

Subjective Health Knowledge and Health Satisfaction: A Conceptual Framework

Jacob James¹, Gigi Elias²

¹Research Scholar in Economics, MG University, Kottayam

²Research Guide in Economics, MG University, Kottayam

Abstract

Objective health knowledge is the actual knowledge that people have about health-related concepts. Subjective health knowledge is the confidence that people have in their knowledge on health. The article tells us that it is this subjective health knowledge that people possess that prompts people to take action to maintain their health. It leads to activities that invest in health and this leads to rise in health satisfaction. Health satisfaction is part of the total wellbeing of a person. Subjective health knowledge leads to health satisfaction both directly and indirectly. This article develops a framework that connects subjective health knowledge to health satisfaction through health behaviour. The article further builds propositions based on this relationship which can be tested using real world data. The article argues that all public health programmes should aim at improving the confidence that people have in their health knowledge. This would nudge people to take action that improves their health satisfaction.

Keywords: Objective Health Knowledge, Subjective Health Knowledge, Health Behaviour, Mediation Framework, Health Satisfaction, Welfare

1. Introduction

Health satisfaction is the subjective evaluation that people make of their own health. It is an important component of the wellbeing of people. It is an important part of total life satisfaction [1]. According to health economists the stock of health a person has, gives utility to the person and increases their welfare [2]. The cost of treatment is rising. The number of treatment options is increasing. Here is where being aware of one's own health is very important.

Objective health knowledge is knowledge that can be shown to others and can be tested [3]. A person with objective health knowledge has the ability to access, understand, judge the value of and apply health related information [4].

Subjective health knowledge is the level of self-belief that people have about their objective health knowledge. But it does not necessarily mean that this knowledge is accurate [5]. It is often this self-belief that leads to action and the lack of it leads to inaction.

2. Economics of Health Satisfaction

Health satisfaction may be defined as physical and mental wellbeing that a person feels with reference to their own expectations [6]. In welfare economics people seek to maximize their utility [7]. Attaining health satisfaction leads to utility maximization.

Health satisfaction has many facets. Fitness [8], freedom from illness [9], access to affordable healthcare [10] and preparing for combating any future illness [11]. Since health satisfaction is measured across a number of different aspects, many measurement approaches are required. Here is where subjective health knowledge matters.

Overconfidence in health knowledge i.e. high subjective knowledge and low objective knowledge leads to people not taking preventive measures to prevent a disease [12]. Underconfidence in health knowledge i.e. high objective health knowledge and low subjective knowledge reduces the willingness to act despite adequate objective health knowledge [13].

3. Theoretical Framework

3.1 Grossman Model

According to Grossman [2], health is a capital good that depreciates with age and it can be augmented through proper medical care, proper nutritious diet, physical exercises and disease prevention activities. Education reduces the wear and tear of health capital. For instance, objective health knowledge tells us that activities such as smoking are harmful and subjective health knowledge increases our willingness to actually quit smoking.

The decision whether or not to undertake preventive health measures like vaccination, screening, physical exercises etc. is taken by comparing their present costs with the future returns from preventing diseases. Among people with the same objective health knowledge, people with higher subjective knowledge are more likely to undertake prevention activities [2].

3.2 Confidence, Self-Efficacy and Behavioural Economics

An important factor in whether a person has a healthy behaviour is self-efficacy. It is the amount of self-belief that a person has in their ability to reach a health goal [14], [15]. It determines whether a person starts trying, how hard he is trying and whether he is able to sustain his effort till a particular health goal is reached. The self-belief in what people believe they know independent of its accuracy often helps make hard choices when planning for the future [16]. In the same way if people have confidence in their health knowledge, people are more likely to take precaution to prevent illnesses, manage long-term conditions more efficiently. It also helps in taking decisions related to insurance. These theoretical foundations lead to a framework that connects health knowledge with health satisfaction through two ways.

4. Conceptual Framework

Direct Path – Feeling confident about what we know about our own health gives us a sense of control over our health. This contributes to health satisfaction. If you have the belief that you can manage your health, it is satisfying.

Indirect Path – Subjective health knowledge improves confidence. People resort to preventive measures such as screening, vaccination etc. People take great care in eating a balanced diet for better nutrition. People also take good care to follow instructions given by health professionals. People also may take a health insurance policy. These actions on the part of an individual improve the quality of their health by reducing health shocks. Health behaviour is the mechanism that converts subjective health knowledge into health satisfaction.

5. Propositions

Subjective health knowledge directly increases health satisfaction subject to a given amount of objective

health knowledge.

Subjective health knowledge improves health satisfaction indirectly through health behaviours subject to a given amount of objective health knowledge.

Subjective health knowledge has a stronger impact on health satisfaction than objective health knowledge. Objective health knowledge also helps in building subjective health knowledge.

6. Policy Implications

Health related communication should be done in such a manner that it improves the confidence of the person receiving it to act on the communication. The communication should be made in such manner that people receiving it should be able to process it properly.

Health programmes should not just give advice on what is the best plan of action to attain better health. They should also make people feel that they have the ability to carry out the advice.

Insurance companies should clearly mention the details of their policy in such a manner that an individual with a given amount of health literacy can read and judge whether the policy is beneficial for them.

Health initiatives should be implemented in such a manner that they address the lack of confidence which prevents people from taking beneficial action and overconfidence which leads people to not take necessary care when needed.

Future research should focus on measuring objective and subjective knowledge separately and not together.

When modelling health satisfaction as a function of health knowledge, use health behaviour as a mediating variable rather than a control variable.

In this way propositions can be tested and we will come to know which among objective and subjective knowledge influences health satisfaction more.

7. Limitations

This is a conceptual paper outlining the relationship between health knowledge and health satisfaction. But it has not been tested with real world data.

The theory assumes that these ideas work in the same manner for every person. But the working of this framework may differ based on the illness, culture of the geographical area and working of the local health care system.

8. Conclusion

It can be seen from this discussion that it is not only knowing facts related to health, but also the confidence that people have in knowledge of health that leads to action. This leads to health satisfaction. In this article, it has been argued that subjective health knowledge directly translates into health satisfaction. It also leads to health satisfaction through health-related behaviours. The main message of this article is that any health programme should give importance to building confidence in the health knowledge of people along with giving them facts related to health. This framework can be used for testing using real world data and for taking steps to boost the confidence of people in their health knowledge.

References

1. Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542–575. <https://doi.org/10.1037/0033-2909.95.3.542>

2. Grossman, M. (1972). On the Concept of Health Capital and the Demand for Health. *Journal of Political Economy*, 80(2), 223–255. <https://doi.org/10.1086/259880>
3. Parker, R. M., Baker, D. W., Williams, M. V., & Nurss, J. R. (1995). The test of functional health literacy in adults. *Journal of General Internal Medicine*, 10(10), 537–541. <https://doi.org/10.1007/BF02640361>
4. Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80. <https://doi.org/10.1186/1471-2458-12-80>
5. Carlson, J. P., Vincent, L. H., Hardesty, D. M., & Bearden, W. O. (2009). Objective and Subjective Knowledge Relationships: A Quantitative Analysis of Consumer Research Findings. *Journal of Consumer Research*, 35(5), 864–876. <https://doi.org/10.1086/593688>
6. Idler, E. L., & Benyamini, Y. (1997). Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. *Journal of Health and Social Behavior*, 38(1), 21–37. <https://doi.org/10.2307/2955359>
7. Bergson, A. (1938). A Reformulation of Certain Aspects of Welfare Economics. *The Quarterly Journal of Economics*, 52(2), 310–334. <https://doi.org/10.2307/1881737>
8. Wicker, P., Coates, D., & Breuer, C. (2015). The effect of a four-week fitness program on satisfaction with health and life. *International Journal of Public Health*, 60(1), 41–47. <https://doi.org/10.1007/s00038-014-0601-7>
9. Yoon, K., & Lee, M. (2023). Factors influencing the health satisfaction of users of public health and medical institutions in South Korea. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.1079347>
10. Alsubahi, N., Groot, W., Alzahrani, A. A., Ahmad, A., & Pavlova, M. (2025). Patient-centered care and satisfaction of patients with diabetes: insights from a survey among patients at primary healthcare centers in Saudi Arabia. *BMC Primary Care*, 26(1), 140. <https://doi.org/10.1186/s12875-025-02778-1>
11. Xu, Q., Gu, J., Jia, C., Chen, H., Li, Z., & Gu, H. (2024). A study on the impact of health shocks on subjective wellbeing of middle-aged people and older adults—Evidence from China. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1238026>
12. Canady, B. E., & Larzo, M. (2023). Overconfidence in Managing Health Concerns: The Dunning–Kruger Effect and Health Literacy. *Journal of Clinical Psychology in Medical Settings*, 30(2), 460–468. <https://doi.org/10.1007/s10880-022-09895-4>
13. Alba, J. W., & Hutchinson, J. W. (2000). Knowledge Calibration: What Consumers Know and What They Think They Know. *Journal of Consumer Research*, 27(2), 123–156. <https://doi.org/10.1086/314317>
14. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
15. Bandura, A. (2004). Health Promotion by Social Cognitive Means. *Health Education & Behavior*, 31(2), 143–164. <https://doi.org/10.1177/1090198104263660>
16. Hadar, L., Sood, S., & Fox, C. R. (2013). Subjective Knowledge in Consumer Financial Decisions. *Journal of Marketing Research*, 50(3), 303–316. <https://doi.org/10.1509/jmr.10.0518>