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Research Report

Source of healing or bone of contention? Trust in the German healthcare system during the coronavirus crisis

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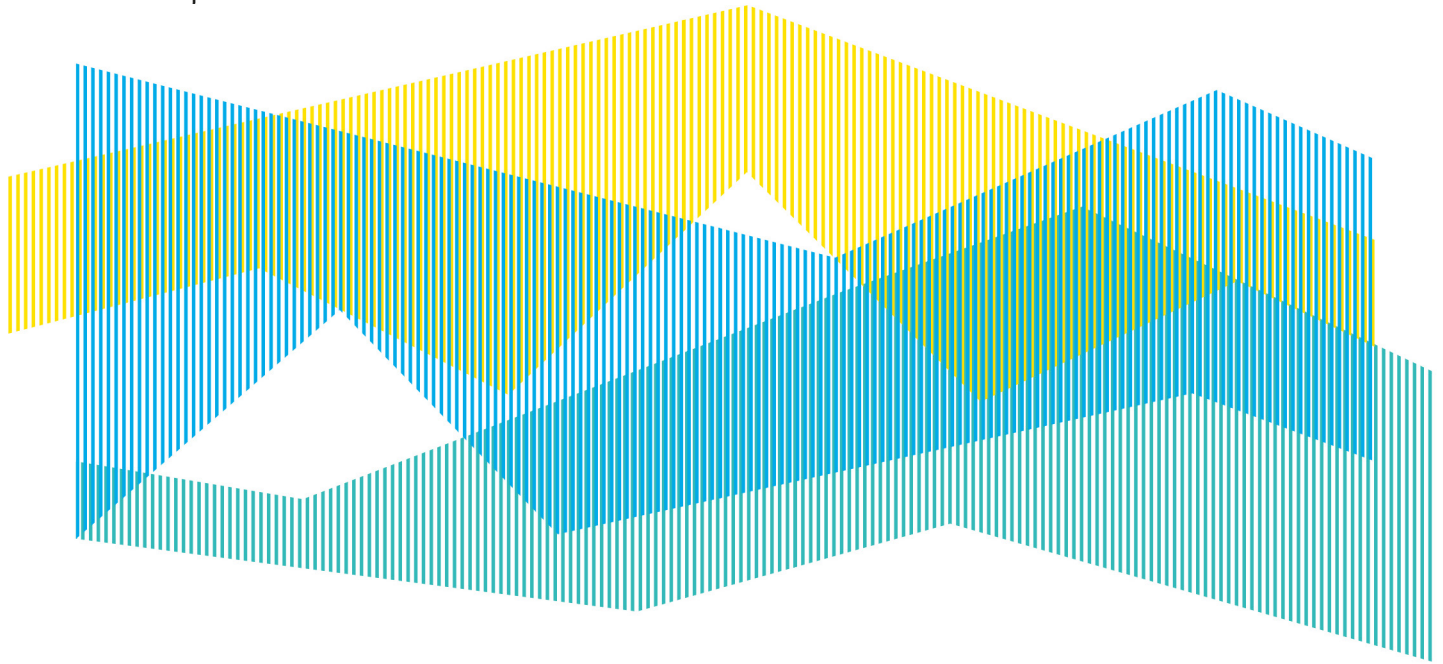
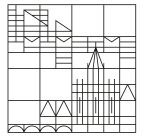
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COVID-19 and Inequality – Arguments and Findings

Author

Marius R. Busemeyer

Source of healing or bone of contention? Trust in the German healthcare system during the coronavirus crisis

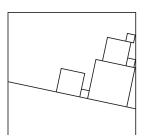
Abstract

The persistent challenge posed by the coronavirus crisis raises questions concerning the efficiency and fairness of the German healthcare system. Based on new representative survey data, this paper examines what Germans think of the system's general strength and fairness. Whereas trust in the system's ability to avoid the unequal treatment of different groups of the population is high, people are more skeptical when it comes to its strength and efficiency. Political preferences play a role here, with supporters of the right-wing populist Alternative for Germany (AfD) much more skeptical than those supporting the center-right Christian Democrats (CDU/CSU) and the Green Party. Trust in the healthcare system and political trust, especially in the truthfulness of the federal government's information policy, are closely linked. Information policy, therefore, plays a crucial role when it comes to securing public trust in the healthcare system.



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Tested by COVID-19: Public trust in the healthcare system and the welfare state

The German healthcare system—like that of many other countries—continues to face major challenges posed by the coronavirus crisis. Providing medical care to seriously ill patients, testing newly infected persons with and without symptoms, tracking the contact data of infected persons, addressing the risk of hospitals and doctors' offices being overwhelmed by a surge in patient numbers—all these things put the German healthcare system under heavy stress at the peak of the pandemic in spring 2020. A careful interim assessment at this point suggests that, compared to other countries, Germany has weathered this historically unprecedented crisis quite well. The number of COVID-19-related deaths has been small in international comparison; at the same time, German policy makers have managed to stay clear of the most drastic lockdown measures and even stronger infringements on basic democratic rights that occurred in some Southern European countries, for example. To boost economic recovery, the federal government has launched a massive stimulus package and a range of other measures. On the one hand, initial opinion polls on these issues show that the measures passed are, for the most part, widely supported by the population.¹ On the other hand, thousands of people continue to take to the streets, most recently in early August and early September in Berlin, to protest against COVID-19-related temporary restrictions. Whereas the early phase of the coronavirus crisis was still marked by wide-ranging consensus regarding the necessity of restrictions in large parts of the population, we are now seeing signs of growing polarization in society when it comes to dealing with COVID-19.

One important and little researched aspect of the public debate is the extent to which people trust the healthcare system in the narrower sense and the welfare state in the wider sense. Trust in the functioning of the welfare state plays a crucial role in citizens' willingness to pay high taxes to maintain it.² What is more, a welfare state enjoying a high level of trust has a positive effect on people's willingness to participate in the political process.³ As a consequence, public trust in the efficiency of the national healthcare system—in times of COVID-19, a key policy area in terms of social welfare and prevention—is a decisive factor in whether or not short-term "disagreements" between societal and political groups lead to a long-term reinforcement of social divisions.

In recent years, political debates about healthcare in Germany largely revolved around the dualism between private and public health insurance, the potential for improving the system's performance and lowering its costs, the promotion of prevention, and the links between social inequality and individual health outcomes.⁴ Empirical studies have shown low educational attainment, low income, and precarious employment to be closely linked to poor health.⁵

¹ See, for example, the results of the Mannheim Coronavirus Study (<https://www.uni-mannheim.de/gip/corona-studie/>) or the COSMO project (<https://projekte.uni-erfurt.de/cosmo2020/cosmo-analysis.html>). See also Diehl, C. & Wolter, F. (2020): Raus aus dem Lockdown? Warum es manchen zu schnell und anderen nicht schnell genug geht. Policy Papers: COVID-19 und soziale Ungleichheit – Thesen und Befunde 03. Cluster of Excellence "The Politics of Inequality" at the University of Konstanz.

² See, for example, Rothstein, B. (1998): *Just Institutions Matter: The Moral and Political Logic of the Universal Welfare State*. Cambridge: Cambridge University Press; Meuleman, B. & Heejung Chung, H. (2012): Who Should Care for the Children? Support for Government Intervention in Childcare. In: Ervasti, H., Andersen, J. G., & Ringdal, K. (Eds.): *The Future of the Welfare State: Social Policy Attitudes and Social Capital in Europe*. Cheltenham, UK; Northampton, MA, USA: Edward Elgar Publishing, 107–131; Roosma, F., van Oorschot, W., & Gelissen, J. (2014): The Preferred Role and Perceived Performance of the Welfare State: European Welfare Attitudes from a Multidimensional Perspective. *Social Science Research*, 44, 200–210.

³ See, for example, Kumlin, S. & Rothstein, B. (2005): Making and Breaking Social Capital: The Impact of Welfare-State Institutions. *Comparative Political Studies*, 38(4), 339–65.

⁴ See, for example, Gerlinger, T., & Rosenbrock, R. (2018). Gesundheitspolitik. In: Kriwy, P. und Jungbauer-Gans, M. (Eds.): *Handbuch Gesundheitssoziologie*. Springer Reference Sozialwissenschaften.

⁵ See, for example, Hoebel, J., Rommel, A., Schröder, S. L., Fuchs, J., Nowossadeck, E. & Lampert, T. (2017): Socioeconomic Inequalities in Health and Perceived Unmet Needs for Healthcare among the Elderly in Germany. *International Journal of Environmental Research and Public Health*, 14(10), 1–18; Siegel, M., Vogt, V. & Sundmacher, L. (2014): From a Conservative to a Liberal Welfare State: Decomposing Changes in Income-Related Health Inequalities in Germany, 1994–2011. *Social Science & Medicine*, 108, 10–19.

About the survey

In this paper, we present the results of a survey of 3,200 respondents across Germany conducted by the “The Politics of Inequality” Cluster of Excellence at the University of Konstanz from late April to early May 2020. For more information on the survey program of the Cluster of Excellence, see <https://www.exc.uni-konstanz.de/en/inequality/research/covid-19-and-inequality-surveys-program/>

Health-related disparities have become more common in recent years, a trend that may be linked to the growth of precarious types of employment as part of the liberalization of the German welfare state and labor market.⁶ Furthermore, persons with low socioeconomic status, primarily older people, experience problems accessing healthcare services.⁷

In the debates about the German healthcare system, this evidence on persistent inequalities is found on one side. On the other side, there is the discussion on whether financial and human resources are put to inefficient use. For example, the authors of a recent Bertelsmann Foundation study released prior to COVID-19 argue that cutting the number of hospitals by roughly 50 percent would not only lead to more efficiency but would also improve the quality of treatment if medical specialists were pooled more efficiently in the remaining hospitals.⁸ During the coronavirus crisis, when the added value of redundancies and extra capacities in the hospital sector beyond statistical cost effectiveness became evident, this study was criticized accordingly.⁹ In any case, the debates on inequality and efficiency in the healthcare system clearly show that COVID-19 is very likely to refuel healthcare reform issues in the months leading up to the 2021 federal elections.

The present policy paper analyzes and evaluates results from a recent representative survey on the public perception of the efficiency and fairness of the German healthcare system (see info box “About the survey”).¹⁰ Respondents were asked, among other things, about the (perceived) efficiency of the system’s response to the crisis and whether they perceived inequalities in the way different groups of the population received treatment. In addition, the paper looks at the links between public trust in the healthcare system and trust in other institutions of political and social life.

The healthcare system in the coronavirus crisis: Fair but not necessarily efficient

How do respondents rate the efficiency of the German healthcare system’s response to the crisis? Do they think the system was well-prepared for the pandemic? And do they believe that all people have the same chance of getting treatment? These questions are discussed based on respondents’ subjective assessments, which may certainly differ from expert judgments. Ultimately, however, it is these subjective assessments and perceptions of citizens that are politically relevant and determine whether an erosion of trust in the welfare state leads to polarization in society. The political relevance of these assessments is also evident in the extent to which they correlate with party ideologies.

⁶ See Siegel et al. (2014).

⁷ See Hoebel et al. (2017).

⁸ Loos, S., Albrecht, M. & Zich, K. (2019): Zukunftsfähige Krankenhausversorgung. Simulation und Analyse einer Neustrukturierung der Krankenhausversorgung am Beispiel einer Versorgungsregion in Nordrhein-Westfalen. Gütersloh: Bertelsmann Stiftung.

⁹ For the Bertelsmann Foundation’s response to its critics, see, for example: <https://www.bertelsmannstiftung.de/de/themen/aktuelle-meldungen/2019/juli/eine-bessere-versorgung-ist-nur-mit-halb-so-vielen-kliniken-moeglich>.

¹⁰ For more information on survey methodology, see: <https://www.exc.uni-konstanz.de/en/inequality/research/covid-19-and-inequality-surveys-program/documentation>.

Figure 1:

Perceived efficiency and unequal treatment in the German healthcare system's response to the coronavirus crisis.

Left:

"If you think of how the German healthcare system is handling the coronavirus crisis—how would you rate the efficiency of its crisis management?" Responses on a scale of 0 ("very inefficient") to 10 ("very efficient").

Right:

"Do you think that doctors and nursing staff give preferential treatment to certain groups of the population during the coronavirus crisis, or do you think everyone is treated the same?"

Responses on a scale of 0 ("Some groups are preferred") to 10 ("Everyone gets the same treatment").

In the calculation of the descriptive statistics, the data were weighted to offset existing minor disparities in the coverage of different groups of the population.

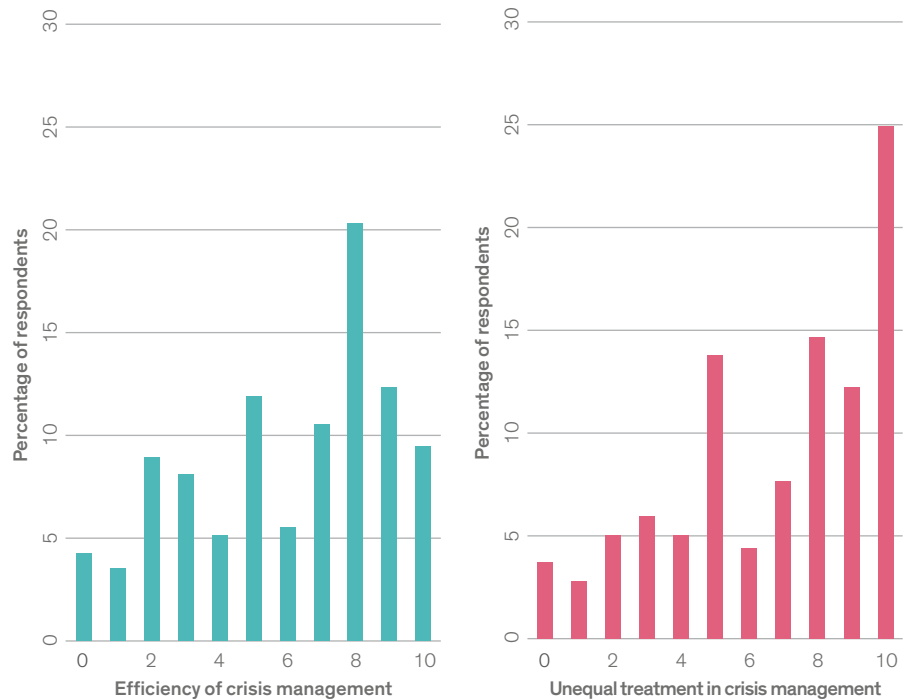


Figure 1 shows respondents' perception of the degree of efficiency and unequal treatment in the German healthcare system's response to the crisis. A comparison of the two distributions reveals that respondents are more critical in their assessment of the efficiency of crisis management (average value: 6.0 points on the scale) than they are in their assessment of presumed unequal treatment (average: 6.8 points on a scale of 0 to 10). The fact that there are more respondents who think of the healthcare system as inefficient than respondents who suspect unequal treatment is also evident in the distribution of responses. For the efficiency question, comparatively more respondents are found in the lower half of the scale, and the category with the relatively highest number of cases at a value of 8 is below the possible top value of 10. In the responses to the inequality question, by contrast, the highest category (10) is also the mode (that is, the most frequently chosen response), and the distribution is more right-skewed. In summary, these two initial findings show that people believe the healthcare system performed well or very well overall in avoiding unequal treatment, whereas the efficiency of crisis management is often considered only satisfactory or good at best.

Trust in the healthcare system: AfD supporters are more skeptical

The reason for the latter assessment may be, on the one hand, that respondents think the German healthcare system was ill-prepared for such a crisis from the outset. On the other hand, the scope of the crisis may simply have been too large for any system to accomplish a truly efficient crisis response. That is why the survey included another question concerning respondents' "basic trust" in the healthcare system prior to the crisis: "In your opinion, how well was the German healthcare system prepared for the coronavirus crisis?"¹¹ Again, the responses tend to be critical, with an average of only 36.2 percent of respondents stating that the German healthcare system was prepared "rather well" or even "very well" for the crisis.

¹¹ Since the data on this issue were collected at the same time point (as part of the same survey), the possibility that respondents' subjective assessments of the healthcare system's current crisis performance influence their "basic trust" cannot be ruled out. Unfortunately, this is unavoidable given the design of the present survey.

Furthermore, when looking at respondents' political party preferences, the data suggest potential polarization concerning this question. A breakdown by long-term party affiliation shows supporters of the right-wing populist Alternative for Germany (AfD) to have below-average trust in the healthcare system, with only 18.8 percent in this group stating that the system was "rather well" or "very well" prepared. Trust in the German healthcare system is highest among supporters of the center-right Christian Democratic parties (CDU/CSU, 45.4 percent).¹²

Another question was, "Imagine you were to fall ill with the coronavirus. How much do you trust the healthcare system to provide you with the treatment you need?" This question was designed to examine the possibility of unequal treatment in the healthcare system from a more individual perspective by asking respondents to imagine they are personally affected. In this way, it is possible to capture "individualized" trust in the efficiency of the system, with results complementary to the previous findings: People's trust in the system's ability to avoid unequal treatment is higher than their trust in its ability to respond to the crisis in an efficient manner. In total, an average of 67.6 percent of respondents report their trust in the healthcare system's ability to provide them with the necessary treatment in case they become ill from the coronavirus themselves to be "very high" or "high." Again, differences emerge by political (party) preference, with trust again being below average among AfD supporters (44.1 percent) and highest among supporters of the Green Party (Bündnis 90/Die Grünen, 80.4 percent).

Income and health insurance status matter: Trust is higher among high earners

Aside from party preferences, the degree of trust in the healthcare system may also be influenced by a person's socioeconomic background. As briefly mentioned above, persons with low socioeconomic status more often report not getting the treatment they believe is necessary.¹³ In addition, there is the dualism between private and public health insurance. In Germany, about 90 percent of the population are insured by a public (statutory) health insurance provider, whereas the remaining 10 percent have private health insurance. The percentage of persons with private insurance has grown over time.¹⁴ However, private health insurance is only available for high earners, civil servants, and self-employed individuals. Those with private health insurance tend to get better medical treatment (although the difference between public and private care is not as pronounced in Germany as it is in other countries), whereas treatment conditions for persons covered by public health insurance are largely uniform.

Figure 2 (page 6) reveals trust in the healthcare system to differ systematically by income groups (as a rough indicator of socioeconomic class), both with regard to "basic trust" in the system's ability to master a crisis and with regard to individualized trust in getting appropriate treatment in case of falling ill from the coronavirus. In the latter case, 86.2 percent of respondents in the highest income group (more than €6,000 net household income per month) stated having "very high" or "high" trust in the healthcare system to provide them with the necessary care in case they need to be treated for a coronavirus infection.

¹² Party affiliation was measured via the following question: "Many people in Germany tend to identify with a specific political party over a long period of time. Which of the following parties would that be for you? "1. CDU/CSU. 2. SPD. 3. FDP. 4. Die Linke. 5. AfD. 6. Bündnis90/Die Grünen. 7. Other party. 8. No party. 9. Prefer not to respond." The descriptive analyses consider only those respondents who indicated a long-term affiliation with a specific party. Those who did not name a party, who named a party not represented in the Bundestag, or who chose not to respond are excluded from this part of the analysis (roughly 49 percent of respondents).

¹³ See Hoebel et al. (2017).

¹⁴ See Gerlinger & Rosenstock (2018).

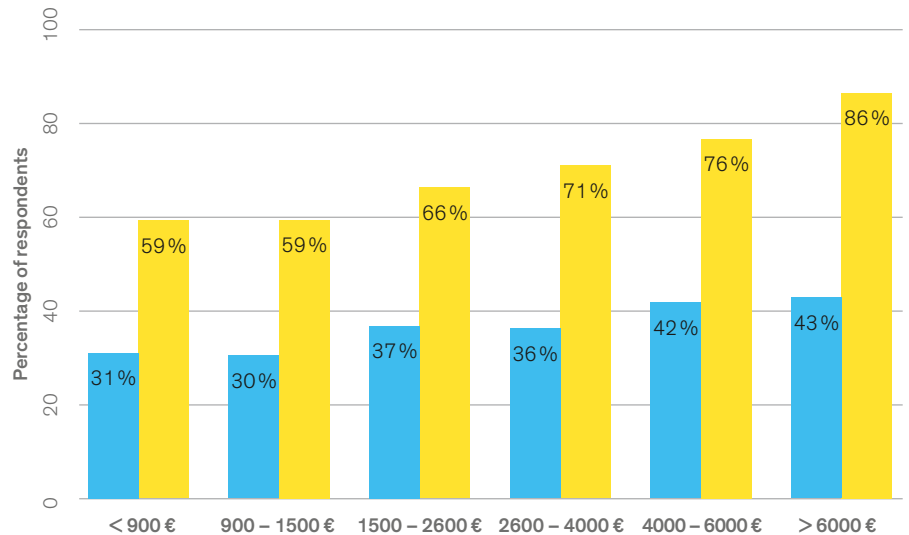
In comparison, that value is 58.8 percent in the lowest income group (less than €900 net household income per month)—a difference of more than 25 percentage points. Whether this discrepancy is the direct result of the German healthcare system’s division into persons with public and private health insurance cannot be determined directly from these findings, but a certain connection seems at least plausible.

Figure 2:
Basic trust and individualized trust
by income group.

● Basic trust
“In your opinion, how well was the German health-care system prepared for the coronavirus crisis?” Responses on a scale of 1 (very well) to 5 (very poorly).

● Individualized trust
“Imagine you were to fall ill with the coronavirus. How much do you trust the healthcare system to provide you with the treatment you need?” Responses on a scale of 1 (very much) to 5 (very little).

To facilitate interpretation, the two lowest values and the three highest values were summarized, respectively.



Trust in the healthcare system is particularly strong among older people

So far, potential explanatory factors were considered separately to determine their influence. It is fair to assume, however, that the various factors (e.g., political preferences and socioeconomic background) are connected. To explore these connections, a series of statistical tests were conducted: For each influencing factor, computations were performed to identify its connections to other respondent characteristics. In this way, it was also possible to look separately at influencing factors that correlate with each other, such as income and educational attainment or age and party affiliation. Figure 3 (page 7) displays the influencing factors that correlate with the perceived efficiency of crisis management and perceived unequal treatment in the healthcare system.

The results of the analysis are instructive. Those with a higher level of education, for example, tend to think that the system responded efficiently; at the same time, they are more skeptical with respect to potential unequal treatment. Older respondents likewise tend to think that the system responded efficiently, but they also tend to believe that systematic unequal treatment does not occur. This means that this group of the population, which—being an at-risk group—presumably is especially concerned about their health, seems to have a rather positive overall opinion of the strength of the German healthcare system.

Figure 3:

The figure shows statistical factors influencing respondents' perception of how the healthcare system responded to the coronavirus crisis in terms of efficiency and unequal treatment.

- Efficiency of crisis management
- Unequal treatment in crisis management

Explanation:

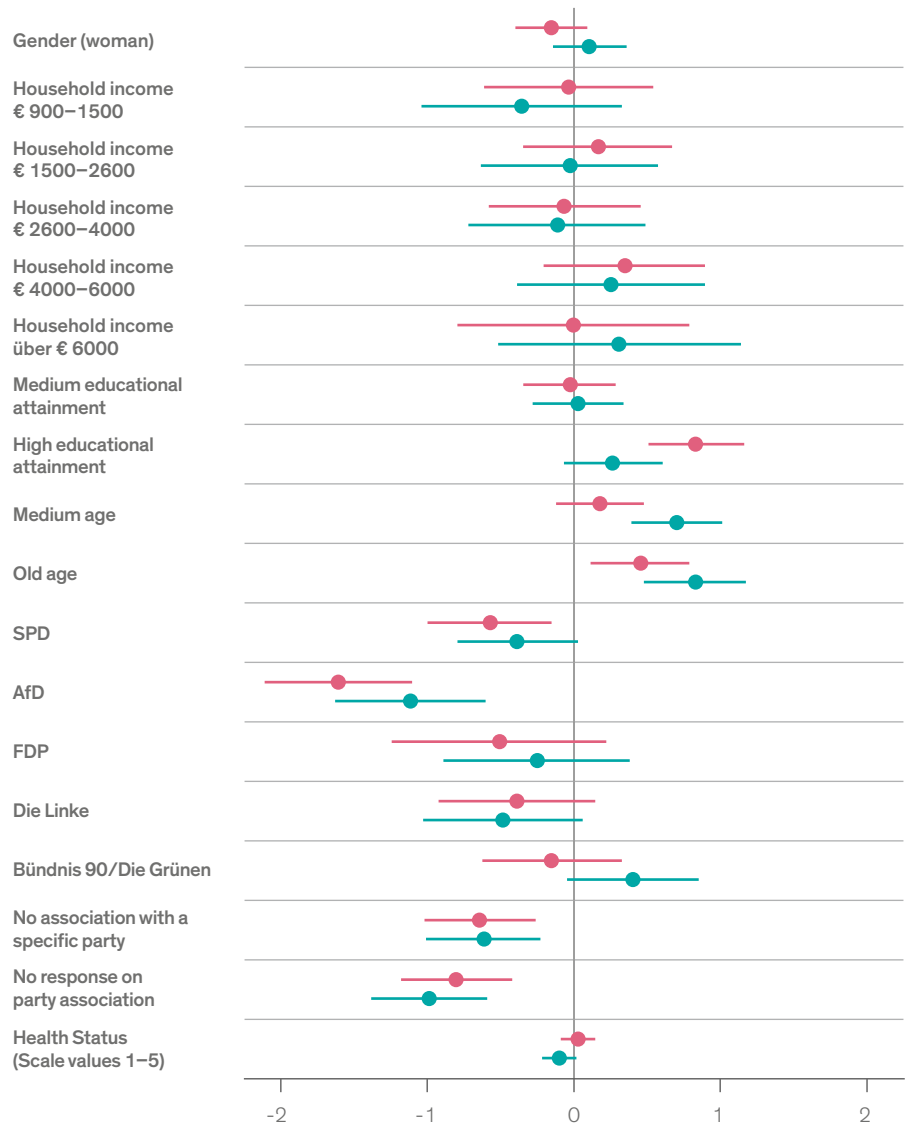
Each difference quantifies the difference to the reference category. For income, age, and education, the lowest category serves as the reference; for party affiliation, CDU/CSU is used.

The occurrence of one factor shifts perceived efficiency and unequal treatment by the scale value shown.

Example:

Persons with high educational attainment score one value higher in their perception of the efficiency of crisis management than the reference category of those with low educational attainment.

The horizontal bar denotes the area of statistical uncertainty.



Moreover, even after eliminating other factors, AfD supporters continue to emerge as much more skeptical in their assessment of the healthcare system in terms of efficiency and equal treatment.

Figure 4 (page 8) shows an analysis of public trust in the efficiency of the healthcare system prior to the coronavirus pandemic and assessments regarding people's "individualized" trust in receiving the help and treatment they need in case they become ill themselves. Again, similar patterns emerge, albeit with some differences regarding the details. Compared to the descriptive analysis in Figure 2 (page 6), for example, the link between socioeconomic background (education and income) and basic trust and individualized trust is less pronounced in the statistical analysis. It is only for those with a high level of education and those in the highest income category that a statistically significant association with individualized trust can still be shown. Again, political party affiliation has the greatest explanatory power. Supporters of the AfD and, in part, the Left Party, as well as those who chose not to answer the question about long-term party affiliations or checked "no party," are generally more skeptical both regarding the strength of the system prior to the crisis and regarding the prospect of receiving proper individual care themselves. People in poor health are more distrustful as well.

Figure 4:

The figure shows statistical factors influencing basic trust and individualized trust in the healthcare system.

- Basic trust
- Individualized trust

Explanation:

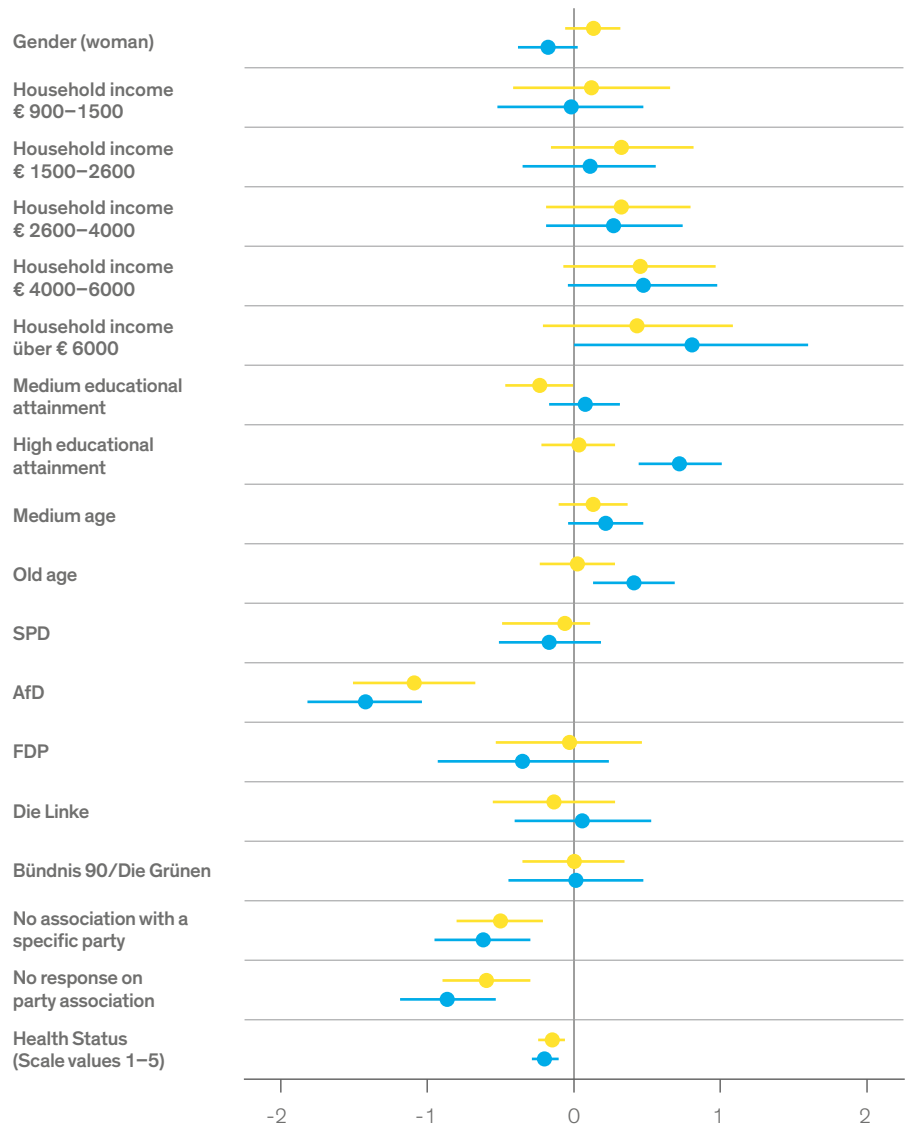
Each difference quantifies the difference to the reference category. For income, age, and education, the lowest category serves as the reference; for party affiliation, CDU/CSU is used.

The occurrence of one factor shifts perceived efficiency and unequal treatment by the scale value shown.

Example:

Persons with high educational attainment score almost one value higher in their basic trust than the reference category of those with low educational attainment.

The horizontal bar denotes the area of statistical uncertainty.



So-so trust in the federal government's information policy

The last step of the analysis takes a systematic look at the association between individual attitudes towards the healthcare system and other dimensions of political trust. The goal is not to offer causal explanations but merely to highlight some relationships between different dimensions of trust in public institutions. Aside from resistance against the pandemic-related restrictions, one key driver of the coronavirus protests in the spring and summer of 2020 surely was a certain degree of distrust in the federal government's information policy. In the survey, this aspect was covered by the following question: "In your opinion, how truthful has the federal government been when sharing information about the outbreak of the coronavirus?" On overall average, only 48.2 percent of respondents believed the federal government had been "rather" or "very truthful" in its communications. Again, AfD supporters are especially distrustful, with only 11.9 percent believing they received "rather" or "very truthful" information. Much higher trust in the government's information policy is found among supporters of the Green Party (69.4 percent) and CDU/CSU (66.0 percent).

A detailed analysis reveals that people's trust in the federal government's information policy correlates with their trust in the healthcare system. Among those who distrust both the system's general ability to address urgent crises (basic trust) and its ability to ensure appropriate treatment in cases of personal illness, only 16.7 percent of respondents believe the government has been truthful in its communications. On the other side of the spectrum, trust in the government's information policy is especially high among respondents with strong basic trust and strong individualized trust. In this group, 70.7 percent believe the information provided by the government was accurate. The "mixed" groups with divergent values on the two dimensions of trust are found somewhere in between, as was to be expected.

Discussion and political implications

In this final section, the key findings of the analysis are summarized, followed by a discussion of their political implications. One important first finding is that the population in Germany has a high degree of trust in the national healthcare system, primarily with regard to the equal treatment of different groups of the population. Given the persistent discussions about health-related inequalities in the system, this is a surprising and stable finding. The population is somewhat more critical when it comes to the efficiency of the system's response to the coronavirus crisis; likewise, only about one-third believes the German healthcare system was well prepared for the pandemic. One goal of our survey was to find out whether people's assessments regarding the German healthcare system's ability to respond to the crisis must be considered a specific criticism of the system or whether these assessments indicate that the crisis was simply too large in scope, making an efficient reaction next to impossible to begin with. A definite answer to this question, however, cannot be given based on the data collected.

A second key finding is that trust in the healthcare system varies significantly across different groups of the population. Long-term political (party) affiliations play a central role in this context: Supporters of the AfD in particular are characterized by a low degree of trust in the healthcare system, whereas trust is higher overall among supporters of the other parties represented in the German national parliament, most notably among supporters of the Green Party and the Christian Democrats (CDU/CSU). However, the survey data also reveal an association between respondents' socioeconomic background and their trust in receiving the necessary treatment in case they fall ill from COVID-19 themselves. People in the lower income brackets are much more distrustful in this regard than those in the upper range.

As a third insight, the analysis shows that different dimensions of trust are systematically connected to each other. The differences are especially striking when it comes to trust in the truthfulness of the federal government's information policy. Again, factors related to political (party) preference seem to be more important than socioeconomic factors. Those who have little trust in the healthcare system's ability to respond to a crisis, and in non-discriminatory access to healthcare services, also tend to be more wary of the government's information policy during the coronavirus crisis.

Policy recommendations

The findings suggest concrete political implications and recommendations, which are closely connected:

1. In their information policy, the federal government and other public institutions should put a stronger focus on non-discriminatory access to healthcare services. In this way, it would address the concerns of some groups of the population about potential unequal treatment. The analyses show, however, that the vast majority of the German population has a high degree of trust in the healthcare system. Distrust is concentrated primarily among supporters of the AfD.
2. If healthcare is guaranteed to everyone, people will also have more trust in the work of the government generally. That is because trust in political institutions — in this case, the federal government's information policy — also depends on the (perceived) efficiency of the healthcare system. The same is true in reverse: If people have a high level of trust in the political institutions, their trust in the efficiency of the healthcare system will also be high.
3. In the next stage of crisis management, policy makers should be careful to compensate for socioeconomic inequalities and disadvantages to prevent further polarization. Here, the focus will be more on the economic and social effects of the crisis than on health hazards.

The survey data presented here clearly demonstrate the potential risk of political and societal polarization. Unlike in other countries, however, the dividing line does not run right through the middle of society. We rather find polarization emerging between a relative minority (AfD supporters and sympathizers) and a relative majority consisting of the rest of the population.

Autor



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Imprint

The Politics of Inequality Perceptions, Participation and Policies

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