

TRACKING CITIZEN'S OPINIONS AND ATTITUDES TOWARDS KEY ASPECTS OF HEALTHCARE IN THE REPUBLIC OF BULGARIA

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Abstract

Bulgarian healthcare is in a situation of crisis, which implies the adoption of important strategic measures for its stabilisation and sustainable development. It is the concern of the state, organisations and each one of us. It is evident that the health care system faces many challenges to respond to. Without rehabilitating it and turning it into a working mechanism to help the sick, the country will face a crisis of particular proportions - lack of medical staff, shortage of medicines and medical care, outdated and poorly functioning equipment. The main objective of the study is to establish the attitudes of citizens towards the main aspects of healthcare in Bulgaria. The main research methods used in the development are analysis, analysis and synthesis method, survey research.

Keywords: *health; economy; social payments; etc.*

JEL Codes: *I1; I15*

Introduction

Social payments in any sector of the Bulgarian socio-economic system are one of the fundamental sources of profitability and this brings to the fore the need for adequate government measures to ensure that both civil society will be responsible to the Bulgarian health care system and will be a financial instrument for its dynamic development, and the state in the face of the ruling political bodies will help to implement an adequate reform policy, which will stop the illegal draining of the health fund, implement an exemplary policy for the provision of medical care, help to ensure the normal provision of medicines for the seriously ill and provide expensive technical equipment for those in need. Civil society considers the priority on the health care system on the indicators of information, transparency and quality of health services and care to be significant. It is of utmost

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importance that the system works effectively, especially in the current situation - the coronavirus pandemic, which has shown the importance of human life in the context of good health capital management.

Literature review

In the main materials of the World Health Organization (WHO) health is defined as a state of complete physical, spiritual and social well-being, not just the absence of disease and physical defects. (<https://www.coe.int/bg/web/compass/health>). Health is a very complex phenomenon, whose characteristic and significant aspects cannot be expressed briefly and unambiguously. Health can be considered in several aspects: physical health, mental health, moral health, social health, etc.

An analysis of scientific sources shows that there is a tendency for human health to deteriorate worldwide. It is known that everyone should be responsible for their own health. However, objective reality proves the opposite. Especially among adolescents and young people, there is an irresponsible attitude towards health as a lasting value. That is why the attention to the healthy lifestyle of young people has been increasing lately.

Health is determined by genetic, economic, social, cultural and environmental factors. Objective factors affecting human health are, most often, the following:

- Environment
- Heredity (genetics).
- Healthy lifestyle.

The System of Health Accounts of the Republic of Bulgaria states that health care combines (includes) personal health services provided directly to the individual and collective health services that relate to the implementation of public health tasks such as prevention, prevention, health administration and health insurance administration.

The world practice in the development of healthcare, proved by the statistical data, unequivocally confirms the thesis that strong health inequalities cannot be explained by the natural sciences. Differences in health between and within countries are the result of socio-economic policies that define the environment in which people are born, grow, live and work.

(<http://www.who.int/mediacentre/news/releases/2008/pr29/en/index.html>)

This largely generates the main problems of health care:

- which medical services, to whom and in what quantity are needed;
- who will pay for the medical services provided;
- what resources are needed to provide the selected medical care;

- what can be the result of the realized professional and economic activity in the healthcare;

- the choice of the organizational and legal form for rendering the medical service;

-the form of management of economic processes in healthcare.

A number of scholars analyze health care at the intersection of socioeconomic processes. Robert Owen, for example, views health as a social good and - in particular - strongly emphasises the importance of environment, education and cooperation as factors in improving social conditions. However, it is impossible to interpret health as a factor of economic growth without giving due attention to human capital. There is a theoretical and empirical basis for the argument that it is through human capital that the productive capacity of the economy increases over time, leading to high levels of national output and income. (Todaro, M., 2000.) For the first time, Becker includes health as a fundamental human capital resource in addition to education. His theory measures the economic contribution that these two factors have, thanks to which the productivity of the workforce and the quantity of the product produced increase. (Becker, G., Murphy, K., Tamura, R. 1990, pp. 12 – 37.) Based on the theoretical views of Becker's model, Grossman's model values the economic function of health to the greatest extent. It distinguishes health as a consumption good and as an investment good. In the former, one adds the utility of consuming health, while in the latter, health reduces days lost to illness and increases days of production. Grossman derives the demand for health from an optimal control model in which health capital is both consumption and investment. In his approach, the individual chooses his level of health and therefore his life expectancy. Therefore, the level of health is not treated as exogenous, but depends on the amount of resources that an individual devotes to producing health. The production of health capital also depends on variables that change the efficiency of the production process, therefore changing the value of health capital. For example, more highly educated people are expected to be more efficient producers of health care, an effect that should increase the demand for health. (Grossman,1972.)

In line with the scheme proposed by Bloom and colleagues (Bloom, D., Canning, D., Sevilla, J., 2004, pp. 1 – 13.) the European Commission proposes in a study (Suhrcke, M., McKee, p. 21.) the idea that health can contribute to economic outcomes (both at the individual and country level) in high-income countries mainly through four channels:

- higher productivity;

- higher labour supply;

- higher skills as a result of greater education and training;

- more savings for investment in physical and intellectual capital.

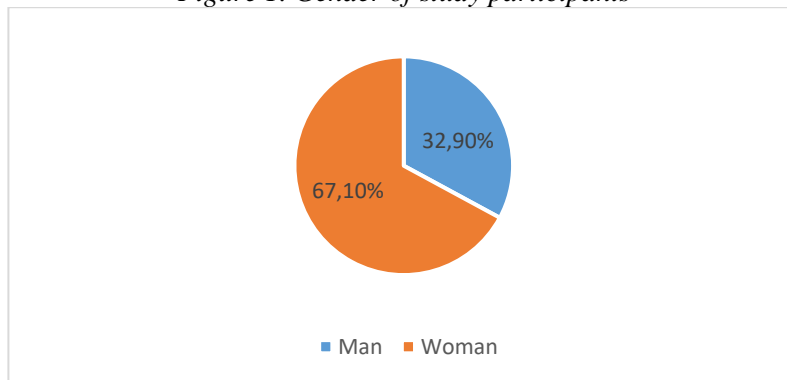
Methodology

In order to find out what are the attitudes of citizens towards the main aspects of health care in Bulgaria, the author conducted a survey among 158 respondents, with different gender, age and education. The study was conducted between April 2021 and October 2021. The questionnaire consists of ten questions and a software product - Microsoft Word - was used to create the database and process the information.

Respondents were asked ten questions to analyze: **First**, their gender, age and education. **Second**, the monthly income of a family member. **Third**, the complex opinion on the system of social payments in Bulgaria. Our main goal was to describe the opinions of the citizens regarding the healthcare in the Republic of Bulgaria. The results of the study are illustrated and analysed in the next few graphs.

Analysis and discussion

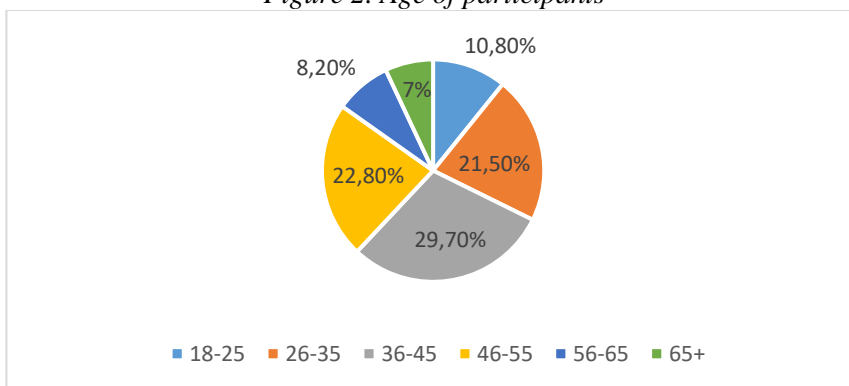
Figure 1. Gender of study participants



Source: Own survey and calculations

As can be seen from the data in the figure, about 67,10% of the respondents answered that they were women and about 32,9% - men. Randomly, rather than purposively, most women completed the survey relative to men, suggesting that the principle is objective.

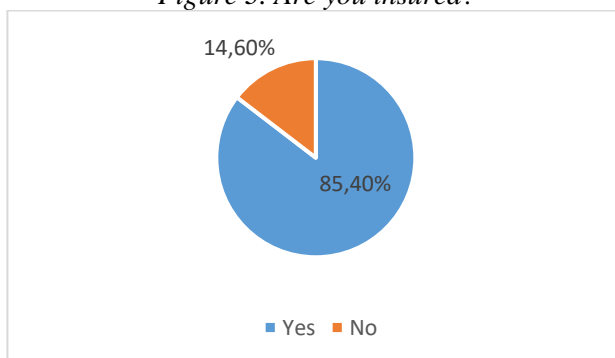
Figure 2. Age of participants



Source: Own survey and calculations

Based on the analysis of the results of the survey, it can be seen that the largest percentage of those who responded and participated in the survey is the age frame of 36 to 45 years. About 22,8% of respondents are between 46 and 55 years and between 26 - 35 years, with the smallest proportion of people who participated in the survey between 18 - 25 years and over 65 years. From this sample, it is concluded that in relation to the highest age indicator, these are people who have met the peculiarities of the health system, working, family and tax insured persons.

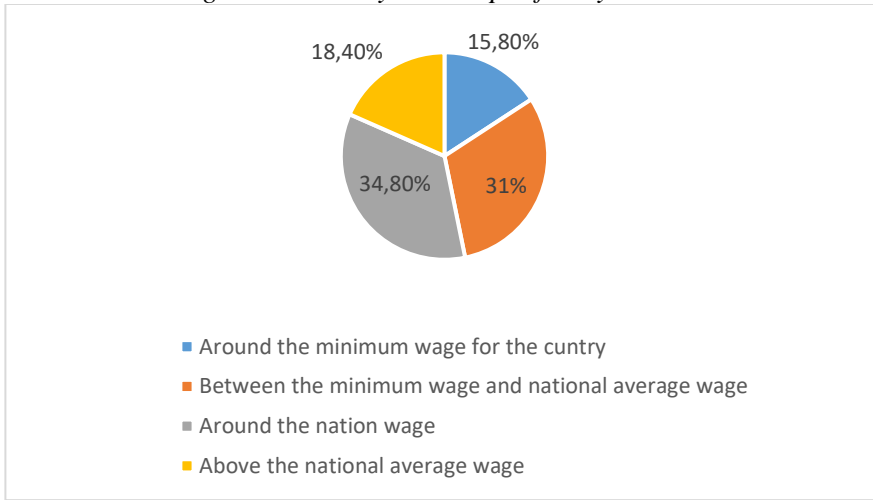
Figure 3. Are you insured?



Source: Own survey and calculations

From the data presented in the graph, it can be seen that a higher percentage of people have health insurance, and only 14. 60% of those who do not. We come to the fact that in the Bulgarian health insurance system it is important that the person pays his health insurance or his employer. Health is a value and there is a need to ensure quality access to inpatient and outpatient care, but for this it is imperative that the citizens of the country are insured.

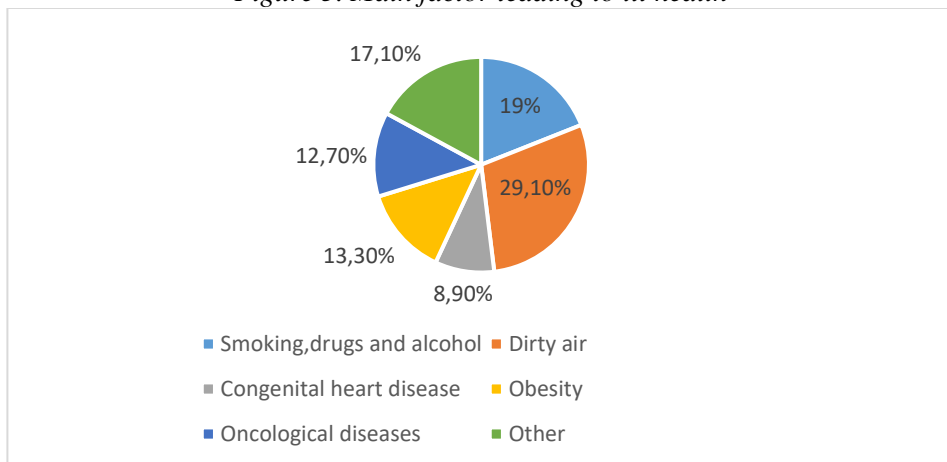
Figure 4. Monthly income per family member



Source: Own survey and calculations

From the analysis of the data obtained from the response to the question related to monthly income, it can be seen that the percentages of respondents are very close. Around 34,8% responded equally to people whose monthly income per family member is around the average wage and to those who earn between the minimum and average wages for the country. However, the percentage of respondents who earn around the minimum wage is impressive - 15.8%.

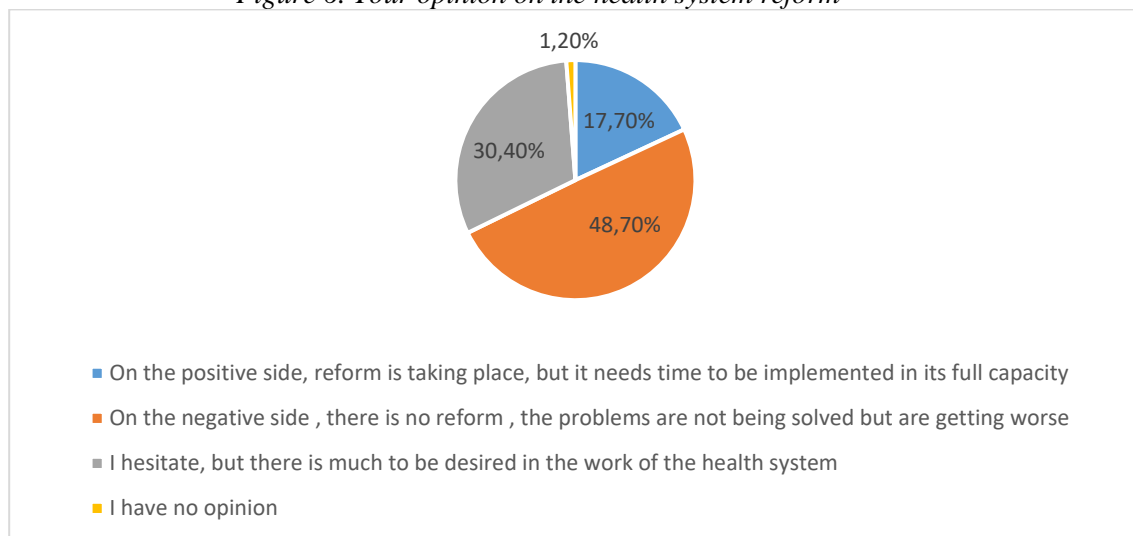
Figure 5. Main factor leading to ill health



Source: Own survey and calculations

Based on the survey analysis, respondents agreed that it was dirty air, followed by smoking, alcohol and drugs. Around 17. 10% felt that there were other factors that had a greater influence on ill-health. Almost 13. 30% thought it was due to obesity and the same number thought it was due to cancer. A small percentage believe that congenital heart disease is the cause of the poor health picture in Bulgaria. According to various literature sources, dirty air has claimed over 400,000 victims in Europe, with Bulgaria ranking in the red zone as the most polluted country in the EU in terms of fine particulate matter and ozone levels.

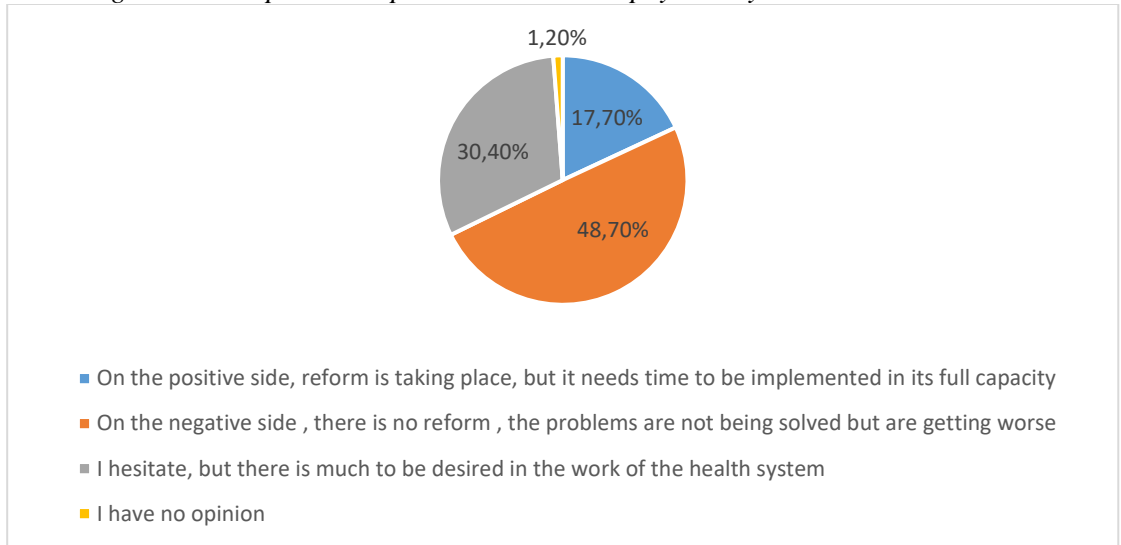
Figure 6. Your opinion on the health system reform



Source: Own survey and calculations

From the data presented in the graph, we can see that half of the respondents are negative because there is no reform, the problems are not being solved, on the contrary - they are getting worse. Some 30. 40% are of the opinion that there is more to be done, while only 17. 70% express a positive attitude and believe that time is needed to implement the reform in its full capacity.

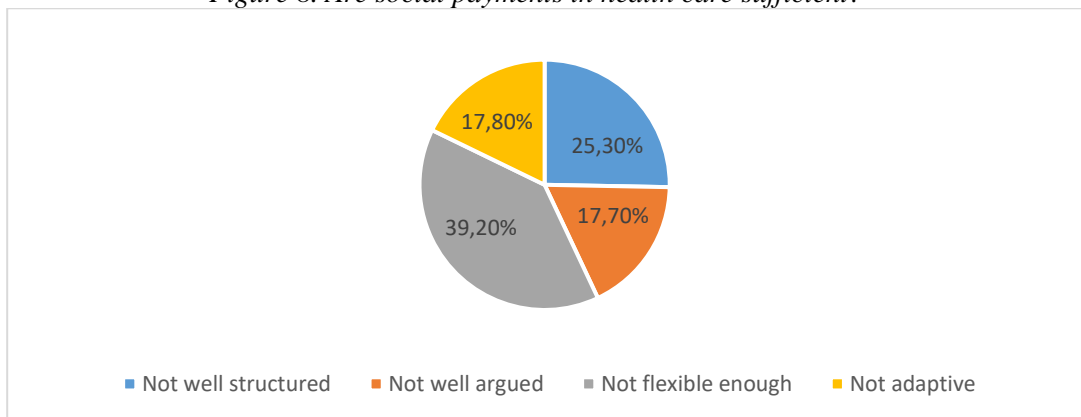
Figure 7. Your personal opinion on the social payment system in health care



Source: Own survey and calculations

Based on the analysis of the respondents' survey, it can be seen that about 48,70% are of the opinion that it is not flexible enough as it is not easy to transform and add new specifics. 25% thought it was not well structured and an equal number of 17,70% thought it was not adaptable and not well-argued.

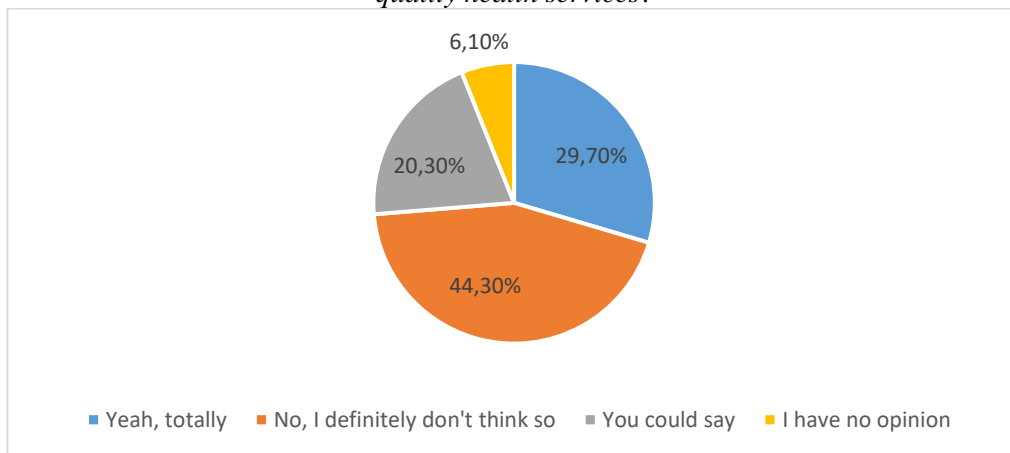
Figure 8. Are social payments in health care sufficient?



Source: Own survey and calculations

From the analysis of the data obtained from answering the question whether social payments in health care are sufficient, more than half are of the opinion that they are not, about 25,30% are of the opposite opinion, less than 17,80% of the respondents are hesitant. The high percentage of those who think that social payments are not enough is partly due to the deteriorating quality of health services and care and partly is proof that Bulgarians are willing to pay more, but for better and more adequate healthcare.

Figure 9. Do you think that social payments in health care can guarantee the provision of quality health services?



Source: Own survey and calculations

From the data presented in the graph, it can be seen that almost half of the respondents are of the opinion that they cannot guarantee the quality of services, while 29,70% are of the opposite position. This is a divergence of opinion as the percentage is extremely close and states two strongly diametric positions. 20.30% are undecided about their position.

Conclusions

Based on the results of the survey, the following conclusions can be drawn:

First, more than 85% of respondents contribute to health insurance, an extremely small percentage of those who are not insured. This is a cause for concern, despite the small percentage, as health insurance is compulsory by law.

Second, about 35% are people whose monthly income per family member equals about the average wage. The conclusion is that wages are low to cover the expenses of a family of four, which puts Bulgaria in the statistics of the working poor. In 2020 the share of the poor among employed people in the 18-64 age group increased by 0.7 percentage

points from the previous year to 9.7 per cent. Impressive is the percentage of respondents who earn around the minimum wage - 15.8%.

Third, almost half of the respondents have a negative opinion towards the reform of the health care system and are of the opinion that social payments in health care cannot guarantee quality health care services.

Fourthly, civil society believes that it is essential for the social payment system to work more efficiently, especially in the current situation - the coronavirus pandemic.

The conclusions of this study are that the funds allocated for health care are extremely insufficient compared to other EU member states. The Bulgarian citizen is dissatisfied with the quality of the service and the results, the surcharge for medicines and the cumbersome procedures for receiving medicines are some of the reasons for distrust of the system. In addition, slowing down modern medicines and methods of healing process with proven better results than other therapies, emphasizes the need to reform the health system to meet modern requirements for quality, affordable and safe health care.

As a final conclusion, we can say that efforts to improve the health of the nation should be aimed at achieving integrated health prevention, effective health system, high public trust in it and engaging all those involved in the provision and receipt of health care and service. However, these efforts need to be made in a much broader context, where sectors outside the health system play a significant and even predominant role in shaping public health.

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