



¹ Department of Rehabilitation Medicine, Seoul National University College of Medicine

² Department of Rehabilitation Medicine, Seoul National University Bundang Hospital

³ Centre for Disability Research and Policy, Sydney School of Health Sciences, Faculty of Medicine and Health, The University of Sydney

⁴ Gyeonggi Regional Health & Medical Center for People with Disability(South)

⁵ Department of Health Science and Technology, Graduate School of Seoul National University

PURPOSE

This study aims to examine how perceived severity, susceptibility, barriers, and benefits—based on the Health Belief Model (HBM)—influence healthcare utilization and satisfaction among individuals with disabilities in Gyeonggi Province, South Korea. The goal is to identify key factors affecting service experiences and provide insights for developing more inclusive healthcare policies.

METHODS

A total of 201 individuals with disabilities and their caregivers registered at the Gyeonggi Regional Health & Medical Center (South) participated in an online survey between November and December 2024. The questionnaire, developed using the Health Belief Model (HBM) and expert consultation, measured perceived severity, susceptibility, barriers, and benefits. Data were analyzed using SPSS 29.0 with chi-square tests to examine associations between HBM constructs, healthcare utilization, and satisfaction.

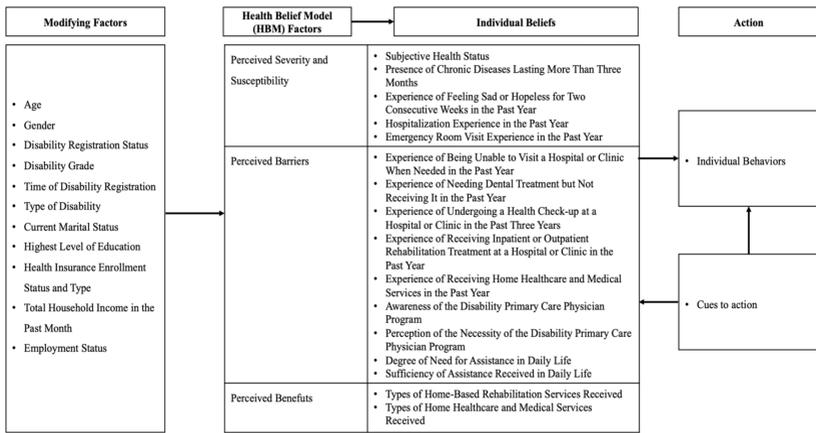


Figure 1. Conceptual Framework of Healthcare Utilization Based on the Health Belief Model

RESULTS

Modifying Factors → HBM Factors			HBM Factors → Satisfaction					
Modifying Factors	HBM Factors	HBM	Chi-square value	df	p-value	Chi-square value	df	p-value
Disability Registration Timing Economic Activity Status	Subjective Health Status	Perception of Disease (Severity, Susceptibility)	33.153	20	.032*	32.781	20	.036*
			10.101	4	.039*			
Gender	Chronic Disease (≥3 months)	Perception of Disease (Severity, Susceptibility)	6.695	1	.011*	3.325	5	.650
Disability Registration Status			8.812	3	.032*			
Disability Grade			10.421	2	.005**			
Disability Registration Timing			14.028	5	.015*			
Disability Registration Timing Health Insurance Enrollment & Type Total Household Income	Hospitalization Experience in the Past Year	Perceived Barriers	18.380	5	.003**	11.511	5	.042*
Economic Activity Status			8.905	1	.003**			
Disability Grade	Experience of being unable to visit a hospital/clinic in the past year	Perceived Barriers	12.597	5	.027*	17.201	5	.004**
Disability Grade			4.182	1	.041*			
Highest Education Level			8.395	2	.015*			
Disability Registration Timing Household Income in the Past Month Economic Activity Status	Experience of receiving a health checkup in a hospital/clinic within the past three years	Perceived Barriers	10.485	4	.033*	15.914	5	.007**
Disability Registration Timing			15.615	4	.004**			
Economic Activity Status			14.179	5	.015*			
Current Marital Status Highest Education Level	Experience of hospitalization/inpatient rehabilitation treatment in the past year	Perceived Barriers	13.257	4	.01*	4.499	5	.480
Highest Education Level			12.131	4	.016*			
Disability Grade Economic Activity Status	Degree of needing assistance from others in daily life	Perceived Barriers	31.438	8	.000***	6.111	5	.296
Economic Activity Status			25.595	4	.000***			
Gender	Experience of receiving outpatient medical treatment in the past year	Perceived Barriers	6.615	1	.01*	10.400	5	.065
Disability Grade			13.156	2	.001**			
Health Insurance Enrollment and Type			5.319	1	.021*			
Gender	Awareness of the Disability-Friendly Primary Care System	Perceived Barriers	10.979	2	.004**	19.073	5	.002**
Disability Grade			20.338	4	.000***			
Disability Registration Timing			17.590	8	.025*			
Highest Education Level	Perception of the necessity of the Disability-Friendly Primary Care System	Perceived Barriers	11.737	4	.019*	35.308	10	.000***
Disability Grade			20.388	10	.026*			
Health Insurance Enrollment and Type Economic Activity Status	Perception of receiving sufficient assistance in daily life	Perceived Benefits	18.317	5	.003**	39.615	225	.032*
Economic Activity Status			24.314	5	.000***			
Highest Education Level	Type of Home Rehabilitation Services Received	Perceived Benefits	39.315	20	.006**	54.967	15	.000***
Disability Grade			13.448	6	.036*			

*p<.05, **p<.01, ***p<.001

Table 1. Significant Associations Between Modifying Factors, Health Belief Model Constructs, and Healthcare Satisfaction Among Individuals with Disabilities

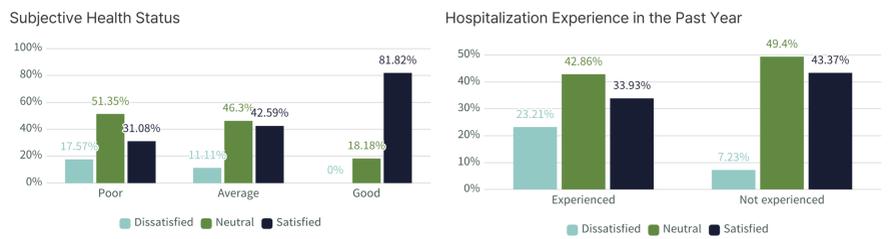


Figure 2. Distribution of Healthcare Service Satisfaction by Perceived Severity and Susceptibility Factors

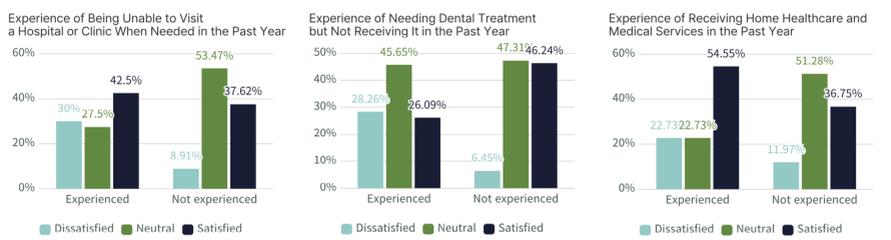


Figure 3. Distribution of Healthcare Service Satisfaction by Perceived Barriers Factors

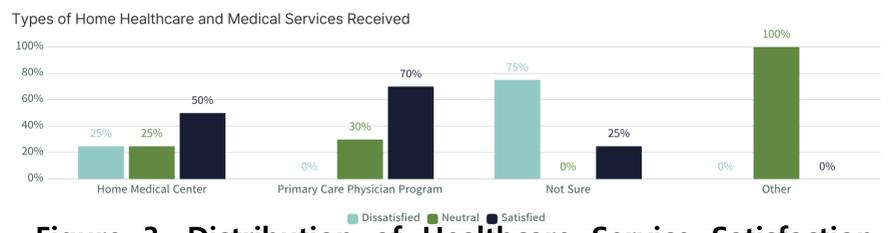


Figure 3. Distribution of Healthcare Service Satisfaction by Perceived Benefits Factors

Healthcare satisfaction was significantly influenced by key Health Belief Model (HBM) factors. Participants with better subjective health reported higher satisfaction (81.8%) than those with poor health perception (31.1%). Perceived barriers—such as financial hardship and limited access to dental or hospital care—were linked to lower satisfaction ($p < .01$), especially among those with lower income, severe disabilities, and less education. Participants who received public or hospital-based home services reported higher satisfaction (up to 70%) than those using private or unknown services. Service type was associated with age, education, and disability grade ($p < .05$). Healthcare utilization and satisfaction were also related to hospitalization history, insurance type, and income. Awareness of disability-targeted programs like the Disability Primary Care Physician Program significantly increased satisfaction, underscoring the role of accessibility and program visibility.

CONCLUSION

Healthcare satisfaction among individuals with disabilities is shaped by subjective health perception, socioeconomic conditions, and access barriers. Higher satisfaction was linked to greater awareness of services and access to public or home-based care.

To promote healthcare equity, it is essential to improve not only service availability but also accessibility, communication, and inclusive policies.