

Study on Medical Behavior of International Students and Its Influencing Factors-----Taking Jiangsu University as an Example

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ABSTRACT. *This project aims to provide countermeasures and suggestions for relevant departments to improve the current medical treatment behavior of international college students and improve the level of medical treatment for international students by understanding the basic conditions of medical treatment behaviors of international students in China. The related literatures of Andersen's health service utilization model were consulted through literature research method, and cluster random sampling method was adopted. In this study, a questionnaire survey was conducted on 100 overseas students. Factors such as grade, gender, family economic income, and Chinese proficiency have a significant influence on the medical behavior of international students. The higher the senior grade, women, the higher the income of the family, the greater the probability of actively seeking medical treatment. Therefore, they can meet their medical service needs by strengthening the construction of medical and health service systems in colleges and universities, strengthening medical treatment, publicizing education on disease risks, and improving the medical insurance system for international students in China. The medical behavior of international students from Jiangsu University is affected by many factors. The government should improve the construction of medical and health service system for international students and improve the service level of medical institutions. Schools should strengthen disease risk and actively seek medical attention, and school club organizations should strengthen communication with international students and improve their language communication skills to improve their adaptability and improve their health.*

KEYWORDS: *International students coming to China; medical behavior; influencing factors; Anderson model;*

1. Introduction

At present, the internationalization of higher education has become a global wave, a common choice and a common strategy for the reform and development of higher education in countries around the world. International students are an important indicator of the internationalization of higher education, so the research on issues related to international students is extremely important. With the continuous development of China's economy, the continuous implementation of preferential policies, and the continuous expansion of economic globalization's demand for talents, in recent years, the number of foreign students pouring into China has increased. Among them, China has put forward the strategic concept of "rebuilding the Silk Road Economic Belt", and the "Silk Road Economic Belt" has attracted widespread attention from the international community. Since then, with the deepening of international exchanges, the number of students studying in China in the "Silk Road Economic Belt" has increased. International students coming to China are faced with new problems in language exchange, learning, living environment, different religious beliefs, different climatic conditions, and diets, which lead them to face different problems and challenges. Therefore, in daily life, especially when encountering various diseases, this contradiction is highlighted. Therefore, it is meaningful to put forward countermeasures and suggestions that are helpful to improve the status of medical treatment behaviors of foreign students in China through research on medical behaviors of foreign students.

2. Literature review

One study on the behavior model of Anderson health service utilization is Ogunsanya (2016) and others on disease screening. The purpose of this study is to investigate the prevalence of prostate cancer screening (PCS) in the United States and according to Anderson Health Use behavioral models to determine predictors of prostate cancer screening. Among the susceptible factors, age, education, income and employment status are significantly related to the acceptance process control. Informed decision-making processes, medical insurance coverage, regular health care providers, and the length of time since the last routine examination are important contributing factors. This research has important reference significance for the study of medical behavior of foreign students in China.

Another is Lynch (2018) and others discuss the integration level of children's comprehensive behavioral health service delivery model (IBHSDM). Overall, it is assumed that more comprehensive comprehensive care will result in higher quality care and reduced costs. The 13 models (40.6%) described in the study have an integration level of 3 or lower, which may be too low to produce the desired effect on quality and cost. Future research should address potential obstacles that hinder the development of highly integrated models. This research reveals the importance of data model analysis and is also instructive.

In general, there are certain researches on the medical problems of international students at home and abroad, but it mainly takes questionnaire surveys, uses simple

data statistics for analysis, and uses Anderson Health Services to use behavior models to conduct research on international students.

Chen Mingsheng (2018) studied the evolution and application of the Anderson health service utilization model in his paper, and showed that the Anderson model can not only be applied to the health service utilization behavior of the entire population, but also through path analysis, structural equations and other methods. It is applied to the care services and self-medication of chronically ill patients, the elderly, maternal and other sub-populations, and provides an analysis framework with high theoretical value and practical significance for analyzing the behaviors of different groups. Gou Jiaming and He Jingyi (2009) studied the medical conditions of international students based on the data of international students in some universities in Chongqing area, but there is basically no research on international students coming to China under the framework of the Anderson Health Service Utilization Behavior Model, so this research has certain research value. In terms of theory, the research model of medical behavior is mainly the Anderson Health Service Utilization Behavior Model, and the application of the Anderson Health Service Utilization Behavior Model to the medical behavior research of international students coming to China is still blank.

The Behavioral Model is the most important theoretical model for studying the behavior of patients using health services. Since its creation, the model has been revised and perfected many times, and it gradually evolved from the initial recursive model of "propensity characteristics-capability resources-needs" to a four-dimensional non-recursive model of "environmental factors-personal characteristics-medical behavior-medical results". The Behavioral Model can be applied not only to the health service utilization behavior of the entire population, but also to the behavior analysis of nursing services and self-medication of chronically ill patients, elderly people, pregnant women and other sub-populations through path analysis and structural equations. The medical behavior of the international student population in China provides an analytical framework with high theoretical value and practical significance.

3. Objects and methods

3.1 Object

Taking foreign students coming to China from the School of Overseas Education of Jiangsu University as the research object, a cluster random sampling method was used to conduct a questionnaire survey. 120 questionnaires were distributed and 100 valid questionnaires were obtained, with an efficiency of 83.3%. Under the framework of Anderson's The Behavioral Model of Health Services Use, the medical behavior of international students in China is analyzed through theoretical research, and the basic situation of medical behavior of international students in Jiangsu University is studied in depth. Self-designed "Questionnaire on Overseas Students' Medical Seeking Behavior And Influencing Its Influencing Factors", which includes

demographic characteristics, disease and medical behavior, satisfaction and influencing factors, and for improving medical services There are 13 questions in the system, including five opinions and suggestions, and the rest are closed except for the last one.

Table 1 Influencing factors and assignment description of medical behavior of international students coming to China

| Factor | Variable name | Assignment description |
|--|---------------|---|
| Gender | X1 | Male (Male) = 1, Female (Female) = 2 |
| Major | X2 | Non-medical major = 0, Medical major = 1 |
| Grade | X3 | Freshman = Freshman = 1, Sophomore = 2, Junior and Senior (Junior, Senior) = 3 |
| Chinese proficiency | X4 | Not at all = 0, Not so well = 2, Moderate = 3, Well = 4, Very well = 5 |
| Family annual income | X5 | Family annual income X5 Below 10,000 yuan = 1, 10,000 yuan-30,000 yuan = 2, 30,000 yuan-80,000 yuan = 3, 80,000 yuan-300,000 yuan = 4, more than 300,000 yuan = 5 |
| Have you been ill since you came here? | X6 | No) = 0, Yes = 1 |
| Kind of disease | X7 | Digestive system = 1, Respiratory system = 2, Facial feature = 3, Dermatology = 4, Stomatology = 5, Mental health = 6, Other = 7 |
| Seriousness | X8 | serious = 1, General serious = 2, Not severe = 3, Chronic = 4 |
| Treatment measures after you've suffered | X9 | Spontaneous recovery = 0, Go to a medical institution = 1, Self-therapy = 2 |
| Place of treatment | X10 | Place of treatment X10 Campus hospital = 1, Private clinic = 2, Pharmacy = 3, Special hospital = 4, Comprehensive hospital = 5 |
| Qualification about institutions | X11 | Very satisfied = 1, Satisfied = 2, Not bad = 3, Unsatisfied = 4 |

3.2 Statistical processing

Conduct collective surveys in units of classes. First of all, the questionnaire will explain the precautions of the questionnaire and the basic privacy protection principles of the questionnaire; then, ask the subjects to complete the investigation independently within the specified time (about 10 minutes) according to their actual situation; The team eliminated blank questionnaires and invalid questionnaires and obtained the survey data for this study. Use SPSS 24.0 and Excel to sort and analyze the data. The data results are analyzed according to the four components of the Anderson model, followed by population characteristics, health behaviors, health results, and environmental factors.

4. Results

4.1 Population characteristics

Of the 100 international students with valid survey data, 35% came from Africa, 34% came from Asia, 16% came from Europe, and 15% came from North America. Among them, 45 were male (45%), 55 were female (55%); 21 were freshman (21%), 26 were freshman (26%), and 63 were freshman and above (63%). From the perspective of Chinese language proficiency, 4% chose "very good", 11% chose "very good", 42% chose "fair", 33% chose "not very good", and 10% chose "not at all".

In terms of grades, the ages of international students in different grades are not different, but the older the age, the greater the probability of active medical treatment. That is, age has a significant influence on the choice of medical treatment location and treatment measures (P value <0.05). With the increase of age, physical fitness and health conditions will produce medical and medical changes, such as the probability of occurrence of some disease risks may increase. In addition, with the increase of age, the amount of knowledge reserves in all aspects continues to increase. The increase in the amount of knowledge reserves will make international students pay more attention to their health status, and then take more active medical treatment when encountering diseases.

From the perspective of the health status of international students (prevalence or not), 38% of international students are not ill, of which the prevalence of boys is higher than that of girls; but from the perspective of gender, there are significant differences between non-medical male and female medical behaviors. Compared with males, females are more active in seeking medical treatment, and they are more likely to choose to take medicine and see a doctor. This is consistent with the conclusions of many literature. Because there is a huge difference in psychophysiology between women and men, which is consistent with the conclusions of most existing literature. This is related to the physical and psychological differences between male and female college students. First, from a psychological point of view, women pay more attention to their personal health status and are more sensitive to their own health status than men; second, from a physiological perspective, women's physical structure determines that they have a higher risk of disease than men. Probability, such as reproductive system diseases, menstrual syndrome, etc., may also be the reason why women's medical behavior is more positive. From the perspective of family income, the non-prevalence rate of international students with annual family income of 30,000 yuan to 80,000 yuan and above is higher than that of family with annual income of 30,000 yuan to 80,000 yuan; / 100), the medical consultation rate after the disease was 90.3% (56/62), and 51.6% (32/62). The hospital was selected in the hospital, and the differences between different demographic characteristics were statistically significant (all P values <0.05).

4.2 Healthy behavior

When international students have health problems (illness) during this time, 45% (28/62) choose “go to medical institution”, 12% (8/62) choose “self-recovery”, and 41% (26/62) choose “ Self-treatment ”. The probability of medical students and non-medical international students choosing a school hospital or a general hospital after illness is 14/32 (43.7%) and 9/30 (30%), respectively. There are differences between medical students and non-medical students when choosing a place to visit Statistical significance ($P < 0.05$). On the one hand, it may be because of the growing knowledge of medical students in the field of medical science and health, which places more importance on their own health status. On the other hand, it is to understand that professional medical institutions for medical treatment will greatly reduce the risk of disease accidents.

4.3 Health results

From the point of view of the satisfaction of international students with the medical services or diagnosis and treatment results provided by the institution, 3% (2/62) chose "unsatisfactory", 29% (18/62) chose "normal", and about 52% (32 / 62) Choose "satisfied", about 16% (10/62) choose "very satisfied". Judging from the two dissatisfied data, the influencing factors for medical treatment are the medical environment and medical expenses, and the places of treatment are all school hospitals. Objectively speaking, it may be that the difficulties in the medical treatment process caused by the language communication barriers during the medical treatment process lead to the unsatisfactory health services required by the international students during the medical treatment process, so they are not satisfied with the medical services provided by the medical institutions.

4.4 Environmental factors

After communicating with the class teacher of a class of international students in the school, I learned that the medical insurance for international students in the school is mainly medical insurance. Therefore, the effect of medical insurance on the difference between the behavior of medical students in the school is not of research value.

Regarding the influencing factors of international students' medical behaviors, about 31% (19/62) chose "medical expenses", about 13% (8/62) chose "healthcare staff attitude", and about 10% (6/62) chose "medical environment" About 24% (15/62) chose "medical technology", and about 22% (14/62) chose "convenient medical treatment". The data shows that the biggest factor affecting the medical behavior of international students is medical expenses, followed by the convenience of medical consultation, because international students are affected by factors such as schoolwork and scientific research, and convenience factors will be considered when choosing a medical treatment.

5. Main conclusion

This paper selects variables such as grade, gender, major, Chinese language proficiency, family economic income, etc., based on the questionnaire survey data of some international students from Jiangsu University, and uses Anderson health service behavior utilization model as the framework to analyze the data structure. The results of the data in this paper show that: first, the grade has a positive influence on the medical behavior of international students. The larger the grade, the greater the probability of choosing active medical behavior; second, the prevalence of males after studying in China compared with male students. Female students are more likely to actively seek medical treatment; third, the more proficient the Chinese students master Chinese, the more active the choice of medical behavior; fourth, the higher the family's economic income, the lower the prevalence rate after studying in China. The greater the likelihood of active medical treatment. Fifth, the factor that has the greatest impact on the medical behavior of international students is medical expenses.

6. Policy recommendations

With the deepening of international exchanges, "Silk Road Economic Belt" countries have more and more international students coming to China. International students coming to China are faced with new problems in language exchange, learning, living environment, different religious beliefs, different climatic conditions, and diets, which lead them to face different problems and challenges. Therefore, in daily life, especially when encountering various diseases, this contradiction is highlighted. Therefore, for the group of international students, their medical and health service needs should be paid attention to by the society. In this social context, the research conclusions of this paper have certain policy implications: First, the government should strengthen the management and control of the allocation of medical and health resources, and strengthen the construction of the primary health service system, especially the construction of medical institutions with universities as the core. Second, for the group of international students, research and design a medical insurance policy suitable for international students. By paying a certain fee, the medical and health services of international students need to be better protected, so that international students can benefit from the new policy system. The government can negotiate with schools and commercial insurance companies to guarantee the benefits of medical insurance for international students. Third, colleges and universities should cooperate with school hospitals to provide medical training and guidance to international student groups, so that the international student groups can familiarize and understand the medical treatment process and medical location, and better protect the health status of the international student groups. Fourth, schools and teachers should strengthen the publicity of disease risk awareness and the importance of medical treatment of foreign students, and guide foreign students to seek medical treatment in a timely and active manner after they become ill. Fifth, school clubs, organizations, etc. can conduct more exchanges with international students to enhance communication and exchange, in order to improve

the Chinese language proficiency and proficiency of international students, and reduce the language communication barriers that may occur during the medical treatment of international students. Through the above-mentioned five-point cooperation among the government, universities, and markets, as well as the continuous development and improvement of policies and medical and health mechanisms, the international student population will be greatly improved. Unsuitable to come to China, reduce the problems that foreign students may have in the process of studying in China, and promote the improvement of the quality of exchange and study of international students studying in China.

References

- [1] Gou Jiaming, He Jingyi, Zhou Yuehang, Investigation and thinking about the medical status of international students [J]. *Exploration of Medical Education*, 2009,8 (12): 1512-1515.
- [2] Yu Dachuan, Li Yuqing. University students' medical treatment behavior and its influencing factors: an empirical analysis based on micro data [J]. *Journal of Chongqing Technology and Business University (Social Science Edition)*, 2016, 33 (2): 42-48.
- [3] Wang Yiqiao, Wen Deliang, Ren Ran. Andersen health service utilization behavior model and its evolution [J]. *China Health Economics*, 2017, 36 (01): 15-17.
- [4] Chen Mingsheng. Anderson Health Service Utilization Behavior Model Evolution and Application [J]. *Journal of Nanjing Medical University (Social Science Edition)*, 2018, 18 (1): 5-8.
- [5] Pinkhasov, A., Singh, D., Chavali, S., Legrand, L., & Calixte, R. (2018). A Proactive Behavioral Health Service Model to Address Use of Constant Observation in a General Hospital. *Psychiatric Services*, 69(3), 251–253.
- [6] Lynch, S., Greeno, C., Teich, J. L., & Heekin, J. (2018). Pediatric integrated behavioral health service delivery models: Using a federal framework to assess levels of integration. *Social Work in Health Care*, 58(1), 32–59.