

Study on Community Residents' Satisfaction with Medical Insurance in Harbin and its Influencing Factors

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ABSTRACT

This paper adopts a convenience sampling method to distribute questionnaires to community residents in Harbin, select samples, conduct descriptive statistics on their basic characteristics and carry out multiple regression analysis on satisfaction factors in order to study community residents' satisfaction with medical insurance in Harbin and its influencing factors. The results show that: community residents are satisfied with medical insurance, but there is still much room for improvement in community medical insurance services; satisfaction with medical insurance is influenced by the reimbursement system and medical insurance handling service factors, and to a large extent by personal characteristics such as household type, health status and marital status. This reflects that the current medical insurance services basically meet people's needs for basic living, but there is an urgent need to make targeted adjustments to further meet people's growing needs for a better life.

INTRODUCTION

The Fifth Plenary Session of the 19th CPC Central Committee proposed that the 14th Five-Year Plan period should focus closely on the theme of high-quality development and improve a multi-level social security system that covers all people, is integrated with urban and rural areas, is fair and uniform, and is sustainable. The purpose of improving the medical insurance system is to enable the people to enjoy the dividends of China's economic and social development and to ensure the well-being of the people [1]. China's medical insurance has been developed for decades, and the medical insurance system is an important part of the social security system, and in recent years, it has become a hot topic of concern for the Party and the State as well as society. The report of the 19th National Congress calls for the improvement of a unified basic medical insurance system for urban and rural residents and a major medical insurance system, as well as the establishment of a nationwide unified public social insurance service platform [2]. The report also calls for the establishment of a nationwide unified social insurance public

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service platform. At present, the number of insured persons in China has exceeded 1.35 billion, with a coverage of 95%. The improvement of the medical insurance system is inseparable from the joint efforts of multiple entities, and the satisfaction of the insured with the current medical insurance system can reflect the problems of medical insurance to a certain extent. Satisfaction with the medical insurance system is one of the most important indicators of the medical insurance system. In the context of the sustainable development of the basic medical insurance system for urban and rural residents, further investigation into the satisfaction of community residents with the medical insurance system and its influencing factors can provide a direction for the improvement of the medical insurance system.

REVIEW OF THE LITERATURE

As the reform of China's medical and health care system continues to progress, the community health service system has received widespread attention as an important part of it [3]. The new health care reform has made the improvement of the primary health care service system one of the five reforms to be focused on [4].

In terms of the current situation of satisfaction, Zhang Xiao and other scholars identified the factors influencing the satisfaction of urban residents' medical insurance in China through surveys and the construction of logistic regression models. The results showed that respondents were moderately satisfied with the basic medical insurance for urban residents but were less satisfied with the government's provision of medical services and their perception of the level of public medical care. In addition, different scholars have conducted studies on the current state of satisfaction with medical insurance in different regions, as a way to assess the effectiveness of the implementation of medical insurance. In the eastern region of China, the level of satisfaction with medical insurance among insured residents is between average and more satisfied. In Shandong province, for example, Sun Qian conducted a survey on residents' real willingness to participate in the insurance scheme and the factors influencing it through a stratified random sampling method [5]. In the central part of the country, satisfaction with medical insurance among insured residents is generally good, but not at an excellent level. Taking a county in Henan province as an example, Sun Di believes that contribution and reimbursement mechanisms, government guarantees, and public trust are important factors affecting residents' satisfaction in the region [6]. In the southwest of China, participating residents are more satisfied with their medical insurance. In Guizhou, for example, the public is more satisfied with the services provided in the process of medical insurance, but less satisfied with policy promotion and efficiency [7]. As can be seen, the overall satisfaction with medical insurance among insured residents in different regions shows slight differences.

In terms of factors influencing medical insurance satisfaction, Yu Benhai used structural equation modeling to construct a model of residents' medical insurance satisfaction, and the results of the study showed that factors such as management services, policy medical insurance and medical services all positively influenced participants'

satisfaction [8]. The results of the study show that factors such as service delivery, policy coverage and medical services all positively influence participants' satisfaction. Zhang Lin et al. analyzed the hierarchical association between the factors influencing the satisfaction of residents' medical insurance and concluded that factors such as the effectiveness of treatment in medical institutions, the level of individual contributions, and overall satisfaction with the current policy had a significant impact on the satisfaction of the participants [9].

Overall satisfaction with residents' medical insurance also varies depending on the individual characteristics of the insured residents. Liu Shan hong and Lu Zhenwei identified per capita household income and awareness of medical insurance as important factors influencing satisfaction with medical insurance [10]. The degree of awareness of medical insurance is an important factor. Hou Xiaofu and Niu Qian believe that the health status of the insured and the rate of household balance are also significantly related to the satisfaction of social medical insurance [11]. Jia's questionnaire study found that in Guizhou Prefecture, the strength and scope of medical insurance reimbursement was related to overall satisfaction [12].

Medical insurance handling services are also one of the most important factors affecting satisfaction with medical insurance. Zhai Shaoguo analyzed the satisfaction of urban and rural residents with their medical insurance and found that the quality of the services provided varied from region to region, but that the overall satisfaction of the public with the providers was generally [13]. Among them, the ease of consulting medical insurance accounts [14], the promotion of medical insurance providers [15] and the perception of the services provided [16] are all important factors that influence satisfaction with the services provided. In addition to the service and publicity of the agency itself, the policies of the agency are also an indicator of the satisfaction of the insured residents. Chen Qiaoling used a stratified random sampling method to study satisfaction with medical insurance and concluded that both the reimbursement ratio and the resolution of the burden of seeing a doctor were risk factors affecting satisfaction [17]. In addition, the ultimate goal of the medical insurance system is to meet the medical needs of the insured. Taking Tiantai County, Zhejiang Province as an example, Qiu Yulin found that the most significant factor influencing residents' satisfaction was the level of medical care in the designated hospitals [18]. Yang Hongyan confirmed through her research that the perceived value of medical services has a significant positive impact on residents' satisfaction [19]. The survey found that the most significant factor influencing residents' satisfaction was the level of medical care. Sheng Yanong, based on a survey in Chongqing, found that accessibility of medical institutions, medical facilities and attitude of medical staff were also the main factors influencing the satisfaction of insured farmers [20]. The survey found that the accessibility of medical institutions, medical facilities and the attitude of medical staff were also the main factors affecting the satisfaction of participating farmers.

In general, there is a rich body of research on residents' satisfaction with medical insurance, and the factors that influence satisfaction have been explored in many ways. However, the studies on the factors affecting satisfaction are scattered in several papers and lack a comprehensive summary. Based on this, this study takes the community of

Harbin as an example and investigates the satisfaction of community residents with their medical insurance and the factors that influence it, summarizing the relevant factors, focusing on the personal characteristics of the residents, the rationality of the reimbursement system and the service factors of the medical insurance handling.

THEORETICAL FRAMEWORK

In the medical insurance market, participants can view medical insurance as an economic product, and according to the rational economic man hypothesis, participants purchase medical insurance in order to obtain cost-effective medical services, which is reflected in the hope that the cost of purchasing it is much less than the benefits obtained. Therefore, when the benefits are gradually greater than the cost of purchase, participants' satisfaction with medical insurance will increase accordingly. Satisfaction with a product can be reflected in both the value of its use and the service it is sold for.

On the one hand, the purpose of medical insurance for the insured is to reduce the financial burden when treating illnesses, which is the value of the use of medical insurance for the insured. The rationality of the reimbursement system, i.e. the scope of reimbursement [12] and the time frame for reimbursement, affects the value of the use of medical insurance under the condition of uniform contribution costs. A large scope of reimbursement means that the medical insurance can be used in a wide range of ways, and a long reimbursement period gives the participant a longer period of time to reimburse the costs and facilitates the participant's free time. It is generally believed that the larger the scope of reimbursement and the longer the reimbursement period, the greater the value of medical insurance use and the higher the satisfaction of participants with medical insurance. Based on this, the following research hypothesis is proposed.

H1: Reasonableness of the reimbursement system has a positive impact on the satisfaction of the insured residents.

On the other hand, sales services can enhance the buying experience of customers, increase product stickiness and attract more customers through improved word-of-mouth. medical insurance handling services are essentially a sales service for medical insurance. The implementation of the medical insurance system is influenced to some extent by the service provided [7], [16]. The medical insurance handling service is composed of factors such as the attitude and quality of service of the staff handling the service, the setting up of medical insurance service windows and the provision of service facilities. A good attitude and quality of service from the staff can help participants to complete the process of premium payment and reimbursement smoothly and give them a good experience. Properly set up medical insurance service windows and well-equipped service facilities can save participants' time costs. Based on this, the following research hypothesis is proposed.

H2: Medical insurance handling services have a positive impact on the satisfaction of the insured residents.

EMPIRICAL ANALYSIS

Sample Selection and Survey Implementation

From March to May 2022, the survey team used the internet to distribute questionnaires to residents of Harbin community by using a convenient sampling method. 300 questionnaires were distributed, and 229 questionnaires were collected after eliminating invalid ones, with a valid return rate of 76.33%. The age of the sample ranged from 18 to 67 years old. The sample's education level ranged from high school, secondary school, college and above. The basic characteristics of the sample are shown in Table 1.

TABLE 1. BASIC SAMPLE CHARACTERISTICS.

Variables [↕]	Type [↕]	Frequency [↕]	Proportion% [↕]
Age [↕]	0 to 20 years old [↕]	38 [↕]	16.59 [↕]
	21 to 40 years old [↕]	153 [↕]	66.81 [↕]
	41 to 60 years old [↕]	27 [↕]	11.79 [↕]
	61 to 80 years old [↕]	11 [↕]	4.80 [↕]
Gender [↕]	Male [↕]	103 [↕]	44.98 [↕]
	Female [↕]	126 [↕]	55.02 [↕]
Occupation [↕]	Students or unit staff [↕]	212 [↕]	92.58 [↕]
	Retired or unemployed [↕]	17 [↕]	7.42 [↕]
Education level [↕]	High school, secondary school and below [↕]	50 [↕]	21.83 [↕]
	Bachelor's degree, college and above [↕]	179 [↕]	78.17 [↕]
Monthly income [↕]	0~2000RMB [↕]	64 [↕]	27.95 [↕]
	2001~4000RMB [↕]	45 [↕]	19.65 [↕]
	4001~6000RMB [↕]	85 [↕]	37.12 [↕]
	6001~8000RMB [↕]	30 [↕]	13.10 [↕]
	8000 RMB and above [↕]	5 [↕]	2.18 [↕]
Type of household [↕]	Urban residence [↕]	86 [↕]	37.55 [↕]
	Rural residence [↕]	143 [↕]	62.45 [↕]
Marital Status [↕]	Unmarried, divorced or widowed [↕]	64 [↕]	27.95 [↕]
	Married [↕]	165 [↕]	72.05 [↕]
Health status [↕]	Good [↕]	208 [↕]	90.83 [↕]
	Poor [↕]	21 [↕]	9.17 [↕]
How you live [↕]	Living together [↕]	173 [↕]	75.55 [↕]
	Living alone [↕]	56 [↕]	24.45 [↕]

Main Variables and Strategy Approach

Independent variable: satisfaction with medical insurance services for community residents. The specific measurement entries are as follows: Are you satisfied with the scope of the medical insurance policy reimbursement? Your evaluation of the overall impression of the medical insurance handling service? How do you rate the attitude of the medical insurance administration staff? How would you rate the quality of service provided by the medical insurance staff? How do you rate the service windows and facilities in the medical insurance service hall? How would you rate the time frame for processing medical insurance claims? Satisfaction with medical insurance services often includes satisfaction with the reimbursement system [12], [16], [20] and satisfaction with the medical insurance handling service [8], [19]. Of these, the scope of the medical insurance policy reimbursement and the time frame for processing medical insurance claims are factors in the rationalization of the reimbursement system. Generally speaking the greater the insurance coverage [12] and the longer the time frame for reimbursement, the greater the satisfaction of community residents with their medical insurance. The overall impression of the medical insurance service, the service attitude of the medical insurance staff, the service quality of the medical insurance staff, the setting of the service window and the service facilities in the medical insurance service hall are factors of the process of the medical insurance handling service. Generally speaking, the better the overall impression of the medical insurance service, the better the service attitude of the medical insurance staff, the higher the service quality, the more reasonable the setting of the medical insurance service window and the more sound the service facilities, the greater the satisfaction of the community residents with the medical insurance. The better the service quality, the better the service attitude of the staff, the more reasonable the service windows and the better the service facilities, the greater the degree of satisfaction of the community residents with the medical insurance. Therefore, the reimbursement system factor and the medical insurance service factor are important components of medical insurance satisfaction.

Dependent variable: satisfaction with community residents' medical insurance. The specific measurement entries are as follows: How satisfied are you with the services provided by the Community Residents' Basic Medical Insurance?

Control variables: age (0-20 years old = 20 21-40 years old = 40 41-60 years old = 60 61-80 years old = 80), gender (male = 1 female = 2), occupation (student or unit worker = 1 retired or unemployed = 2), education level (high school, secondary school and below = 1)

(Bachelor, college and above = 2), monthly income (Ln processing 0~2000 = 2000 2001~4000 = 4000 4001~6000 = 6000 6001~8000 = 8000 8000 and above = 10000) 11, type of household (Urban residence= 1 Rural residence= 2), marital status (unmarried, divorced or widowed = 1 married = 2) Health status (good=1 poor=2), How you live (living together=1 living alone=2)

Statistical Analysis

DESCRIPTIVE STATISTICS

Community medical insurance satisfaction measurement. A five-point Likert scale was used to assign a score of 1 to 5 to "dissatisfied, average, basically satisfied, satisfied and very satisfied". The results showed that the satisfaction level of community residents with medical insurance was above 4 points, which fully affirmed the effectiveness of the basic medical insurance system for urban and rural residents, but there was still 1~2 points in the sample, i.e., "dissatisfied, average". Therefore, although the current medical insurance system has achieved good results, there is still room for improvement and development.

TABLE 2. DESCRIPTIVE STATISTICS OF COMMUNITY RESIDENTS' SATISFACTION WITH MEDICAL INSURANCE.

Variables	Assignment	Average	Standard deviation
Community residents' satisfaction with medical insurance	1~5	4.41	0.85

TABLE 3. DESCRIPTIVE STATISTICS OF COMMUNITY RESIDENTS' SATISFACTION WITH MEDICAL INSURANCE SERVICES.

Variables [□]	Assignment [□]	Average [□]	Standard deviation [□]
Satisfaction with medical insurance services for community residents [□]	1~5 [□]	4.08 [□]	0.81 [□]
Medical insurance policy reimbursement coverage [□]	1~5 [□]	4.082969 [□]	0.8969333 [□]
Overall impression of the medical insurance services [□]	1~5 [□]	4.323144 [□]	0.9735253 [□]
Service attitude of medical insurance staff [□]	1~5 [□]	3.799127 [□]	1.044534 [□]
Quality of service for medical insurance staff [□]	1~5 [□]	4.331878 [□]	1.057092 [□]
Installation of service windows and provision of service facilities in the medical insurance service hall [□]	1~5 [□]	3.69869 [□]	0.996066 [□]
Time limit for processing medical insurance claims [□]	1~5 [□]	4.28821 [□]	0.9844808 [□]

Satisfaction measurement of community residents' medical insurance services. Community residents' medical insurance services mainly include the scope of medical insurance policy reimbursement, the overall impression of medical insurance handling services, the attitude of medical insurance administration staff, the service quality of medical insurance administration staff, the setting up of service windows and the provision of service facilities in medical insurance service halls, and the time limit for processing medical insurance reimbursement. Changes to a particular service item can have a significant impact on the entire medical insurance service system. Therefore,

community residents' satisfaction with medical insurance services is to a certain extent a combination of the satisfaction situation of the six service items mentioned above. The results found that community residents' satisfaction with medical insurance services was 4.08, which shows that community residents are more likely to approve of the current medical insurance services. Satisfaction with the insurance coverage of medical insurance policies, the overall impression of medical insurance handling services, the service quality of medical insurance handling staff and the time limit for processing medical insurance claims are all above 4, while satisfaction with the service attitude of medical insurance medical insurance staff and the setting of service windows and the provision of service facilities in medical insurance service halls are all below 4, which to a certain extent indicates that there is still much room for improvement in the current medical insurance services and the service staff's The service attitude of the service staff and the service facilities are not fully recognized by the community residents.

MULTIPLE LINEAR REGRESSION MODELS

TABLE 4. MULTIPLE REGRESSION ANALYSIS OF FACTORS INFLUENCING COMMUNITY RESIDENTS' SATISFACTION WITH MEDICAL INSURANCE.

Independent-variable [↗]	Dependent-variable: community-residents'- satisfaction-with-medical-insurance [↗]	
	Model-I [↗]	Model-2 [↗]
Age [↗]	0.003 [↗]	0.002 [↗]
Gender [↗]	0.044 [↗]	0.032 [↗]
Occupation [↗]	0.183 [↗]	0.181 [↗]
Education-level [↗]	-0.025 [↗]	-0.048 [↗]
Monthly-income-(Ln) [↗]	0.042 [↗]	0.057 [↗]
Type-of-household [↗]	0.160** [↗]	0.176** [↗]
Marital-Status [↗]	-0.100 [↗]	-0.001 [↗]
Health-status [↗]	-1.113*** [↗]	-1.302*** [↗]
How-you-live [↗]	-0.239*** [↗]	-0.236*** [↗]
Satisfaction-with-medical-insurance- services-for-community-residents [↗]	[↗]	0.362*** [↗]
R-squared [↗]	0.596 [↗]	0.626 [↗]
Adj-R-squared [↗]	0.579 [↗]	0.609 [↗]
F-value [↗]	35.95 [↗]	36.60 [↗]

In this study, a progressive regression approach was used to incorporate the control variables and community residents' satisfaction with medical insurance services into the regression model to generate Models I and II. Model 1 includes the control variables and Model 1 includes the control variables and satisfaction with community medical insurance services.

As can be seen from Model 1 in Table 4, the explanatory power of the control variables on the model reached 57.97%, indicating that personal characteristics such as

gender largely influence community residents' satisfaction with their medical insurance. Age, gender, occupation, health status, monthly income and household type were positively related to community residents' satisfaction with medical insurance. Older people in the community are more satisfied with medical insurance; female residents are more satisfied with medical insurance [21]. The higher the monthly income, the higher the level of satisfaction with medical insurance; the better the health status, the higher the level of satisfaction with medical insurance and the higher the level of satisfaction with medical insurance [11]. The higher the monthly income, the higher the satisfaction with medical insurance; the better the health status, the higher the satisfaction with medical insurance. Education level, marital status and mode of residence had an inverse effect on satisfaction with medical insurance. The higher the education level, the lower the satisfaction level with medical insurance [21]. Married people are less satisfied with their medical insurance than unmarried people [21]. Satisfaction with medical insurance is lower and more significant among people living together than among people living alone. This may be due to the fact that people with higher educational attainment have higher expectations of their ideal medical insurance and therefore are less satisfied with the current medical insurance. Married and cohabiting people, on the other hand, are more likely to have families, to have stressful lives, and to expect medical insurance to play a more significant role in their lives and are therefore less satisfied.

As can be seen from Model 2 in Table 4, Model 2 adds the satisfaction situation of community residents' medical insurance services to Model 1, which is composed of the scope of medical insurance policy reimbursement [12], the overall impression of medical insurance handling services, the service attitude of medical insurance handling staff, the service quality of medical insurance handling staff, the setting of service windows and the provision of service facilities in medical insurance service halls, and the time limit for processing medical insurance reimbursement were six variables. The explanatory power of Model 2 reached 60.96%, and the explanatory power of the model was further improved. The results found that the higher the community residents' satisfaction with the medical insurance services, the higher their satisfaction with medical insurance increased. This result is consistent with Yu Benhai's results [8]. However, the explanatory power of Model 2 only increased by 2.99% compared to Model 1, indicating that there is still much room for improvement in community medical insurance services and that residents' satisfaction with medical insurance is largely influenced by their own personal characteristics, the result also obtained by Zhang Xiao [20].

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The descriptive statistics and empirical analysis of the data collected in this survey led to the following conclusions.

On the whole, more respondents were "relatively satisfied" or "satisfied" with the current community medical insurance policy in Harbin, and fewer were "dissatisfied".

From this situation, it is clear that Harbin residents are relatively satisfied with the current community medical insurance policy. From the regression analysis, it can be concluded that six satisfaction factors, including the scope of medical insurance reimbursement, the time limit for medical insurance reimbursement, the setting of service windows and service facilities in medical insurance service halls, the service quality of medical insurance staff, the service attitude of medical insurance staff, the overall impression of medical insurance service, all affect the satisfaction of the respondents with the residents' medical insurance to varying degrees. The scope of reimbursement under the community medical insurance system has the greatest influence on the satisfaction of the respondents. Therefore, it can be seen that the scope of reimbursement under the community medical insurance system is a key factor influencing residents' satisfaction with their medical insurance. The overall reputation of the medical insurance scheme is good, but there are still some respondents who feel that the value for money of the medical insurance scheme does not meet their requirements. The main reasons for dissatisfaction with medical insurance are as follows. Firstly, 10.94% of the respondents were dissatisfied with the scope of their medical insurance, believing that the scope of insurance was too limited and that the coverage did not meet their needs. Secondly, the medical insurance handling service also had a significant impact on the respondents' satisfaction with their medical insurance. The majority of people insured under the medical insurance scheme are unemployed or school students. The former group is characterized by a limited level of education, while the latter group are school students who do not have the appropriate social experience and are therefore less able to operate the medical insurance administration independently.

Recommendations

Based on the findings of the research, the following recommendations are made for the development and implementation of government medical insurance policy.

1). Appropriately increase the reimbursement rate [16] and reasonably expand the scope of reimbursement.[12] Insured persons are mostly disadvantaged and have limited financial resources of their own. The government should increase the financial subsidy standard for medical insurance premiums to avoid the situation where people are not insured because they cannot afford to pay the premiums, and to minimize the financial burden of insurance on the insured. The current scope of medical insurance reimbursement is not sufficient to meet the needs of the insured. The government should raise the standard of treatment and coverage and expand the scope of reimbursement appropriately so that everyone can have access to medical treatment.

2). Improving primary care facilities and strengthening personalized services. Some neighborhoods are located a long way from major hospitals, and the medical facilities in the neighborhoods are inadequate and have limited medical standards and a backward workforce. Residents have a negative stereotype of primary care facilities and a low level of trust. This situation has led to the misconception that the public cannot use their medical insurance on a regular basis. The insured are most impressed by the primary health care facilities. Insured people are more likely to choose a nearby medical structure

that is convenient for them to visit first. The government should strengthen the construction of primary care facilities, effectively invest in them, balance the investment of medical resources, adopt appropriate talent subsidies to attract talent, and improve the standard of primary care to increase public trust in medical insurance. At the same time, private capital should be introduced into the primary care sector to enrich the choices of the insured and improve the quality of primary care services.

3). Strengthen the popularization of the medical insurance handling process [17]. In this study, it was common for participants to be unaware of the reimbursement process and even unaware of the scope of reimbursement. The government should take relative measures to address this phenomenon. The relevant departments should strengthen their publicity efforts by adding flow charts that consider the specificities of the population, or they can make full use of the advantages of big data to create easy-to-understand video animations to facilitate the public's understanding of the specific processes of medical insurance administration. Make effective use of the power of today's short-form video media by registering video numbers and pushing the latest policies through these new media in a timely manner to increase the impact and radiation to ensure that people understand the cutting-edge messages of medical insurance policies.

4). Strengthen the team of medical insurance handling service personnel. Conducting job skills training and strengthening service awareness education is an effective way to enhance service awareness. For the characteristics of medical insurance handling services, a series of training courses are developed to train and rehearse various aspects of language communication, service etiquette and communication skills, so that service personnel can master their service skills and continuously enhance their service awareness. Through professional ethics education, service staff are guided to clarify their role in the workplace, establish good moral qualities and possess good professional cultivation. Cultivate a service attitude that is responsible for the clients and satisfies the policyholders. Educate service staff to treat policyholders with "empathy", to understand their anxious attitude and their lack of knowledge, and to treat them with better service; to take the initiative to explain the reasons for the policyholder's needs beyond the scope of insurance to gain the policyholder's understanding; and to answer the policyholder's questions patiently to enhance service satisfaction. To improve service satisfaction.

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