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Evaluation of Willingness to Accept the Referral Policy: Mediation of System Related Sensibility on Power of Interest-Related Groups

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- We are the first to adopt a social-psychological theory to study the implementation of health policy.
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ABSTRACT: ***Background:*** *Although the Chinese government has enacted many policies to reform its health system, the reaction of its citizens to these policies remains unknown. The existence of different health reform interest-related groups means that there may be group-related differences in the willingness to accept a health reform policy.* ***Objectives:*** *The objective of the study is to determine Chinese citizens' willingness to accept a referral policy, based on their social group. A related objective is to explore the underlying mechanism of the influence of the social group and system-related sensibilities on the reform process.* ***Methods:*** *We selected a county-level city in eastern China as our study site. Purposive sampling yielded four groups of respondents, including patients, governmental officials, hospital workers, and primary care institution staff. We surveyed 468 people using a self-administered questionnaire. The variables of interest were perception of power, system threat, system dependency, system inescapability, and perceived feelings of control as well as willingness to accept the policy.* ***Results:*** *Willingness to accept the referral policy differed by interest group. Specifically, willingness is affected by group power and mediated by a ' a '*

for health reform, we need to empower the county health bureau and rebuild healthy doctor-patient relationships.

Key words: *Referral policy, Willingness to accept, Social psychology, Benefit-related groups, Perceived power*

INTRODUCTION

In recent years, Chinese healthcare resources have become more plentiful. By the end of 2011, medical and healthcare institutions around the country totaled 954,000; licensed doctors (assistants) reached 2,466,000; registered nurses totaled 2,244,000; and the number of hospital beds reached 5160,000 (Information Office of the State Council, 2012). Nevertheless, patient access to healthcare has not increased, and the county-level hospital has become even more crowded (Zhou, Li & Hesketh, 2014). It is believed that the speed of hospital admission in urban cities cannot keep up with the food of patients from rural areas. Further, patients' trust in clinics and community health centers is low, and they still seek care services at large hospitals for simple health problems (Yip et al., 2012). Finally, health workforce resources are allocated inequitably, especially within provinces and between urban and rural areas (Anand et al., 2008; Yang & Dong, 2014).

Although 83.3% of all households (80.8% in rural areas) can reach a medical institution within 15 to 20 minutes, there have been few visitors to the community health centers, even after the Chinese government invested a large amount of money in their construction (the 12th Five-year Plan). Our qualitative study of a province in eastern China in 2013 also revealed that both large and public township hospitals were still overcrowded (Yang & Dong, 2014). Thus, it is likely that the structure of health services allocation, which is in the shape of an inverted triangle, with large hospitals at the top, is the underlying problem.

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According to the Oregon Primary Care Association (2014), 80% of patients could resolve their problems in a primary care institution. As such, an effective referral system would be useful. An effective referral ensures a close relationship between all components of the health system as well as assists in making cost-effective use of hospitals and primary healthcare services. The World Health Organization (WHO, 2004) recommends referral policy as an option to help to ensure that people receive the best possible care closest to home and that increases patient satisfaction, with no adverse effects on quality of care or patient outcomes.

Weak referral systems have led to fragmentation and discontinuity of care, both within and between health care institutions, and between the formal health care system and other sources of care (WHO, 2007). But a good referral system assists in ensuring people receive the best possible care closest to home, making cost-effective use of hospitals and primary health care services and building capacity and enhance access to better quality care (WHO, 2005). It also helps to improve the equity, efficiency, effectiveness, and responsiveness of a government's health system, and the Chinese government is no exception. With this as background, the Chinese State Council (2006) has issued statement to propose the implementation of joint and cooperation of community health service institutions and large and medium-sized hospitals in a variety of forms, the establishment of classification of medical treatment and two-way referral system, explore and carry out the first treatment in the community to make pilot, general out-patient clinics, rehabilitation and nursing services by community health service institutions to undertake the big and medium-sized hospital (para. 6).

The two-way referral procedure is dual-direction process between community healthcare institutions and hospitals. When the community health sector is unable to provide an intervention for a patient, he or she is transferred to a large hospital. When the patient completes the medical care in the hospital, he or she is discharged and transferred back to the community to recover (Cervantes, Salgado, Choi & Kalter, 2003). Since then, China has established a referral service to optimize its health system structure.

Nevertheless, there are obstacles to implementing referrals, such as differing definitions of services and staff, the boundaries between primary and secondary care, changing organizational structures, and an increasing reliance on primary care teams (WHO, 2004). In addition, different social groups may have differing perspectives and benefits.

Four major interest-related groups are worthy of analysis. When primary healthcare institutions become gatekeepers, hospitals face a double-edged sword. On the one hand, the heavy workload caused by outpatient crowding will be relieved. On the other hand,

indexes fall in the middle level of the province, which has provided us with their cooperation for the study.

Sampling Procedure and Sample Size

This study is a part of a larger project on the referrals in a certain province in eastern China. As noted, the sampling focused on the four interest-related groups in terms of health reform: government officials, hospital workers, primary care institute workers, and

of the willingness to accept this beneficial policy, in terms of the perceptions of four interest-related groups, such that perceived control mediate the relationship between perceived group power and willingness to accept the new policy.

In general, members of all four groups are inclined to accept the new reform policy of referral. Among the four groups, the greatest differences were between health bureau officials and patients. Patients are the most opposed to the referral policy, while healthcare workers are among those who welcome the referral policy most. This difference may due to different benefits that they expect to get from the implementation of the new policy. Specifically, Chinese patients hold the most freedom to choose which health institution or doctor to visit and, thus, deem the two-way referral as unnecessary. The referral policy is the decision of the national

Unfortunately, the largest opposition to the new policy among the four groups was the patients, who perceived they have the highest individual influence in terms of the health reform. Further, the local health bureau staff, who should be the leader of the new reform, perceived themselves as having the least group power and individual influence among the four groups, even though they were the most willing to accept the referral policy. According to the fiscal federalism approach, regional/local governments have the primary responsibility for providing public services and exercising key regulatory powers, which calls for decentralization (Oates, 2005). The county health bureau is a grassroots-level sector. They have to respond to a dozen primary healthcare centers in the council area, as well as to their leader-the prefecture-level health bureau. In this overseeing position, the county health bureau is the main implementing force and should be the most powerful group among the reform. However, in their "sandwich" position, they have little power (McConville & Holden, 1999).

Fortunately, one of the largest supporters, hospital workers, view their group as the most powerful in reform. Interestingly, the primary healthcare workers, on whom one should first rely during the referral process, also are the least self-confident in the referral. They perceive that they have little power in the healthcare reform, either at the group or individual level. SJT tells us that there may be mediating factors in this relationship, which prompted us to explore the effect of system-related conditions on the relationship between perceived power and willingness to accept the reform.

The mediator is perceived personal control. It mediated the effects of perceived group power on willingness to accept the referral policy. For Chinese people, the most significant compensatory power institute is the Chinese government. When hospital workers perceived themselves as having lower personal control, they defended the legitimacy of the sociopolitical institutions that offer outside control to compensate for their lack of personal control. In contrast, primary care workers, who feel the most personal control, have no need to use a compensatory control process; thus, they are not as enthusiastic about the new policy implemented by the government. The last two groups remain on the same pathway that we proposed. Patient groups, who perceive more power at the group or individual level in healthcare reform, find it less necessary to be compensated by an external system. For this reason, patients are not very willing to accept the referral policy. The county health bureau staff members, who are the least powerful in healthcare reform, are very willing to accept the change.

In summary, the tendency to invoke the authority of the government is to empower the benefits-related groups. Reform always implies the authority of the central government. Groups who perceive that they have less power in the reform, such as the county health bureau staff, need to have strong personal control to compensate. In contrast, with a perception of more personal control, which is not threatening to one's overarching sense of order, individuals compensate by turning to and defending social systems (e.g., governments, religions, organizations) that can reassure them that things are under control (Kay & Freisen, 2011). Powerless groups are more willing to engage in approach processes when their social disadvantage is obviously illegitimate. To the extent that a given psychological phenomenon originates from the motivation to defend a particular social system, a system should increase the need to support the current authority.

Implications

The current research also provides us with guidance for the healthcare policy planning and implementation. First, given that there are many benefits of implementing the referral policy for the Chinese healthcare system, it is useful to understand the mechanism underlying its levels of acceptance. As we know, the major problem of Chinese healthcare reform is that it is difficult to get the opinions, ideas, and preferences of different interest groups. Based on this, the current research revealed the possibility of understanding the mechanism through a social psychological approach.

To guarantee the successful implementation of the referral policy, China's top priority should be to enhance the power of the county health bureau. Our data indicated that health sector officials

study opens the door to additional research on the conditions and reasons for the willingness to accept healthcare reforms in terms of psychological and sociological processes.

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