

The Role of Individual and Regional Factors in Health Satisfaction

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This study investigates how both individual-level characteristics and regional-level factors shape health satisfaction in South Korea, using data from the 2021 Koreans' Happiness Survey and regional statistics. Health satisfaction, a subjective evaluation of one's overall health, is increasingly recognized as a key indicator of consumer well-being and health equity (Waure et al., 2015; Michalos et al., 2000). While prior research has highlighted the impact of individual socioeconomic status and health conditions (Kim & Kang, 2018; Yuan, 2021), less attention has been given to how regional healthcare infrastructure and economic environments interact with individual health perceptions to influence health satisfaction.

To address this gap, the study applies multilevel modeling to examine the effects of individual characteristics—including age, gender, education, income, subjective health, chronic illness, disability, perceived stress, community satisfaction, and donation behavior—alongside regional-level indicators such as physician and clinic density, fiscal independence, employment rate, and community safety. By integrating these variables within a hierarchical framework, the study aims to clarify how contextual conditions moderate individual experiences of health and well-being (Leyland & Groenewegen, 2020; Solar & Irwin, 2010).

The analysis revealed significant variance in health satisfaction across regions, with an intraclass correlation coefficient (ICC) of 0.295, indicating that nearly 30% of the variance was attributable to regional differences. This finding supports the appropriateness of a multilevel approach (Raudenbush & Bryk, 2002). At the individual level, health satisfaction was positively associated with higher levels of education, income, community satisfaction, and donation experience. Conversely, older age, poor subjective health, the presence of chronic illness or disability, and high perceived stress were negatively associated with health satisfaction (Kim & Choi, 2014; Lee, 2005; Yuan, 2021).

When regional-level variables were added, several contextual factors were found to significantly influence health satisfaction. Specifically, regions with a higher density of physicians and clinics and higher community safety ratings reported greater average health satisfaction (Kim & Kang, 2018; Yim, 2019). These results highlight the importance of healthcare accessibility and safety in shaping public perceptions of health, particularly for those facing personal health challenges.

Further analysis examined the interaction between individual and regional factors. Notably, the relationship between subjective health and health satisfaction was found to vary depending on regional economic conditions. In areas with low employment rates, the effect of subjective health on health satisfaction was especially strong, suggesting that individuals in economically disadvantaged regions rely more heavily on their own health perceptions in the absence of structural support (Minegishi et al., 2021). In contrast, in regions with high employment rates and fiscal independence, individuals with good subjective health reported much higher levels of health satisfaction, indicating that favorable regional conditions amplify the benefits of good health. Conversely, even individuals with positive self-rated health in low-fiscal-capacity regions showed relatively lower health satisfaction, underscoring the limitations imposed by poor healthcare infrastructure and economic insecurity (Kim, 2010; Kim & Lim, 2019).

These findings provide valuable insights into the mechanisms through which structural inequality affects subjective health outcomes. They suggest that addressing health satisfaction disparities requires more than improving individual health behaviors or perceptions—it demands targeted investments in healthcare access, local economic resilience, and regional safety (Solar & Irwin, 2010; Kang et al., 2018).

The study offers both academic and policy contributions. It extends previous research by empirically demonstrating how regional and individual factors interact in shaping subjective health experiences, emphasizing the importance of contextualized, multilevel frameworks. For policymakers, the findings underscore the need to enhance healthcare infrastructure in underserved areas, expand

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economic development initiatives in low-capacity regions, and adopt place-based policy approaches that explicitly account for regional disparities. Efforts such as increasing the number of medical professionals, relocating public institutions to rural areas, and improving community safety may contribute not only to objective health outcomes but also to higher levels of subjective health satisfaction across regions (Ministry of Health and Welfare, 2023; Boo et al., 2020).

In conclusion, this study affirms that health satisfaction is a multidimensional outcome influenced by both personal and contextual determinants. Through the use of multilevel modeling, it illustrates how individual well-being is shaped by the interplay of health perceptions and environmental conditions. As such, promoting health equity and improving public health satisfaction will require structural interventions that enhance both individual capacities and the regional environments in which people live.

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