3	5	5.6
[ 1501 a 2000€ ]	6	7.9	2	2.2
[ > 2000€ ]	6	7.9	4	4.4
TOTAL	76		90	

RESULTS

A Student's t, considering "35" as the middle value for the index of perceived benefits was statistically significant,  $t(165) = 17.9, p < .001$ , revealing a general benefit perception by the participants above the index's mean,  $M = 45.6$ , SD, 7.6. Likewise, the same analysis as regards the satisfaction index, disclosed significant differences, thus showing that ADSE beneficiaries have an above the mean value of satisfaction with the scheme,  $M = 71$ , SD, 18.

A between-subjects ANOVA failed to disclose differences concerning perceived benefits between beneficiaries and non-beneficiaries ( $p > .8$ ), 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  $p$ 's  $> .18$ ). Nevertheless, a between-subjects ANOVA disclosed significant differences in perceived benefits for participants with private health insurances (PHI),  $F(1, 162) = 5.24, p < .023$ , though failing to disclose differences between beneficiaries and non-beneficiaries ( $p > .49$ ).

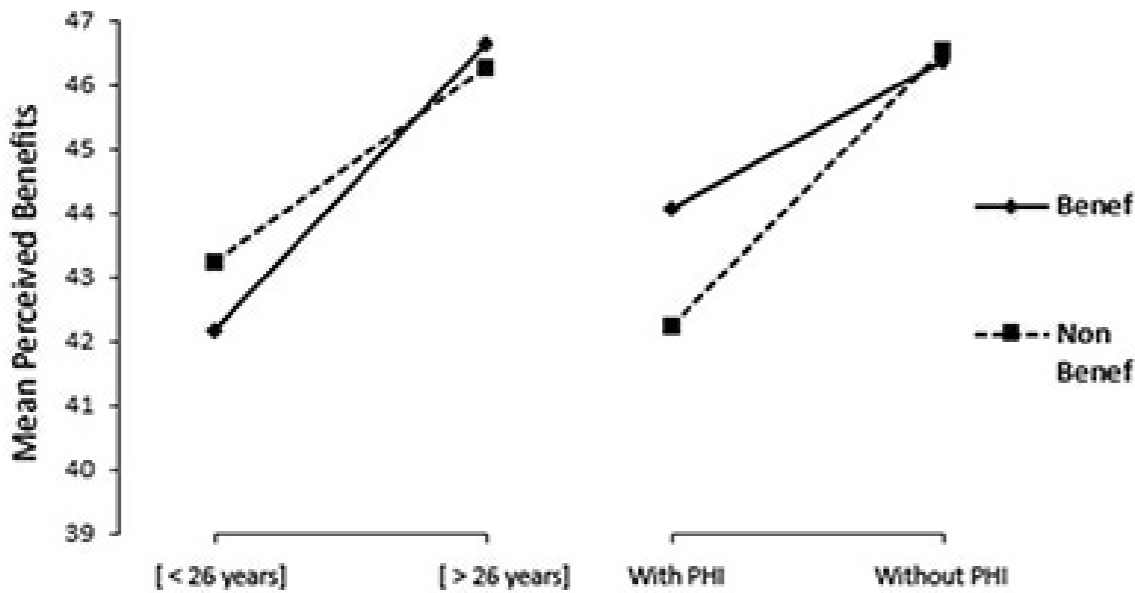


Figure 1. On the left: perceived benefits by age groups and type of beneficiary; on the right: perceived benefits by PHI subscription and type of beneficiary.

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 analysis failed to reveal any effects (all  $p$ 's  $> .68$ ).

The participants' opinions 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 waive" (80.3%), whilst the non-Beneficiaries displayed a greater number of responses "I agree with the existence of ADSE, open to the general public",  $\chi^2(1, N = 69) = 47.09, p < .001$ .

Table 3: Number of responses for Beneficiaries and Non-beneficiaries to the question "How do you stand, concerning ADSE?"

	OPINION									
	1	2	3	4	5	6	7	8	9	10
Nº of beneficiaries' responses	0	61	4	0	0	2	3	6	0	0
%	0.00%	80.30%	5.30%	0.00%	0.00%	2.60%	3.90%	7.90%	0.00%	0.00%
Nº of non-beneficiaries' responses	1	0	0	0	0	12	9	63	3	2
	1.10%	0.00%	0.00%	0.00%	0.00%	13.30%	10.00%	70.00%	3.30%	2.20%

Table caption: 1. I chose not to have ADSE; 2. I have ADSE and I will not waive; 3. I have ADSE and I am thinking of waiving; 4. I had ADSE; 5. I am no longer entitled to it; 6. I disagree with the existence of ADSE; 7. I agree with the existence of ADSE exclusively for civil servants; 8. I agree with the existence of ADSE, open to the general public; 9/10. Other.

At last, we disclosed, for beneficiaries, an association between the endogenous variables perceived benefits and satisfaction,  $r = .34$ , which suggest that, in this group, the beneficiaries who perceive greater benefits from the scheme, exhibit, likewise, a higher satisfaction with it.

DISCUSSION

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 waive", whilst the non-Beneficiaries displayed a greater number of responses "I agree with the existence of ADSE, open to the general public".

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.

