

**Why Japanese Are Not Satisfied with Their
Health Care System:**
From the ISSP Survey on Health and Health Care¹

July 2015

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¹This paper is based on the article previously published in *Hoso Kenkyu to Chosa* [NHK Monthly Report on Broadcast Research]: 日本人はなぜ医療に満足できないのか~ISSP 国際比較調査「健康」から~ “Nihonjin wa naze iryo ni manzoku dekinai no ka: ISSP Kokusai Hikaku Chosa ‘Kenko’ kara” [Why Japanese Are Not Satisfied with Their Health Care System: From the ISSP Survey on Health and Health Care] (by Hiroko Murata and Hiroshi Aramaki, November 2014). The original text in Japanese can be accessed at: http://www.nhk.or.jp/bunken/summary/research/report/2014_11/20141104.pdf

Abstract

The NHK Broadcasting Culture Research Institute is a member of the International Social Survey Programme (ISSP), a cross-national survey collaboration program. This paper features the 2011 Survey on Health and Health Care. The authors report on the comparison of findings from 31 countries or regions and explore the satisfaction of Japanese with their health care system.

Japan's universal health care system gives users access to high-quality health care at relatively low cost. Users are also assured of free access to medical institutions of their choice. Against this backdrop, Japan had the highest doctor consultation rate among the 31 countries or regions. However, 54 percent replied that "people use health care services more than necessary," a figure not as high as in other countries. But despite easy access to health care providers, some young and middle-aged people said that they "did not get the medical treatment they needed" because they "could not take the time off work or had other commitments."

Those who were satisfied with the medical treatment they received accounted for 70 percent of the Japanese surveyed, and 62 percent answered that doctors can be trusted. However, these percentages are not as high as in the other participating countries or regions, indicating that Japanese do not necessarily have a high estimation of doctors.

Furthermore, only 43 percent are satisfied with the health care system in Japan. A strong correlation was found between evaluations of doctors and satisfaction with the health care system. Countries where people have a higher estimation of doctors were more satisfied with their health care system. A correlation was also observed between whether people find the health care system in their country efficient and their satisfaction with the system. The results suggest that Japan's low satisfaction with its health care system is related to less positive estimations of doctors and of the system's efficiency. The survey indicates that implementing measures to enhance trust in doctors and efficiency in the health care system will be effective for boosting satisfaction with the health care system.

1. Introduction

The International Social Survey Programme (ISSP), a cross-national survey collaboration program, of which the NHK Broadcasting Culture Research Institute is a member, conducted a survey on health and health care in 2011 among 31 countries or regions. This article compares the results of the survey and reports on the features of how Japanese feel about their health care system. Research organizations from approximately 50 countries or regions are members of the ISSP, which conducts a yearly survey among its members on a particular topic, using a common questionnaire. This is the first time that the ISSP deals with health, the topic of the 2011 survey. The topic was

selected to probe attitudes toward health and health care against the background of aging populations and increasing health care spending due to advanced health care, issues facing many countries. Data collected from the 31 countries or regions surveyed was released in 2013.

The year of the survey, 2011, coincided with the 50th anniversary of the introduction of universal health care coverage in Japan. Universal coverage not only provides quality health care for relatively modest fees but also allows users free access to whichever health care provider they choose. Unlike Japan, many other countries, for example the U.K., regulate access to care by requiring a referral from a general practitioner or primary care physician. It is also not customary for people in countries like Germany, France, or Sweden to freely consult doctors in large hospitals.¹ In the United States, the Affordable Care Act was passed in 2010, making enrollment in a health insurance plan compulsory since 2014. Until then, the United States had no public health insurance scheme, except for programs covering seniors, persons with disabilities, or low income earners, and many people were enrolled in expensive private health care plans. This is why nearly 50 million Americans, some 15 percent of the population,² were uninsured, and the presence of such a large number of people without access to health care in case of injury or illness had become a major social issue.

In Japan, meanwhile, quality health care is available for modest fees, but are Japanese really satisfied with the system? This paper, using data from the ISSP survey, probes how Japanese feel about health care, comparing attitudes toward use of health care, satisfaction with the health care system, and other issues. This paper analyzes the data from 10 out of the 60 questions in the questionnaire.

While the Organisation for Economic Co-operation and Development (OECD) publishes numerous health and health care statistics, such as average life expectancy, frequency of doctor consultations, and so forth, for its 34 member countries, and the World Health Organization (WHO) also publishes data on illness and health issues, there are few cross-national surveys that allow comparison of attitudes toward health care. This makes the ISSP survey, which probes these attitudes among a representative sample of the population, a reliable source of valuable data.

Regarding regions, in the case of Germany, the research data consist of two separate data files for the former West Germany and East Germany, and in Belgium, for the Flanders and Wallonia regions. Therefore these regions were treated as distinct when data was analyzed. Details on survey methodology for each country can be found on p.21.

To facilitate identifying answer trends in each country, analysis was conducted excluding answer options like “can’t choose” and “no answer.”³

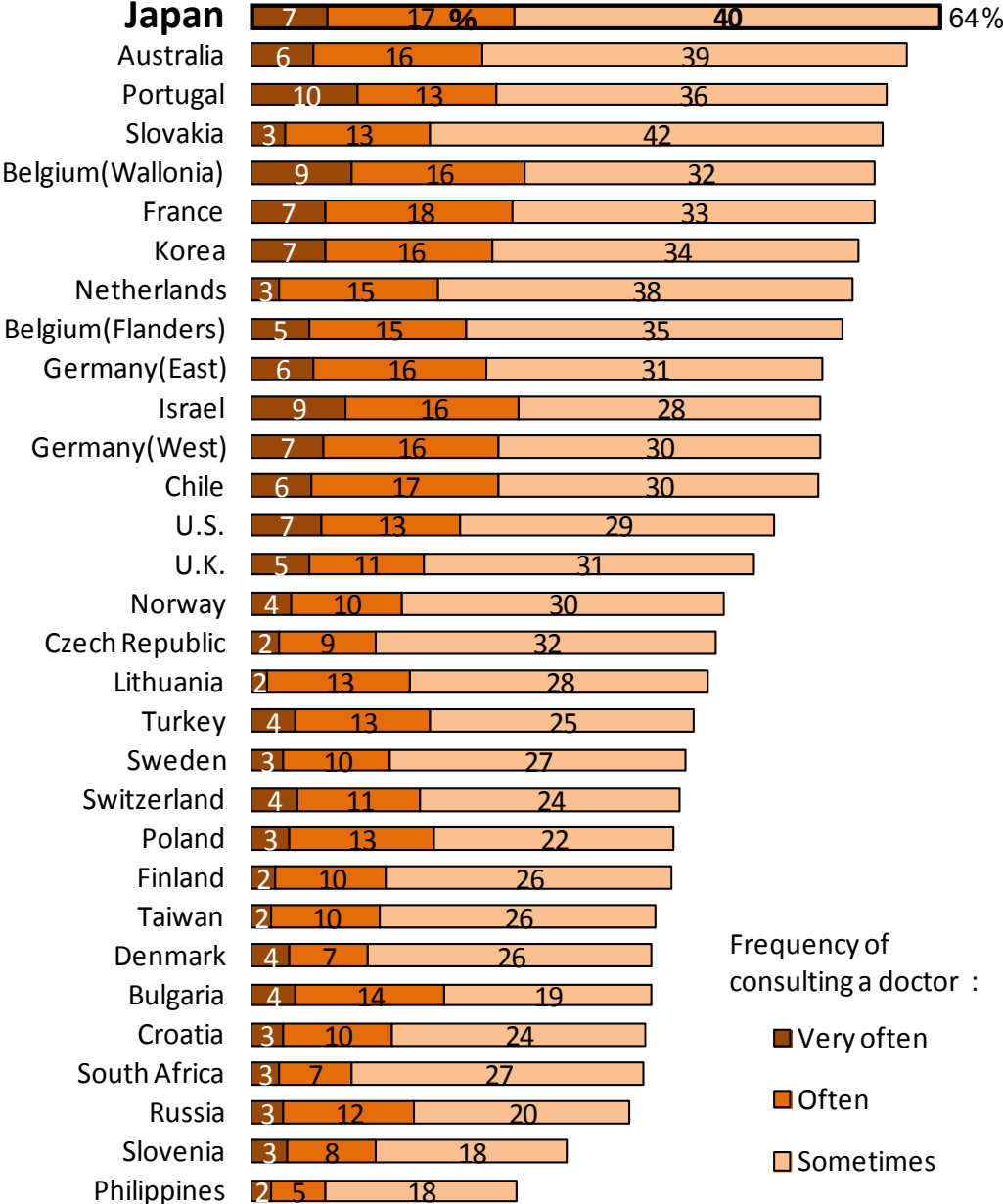
2. Differences in Health Care Usage and Attitudes

Highest Doctor Consultation Rate in Japan

According to 2011 OECD statistics,⁴ the number of doctor consultations per capita in Japan is 13.1 a year, second only to Korea (13.2) in frequency. The fact that both Japan and Korea have universal coverage, and that users have direct access to medical specialists, is a factor here.

The yearly doctor consultation rate (very often + often + sometimes)⁵ in the ISSP survey is 64 percent for Japan, the highest among the 31 countries surveyed (Figure 1). Korea also has a comparatively high doctor consultation rate, a trend that is consistent with the OECD statistics quoted above.

Figure 1. Doctor Consultation Rate



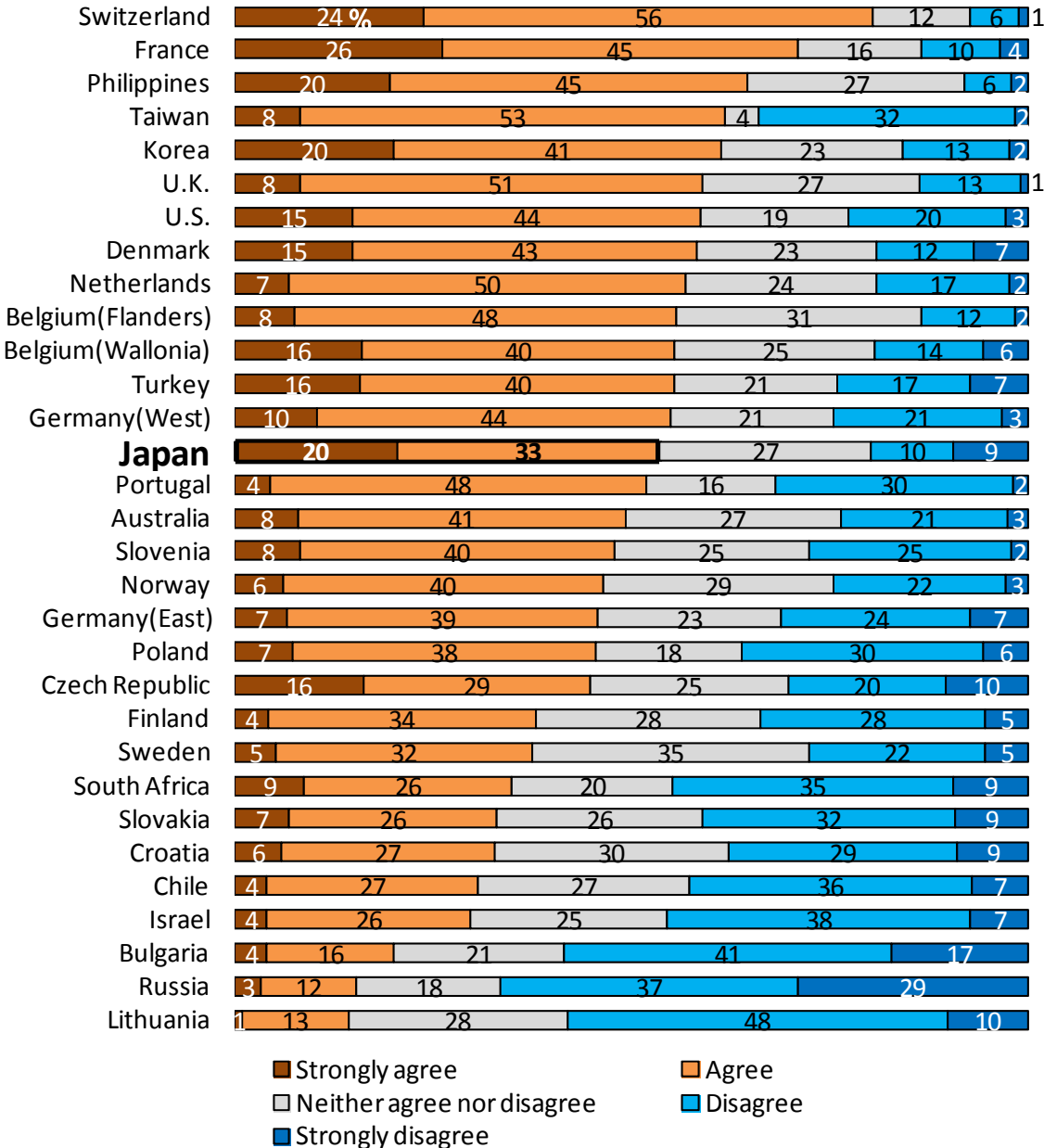
By age group, the doctor consultation rate is high in all countries among people aged 55 and over. In Japan, the consultation rate for the older population segment is 76 percent compared to 54 percent for both young (aged 34 and under) and middle-aged (aged 35–54) people. But comparing data internationally, older Japanese have the highest doctor consultation rate among all countries and young and middle-aged Japanese the second-highest rate, indicating that regardless of age, Japanese consult doctors frequently.

Japanese Do Not Believe They Use Health Care Services More than Necessary

And how do Japanese feel about having a high doctor consultation rate? Over half the Japanese surveyed, 54 percent, answered that “people use health care services more than necessary” (strongly agree + agree) (Figure 2). But compared to countries like Switzerland (80 percent) and France (71 percent), this figure is not especially high. Although Japanese have a high doctor consultation rate, awareness that they use health care services more than necessary is not high.

By age group, 49 percent of the young age group (aged 34 and under), 53 percent of the middle-aged (aged 35–54), and 56 percent of the older age group (aged 55 and over) believe that people use health care services more than necessary, and except for a slightly lower percentage among the young age group, the age group-based figures are relatively similar.

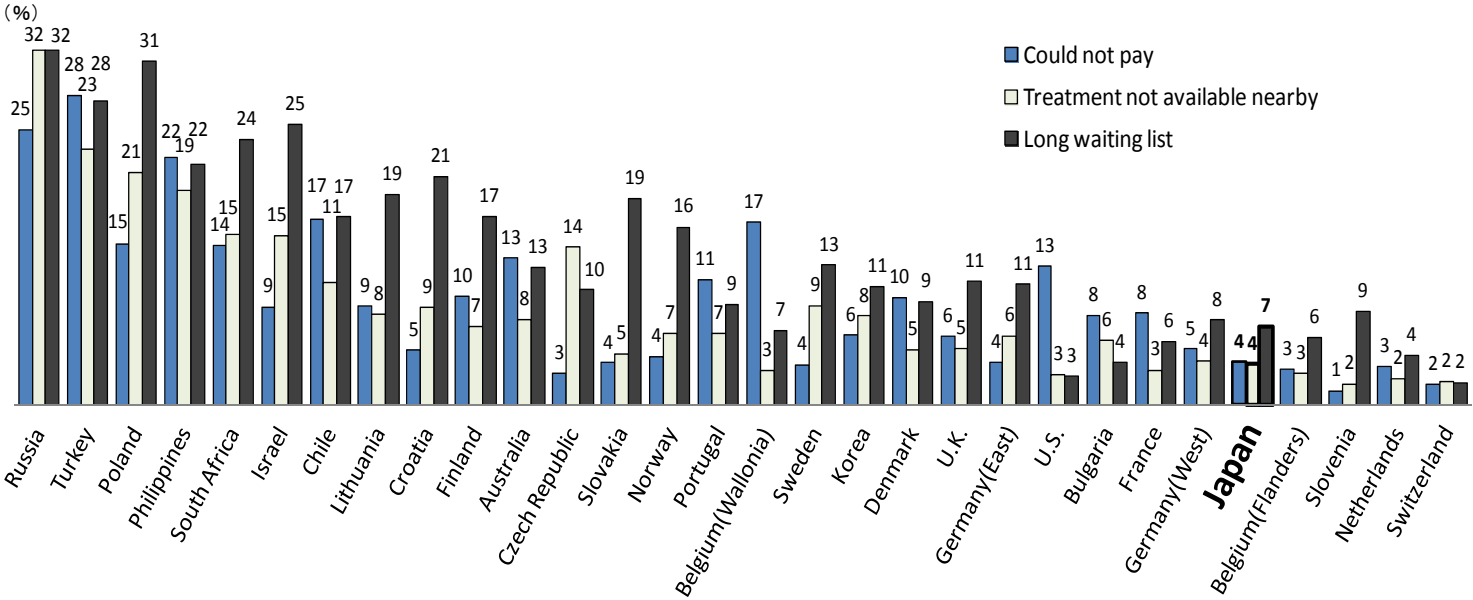
Figure 2. Do People Use Health Care Services More than Necessary?



Access to Health Care Difficult Due to Work or Other Commitments

Factors such as “high treatment fees” or “a long waiting list” for consulting a doctor or other reasons for not being able to receive health care are indices for measuring access to health care or, in other words, how easily the health care system can be used.⁶ In the ISSP survey, four reasons for not being able to “get the medical treatment you needed” were presented, and people were asked whether each reason had applied during a one-year period. Among these, excluding the user-related reason of not being able to access health care due to work or other commitments, Figure 3 shows data for the following three reasons: “you could not pay for it [medical treatment],” “the treatment you needed was not available where you live or nearby” and “the waiting list was too long.” Ratios for each were calculated based on the denominator excluding those who answered there was no need for medical treatment to begin with.

Figure 3. Reasons for Lack of Access to Health Care



Notes: Arranged in descending order in terms of the combined total of the percentages of “could not pay,” “treatment not available nearby,” and “long waiting list.” Taiwan is excluded from the analysis here because the reasons did not include “treatment not available nearby.”

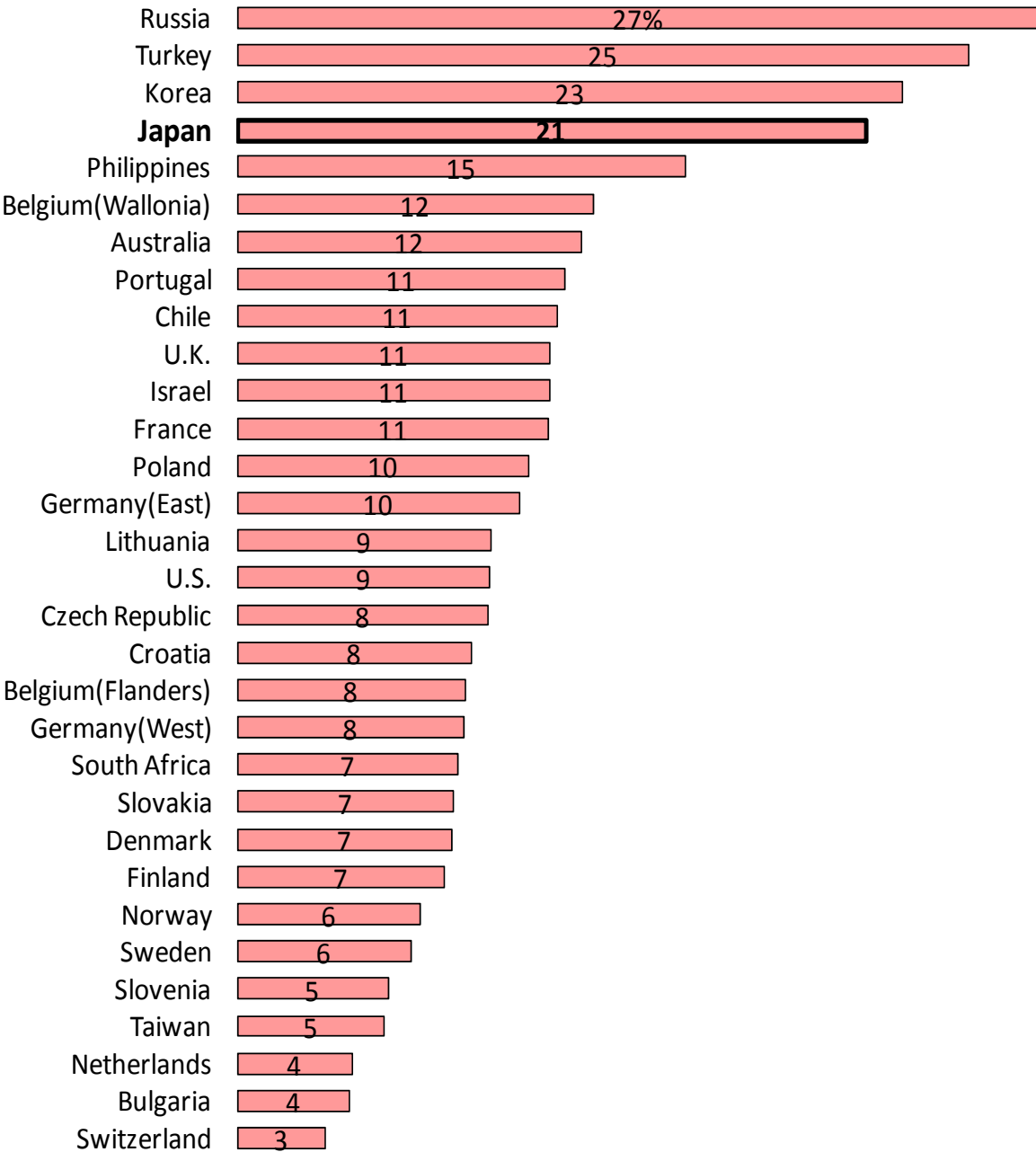
In Japan, only 4 percent each of people surveyed gave “could not pay” and “treatment not available nearby” as reasons for not being able to access health care. This is most likely because with universal coverage, users can basically access health care for a co-payment of 30 percent, and the health care system offers easy access to care and treatment.

In Scandinavian countries like Norway and Sweden, many people gave “the waiting list was too long” as a reason for lack of access compared to “could not pay.” In Finland, 17 percent said that “the waiting list was too long.” In Scandinavia, health care is financed through taxation, and treatment is offered according to priorities based on type and severity of illness.⁷ This is supposedly why the wait time issue arises, and patients with chronic diseases sometimes have to wait several months to get care. A

similar issue exists in the U.K. In Japan, by contrast, users have free access to health care. Even so, 7 percent of Japanese give “the waiting list was too long” as a reason for not getting health care, and although the wait time issue is not as serious as in Scandinavia or the U.K., it may be because Japanese patients often have to wait long at a hospital or clinic—the situation sarcastically described as “a three-hour wait for a three-minute consultation.”

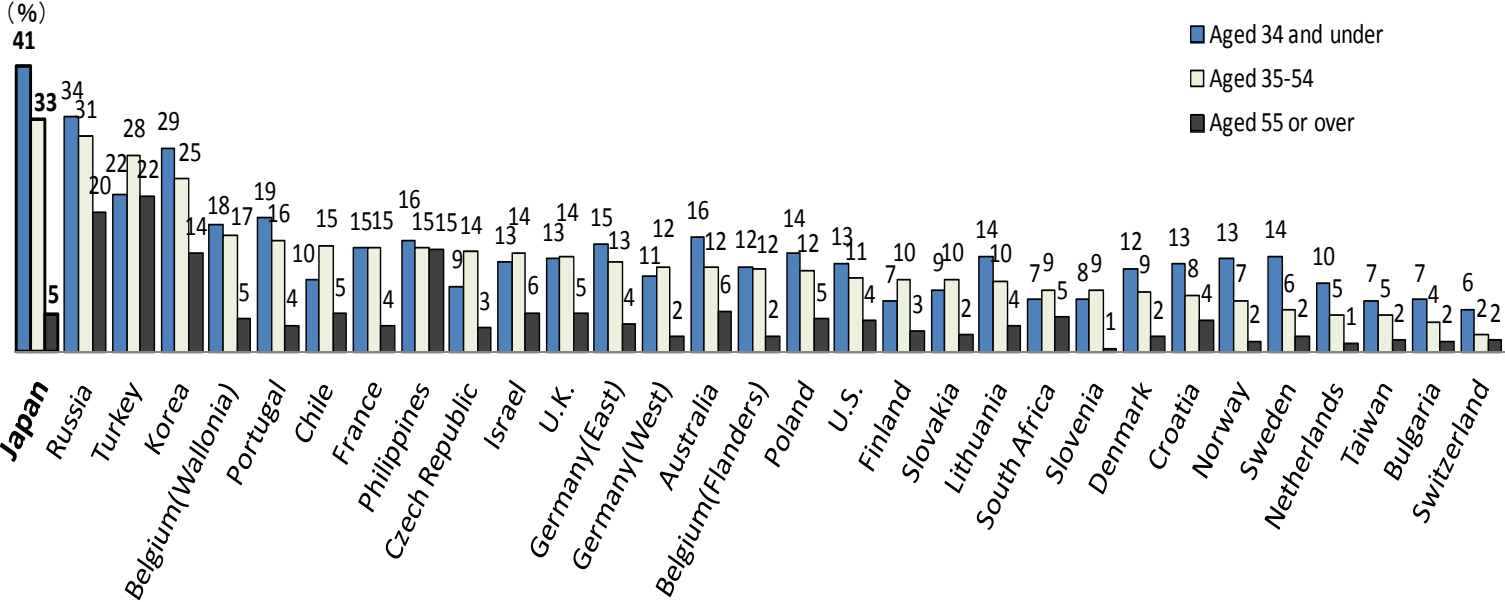
The other reason—“you could not take the time off work or had other commitments”—is given by 21 percent of Japanese, the fourth highest ratio among the 31 countries (Figure 4).

Figure 4. Unable to Access Health Care Due to Work or Other Commitments



By age group, only 5 percent of older (aged 55 or over) Japanese people say that they cannot access health care due to work or other commitments, compared to 41 percent of young (aged 34 and under) and 33 percent of middle-aged (aged 35–54) people, both rates being the highest among all countries surveyed (Figure 5). Although average total yearly work hours in Japan have dropped since the revised Labor Standards Law went into force in 1988,⁸ people in Japan continue work longer than in other economically advanced countries, which is probably why many Japanese were unable to access health care.

Figure 5. Unable to Access Health Care Due to Work or Other Commitments (by Age Group)

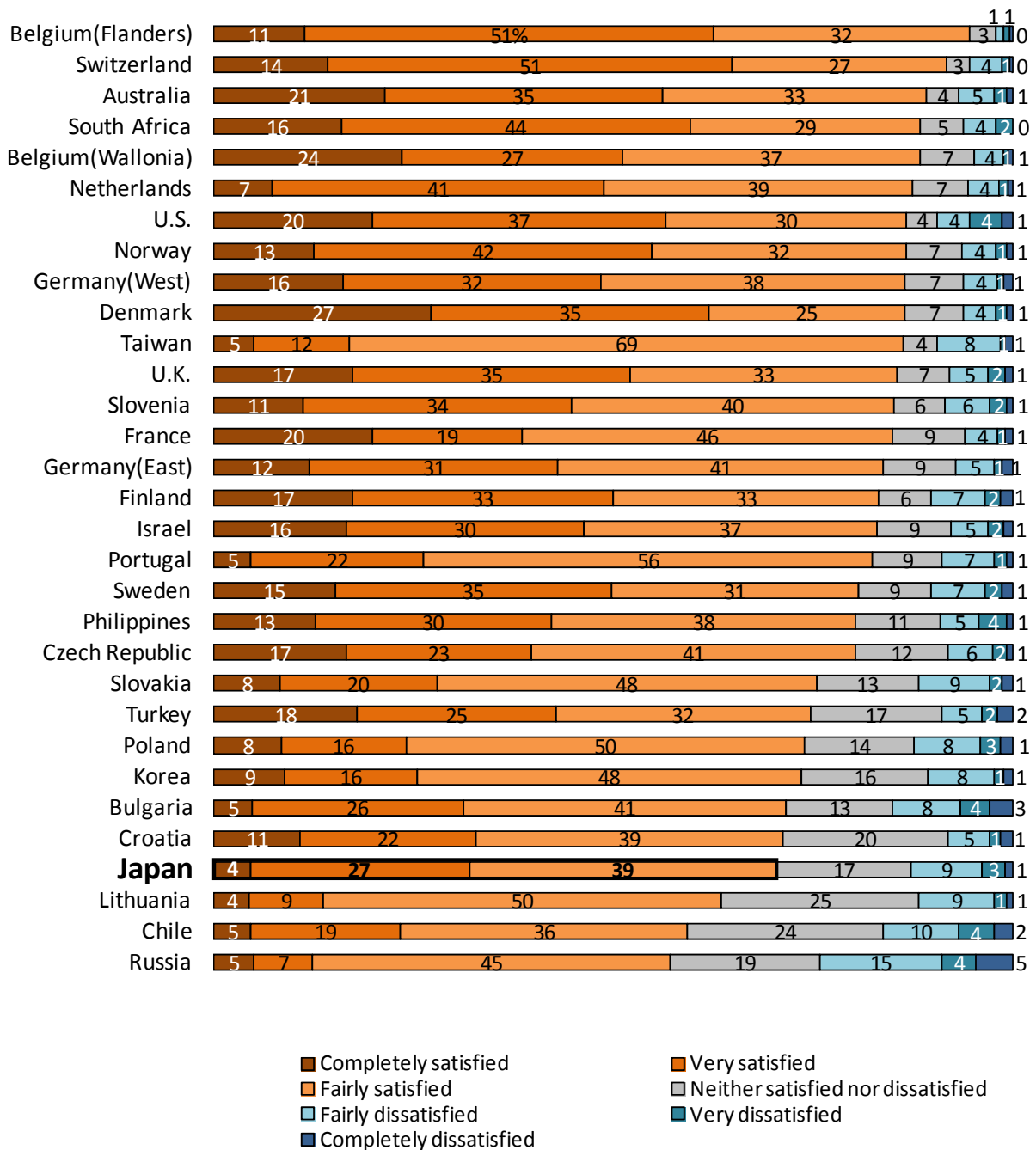


3. Satisfaction with Doctors and Medical Treatment

Relatively Low Satisfaction in Japan

Figure 6 details the ratio of people satisfied (completely satisfied + very satisfied + fairly satisfied) with recent medical treatment. As in Figure 3, the ratio was calculated based on a denominator excluding those who said they had not received any medical treatment. In all countries, over half of all people surveyed said they were satisfied with treatment, indicating a generally high level of satisfaction overall.

Figure 6. Satisfaction with Treatment



In Japan, 70 percent said they were satisfied, but even so this ratio was the fourth lowest among all the countries surveyed. By age group, older people in all countries, including Japan, tended to be satisfied with treatment.

In response to the statement “doctors discuss all treatment options with their patients,” 36 percent of Japanese agreed (strongly agree + agree), a somewhat low percentage compared to the other countries (Figure 7). Meanwhile, a relatively large proportion of Japanese, 42 percent, disagreed (strongly disagree + disagree) with the statement that “the medical skills of doctors are not as good as they should be.” In other words, while Japanese believe that doctors are generally competent, many of them feel that communication with doctors is inadequate.

Figure 7. Evaluation of Doctors

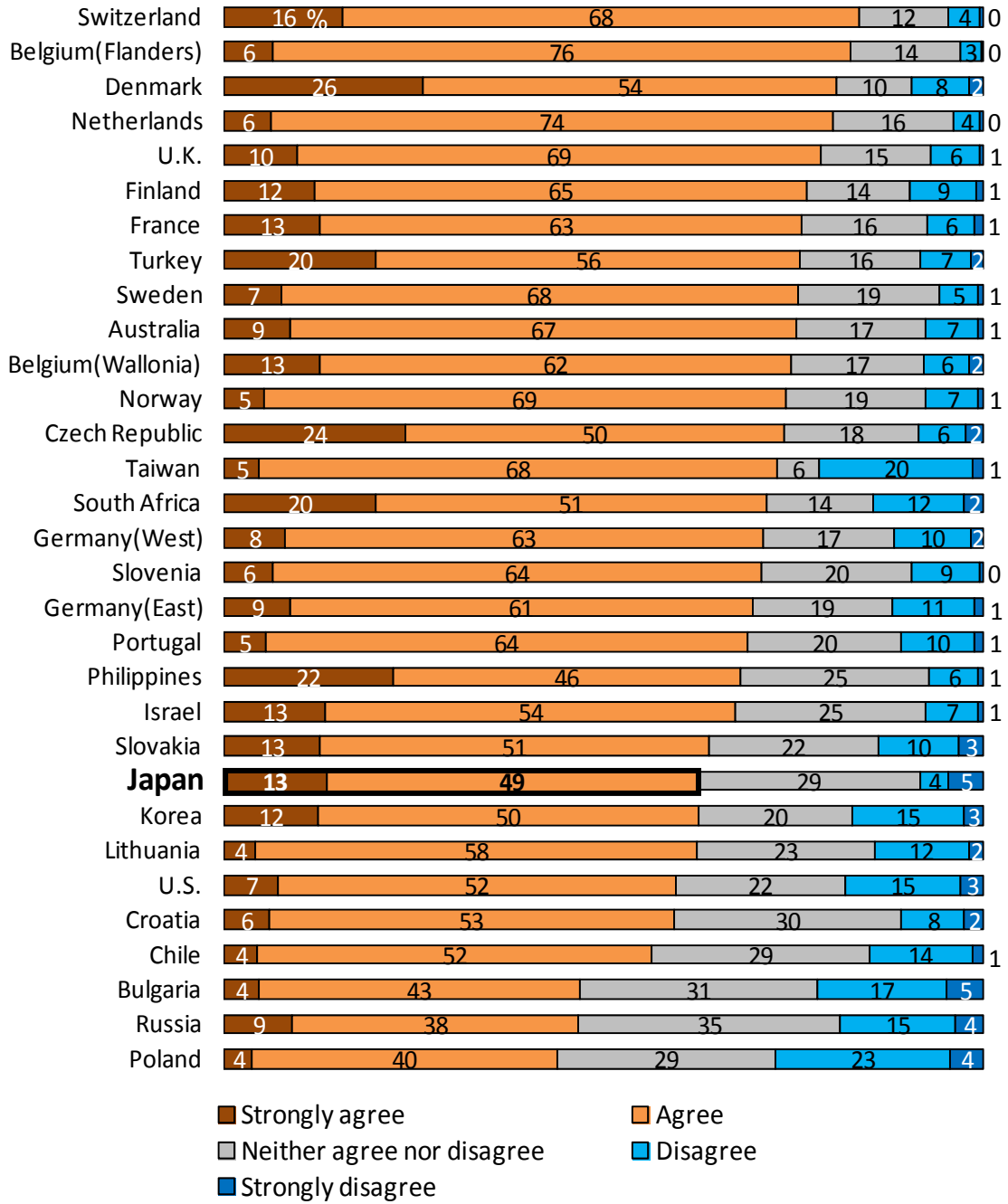
"Doctors discuss all treatment options with their patients"		Disagree that "the medical skills of doctors are not as good as they should be"	
(Strongly agree + agree)	(%)	(Strongly disagree + disagree)	(%)
Taiwan	73	Taiwan	57
Philippines	68	Switzerland	54
South Africa	64	Israel	53
Switzerland	57	Czech Republic	52
Turkey	57	Belgium (Flanders)	49
Belgium (Wallonia)	56	Slovenia	44
Belgium (Flanders)	54	Japan	42
U.K.	54	Slovakia	42
Germany (East)	53	Netherlands	41
Denmark	51	U.K.	40
France	51	Germany (East)	39
Czech Republic	51	South Africa	39
Australia	50	Belgium (Wallonia)	38
Korea	48	France	38
Germany (West)	47	Denmark	38
Netherlands	45	U.S.	38
Slovenia	44	Turkey	38
Israel	44	Croatia	38
Portugal	43	Australia	36
U.S.	42	Germany (West)	35
Croatia	39	Sweden	33
Japan	36	Portugal	33
Poland	35	Lithuania	32
Lithuania	34	Finland	31
Slovakia	34	Norway	28
Sweden	34	Korea	25
Finland	31	Chile	22
Chile	29	Poland	21
Russia	29	Bulgaria	19
Bulgaria	29	Philippines	16
Norway	26	Russia	14

In some countries, more than 80 percent answered that doctors “can be trusted” (strongly agree + agree) (Figure 8). All the higher-ranked countries are in Europe, where it is common for patients to see their local doctor, who will then refer the patient to specialists if necessary. People in Europe may thus feel that doctors are reliable because of trust built up through frequent interaction with the same doctor.

In Japan, 62 percent say that doctors “can be trusted,” a somewhat low percentage compared with the other countries. This low figure can perhaps be attributed to several incidents involving doctors that shook the public’s trust. In the 2000s, for example, reports were repeatedly made of doctors found guilty of operating on the wrong patient, liable for laparoscopic surgery that went wrong, or accused of falsifying medical charts. There was also an incident in the news around the time of the survey in 2011 where it was reported that doctors had been involved in the selling of human organs.

By age group, in every country surveyed, the older age group tended to feel more trust in doctors.

Figure 8. Trust in Doctors



4. Attitudes toward the Health Care System

Japanese Feel Only Weak Satisfaction

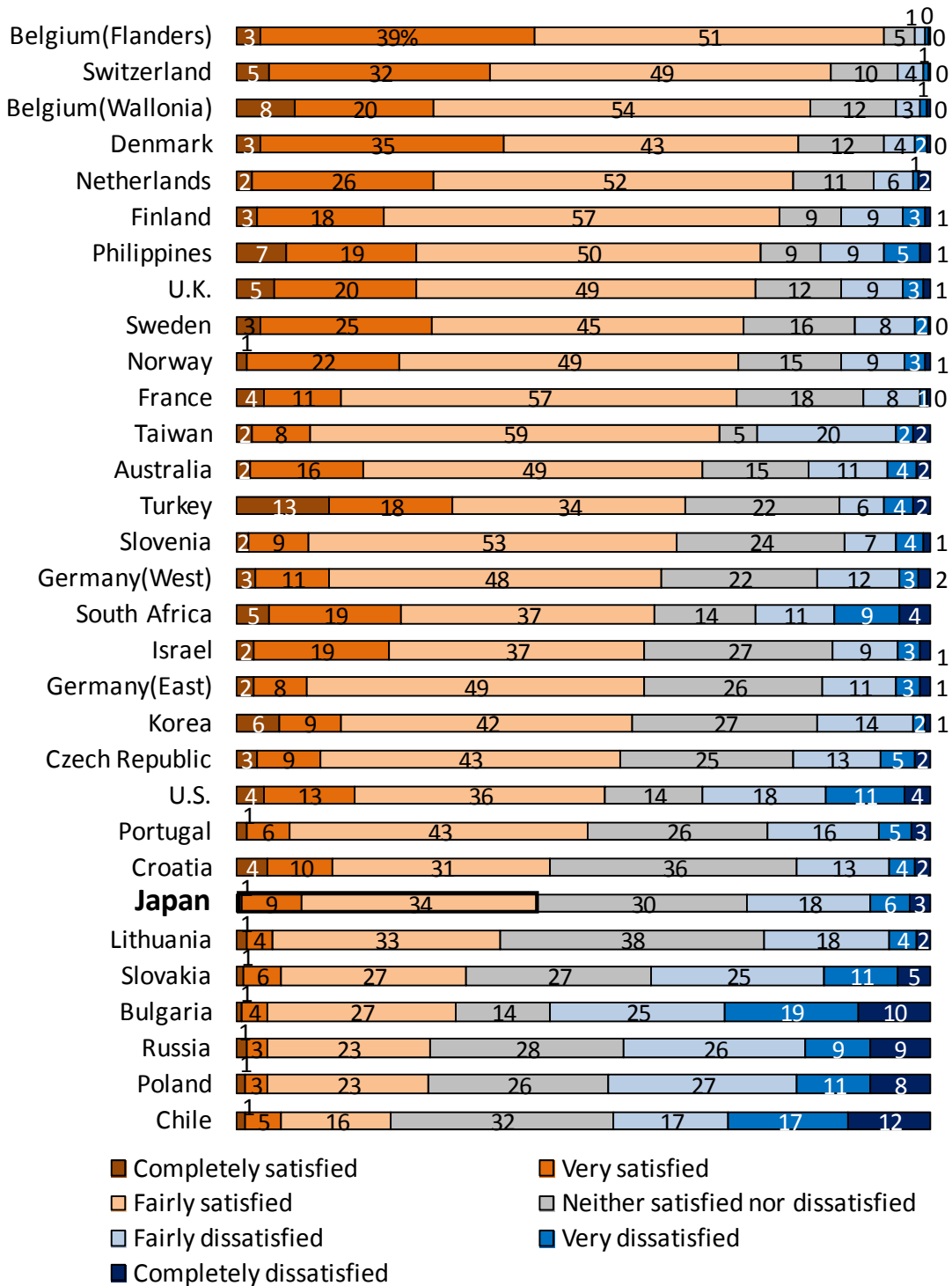
Satisfaction (completely satisfied + very satisfied + fairly satisfied) with health care systems among people in the countries surveyed showed wide variation, ranging from 93 percent in Belgium (Flanders) to 22 percent in Chile (Figure 9). In Switzerland, where 86 percent report satisfaction, the density of physicians per 1,000 population is 3.8 persons, ranking the country eighth among the 34 OECD countries, while the density of nurses per 1,000 population is 16.6 persons, the highest in the OECD countries.⁹

In Japan, a comparatively low 43 percent expressed satisfaction with the health care system. According to a 2004 survey of Japan, Korea, the U.S., and France by the Japan Medical Association Research Institute,¹⁰ 27 percent of Japanese were satisfied with the health care system, versus 65 percent in the U.S. and 74 percent in France, a trend similar to the findings of the ISSP survey. In terms of physician density, Japan has 2.2 physicians per 1,000 population, ranking the country 29th among the 34 OECD countries, in contrast to Switzerland mentioned above. Density of nurses in Japan is 10.0 per 1,000 population, also not especially high compared to other countries. Other factors negatively affecting satisfaction of Japanese with the health care system will be discussed in sections 5 and 6.

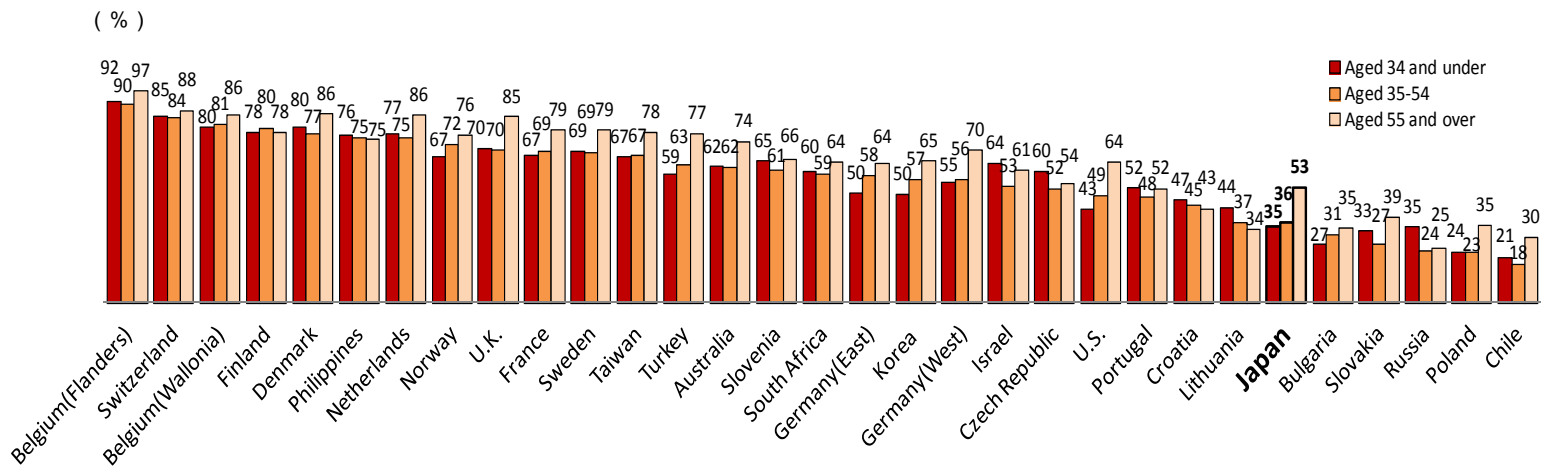
Examining satisfaction by age group, older people (aged 55 and over) were generally satisfied with the health care system in their respective countries (Figure 10) However, differences between age groups were not prominent in European countries, where satisfaction with the health care system was generally high. On the other hand, in Japan satisfaction among younger people (aged 34 and under) was 35 percent compared to 53 percent among the older generation (aged 55 and over), showing a wide gap.

In Japan's health insurance system, health care for the older population is maintained by health insurance fees paid by the younger active population. The burden on younger people continues to increase as the population ages and the birthrate declines, and today nearly half of total expenditure on health is consumed by persons aged 70 and over.¹¹ When the Japanese ISSP survey was conducted in 2011, the Democratic Party of Japan was in power and mulling whether to increase the co-payment rate from 10 percent to 20 percent for users between the ages of 70 and 74, an issue that attracted considerable attention. Intergenerational unfairness, that is, greater consumption of health care resources by older people, may be one reason why younger and middle-aged Japanese are dissatisfied with the health care system.

Figure 9. Satisfaction with the Health Care System



**Figure 10. Satisfied with the Health Care System
(Completely Satisfied + Very Satisfied + Fairly Satisfied) (By Age Group)**



The Health Care System is "Inefficient"

Compared to people in other countries, more Japanese, 51 percent, believe that "In general, the health care system in this country is inefficient" (strongly agree + agree) (Figure 11).

In the OECD statistics, total expenditure on health as a percentage of gross domestic product is often used as an index for health care costs (Figure 12). In the U.S. health care costs account for 17.7 percent of GDP, much higher than elsewhere. Other countries where this figure is higher than the OECD average of 9.3 percent include the Netherlands (11.9 percent), France (11.6 percent), and Switzerland (11.0 percent). Health care costs in Japan are 9.6 percent of GDP, slightly above the OECD average, but low compared to the U.S. or the Netherlands. Considering Japan's aging population, health care costs are relatively low.

Japan's health care costs have been contained due to tight control of reimbursement through a nationally uniform fee schedule, which means that administrative and operational costs can be kept low.^{1 2} Additionally, the number of physicians and nurses who treat each hospitalized patient is very low compared to other countries. Some say that this means an overly heavy workload for medical personnel, but the situation does contribute to efficiency of the system. Thus, Japan's health care system can be said to do relatively well on a cost-performance basis, and it ranks first among the world's 191 countries as far as WHO's measuring of "overall goal attainment" is concerned.^{1 3} Nevertheless, many Japanese, compared to people in the Netherlands, France, or Switzerland, believe that their health care system is "inefficient." (Figure 11).

Figure 11. The Health Care System Is Inefficient

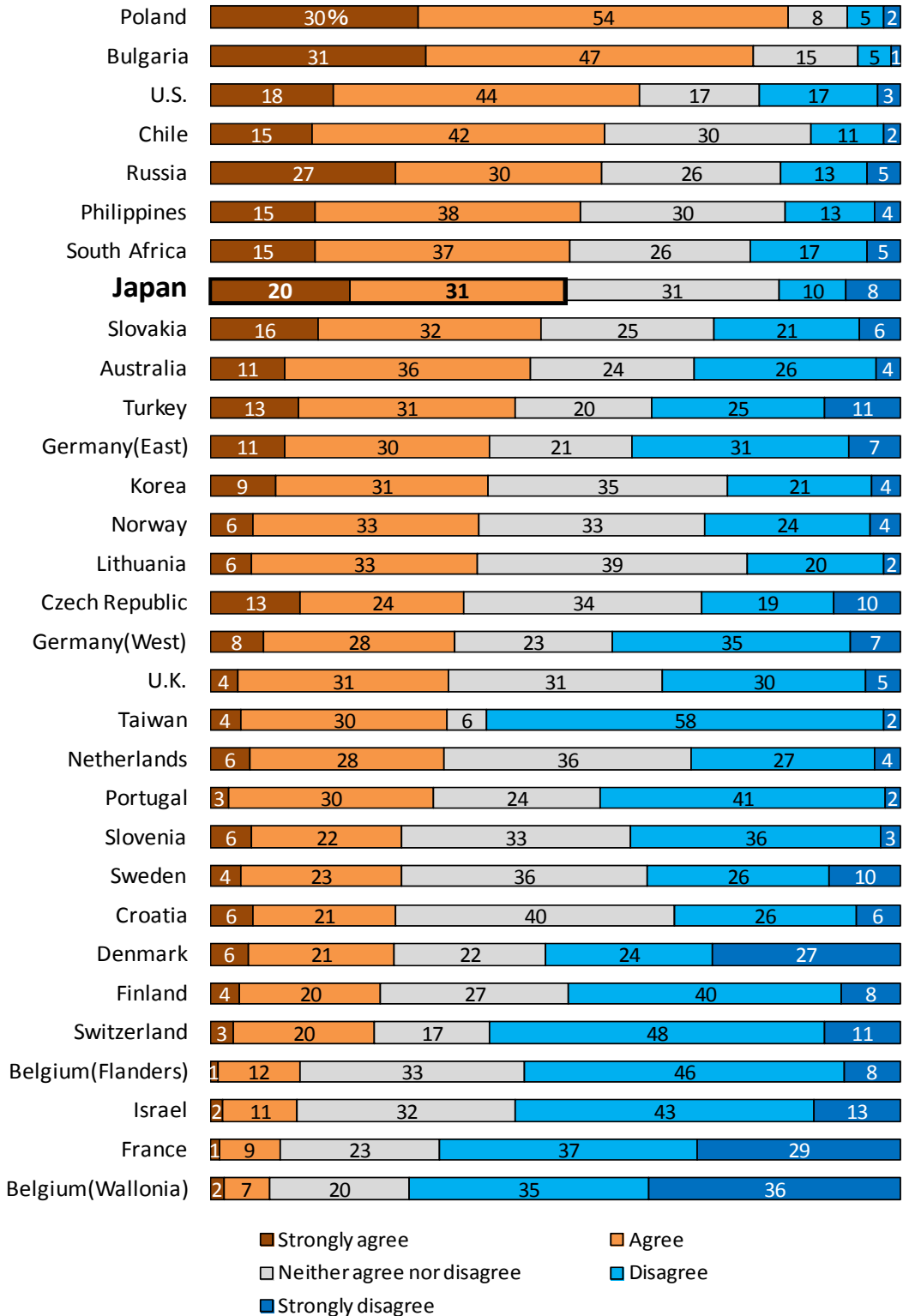


Figure 12. Ratio of Health Care Costs to GDP in OECD Countries

Country	2011 or Most Recent Year
U.S.	17.7%
Netherlands	11.9
France	11.6
Germany	11.3
Canada	11.2
Switzerland	11.0
Denmark	10.9
Austria	10.8
Belgium	10.5
New Zealand	10.3
Portugal	10.2
Japan	9.6
Sweden	9.5
U.K.	9.4
Spain	9.3
Norway	9.3
Italy	9.2
Greece	9.1
Iceland	9.0
Finland	9.0
Australia	8.9
Ireland	8.9
Slovenia	8.9
Slovakia	7.9
Hungary	7.9
Israel	7.7
Chile	7.5
Czech Republic	7.5
Korea	7.4
Poland	6.9
Luxembourg	6.6
Mexico	6.2
Turkey	6.1
Estonia	5.9
OECD average	9.3

Source: *OECD Health Statistics 2013*.

Notes: In countries for which there was no data for 2011, the data from the most recent year is shown. Shading indicates countries for which ISSP data exists.

5. Factors Influencing Satisfaction with the Health Care System

Where Doctors are Well Regarded, Health Care System Satisfaction is High

This section discusses factors that may be influencing satisfaction with the health care system. Let us first look at the relationship between how people feel about doctors, and their satisfaction with the health care system. The correlation coefficient between satisfaction with treatment and satisfaction with the health care system is 0.831, while the correlation coefficient between trust in doctors and satisfaction with the health care system is 0.899. The two figures indicate a strong correlation (Figures 13, 14). In other words, countries with large numbers of people satisfied with treatment and where people believe that doctors are trustworthy are also countries where many people are satisfied with the health care system. In Japan, the ratio of people satisfied with treatment and people who trust doctors are both low, and those satisfied with the health care system are also few.

Figure 13. Satisfaction with Treatment and Satisfaction with the Health Care System

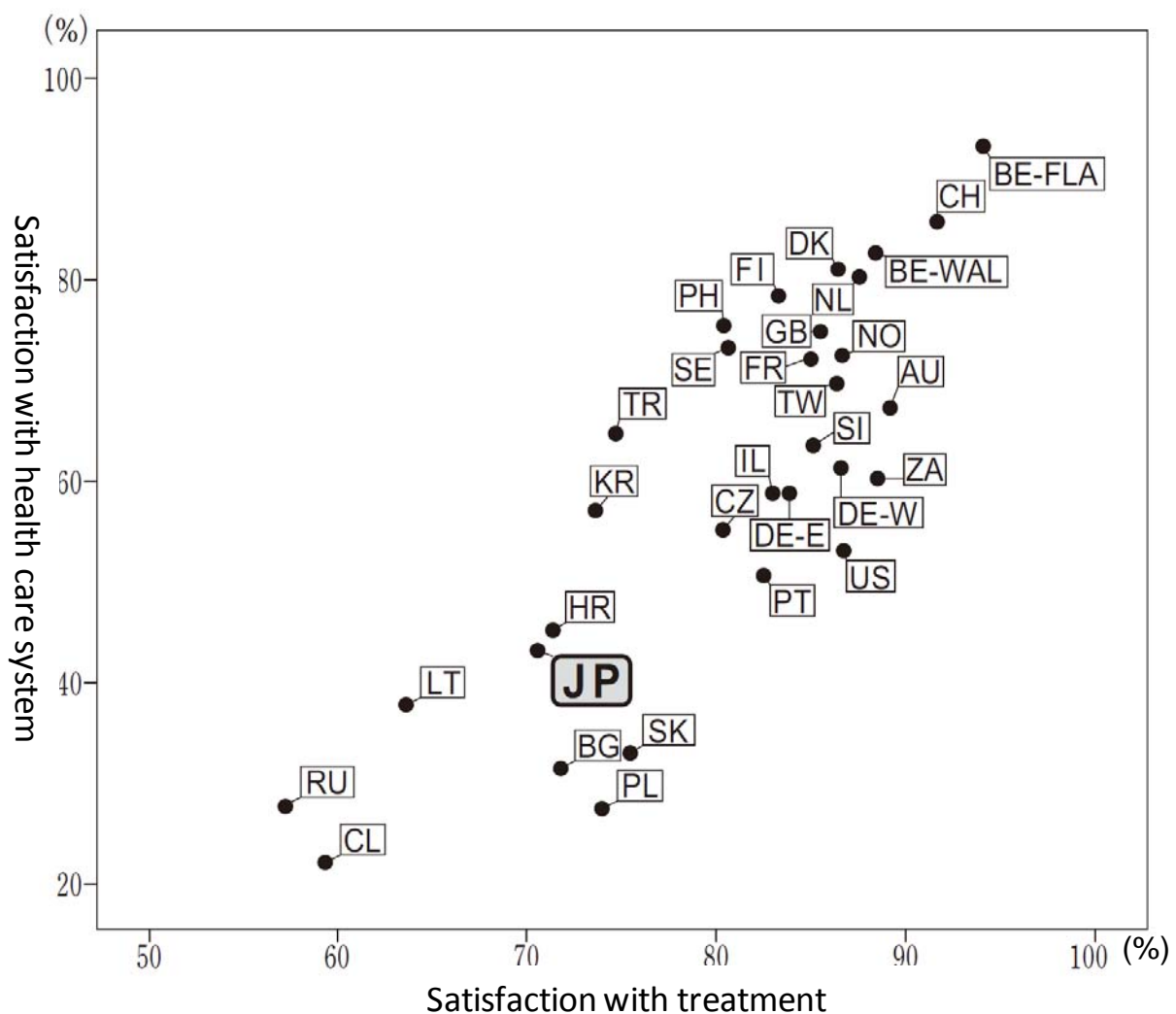
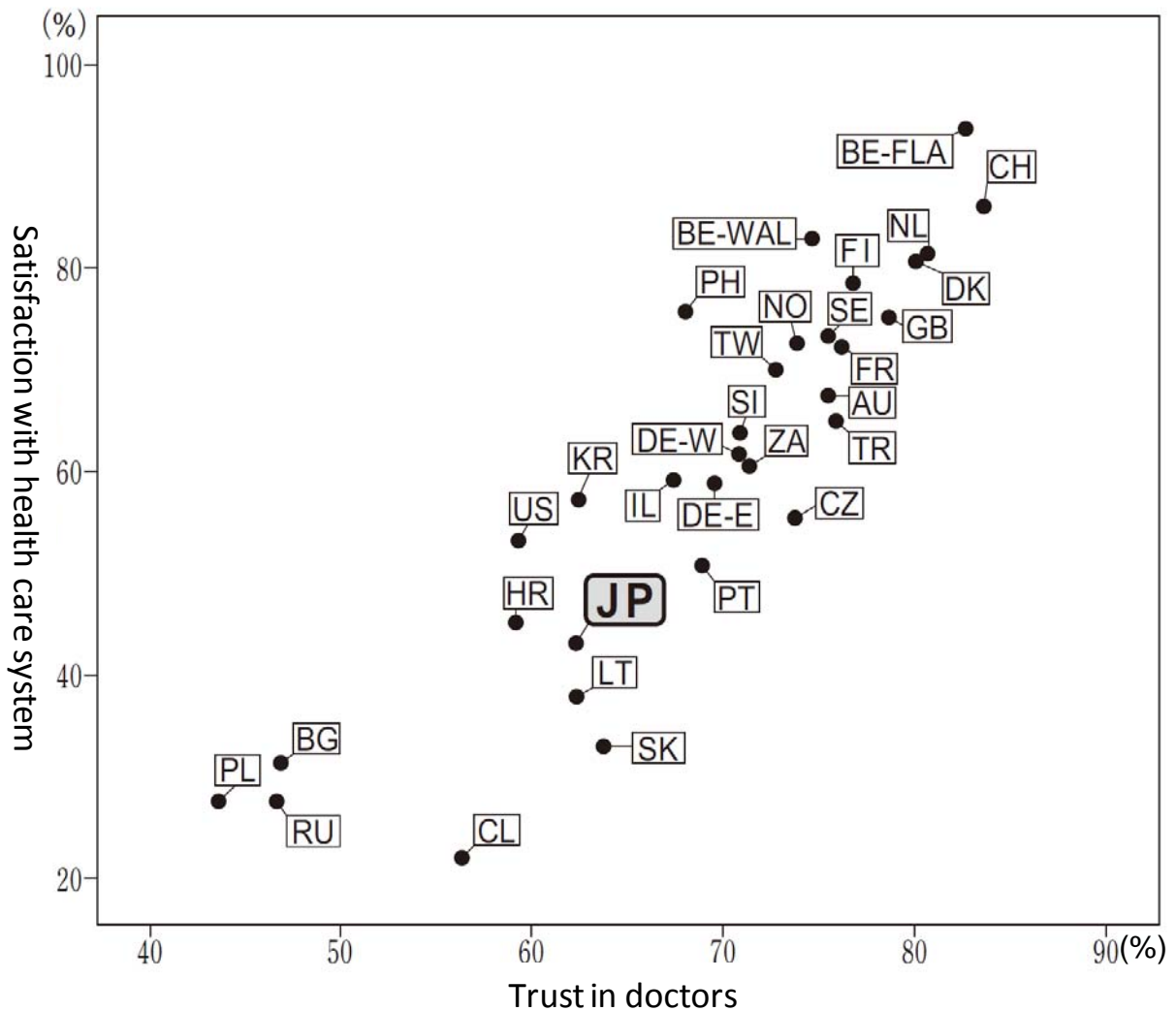


Figure 14. Trust in Doctors and Satisfaction with the Health Care System

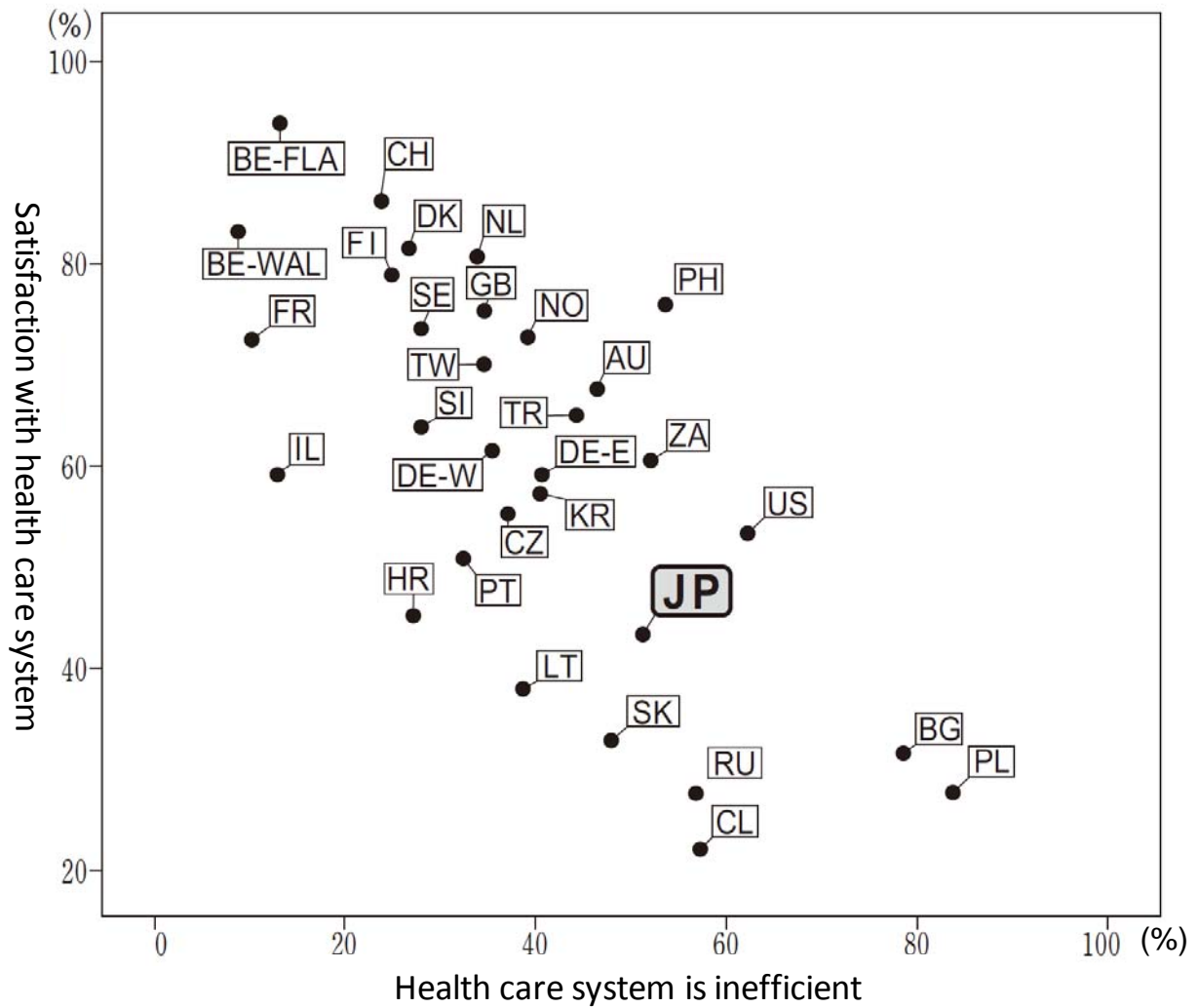


Perceptions of Health Care System Efficiency and Satisfaction Levels

There is a negative correlation (-0.692) between the percentage of people who say that “the health care system is efficient” and satisfaction with the system (Figure 15). In other words, the more people believe that their health care system is inefficient, the fewer are satisfied with the system. In Japan, many people believe that the health care system is inefficient, and their satisfaction with the system is not strong either.

One factor in Japan is that people have direct access to the hospital or clinic of their choice for a consultation, and many tend to go to a major hospital from the outset. Some say that this trend interferes with emergency care, and a bill to raise the current charge for patients who go direct to a large hospital without a referral from a family doctor is being discussed. Various measures are being implemented to raise the efficiency of the system, such as utilizing electronic patient records and reimbursement breakdowns to enable administrators to zero in on overconsumption of health care or overprescribing of drugs. If these measures are effective for improving efficiency and the public becomes more aware of the measures, they may express more satisfaction with the health care system in the future.

Figure 15. “The Health Care System Is Inefficient” and Satisfaction with the Health Care System



AU	Australia
BG	Bulgaria
CL	Chile
TW	Taiwan
HR	Croatia
CZ	Czech Republic
DK	Denmark
FI	Finland
FR	France
IL	Israel
JP	Japan
KR	Korea
LT	Lithuania
NL	Netherlands
NO	Norway
PH	Philippines

PL	Poland
PT	Portugal
RU	Russia
SK	Slovakia
SI	Slovenia
ZA	South Africa
SE	Sweden
CH	Switzerland
TR	Turkey
US	U.S.
BE-FLA	Belgium(Flanders)
BE-WAL	Belgium(Wallonia)
DE-W	Germany(West)
DE-E	Germany(East)
GB	U.K.

Correlation between Poor Access to Health Care and Satisfaction

Lastly, to determine the relationship between access to health care and satisfaction with the health care system, correlation coefficients for the percentage of those who answered “could not pay,” “no health care available nearby” and “a long waiting list,” and satisfaction are shown in Figure 16. Among these, there is a correlation of -0.434 between “a long waiting list” and satisfaction, demonstrating a trend to weak satisfaction with the health care system in countries where patients have to wait a long time to see a doctor.

Data showed that access to health care was also related to satisfaction, although the correlation was not as strong as for satisfaction with health care and trust in doctors.

Figure 16. Correlation between Lack of Access to Health Care and Satisfaction with the Health Care System

	Reasons for not being able to access health care		
	Could not pay	No health care available nearby	Long waiting list
Satisfaction with health care system	-0.231	-0.394	-0.434

(Pearson product-moment correlation coefficient)

6. Conclusion

Findings of the ISSP survey for Japan indicate that despite good access to health care, few people are satisfied with the health care system. Satisfaction with the health care system may be influenced by factors like trust in doctors, satisfaction with treatment, and perceptions of the health care system’s efficiency. Therefore, improving satisfaction with treatment and the efficiency of the system may help improve satisfaction with the health care system.

During Japan’s rapid economic growth in the 1950s and 1960s, many privately funded hospitals were built throughout the country. Although access to health care was secured in this way, some hold that improving the quality of health care was put on the back burner.^{1 4} With revisions to the Health Care Law in 1997, the concept of informed consent—thoroughly explaining treatment to patients in order to establish agreement between patient and doctor—was introduced as a way of improving the quality of health care. But beginning in the 2000s, reimbursement rates were cut in order to reduce health care costs, while doctors were expected to spend more one-on-one time with their patients at the same time.

The Japanese public’s expectations are continually rising, as they desire better-quality health care and doctor consultations that respect patients as individuals. Despite this, it seems that doctors and the health care system are failing to respond adequately to users’ expectations, as evidenced by the shortage of doctors in specialties like obstetrics, pediatrics, and surgery.^{1 5} Dissatisfaction with the health care system is

likely due to the gap between expectations toward health care and everyday health care reality.

In this study, people were asked whether they would be in favor of higher taxes in order to improve health care standards. Data for Japanese people showed that those who were satisfied and who did not want to pay more tax accounted for 43 percent. Meanwhile, those who were dissatisfied and who did not want to pay more tax accounted for 55 percent. This indicates that people who were dissatisfied were more likely to feel negatively toward an increased tax burden. Improving satisfaction with the health care system is essential for making health care expenses feel less burdensome and ultimately, for ensuring the system's sustainability. Constructive discussions should be continued to achieve an efficient, sustainable health care system ensuring people's good health.

Outline of Survey in Participating Countries

	Year of Survey	No. of Valid Responses	Survey Method
U.S.	2012	1,550	Face-to-face
U.K.	2011	936	Self-completion with interviewer involvement
Israel	2011-12	1,220	Face-to-face
Australia	2012	1,946	Self-completion by mail
Netherlands	2011	1,472	Self-completion by mail
Korea	2011	1,535	Face-to-face
Croatia	2011	1,210	Face-to-face
Switzerland	2011	1,212	Face-to-face
Sweden	2011	1,158	Self-completion by mail
Slovakia	2012	1,128	Face-to-face
Slovenia	2011	1,082	Face-to-face
Taiwan	2011-12	2,199	Face-to-face
Czech Republic	2012	1,804	Face-to-face
Chile	2011	1,559	Face-to-face
Denmark	2013	1,388	Internet
Germany (West)	2012	1,117	Self-completion with interviewer involvement
Germany (East)	2012	564	Self-completion with interviewer involvement
Turkey	2011-12	1,559	Face-to-face

Japan	2011	1,306	Self-completion with interviewer involvement
Norway	2012	1,834	Self-completion by mail
Philippines	2011	1,200	Face-to-face
Finland	2011	1,340	Self-completion by mail
France	2011	3,319	Self-completion by mail
Bulgaria	2011	1,003	Face-to-face
Belgium (Flanders)	2011	1,210	Self-completion with interviewer involvement and by mail
Belgium (Wallonia)	2012	1,873	Self-completion by mail
Poland	2013	1,115	Face-to-face
Portugal	2012–13	1,022	Face-to-face
South Africa	2011	3,004	Face-to-face
Lithuania	2011	1,187	Face-to-face
Russia	2011	1,511	Face-to-face

¹ Kenji Shimazaki, 2011. *Nihon no iryo: Seido to seisaku* [Japan's Health Care: System and Policies], Tokyo Daigaku Shuppankai.

² U.S. Department of Commerce Census Bureau, 2011. *Statistical Abstract of the United States 2011*.

³ For countries with weighted data, tabulation was conducted using the weighted figure. When answers were tabulated by totaling up answers to multiple answer options, actual numbers were added and percentages calculated; therefore, in some cases figures do not coincide with the added-up percentages.

⁴ OECD, 2013. *OECD Health Statistics 2013*. Data for Japan is from 2010.

⁵ Frequency of seeing a doctor was queried on a 5-point scale of "very often," "often," "sometimes," "seldom" and "never." Answers "very often," "often," and "sometimes" were grouped together as affirmative and analyzed on those terms.

⁶ OECD, 2011. *Health at a Glance 2011: OECD Indicators*.

⁷ Shimazaki 2011, *Nihon no iryo*.

⁸ Japan Institute for Labour Policy and Training, 2013. *Detabukku kokusai rodo hikaku (2013 nen ban)* [Databook of International Labour Statistics 2013].

⁹ OECD, 2013. From *OECD Health Statistics 2013*. Refer to data from 2011 or for the latest year available.

¹⁰ Narumi Eguchi and Naoko Numata, 2004. "Iryo ni kansuru ishiki no kokusai hikaku—yonkakoku no chihotoshi ni oite" [International Comparison of Attitudes toward Health Care in Regional Cities in Four Countries], in JMARI Working Paper, No. 105.

¹¹ Ministry of Health, Labour and Welfare [Japan], 2013. *Heisei 23-nendo kokumin iryohi no gaikyo* [Estimates of National Medical Care Expenditure, FY2011].

¹² Hideki Hashimoto, Naoki Ikegami, Kenji Shibuya, Nobuyuki Izumida, Haruko Noguchi, Hideo Yasunaga, Hiroaki Miyata, Jose M. Acuin, Michael R. Reich, 2011. "Cost Containment and Quality of Care in Japan: Is There A Tradeoff?" *The Lancet*, "Japan: Universal Health Care at 50 Years," Japan Center for International Exchange.

¹³ WHO, 2000. *The World Health Report 2000*.

¹⁴ Takaaki Kirino, 2014. *Iryo no sentaku* [Choices in Health Care], Iwanami Shoten.

¹⁵ Kenji Shibuya, Hideki Hashimoto, Naoki Ikegami, Akihiro Nishi, Tetsuya Tanimoto, Hiroaki Miyata, Keizo Takemi, Michael R. Reich, 2011. "Future of Japan's System of Good Health at Low Cost with Equity: Beyond Universal Coverage," *The Lancet*, "Japan: Universal Health Care at 50 Years," Japan Center for International Exchange.

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