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THE RELATIONSHIP BETWEEN BASIC SOCIAL MEDICAL INSURANCE AND HEALTHCARE-SEEKING BEHAVIOR OF ELDERLY PATIENTS WITH CHRONIC DISEASES

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Abstract: With the rapid aging of China's population, chronic diseases pose a significant threat to the health and quality of life of the elderly. This study focuses on the relationship between basic social medical insurance and healthcare-seeking behavior among elderly patients with chronic diseases in Henan Province. Conducted from January to April 2024, the cross-sectional study involved 288 elderly inpatients from five tertiary hospitals, with 268 valid questionnaires collected. Using the Social Support Rating Scale (SSRS) and Health Service Utilization Scale (HSUS), the study analyzed the impact of various factors on healthcare-seeking behavior.

Significant differences in healthcare-seeking behavior scores were observed based on gender, age, educational level, children status, socioeconomic characteristics, and health status. Female patients, those aged 65-74, with primary school or below and high school/vocational school education, and with children scored higher. Monthly income, employment status, type of medical insurance, and duration of chronic illness also influenced scores. However, living arrangements and types of chronic diseases had no significant impact.

Multiple linear regression analysis revealed that monthly income was negatively correlated with healthcare-seeking behavior, while satisfaction with medical insurance and social support were positively correlated. Age, educational level, children status, marital status, living arrangements, satisfaction with physical condition, participation in medical insurance, type of medical insurance, and occupation showed no significant correlations.

In conclusion, basic social medical insurance significantly influences healthcare-seeking behavior among elderly patients with chronic diseases. Monthly income, medical insurance satisfaction, and social support are crucial factors. The findings provide scientific evidence for policymakers to improve chronic disease management for the elderly.

Keywords: Basic social medical insurance; Elderly patients with chronic diseases; Healthcare-seeking behavior; Social support

1 INTRODUCTION

With the rapid aging of China's population, chronic diseases have become a major public health issue affecting the health and quality of life of the elderly. Research indicates that the prevalence of chronic diseases is significantly higher among older adults, accounting for more than 80% of the total mortality in China [1], and has a profound impact on their quality of life and health status. These conditions not only increase medical costs but may also reduce the quality of life for elderly individuals [2-3], highlighting the critical importance of chronic disease management in improving the quality of life and extending the lifespan of the elderly. By 2024, it is estimated that over 20% of China's population will be aged 60 or above [4], creating immense pressure on the social pension and healthcare systems. At present, the number of disabled elderly individuals in China has reached approximately 35 million, accounting for 11.6% of the total elderly population [1], underscoring the urgency and significance of managing chronic diseases in the elderly.

Resident medical insurance, as a key component of China's basic medical insurance system, has achieved remarkable progress by the end of 2023. China successfully realized universal health insurance coverage, with the total number of basic medical insurance participants reaching 1,333.89 million, among which the number of participants in resident medical insurance was as high as 962.94 million, accounting for 72.19% of the total insured population. This achievement is considered one of the largest expansions of insurance coverage in human history [5]. Particularly since 2016, the integration of the Urban Resident Basic Medical Insurance (URBMI) and the New Rural Cooperative Medical Scheme (NRCMS) into a unified Urban and Rural Resident Basic Medical Insurance (URRBMI) system has significantly promoted health equity between urban and rural areas [6-7]. Studies have shown [5] that participating in medical insurance and improving the level of medical insurance protection have significant poverty reduction effects for groups with poor health conditions. This not only helps alleviate poverty caused by illness and prevent individuals from falling back into poverty due to health expenses but also enhances the quality of life and well-being of these groups. In particular, the implementation of outpatient policies under the resident medical insurance system has led to notable improvements in the health status of patients with chronic diseases.

Although basic social medical insurance has played a significant role in the management of chronic diseases among the elderly, several shortcomings remain. For instance, some medications for elderly chronic diseases are not included in

the medical insurance catalog, which increases the financial burden on patients. Additionally, the uneven distribution of medical resources and significant urban-rural disparities affect the accessibility and quality of healthcare services for elderly patients [8-9]. To address these issues, the General Office of the State Council, in its publication of the Medium- and Long-term Plan for the Prevention and Treatment of Chronic Diseases in China (2017–2025), explicitly emphasized the need to concentrate superior scientific research resources to deeply explore the causative factors and mechanisms of chronic diseases, and to strengthen research in prevention, intervention, diagnosis, treatment, and rehabilitation. The plan also encourages and supports the innovation and application of new technologies and products in the field of chronic disease prevention and treatment, aiming to enhance the efficiency and effectiveness of chronic disease prevention and control through scientific and technological means. This series of initiatives undoubtedly represents a proactive response and a robust supplement to address the current shortcomings of the medical insurance system in chronic disease prevention and health management.

Henan Province, as the most populous province in China, has a high prevalence of chronic diseases, particularly hypertension, diabetes, and chronic kidney disease [10-11], making the prevention and treatment of chronic diseases especially challenging. To address this, Henan Province issued the Medium- and Long-term Plan for the Prevention and Treatment of Chronic Diseases in Henan Province (2017–2025), which explicitly proposes strengthening the research framework in the field of chronic disease prevention and treatment, promoting the orderly implementation of related research projects, and focusing on the development of clinical medical research centers and collaborative innovation networks. Although Henan Province has achieved some progress in chronic disease management, there are still numerous challenges and shortcomings in the implementation of its medical insurance system. For instance, the system faces significant challenges in terms of coverage [3], financing levels [12], and protective effectiveness. Many elderly patients with chronic diseases bear a heavy financial burden due to the exclusion of certain medications from the insurance catalog [13] and the uneven distribution of medical resources. The accessibility of healthcare services and the quality of care [14] urgently need improvement.

To address the aforementioned issues, it is imperative to further deepen research and actively explore a more efficient, equitable, and sustainable medical insurance system. By improving insurance policies, optimizing resource allocation, and enhancing service quality, we can gradually resolve the various challenges faced by elderly patients with chronic diseases in accessing healthcare, ensuring that they can enjoy better and more convenient medical services. At the same time, it is essential to strengthen research and technological innovation in chronic disease prevention and treatment, promoting the transformation and application of relevant scientific achievements to provide stronger technological support for the management of chronic diseases among the elderly.

This study selects Xinxiang City in Henan Province as a case study to examine the relationship between basic social medical insurance and the healthcare-seeking behavior of elderly patients with chronic diseases. It analyzes the role and existing issues of basic social medical insurance in the management of chronic diseases among the elderly, uncovering the impact of the medical insurance system on the healthcare-seeking behavior of elderly patients. The findings aim to provide scientific evidence for authorities to formulate relevant policies and improve the management of chronic diseases in the elderly.

2 SUBJECTS AND METHODS

2.1 Study Subjects

A total of 288 elderly inpatients were randomly selected from five tertiary hospitals in Henan Province and surveyed through questionnaires from January to April 2024. All participants signed informed consent forms and agreed to participate in the study.

Inclusion Criteria:

Participants must be aged 65 years or older, diagnosed with chronic diseases, have clear consciousness and normal cognitive function, be able to understand written information, communicate without barriers, and be enrolled in basic social medical insurance.

Exclusion Criteria:

Participants with severe cognitive impairments (e.g., dementia, severe amnesia), acute illnesses or severe complications, communication barriers, unclear or missing basic medical insurance information, or other factors affecting healthcare-seeking behavior were excluded.

2.2 Research Tools

2.2.1 General information questionnaire

A self-designed questionnaire was used to collect general information on elderly patients with chronic diseases, including gender, age, occupation, and marital status.

2.2.2 Social support rating scale

This study employed the Social Support Rating Scale (SSRS) developed by Xiao Shuiyuan et al. to measure the social support received by the elderly [15]. The scale includes three dimensions: objective support, subjective support, and support utilization, with a total of 10 items. It uses a 5-point Likert scale, with total scores ranging from 10 to 50.

Higher scores indicate higher levels of social support. The Cronbach's α coefficient for this scale is 0.896.

2.2.3 Healthcare-seeking behavior scale

The study used the Health Service Utilization Scale (HSUS) developed by Luo et al. [16] to evaluate patients' healthcare-seeking behavior. Responses range from "strongly disagree" to "strongly agree," scored from 1 to 5 points. Higher scores indicate more scientific healthcare-seeking behavior. The Cronbach's α coefficient for this scale is 0.914.

2.2.4 Statistical methods

Statistical analysis was performed using SPSS 26.0. Continuous variables were expressed as mean ± standard deviation. Differences in healthcare-seeking behavior scores were analyzed using t-tests or variance analysis. Multiple regression analysis was employed to explore the relationship between community medical insurance and the healthcare-seeking behavior of elderly patients with chronic diseases. All statistical analyses were two-tailed, with a significance level of α = 0.05. The assignment methods for independent variables are shown in Table 1.

Table 1 The Assignment Methods for Independent Variables

Independent Variable	Assignment Method
Age (years)	1=65~，2=70~，3=75~，4=≥80
Education Level	1=Primary school and below, 2=Junior high school, 3=Senior high school or technical secondary school, 4=College degree and above
Marital Status	1=Single, 2=Married, 3=Widowed
Current Living Situation	1=Living alone, 2=Living with spouse, 3=Living with children, 4=Other
Monthly Income (RMB)	1=＜1500，2=1500~，3=3000~,4=≥5000
Medical Insurance Participation	1=Yes, 2=No
Type of Medical Insurance	1=Urban Employee Basic Medical Insurance, 2=Urban and Rural Resident Basic Medical Insurance, 3=Commercial Medical Insurance, 4=Other
Occupation	1=Retirees, 2=Workers without retirement pay (migrant workers)
Chronic Illness Duration (years)	1=＜1，2=1~，3=5~，4=≥10

3 RESULTS

3.1 Demographic Characteristics of Study Participants

A total of 288 questionnaires were distributed, with 20 invalid questionnaires excluded, resulting in 268 valid questionnaires and an effective response rate of 93.06%. Among the participants, 112 were male (41.80%) and 156 were female (58.20%), reflecting a relatively balanced gender distribution. Participants aged between 65 and 80 years accounted for 243 individuals (90.67%). The majority of participants had an educational level of high school or vocational school or below, totaling 205 individuals (76.50%). Married individuals accounted for 189 participants (70.52%), and 206 participants (76.87%) had two or more children (Table 2).

Table 2 Demographic Characteristics of Study Participants (n = 268)

Variable		Number of Cases	Percentage Composition (%)
Gender	Male	112	41.80
	Female	156	58.20
Age (years)	65~	128	47.76
	70~	67	25.00
	75~	48	17.91
	≥80	25	9.33
Education Level	Primary school and below	83	30.97
	Junior high school	69	25.75
	Senior high school or technical secondary school	53	19.78
	College degree and above	63	23.50
Marital Status	Single	32	11.94
	Married	189	70.52
	Widowed	47	17.54
Children Status (Number of Children)	No children	27	10.07
	1	35	13.06
	2	166	61.94
	≥3	40	14.93

3.2 Analysis of Differences in Healthcare-Seeking Behavior Scores Among Elderly Patients with Chronic Diseases by Demographic Characteristics

Significant differences in healthcare-seeking behavior scores were observed among elderly patients with chronic

diseases based on gender, age, educational level, and children status (t=3.53, P=0.001; F=4.30, P=0.006; F=10.60, P=0.000; F=6.68, P=0.002; F=6.00, P=0.001). Specifically, female patients had higher scores than males; patients aged 65–74 scored higher, while those aged 80 and above scored the lowest. Patients with an educational level of primary school or below and those with high school or vocational school education scored higher, whereas those with a college degree or above scored the lowest. Patients with children generally scored higher than those without children. These differences may be influenced by factors such as socioeconomic status, accessibility of medical resources, health awareness, and family support (Table 3).

Table 3 Analysis of Differences in Healthcare-Seeking Behavior Scores Among Elderly Patients with Chronic Diseases by Demographic Characteristics (n = 268)

Variable		Number of Cases	Medical Behavior Score (Mean ± SD)	t/F Value	p-Value
Gender	Male	112	19.70±6.58	3.53	0.001
	Female	156	22.32±5.53		
Age (years)	65~	128	21.35±6.42	4.30	0.006
	70~	67	23.18±5.14		
	75~	48	21.38±5.22		
	≥80	25	18.25±6.73		
Education Level	Primary school and below	83	23.18±6.39	10.60	0.000
	Junior high school	69	22.42±5.21		
	Senior high school or technical secondary school	53	23.14±5.68		
	College degree and above	63	18.17±6.15		
Marital Status	Single	32	18.24±5.76	6.68	0.002
	Married	189	22.42±5.81		
	Widowed	47	21.19±7.23		
Children Status (Number of Children)	No children	27	17.64±6.23	6.00	0.001
	1	35	21.52±7.18		
	2	166	22.09±5.47		
	≥3	40	23.68±6.15		

3.3 Analysis of Differences in Healthcare-Seeking Behavior Scores Among Elderly Patients with Chronic Diseases Based on Socioeconomic Characteristics and Health Status

Significant differences in healthcare-seeking behavior scores were observed among elderly patients with chronic diseases across dimensions such as satisfaction with physical condition, monthly income, employment status, type of medical insurance, and duration of chronic illness (t=2.12, P=0.035; F=12.42, P=0.000; t=4.27, P=0.000; F=5.75, P=0.001; F=9.87, P=0.000). However, no statistically significant differences were found in scores related to living arrangements or types of chronic diseases (Table 4).

Table 4 Analysis of Differences in Healthcare-Seeking Behavior Scores Among Elderly Patients with Chronic Diseases Based on Socioeconomic Characteristics and Health Status

Variable		Number of Cases	Medical Behavior Score (Mean ± SD)	t/F Value	p-Value
Living Situation	Living Alone	59（22.01）	19.87±6.63	2.28	0.080
	Living with Spouse	145（54.10）	22.42±6.58		
	Living with Children	56（20.90）	21.85±5.61		
	Others	8（2.99）	22.23±4.79		
Physical Condition Satisfaction Level	Yes	201（75.00）	21.35±6.42	2.12	0.035
	No	67（25.00）	23.18±5.14		
Monthly Income	＜1500	78（29.10）	23.61±6.27	12.42	0.000
	1500~	91（33.96）	22.58±5.35		
	3000~	51（19.03）	21.17±4.87		
	≥5000	48（17.91）	17.31±7.12		
Employment Status	Currently Employed	139（51.87）	23.32±5.18	4.27	0.000
	Retired	129（48.13）	20.25±6.56		
Medical Insurance Type	Urban Employee Basic	107（39.93）	19.78±6.65	5.75	0.001
	Urban and Rural Basic	128（47.76）	22.87±5.42		
	Commercial Medical Insurance (Others)	21(7.83)	22.75±7.08		
		12(4.48)	23.33±3.32		

Chronic Illness Duration (Years)	＜1	80（29.85）	18.71±6.38	9.87	0.000
	1~	112（41.79）	22.87±5.42		
	5~	56（20.90）	23.12±5.33		
	≥10	20（7.46）	23.45±8.13		
Chronic Illness Type	Hypertension, Heart Disease	102（38.06）	22.21±5.75	1.48	0.139
	Diabetes, Renal Disease, etc.	166（61.94）	21.05±6.48		

3.4 Multiple Linear Regression Analysis of Community Resident Medical Insurance and Healthcare-Seeking Behavior of Elderly Patients with Chronic Diseases

A multiple linear regression analysis was conducted, incorporating variables such as age, educational level, marital status, children status, current living arrangements, satisfaction with physical condition, monthly income, participation in medical insurance, type of medical insurance, occupation, duration of chronic illness, total medical insurance satisfaction score, and total social support score. The results showed that monthly income was significantly negatively correlated with healthcare-seeking behavior among elderly patients with chronic diseases (β = -0.18, P = 0.002), indicating that patients with lower income tended to have higher scores for healthcare-seeking behavior. This may reflect the challenges faced by low-income groups in accessing medical resources.

The total score for medical insurance satisfaction and the total score for social support were significantly positively correlated with healthcare-seeking behavior (β = 0.321, P = 0.000; β = 0.453, P = 0.000), suggesting that higher satisfaction with medical insurance and greater social support could improve healthcare-seeking behavior.

Furthermore, although variables such as age, educational level, and children status showed a correlation trend with healthcare-seeking behavior in univariate analysis, they did not reach statistical significance in the multiple linear regression analysis. Variables such as current living arrangements, satisfaction with physical condition, participation in medical insurance, type of medical insurance, and occupation also did not show significant correlations with healthcare-seeking behavior (Table 5).

Table 5 Multiple Linear Regression Analysis of Community Resident Medical Insurance and Healthcare-Seeking Behavior of Elderly Patients with Chronic Diseases

Variable	B	β	F/t Value	p-Value
(Constant))	12.240		4.565	0.000
Age	-0.237	-0.041	-0.812	0.415
Education Level	-0.272	-0.052	-0.889	0.369
Marital Status	0.083	0.008	0.147	0.862
Children's Status	-0.493	-0.065	-1.257	0.227
Current Living Situation	-0.043	-0.006	-0.109	0.921
Satisfaction with Physical Condition	-0.752	-0.057	-1.032	0.312
Monthly Income	-1.007	-0.18	-3.012	0.002
Medical Insurance	-0.341	-0.021	-0.387	0.706
Type of Medical Insurance	0.019	0.003	0.05	0.973
Occupation	-0.046	-0.015	-0.121	0.857
Duration of Chronic Illness	0.54	0.078	1.412	0.165
Total Score of Satisfaction with Medical Insurance	0.597	0.321	5.387	0.000
Total Score of Social Support	0.776	0.453	7.76	0.000

4 DISCUSSION AND CONCLUSION

4.1 Relationship Between Demographic Characteristics and Healthcare-Seeking Behavior

Gender is one of the key factors influencing healthcare-seeking behavior. In this study, female patients scored higher in healthcare-seeking behavior compared to male patients [17-20], consistent with the findings of Zhang J. et al., indicating that women exhibit greater health awareness and are more inclined to actively seek medical services. This difference may be attributed to women's inherent sensitivity to health issues and their caregiving roles within families. Women tend to pay closer attention to their own health, are more willing to take preventive health measures, and are more proactive in seeking professional medical services when faced with health problems [21].

Patients aged 65 to 80 scored higher in healthcare-seeking behavior, while those over 80 scored the lowest. This may be related to the gradual decline in physical function and self-care ability that accompanies aging. For elderly individuals over 80, it may become increasingly difficult to independently complete various tasks involved in the healthcare process, such as booking appointments and traveling to hospitals, leading to lower healthcare-seeking behavior scores [22-23]. Additionally, older adults in this age group may rely more on family care rather than medical institutions [24].

Patients with lower educational levels scored higher in healthcare-seeking behavior, while those with a college degree

or above scored the lowest. This may be because individuals with higher educational levels tend to engage in more self-management of their health or have greater access to resources and information, reducing their reliance on medical services [25-26]. Conversely, patients with lower educational levels may face greater socioeconomic pressures, which could prompt them to seek medical services more frequently to address health issues. In contrast, those with higher educational levels may have more economic resources and social support, enabling them to better manage their health independently [27-28].

Patients with children generally scored higher in healthcare-seeking behavior compared to those without children. This likely reflects the positive impact of family support on the healthcare-seeking behavior of elderly patients. The presence of children can not only provide emotional comfort but also offer practical assistance during the medical process, such as accompanying the patient to medical appointments and handling medical documentation [29-30].

4.2 Relationship Between Socioeconomic Characteristics and Healthcare-Seeking Behavior

The study showed that satisfaction with physical condition significantly influenced the healthcare-seeking behavior scores of elderly patients with chronic diseases. This indicates that elderly patients who are dissatisfied with their physical condition are more likely to seek medical care, possibly because concerns about their health drive them to seek medical assistance [31-32].

The level of monthly income significantly influenced healthcare-seeking behavior scores. Low-income groups scored higher in healthcare-seeking behavior, while high-income groups scored lower. This may be because low-income individuals rely more heavily on medical services to maintain their health, whereas high-income groups may have greater access to health resources and preventive measures, reducing their need for medical services [33-34].

Employment status also had a significant impact on healthcare-seeking behavior scores. Employed individuals scored higher, possibly because they are more attentive to health issues to maintain their work capacity [35-36]. The pressures and challenges of work may prompt employed individuals to place greater emphasis on their physical health, leading them to be more proactive in undergoing health check-ups and seeking treatment.

The type of medical insurance significantly influenced healthcare-seeking behavior scores. Differences in coverage scope and reimbursement rates across insurance types had a notable impact on patients' healthcare choices and behaviors. Patients with commercial insurance were more inclined to choose high-quality medical services, while those with public insurance were more likely to rely on basic medical services [37-38].

The duration of chronic illness significantly influenced healthcare-seeking behavior scores. Patients with longer disease durations may accumulate more experience in managing their conditions but may also face more health issues due to the long-term impact of their illnesses, leading to more frequent healthcare visits [39]. These findings can help medical professionals better understand the healthcare-seeking behaviors of patients with chronic diseases and provide a basis for developing more effective disease management strategies.

The type of chronic disease did not have a statistically significant impact on healthcare-seeking behavior scores. This may indicate that, despite differences in pathological mechanisms among various types of chronic diseases, their influence on patients' healthcare-seeking behavior may be similar, with no clear distinction in the effects of different chronic disease types on such behavior. Individual factors such as health status and economic capacity may overshadow the impact of disease type on healthcare-seeking behavior. In addition to individual factors, socioeconomic factors may also influence healthcare-seeking behavior. Within China's tiered medical system, patients' healthcare-seeking behavior is shaped by multiple factors, including socioeconomic conditions and clinical outcomes [40]. Thus, the influence of chronic disease type on healthcare-seeking behavior may be obscured by broader socioeconomic contexts.

4.3 Multiple Linear Regression Analysis of Community Resident Medical Insurance and Healthcare-Seeking Behavior of Elderly Patients with Chronic Diseases

The results of the study demonstrated that monthly income, total medical insurance satisfaction score, and total social support score significantly influenced the healthcare-seeking behavior of elderly patients with chronic diseases. Firstly, a significant negative correlation was found between monthly income and healthcare-seeking behavior, highlighting the critical role of economic factors in accessing and utilizing medical resources. Patients with lower monthly income had higher healthcare-seeking behavior scores, which may indicate that they seek medical services more frequently when facing illnesses [41]. This could be due to an urgent need to address health issues or because low-income groups are at a relative disadvantage in medical resource allocation, requiring more frequent healthcare-seeking behavior to compensate for the lack of access to resources. This phenomenon underscores the importance of improving medical insurance coverage and accessibility of medical services for low-income elderly patients with chronic diseases as a crucial approach to enhancing their health and quality of life.

Secondly, total medical insurance satisfaction scores and total social support scores were significantly positively correlated with the healthcare-seeking behavior of elderly patients with chronic diseases, consistent with the findings of Birhan et al. [42-43]. This result underscores the importance of social security systems and social support networks in promoting healthcare-seeking behavior among patients. High satisfaction with medical insurance indicates that patients can access more convenient and effective medical services, thereby increasing their motivation and likelihood of seeking medical care. Meanwhile, higher social support scores reflect that patients receive assistance and support from multiple sources, such as family and community, when facing illnesses. This support extends beyond material aid to include emotional and informational support, enabling patients to better cope with their conditions and enhancing both their willingness to seek medical care and the effectiveness of their healthcare-seeking behavior.

However, in the multiple linear regression analysis, variables such as age, educational level, and children status did not reach statistical significance, which may be related to the specificity of the sample, the distribution of the data, and the interactions between variables. Nevertheless, the correlation trends observed in the univariate analysis for these variables are still worth attention. For instance, age may indirectly influence healthcare-seeking behavior by affecting patients' physiological functions and cognitive abilities, while educational level may impact healthcare decision-making by shaping patients' health awareness and ability to access information.

In addition, variables such as marital status, current living arrangements, satisfaction with physical condition, participation in medical insurance, type of medical insurance, and occupation also did not show significant correlations with healthcare-seeking behavior. This may be related to the representativeness of the sample, the methods of data collection and processing, as well as the definition and measurement of the variables. For example, marital status and living arrangements may be influenced by regional culture, social customs, and other factors, and their impact on healthcare-seeking behavior may vary across different regions.

4.3 Countermeasures and Recommendations

Based on the findings of this study, the following targeted measures are recommended: First, enhance the medical security level for low-income groups by reducing their medical expenses through subsidies or charitable programs, thereby increasing access to healthcare services. Second, optimize medical insurance policies to improve patient satisfaction with insurance, ensuring they receive high-quality medical services. Additionally, strengthen community support networks to provide emotional and informational support for patients, helping them better cope with their illnesses.

At the same time, address the healthcare needs of older adults by offering more convenient medical services, such as home visits and telemedicine consultations, to alleviate the burden of seeking medical care. For patients with lower educational levels, implement health education programs to raise their health awareness and self-management capabilities. Finally, encourage family members, especially children, to participate in the medical processes of elderly patients by providing necessary companionship and support. Through these comprehensive measures, healthcare-seeking behavior across different groups can be effectively improved, enhancing their health levels and overall quality of life.

4.4 Conclusion

This study, based on 268 valid samples, explored the relationship between basic social medical insurance and healthcare-seeking behavior among elderly patients with chronic diseases. The findings revealed that females, patients aged 65 to 80, those with lower educational levels, and those with children scored higher in healthcare-seeking behavior, while patients aged over 80, those with higher educational levels, and those without children scored lower. Among socioeconomic characteristics, satisfaction with physical condition, monthly income level, employment status, and type of medical insurance significantly influenced healthcare-seeking behavior. Monthly income, medical insurance satisfaction, and total social support scores were found to have a significant impact on healthcare-seeking behavior. These findings suggest the importance of focusing on low-income groups and those with high medical insurance satisfaction to improve their healthcare-seeking behavior.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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