Economic environment and health care coverage: Analysis of social acceptance of access restrictive policies applied in Spain in the context of economic crisis

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Abstract

The strongest economic crisis ever known, started in 2008, destroyed much of the social achievements. Although the European Union had to deal with this situation by designing common policies, the member states have handled this crisis in many different ways. Nevertheless, not all the countries had the same possibilities for manage their economic policies inside a common currency area. These states involved in the EuroZone have faced some restrictions due to their belonging to a currency area, so they have had to design alternative economic policies to the monetary one. The main objective of this paper is to assess the acceptance of the restrictive policies on public health expenses due to economic crisis and the implemented economic policy, from the point of view of citizens. This paper hypothesized that this acceptance or not depends on citizens perception of adequate use of the public health care system. A survey was conducted among the main social actors involved on healthcare system: the general population and health professionals. And for testing the hypotheses a means comparison (t-test and ANOVA) and Structural Equation Modeling (SEM) has been developed using data from that survey. Outcomes from those econometric exercises show a general disagreement with the cuts in health expenses, but in a level very related with citizen's perceptions of overuse of public health services.

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1. Introduction: economic crisis and restrictive policies

The creation of the Euro-Zone has meant a major change for the member states of the European Union who decided to join it. In particular, it has supposed to major changes in how to manage economic policies (Carlin, 2013). These countries are unable to use a monetary policy mechanism to address any possible situation, because they belong to a currency area.

In the previous period to 2008, the favorable economic environment in Spain, with an increasing labor demand, became an attractive gateway, which promoted the entrance of a quite important number of migrant people, who came due to the strong attraction pole, arisen from the takeoff of the Spanish economy (Esteva et al., 2006). Despite this complementarity between receipt of migratory flows and economic growth, it should be noted that Spain has never been positioned itself a strong power in terms of GDP in the European environment and the installation of foreigners is more related to the persistence of an irregular labor market, which quickly favored integration of people, even those who were in irregular administrative situations (Cebolla Boado and González Ferrer, 2013). Furthermore, the Spanish social protection system, with a free universal health care, a public education quality, attending students up to 16 years, supposed the strengthening of such attraction, started by the prosperity of economic environment. Then, the incoming labor force was mainly composed by unskilled workers, and it was quickly absorbed by the construction sector (Crowley, 2001) and home care. Some of this workers were in an irregular administrative status in Spain, for their lack of legal permission for working in the country.

When the crisis began things did change (García and Ruesga Benito, 2014). The economic boom and the vigor in the sectors related to building activities soon were translated into generalized wage rises far above the productivity gains, triggering a significant rise of unit labor costs, clearly superior to that experienced in most of the Eurozone countries, and the Spanish economy

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competitiveness was radically decreasing. The economic environment is unfavorable, no labor force is required, the unemployment rates are very high and many immigrants have lost their jobs.

Spain’s financial situation was suffering from indebtedness and a lack of competitiveness. The Spanish government has to take serious measures, but it lacks the mechanism of monetary policy, so decisions act upon two main areas: increasing competitiveness and seek fiscal consolidation, and to achieve this, it is accurate to reduce expenses. When this fickle financial system saw the housing bubble burst in conjunction with its many job losses, it resulted in radical measures for increasing competitiveness and for achieving fiscal consolidation (Spanish Government. Royal Decree-Law 3/2012, 2012) (Spanish Government. Royal Decree-Law 8/2010, May, 20, to undertake extraordinary measures for reducing public deficit, 2010).

These measures for fiscal consolidation are broken into three core reforms: labor, healthcare polices, and education policies. While favoring competitiveness and economic sustainability, these measures adversely affected social terms and social sustainability (Novo-Corti et al., 2015), yielding the greatest effects to the most disadvantaged citizens. Moreover it could be possible to diminishing expenses focusing on another fields, which are related to health services, but are not specifically addressed to the healthcare coverage, like those related to more efficient management, which, in addition, could promote environmental sustainability, that is the case of the Green Resources Management proposed by (Pinzone et al., 2016). Other examples are those related to the application of more sustainable healthcare practices, making more informed decisions about the sustainability of their products and services (Unger et al., 2016) or through the design of preventive policies for avoiding environmental disasters, which affects people’s health and way of life, as Novo Corti, et al. (2015). This paper deal with the effects of restriction on free access to the National Health System (López-Casasnovas, 2014). The interest of this work goes beyond the simply Spanish concern, as it is an analysis in the context of an economic crisis in a currency area, where the possibilities of action of the states involved in it are analyzed. Specifically, it analyzes the new Spanish health policy, which resulted in the expulsion of some groups from the public health system (universal and free in Spain until 2012) (Spanish Government. Law 16/2003, May, 28, on cohesion and quality of national health system, 2003). (Karanikolos et al., 2013:1328).

In fact, this type of policies was meaning a diminishing of social protection and a weakness of workers’ rights. But policy makers took care of named them with a sort of “explanation” of the reasons for boosting those kind of policies (e.g. “urgent measures for labor market reform”, “measures to improve educational quality”, or “urgent measures to ensure the sustainability of the National Health System and improve the quality and safety of its services”, and so on).

Perhaps it would be interesting to reflect on the statement (Nilsson et al., 2016) about that the support of public policies is related with the given argument associated to them, which made more favorable the evaluation and, as a consequence, the acceptability of the policy intervention increases. In this way it is basic consider as “these measures have generated widespread popular discontent” (Legido-Quigley et al., 2013).

Since the population consensus is one of the keys to the success of public policies (Flores and Barclay, 2016), this work has focused on the study of the acceptance of health policy by the Spanish population. To do this, a survey was conducted in 2015 and the data were analyzed using a structural equation model, which has established certain causal relationships between the acceptance of the new health policy and the perception of abuse of the system. So, this paper analyzes the acceptance of the population of the new sanitary policies arose as a consequence of the restriction due to economic crisis, and the people perceptions of overuse of the healthcare system.

The subject that is addressed in this work is framed in economic situations of general type, which could happen in any other country other than Spain. Therefore, it should be noted that although this work focuses on the Spanish case, the scope of this document goes beyond this particular country, and is suitable to apply in a more global and generalized context.

2. Free access to healthcare and overuse of medical services

To increase competitiveness relies on the process of internal devaluation, mainly propelled by the labor reform ("urgent measures for labor market reform") of 2012 (Spanish Government. Royal Decree-Law 3/2012, 2012)]. To reduce spending several measures are taken, the main of which are the education reform ("to improve educational quality") (Spanish Government. Organic Law 8/2013, December 9, 2013) and health reform 1 ("urgent measures to ensure the sustainability of the National Health System and improve the quality and safety of its services") (Spanish Government. Royal Decree Law 16/2012, April 20, 2012) (onwards RDL 16/1012). This article focuses on this measure.

At the time of the entry into force of RDL 16/2012, the Spanish health system was public, and free and universal access. Its high quality it still is recognized worldwide. 2 For this reason, in the years before the beginning of the economic crisis, has emerged in Spain the phenomena known as “sanitary tourism” to refer to people under the pretext of spending their holidays in the country, in fact, what they wanted was to solve their health problems, free of charge and with health guarantees. In an unfavorable economic environment, the costs generated by this activity could not be assumed by a country immersed fully in the economic crisis. Moreover, this situation generated controversy among the Spanish population, due to the different perceptions regarding the overuse or abuse of the public health system (Boissios and Cole, 2012; Mischke, 2014), which could affect to the effectiveness and success of those policy (Wallner, 2008).

Both the extent of educational reform as healthcare, have been highly responded by the population, and social protection achieved so far, has been greatly weakened. As literature states, the attitudes are a key factor for succeeding in launching any social or economic policy (Mamudu et al., 2016). That’s why some authors suggest tailoring information with regard to people’s values for promoting positive attitudes towards policy measures (Nilsson et al., 2016).

The main restrictions imposed by the new health regulations, affected the financing of prescription drugs and restricting access to public health services for some groups. This mainly affected immigrants in irregular administrativa status. In the opinion of medical professionals, this is a potential public health concern in the future, largely because immigrants suffer from different diseases to those national (Porthe et al., 2009). Medical staff is actually concerned with this issue, they are warning that not all the immigrant people diseases are not the same that the nationals. Some of them are extremely infectious and very infrequent in the host country (in this case Spain), therefore, nationals have not defenses to avoid contagions. If the immigrant people in irregular

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1 That reform includes: “The exclusion of undocumented immigrants, increasing co-payments, and privatization of services are the three most important changes” (Legido-Quigley et al., 2013).

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