The True North Strong and Free Healthcare? Nationalism and Attitudes Towards Private Healthcare Options in Canada

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Introduction

The nexus between nation building and the welfare state has received much attention in recent scholarly work. States struggling against secessionist threats have often resorted to using social programmes as means to connect with citizens and remind them of the bonds between them (Banting, 2005). Coincidentally, sub-state nationalist elites have tried to connect egalitarian social provisions with a set of national values in order to drive a wedge between their supporters and the state, which they criticize as too neoliberal and out of touch with the priorities of their respective national communities (Béland and Lecours, 2006). It is logical that elites in multinational states engage in clashes over welfare provision, as each side tries to justify the supremacy of its point of view. So far, this body of research has left us in the dark as to whether public opinion on matters of social policy differs between the constituent nations in multinational states, and, if so, why?

This article uses public opinion about healthcare in Canada, a country with a long-standing sub-state nationalist movement in the province of Quebec, as its case study. The common claim is that Quebeckers support

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a more generous welfare state than their English Canadian counterparts (Béland and Lecours, 2008).[1] Yet this assertion has been consistently challenged by survey evidence over time, which indicates that Quebeckers are, counter-intuitively, the strongest supporters of private healthcare options in Canada[2] (Mendelsohn, 2001; Nanos Research, 2011). Of course, a positive evaluation of privatization is not necessarily "unprogressive" as one's support for private healthcare options does not ipso facto equal an aversion to a parallel robust public system. More interesting, perhaps, is the finding that Canadians outside of Quebec are largely opposed to private healthcare options. Comparative research on welfare states slots Canada into the "liberal" category, which is indicative of a preference for market solutions to welfare problems (Myles, 1998). Certainly, the post-war era in Canada saw the development of universal social programmes, such as Old Age Security, moving the country noticeably away from the market-oriented pattern exemplified by the United States, but its liberal features have been reasserted since the 1980s (Haddow, 2008: 229). It is, therefore, not clear why public opinion would be distinct in two of the constituent nations of the Canadian state.

Starting from this empirical puzzle, this article attempts to determine if nationalism is driving this wedge between public opinion on private healthcare in Quebec and English Canada. Our empirical tests were designed to discern whether strong national attachments to a Canadian or Québécois nation, or both, can explain the observed variation. Our findings suggest that the impact of nationalism on public perceptions of private healthcare is noticeable in English Canada but not in Quebec. This leads us to the reasoned conclusion that universal healthcare is a symbol that has special significance for the masses in the "imagined" English Canadian nation, but not in its Québécois counterpart.

Nationalism and Social Policy

The strong connection between the nation and state that was slowly forged in the centuries following the Peace of Westphalia faces persistent challenges in the West on account of powerful separatist movements in "nations without states" such as Quebec, Catalonia and Scotland (Keating, 2001). While references to the "objective" features of nations, such as cultural, historical, and ancestral links, are still referenced by elites and followers alike, it has become increasingly common to define the nation according to its subjective dimension. In this way, the nation can be defined as a territorially anchored group "whose members commonly share a special sense of solidarity and identity…and who claim, in the name of this solidarity and identity, a distinct political status" (Béland and Lecours, 2008: 16).

Abstract. This article endeavours to explain why English Canadians and Quebeckers differ in their opinions about private healthcare options. Data indicates that respondents in the nine predominantly English-speaking provinces are more likely to oppose private hospitals than Quebeckers. No one province or region in "English Canada" drives these results: aversion to private hospitals is consistent across the nine provinces. Research on welfare states slots Canada into the "liberal" category, which is indicative of a preference for market solutions to welfare problems, which makes this finding perplexing. The argument presented here is that universal healthcare has become bound up with the national identity of English Canada, resulting in a general aversion to private healthcare initiatives outside of Quebec.

Résumé. Cet article s'intéresse aux divergences d'opinions entre les Québécois et les autres Canadiens par rapport à la privatisation des soins de santé au Canada. Les sondages d'opinion indiquent de manière claire que les citoyens des neuf provinces à majorité anglophone du Canada s'opposent dans une plus large proportion que les Québécois à la présence d'hôpitaux privés. Ces résultats ne sont pas biaisés par aucune province particulière du « Canada anglais » : une majorité de citoyens s'oppose aux hôpitaux privés dans chacune des neuf provinces. Ces résultats surprennent, puisque la recherche sur l'État providence classifie le Canada comme un État « libéral » privilégiant les solutions de marché comme moyen de gestion des programmes sociaux. L'argument présenté au sein du présent article soutient que le système de santé universel est devenu un symbole de l'identité nationale du Canada anglais, entraînant une aversion générale pour les initiatives de privatisation des soins de santé à l'extérieur du Québec.

In an effort to combat sub-state nationalism, social programmes "controlled by the central government can become instruments of nation building" (Banting, 1995: 270). Because state elites wish to maintain territorial integrity, there is good reason to hypothesize that they will seek to add new policy fields to the mix of identity markers that distinguish the state-endorsed national community from competing projects. In this vein, a number of scholars have explored how nationalism affects social policy development and vice versa. It has been argued that states can use patriotism or nationalism to create bonds of solidarity among citizens that make taxation and redistribution more palatable (Banting, 1987; Béland and Hansen, 2000). In Canada, for example, Johnston and colleagues (2010) show that those who identify with a Canadian identity tend to favour redistribution across the provinces, which suggests that national solidarity can transcend economic interests and regional differences. This stands in contrast to the instrumental argument, which links a preference for more generous redistribution to economic interests. The core assumption is that support for social policies is inversely related to income, but empirical analysis has demonstrated that this argument is not very strong (Dion and Birchfield, 2010).

Recent scholarship has shifted the focus to the complex nexus between nationalism and social policy in multinational states (Béland and Lecours, 2008; McEwen, 2006; Poirier and Vansteenkiste, 2000). Politics in multinational states is permeated by conflicting understandings of nationhood articulated by state and sub-state nationalist elites. Because social policy is

felt so strongly in the lives of citizens and connects them with their governments, it has become a prime target for elites engaged in competitive nation-building projects. In the United Kingdom, for example, Thatcher's promotion of a British identity based on neo-liberalism and self-sufficiency led to a stronger emphasis by the Scottish Nationalist Party on Scotland's collectivist and egalitarian ethos (McEwen, 2002). It is not necessarily the case, however, that sub-state nationalists are intrinsically more progressive in the social policy realm than state nationalists. In Belgium, Flemish politicians point out that their region is a net "loser" of fiscal redistribution because Wallonia receives more funding for social insurance schemes while Flemings contribute more on account of their greater economic productivity. Consequently, Flemish nationalists justify social policy decentralization with the argument that Belgium's current scheme does not reflect the preferences of Flemings who perceive of social assistance benefits as conditional rather than a social right (Erk, 2003). Once connected to collective values, social programmes may become the focus of nationalist politics and mobilization.

This body of research implies that elite discourses and policies surrounding social policy influence the preferences and priorities of their target communities. At least one study finds that those who identify with a particular nation come to view its model of social redistribution as synonymous with their personal preferences (Martinez-Herrera, 2004), but such research remains scarce. The norm of state sovereignty reinforces the tendency to look only at non-state groups for tangible manifestations of nationalism (Lecours and Nootens, 2011). In liberal democracies, the very mention of the word *nationalism* conjures up images of opposition to the state by restive minorities; broad public support for language, education and welfare policies is rarely, if ever, considered to be expressions of nationalism. We contend that researchers should consider nationalism to be a potential variable that can explain public opinion trends at the level of the state, as well.

The Nationalism – Healthcare Nexus in Quebec and Canada

The development of a social democratic welfare state in Quebec was closely associated with nationalism. Its development paralleled the "re-imagining" of the nation that took place during the Quiet Revolution. The shift from pan-French-Canadian nationalism to Québécois nationalism involved a transition from reliance on the church and local communities for social welfare to the deliberate use of the Quebec "state" as a tool to foster links between the government and the territorially based Québécois nation. The new Quebec economic model countered, in many respects, the Canadian preference for market liberalism, combining state

interventionism, a high level of public services, and significant investment in public infrastructure (Rocher, 2002). By the 1970s, the leader of the sovereigntist movement, Parti québécois (PQ), had intertwined social democratic perspectives with secessionism. Social democracy and egalitarianism resonated with many Quebeckers because of the historic injustices that allowed Anglophones to dominate the Quebec economy and make English the language of upward mobility. The PQ strategically stressed its commitment to the economic and social advancement of Francophones through progressive taxation, redistribution and language policy; by the late 1970s, the party could "credibly depict itself as both a sovereigntist and social democratic party" (Béland and Lecours, 2008: 60).

Social policy development at the state level was also tinged by the struggle between competing nation-building projects in Quebec and English Canada. Modern social programmes in Canada "quickly emerged as important instruments of legitimation for a federal system facing serious regional challenges…governments in Canada have long realized the potential of social programmes to be harnessed to nation-building agendas" (Banting, 1995: 270–72, 284). In fact, the first two failed attempts to create a national health insurance scheme by the Liberal party in 1919 and 1942 each followed a conscription crisis in Quebec (Boychuk, 2008: 33, 97). It is more than coincidence; the Canadian state was vying for the loyalty of Quebeckers at moments when the potential for a successful independence movement was strong.

The push for national health insurance in the immediate postwar period was met with fierce resistance in Quebec; the province was keen to push back against all encroachments into provincial policy terrains. The provincial government in Saskatchewan—generally considered the "policy entrepreneur" responsible for universal healthcare in Canada—only made a commitment to universal hospital insurance on the assumption that a federal cost-sharing programme was imminent, but when it failed, the province followed through on its promise out of felt obligation and political pressure. The subsequent development of a hospital insurance scheme, culminating in the Hospital Insurance and Diagnoses Services Act (1957), was only realized as a result of politicking between the provinces, especially Ontario, and the federal government. According to Boychuk, "characteristics of the hospital insurance plan as adopted later contributed to the rise of public health insurance to iconic status in Canada. However, it is critical to note that, for the most part, these characteristics—including universality and public insurance as an entitlement unrestricted by payment of premiums or coinsurance fees—were incidental to the plan" (2008: 113).

The context for the next big federal healthcare reform, the addition of physician care insurance, was the Quebec provincial government's strategy to become "*maîtres chez nous*," antithetical to the nation-building aspirations of the federal government. Interestingly, it was only in Quebec that

the growing presence of user fees and extra charges in the 1970s was actively blocked by legislation, a situation that appeared beneficial for the "yes" side in the run-up to the 1980 referendum on "sovereignty association" because it undermined the federal government's contention that it was the best guarantor of social rights for Quebeckers (Boychuk, 2008: 137–40). The antecedents to the *Canada Health Act* (1984) can be found in the discourse embraced by the federal government in its campaign for a "no" vote in the referendum. With the proposal of universal and comprehensive hospital and physician care insurance free of extra charges, the federal government once again placed healthcare at the centre of its campaign to make Canadian citizenship and nationhood meaningful to all Canadians, especially Quebeckers.

Jockeying with the Quebec provincial government for the "hearts and minds" of Quebeckers explains some of the timing and content of healthcare reform in Canada, but why did universal healthcare earn such broad universal appeal in English Canada? Its ascent to iconic status among the public can be understood in the context of two unforeseen developments. The shared identity of "Britishness" that was essential to holding together "a far-flung and thinly populated and otherwise fractious and balkanized, elite-brokered federation of former British North American colonies" began to wane after the First World War (Bickerton, 2011: 148). In its place, an indigenous Canadian identity began to form around collectivism in opposition to American-style liberalism. In the 1960s, Canada's relationship with the United States began to change rapidly, it became more economically dependent on its neighbour to the south and American culture began to fill the void left by the British. Because this external challenge was coupled with the burgeoning nationalist movement in Quebec, it was not surprising that English Canadians began to view social programmes, especially universal healthcare, as symbolic of their distinctiveness within North America (Bashevkin, 1991).

Over time, the principles of the *Canadian Health Act* have come to symbolize the social rights dimension of Canadian nationhood (Maioni, 1998). A 1994 poll found that healthcare and hockey were considered the two most important symbols in Canada that "tie us together as a nation" (Stanbury, 1996). The importance of public health insurance to Canadians was very apparent in the debates surrounding the North American Free Trade Agreement (NAFTA) because critiques by citizen groups focused on the potential deleterious impact of globalization on public healthcare in Canada (Boychuk, 2008: 143–44). Healthcare's iconic status was given another boost following Canada's "near death" experience in the 1995 Quebec sovereignty referendum. Healthcare was not a major issue during the 1993 federal election campaign, but the victorious Liberal party under Jean Chrétien revived it as part of its strategy to challenge the sovereignty movement by increasing the visibility of social

programmes. Retrenchment and cutbacks in the early 1990s had left an immense void in the fabric of Canadian identity (Brodie, 2002). Starting in 2000, the Liberal government made great efforts to communicate to the public that it would better protect against a "two-tier" healthcare system than the surging Conservative party (Boychuk, 2008: 148-49). Branding itself as the guarantor of universal healthcare was a logical strategy, given that 96 per cent of respondents felt that the public healthcare system was "important" to Canadian identity in a 1996 survey (Mendelsohn, 2001: 27-28).

Three Hypotheses

Before testing our two main hypotheses regarding the effect of identities, we test an alternative explanation that stems from media coverage of the healthcare issue in Quebec. Specifically, it is possible that the Quebec healthcare system is so deficient in comparison with other provinces that Quebeckers might be open to explore other alternatives as means to "fix" it. The media coverage of healthcare in Quebec highlights the widespread perception that publicly administered hospitals and services are failing. In particular, publications in French—reflecting pluralistic viewpoints about Quebec's relationship with Canada—present very negative assessments of healthcare services in Quebec. A content analysis conducted by Soroka (2011) demonstrates that French newspapers account for approximately 90 per cent of the total mentions of the word "crisis" alongside healthcare in the articles of the four major newspapers in Canada. They also account for 66.3 per cent of the total coverage of the private healthcare debate, 81 per cent of the total mentions of doctor and nurse shortages and about half of the references to long waiting lists among the four major newspapers. Given the subjective perception of the healthcare system in Quebec, Quebeckers might thus be more open to alternative solutions, such as private healthcare, than their counterparts in English Canada.

The second hypothesis is generated by recent work on sub-state nationalism and the welfare state (Béland and Lecours, 2008; McEwen 2006). Qualitative evidence suggests that there may be a link between feeling Québécois and support for progressive social policies. Two factors may explain why, despite Quebec nationalists' apparent embrace of socialism as a part of their national identity, Quebeckers tend to favour private healthcare provisions. Quebec nationalism may be more closely associated with other social programmes that are linked to Quebec's distinctiveness in Canada. Accordingly, perhaps nationalists in Quebec feel that alternative programmes, such as subsidies to the Francophone cultural industry, publicly funded university and college systems and affordable daycare, are more expressive of their identity than "Canadian" social programmes such as

healthcare. Healthcare is a unique area of social policy in that the *Canada Health Act* explicitly rules out many forms of privatization. In other domains of social policy, such as daycare and education, no such provisions exist, and there is no connection between an incipient Canadian identity and support for generous public spending. Given data constraints, we limit ourselves to a test of the hypothesis that Quebeckers simply do not prioritize public healthcare and therefore are more open to privatization, because it is not central to Québécois nationalism. We can only speculate, with good reason, that pro-privatization views among many Quebeckers are driven by their aversion to the Canada Health Act and its Canadian nationalist connotations.

The third hypothesis considers the possibility that expressing a Canadian identity is intimately connected to supporting Canada's universal healthcare system. While there is no obvious reason why an individual cannot support private healthcare options alongside a robust public system, we suggest that universal healthcare is so bound up with "being Canadian" in English Canada, it triggers an aversion to anything that resembles privatized or two-tier healthcare. Despite successive challenges to English Canadian identity that have come from sovereignty referendums, neoliberal globalization, and the deeper penetration of American culture through films, music, and television, a strong attachment to a Canadian identity outside of Quebec has persevered (Bickerton, 2011; McRoberts, 1995). State or elite-led nationalism tends to take on a life of its own, outlasting the elites that shape and define it. The recent version of Canadian nationalism defined by the Conservative party, focusing on neoliberalism, the military and the monarchy has not eradicated the symbolic attachment English Canadians have to universal healthcare. The third hypothesis, therefore, suggests that Canadians outside of Quebec continue to valorize public healthcare because it is ingrained in their identity. Without the strong connection between Canadian national identity and universal healthcare, public opinion on the introduction of private healthcare options would likely not be so different in Quebec and English Canada. Our confirmation of this hypothesis dovetails with the ethnosymbolist literature on nationalism, which tells us that symbols intersubjectively understood as part of the "national story" can change, but only slowly, over a long period of time (Smith, 2009).

Hypothesis 1. Quebec healthcare might be more deficient than healthcare in the rest of Canada, thus explaining the support for private options in Quebec.

Hypothesis 2. Fewer Quebeckers prioritize public healthcare resulting in less aversion in the province to private alternatives.

Hypothesis 3. A strong Canadian identity is associated with an aversion to experimentation with private healthcare services in Canada.

These three hypotheses are amenable to empirical investigation. The next section describes the data and the methodology used to pursue the analysis.

Data and Methods

The 2004, 2006, 2008 and 2011 data points from the Canadian Election Study (CES) are used to test the three hypotheses. These datasets include questions that probe Canadians' political attitudes and socio-demographic information. Related to our purposes, various questions have been developed to capture different aspects of the respondents' views on healthcare, which permits the testing of the three hypotheses. To do so, the analyses predominantly rely on the estimation of logistic regression models. Estimation of the differences between groups requires the addition of interaction terms in the models (Jaccard, 2001). Significance testing for interaction terms, however, can be tricky when using logistic models (see Berry et al., 2010). But the use of simulation methodology developed by Imai and colleagues (2009) improves the interpretation of the differences in predicted probabilities associated with changes in key independent variable values. This intuitive approach to interpretation has been shown to be well suited to logistic models that contain interaction terms (Zelner, 2009).

In order to measure support for private healthcare options, respondents were asked "Do you favour or oppose having some private hospitals in Canada?" The choice of answer is limited: either one favours or opposes the existence of private hospitals. Does this question correctly tap into feelings about moving away from the universal single-payer model? It is possible that some citizens might be in favour of existing private hospitals, but not necessarily wish to see the multiplication of such private institutions. However, too few private hospitals exist in Canada to have a strong effect on the responses to that question. In fact, the existence of private hospitals is banned in many provinces. Few would argue that the widespread public perception of the Canadian healthcare system deviates from the universal and state-funded model. Making such a distinction would require a level of political sophistication much beyond that of the average Canadian. In fact, research on public opinion shows clearly that most citizens do not have such precise preferences about the intricacies of a particular social programme (Converse, 1964; Zaller, 1992). Instead, most citizens hold general attitudes that are influenced by their predispositions for certain values (Alvarez and Brehm, 2002; Bartels, 2003). We assume, therefore, that the presence or multiplication of private hospitals in

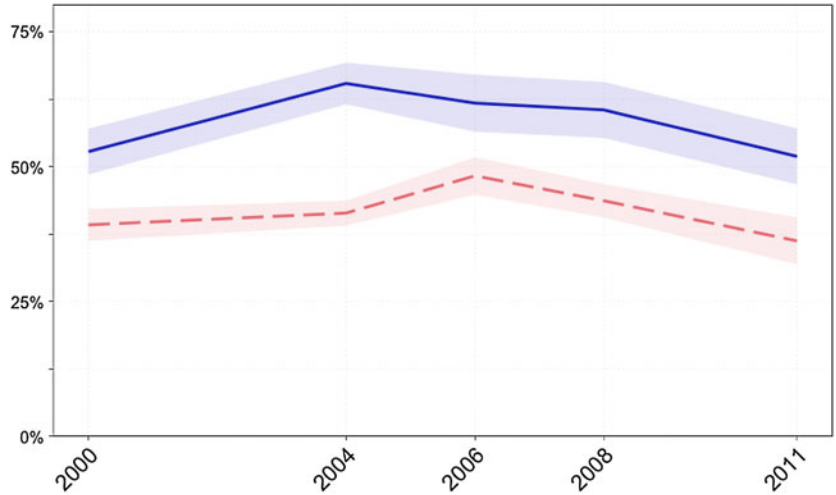
Canada equates with an erosion of the universal single-payer model in the minds of ordinary Canadians.

Findings

The divide between opinions on private healthcare options in Quebec and English Canada is sharp. As Figure 1 indicates, a clear majority of Quebeckers (63.1%) are in favour of private hospitals. In the rest of Canada, this situation is reversed: a majority (56.4%) of citizens are opposed to such hospitals.[3]

The effect of socio-demographic factors on attitudes regarding political issues has long been known and is rarely contested (Campbell et al., 1960; Lazarsfeld et al., 1948). For instance, attitudes toward the privatization of social programmes are logically affected by factors such as income. Is it possible that such striking differences between the attitudes of Quebeckers and other Canadians about healthcare simply reflect socio-demographic differences? A basic regression model including only socio-demographic controls shows that this is not the case; the effect of living in Quebec remains statistically significant and strongly associated with

FIGURE 1
Support for Private Hospitals



Source: CES, 2000–2011.
Question: Do you favour or oppose having some private hospitals in Canada?
Note: The solid line represents Quebec and the dashed line represents English Canada. The pale gradients represent 95% confidence intervals.

greater support for more private hospitals. Actually, living in Quebec is the single strongest predictor of support for more private hospitals. This result suggests that some other factors better explain the observed attitudinal difference between Quebeckers and English Canadians.

H1: *Quebec healthcare is deficient*

To test whether Quebeckers' embracement of privatization is due to a more deficient healthcare system in Quebec, two research strategies are used. The idea behind this two-fold approach is to consider both subjective and objective evaluations of the healthcare system. First, objective measures are derived from secondary sources in order to determine the problems of the Quebec healthcare system compared to those of the other provinces. Second, respondents' perceptions on different aspects of the healthcare system are considered as a potential explanation for why individuals support private hospitals. Perceptions of the healthcare system are captured using a question measuring views about hospital waiting lists: "Over the last year do you think that hospital waiting lists have become shorter, longer, or stayed about the same?" In this case, we should expect Quebeckers to hold more negative views of their hospitals' efficiency and that, in turn, these views would translate into support for changes to the current publicly funded model. Indeed, it is reasonable to think that a general dissatisfaction with health services may encourage the search for alternatives to the current public system. This dual approach enriches the analysis by considering institutional factors alongside attitudinal measures and guards against the possibility of falsely rejecting an objectively true hypothesis.

In order to objectively assess the Quebec healthcare system, one might look at provincial health spending. On that measure, Quebec does not fare worse than its counterparts in the rest of Canada. In fact, according to a report published by the Canadian Institute for Health Information (2011b), Quebec spends slightly more on healthcare than the national average. Of course, this statistic does not necessarily translate into a better healthcare system, as it provides no information about how the money is spent. The number of doctors per capita provides a better picture of whether taxpayer money is spent on quality health services or to support a dense bureaucracy. Once again, according to the same report, Quebec is not different from the other provinces. Quebec has a higher number of family doctors, specialists, and surgeons per capita than Ontario. But do Quebeckers necessarily enjoy better services?

The Canada Health Consumer Index annual report evaluates the outcomes of provincial healthcare systems. According to its findings, Quebec's services are on par with those of the other Canadian provinces. More specifically, when service delivery is evaluated with indicators, such

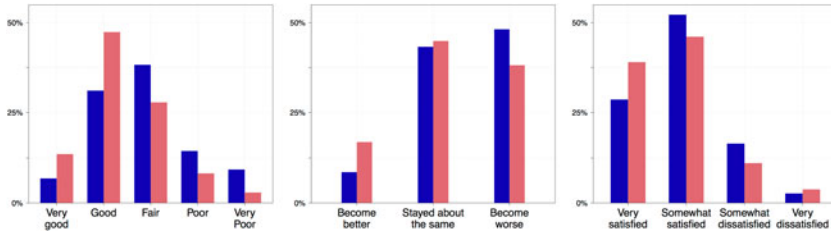
as access to doctors, cancer screenings, wait times for specific surgeries, mortality rates and childhood vaccination, Quebec does not stand out as having a malfunctioning healthcare system. Quebec does score worst, however, in terms of the results of these treatments, but this is likely due to measurement issues. Indeed, the different reports warn about the difficulty of finding comparable indicators. In the 2011 Canada Health Consumer Index, the author notes "Quebec's results are driven primarily by the inconsistent data collection processes that make it extremely difficult to make comparisons" (Eisen, 2011: 25). Such analytical challenges are also mentioned in other health policy reports (see Canadian Institute for Health Information, 2011a). For that reason, direct indicators may be more proper for comparing provinces. The Canada Health Consumer Index, for instance, considers the average wait time for a patient in an emergency room, to be one of the most significant indicators. When it comes to wait times, Quebec is one of the top three performers among provincial healthcare systems in recent years (Eisen, 2011: 24). In 2008, the province even had the shortest average wait time in Canada (Walberg and Björnberg, 2008: 17).

Objective assessments of the quality of provincial healthcare systems in Canada do not highlight Quebec as the country's poor child. Results are uneven and the only conclusion one can draw is that Quebec's healthcare system performs better on some aspects and worse on others. Could it be that Quebeckers subjectively perceive there to be a healthcare deficiency in Quebec?

Opinion data show that Quebeckers do have a worse perception of their healthcare system than other Canadians. Three questions probing citizen satisfaction with the healthcare system were asked in the 2011 CES. These indicators all point in the same direction. Whether one looks at the general evaluation of the system (Figure 2a), the evolution of service quality (Figure 2b), or personal satisfaction with the system (Figure 2c), Quebeckers are consistently the least satisfied with the current system.[4] The accumulation of these negative sentiments could explain Quebeckers' disproportionate support for private hospitals. To test this possibility, a regression model is used to estimate the effect of dissatisfaction towards the healthcare system[5] on support for private hospitals. The possibility that dissatisfaction has a stronger effect in Quebec than elsewhere is also considered by the inclusion of an interaction term.

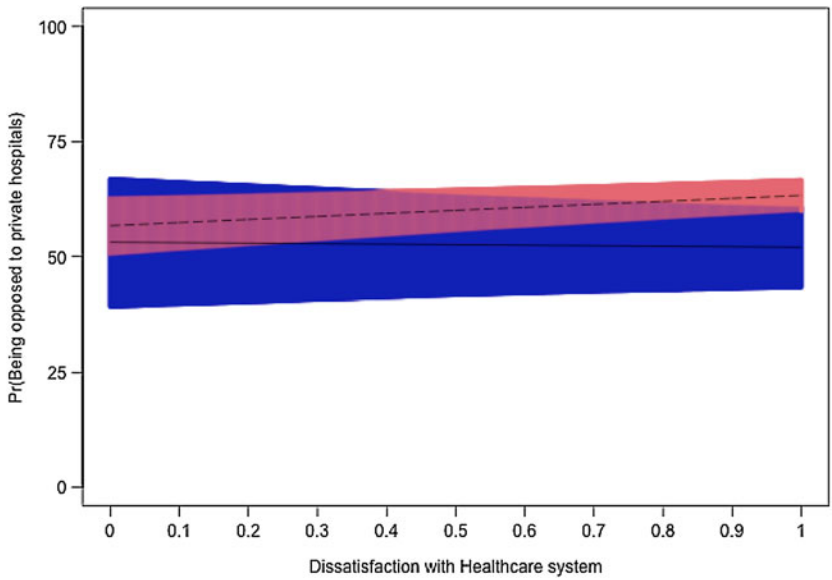
The regression results are shown graphically in Figure 3.[6] As indicated by the flatness of the lines, dissatisfaction barely affects attitudes towards private hospitals. In fact, the direction of the effect is opposite from what is expected: the most dissatisfied citizens are slightly more inclined to oppose private hospitals. This finding holds for both Quebeckers and other Canadians. Support for privatization in Quebec does not seem to be a consequence of the perceived or actual inferiority of the province's healthcare system.

FIGURE 2
Perceptions of the Healthcare System



Source: CES, 2011.
Question a: Overall, how would you rate the state of the healthcare system in Canada today?
Question b: Has the quality of healthcare in Canada over the past five years become better? Worse? Or stayed about the same?
Question c: Overall, how satisfied are you with the healthcare you have received in the last two years?
Note: The darker bars represent Quebec and the lighter bars represent English Canada.

FIGURE 3
Effect of Dissatisfaction with the Healthcare System on Opposition to Private Hospitals

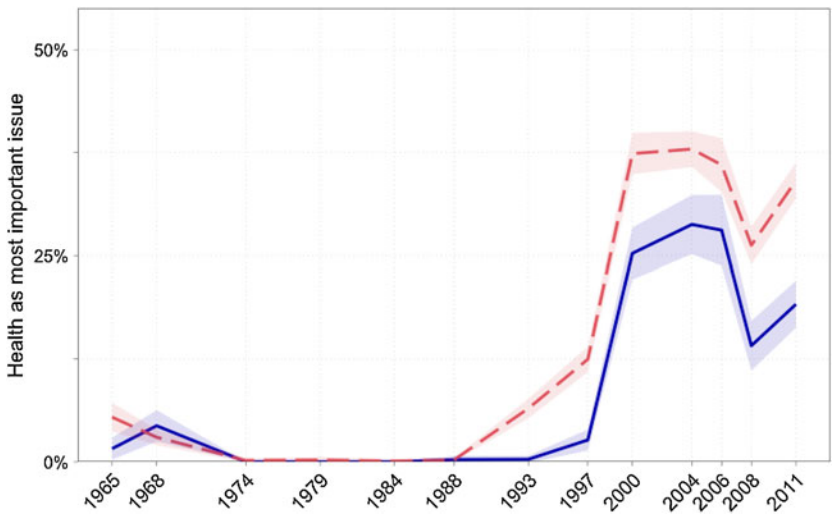


Source: CES, 2011.
Note: The solid line represents Quebec and the dashed line represents English Canada. The pale gradients represent 90% confidence intervals.

H2: *Quebeckers do not prioritize healthcare*

Historically, do Quebeckers give less salience to healthcare than English Canadians? Since 1965, the CES questionnaires have included an open question probing what issue Canadians consider most important. Figure 4 illustrates the weight given to the healthcare issue by Canadians and its evolution over the last few decades. It is apparent that the issue of healthcare only became salient in recent decades. Indeed, since the 1960s, virtually no respondent mentioned health as his or her main political concern, that is, at least, until 1993, when the Reform party ran its first national campaign, which included proposals to increase private healthcare options for Canadians. Thereafter, the healthcare issue became a top priority for Canadians. A relevant observation for the purpose of this analysis is the fact that Quebeckers show consistently less concern for healthcare than their counterparts in the rest of Canada. The 2000 election campaign boosted the salience of the health issue in Canada. This surge might result from the Liberal party's decision to put healthcare at the centre of its 2000 electoral strategy (Nadeau et al., 2010). But, again, even if Quebeckers' concerns follow a similar trend, they still appear consistently less prone to mention healthcare as a priority. The same pattern holds in

FIGURE 4
Evolution of the Salience of the Healthcare Issue



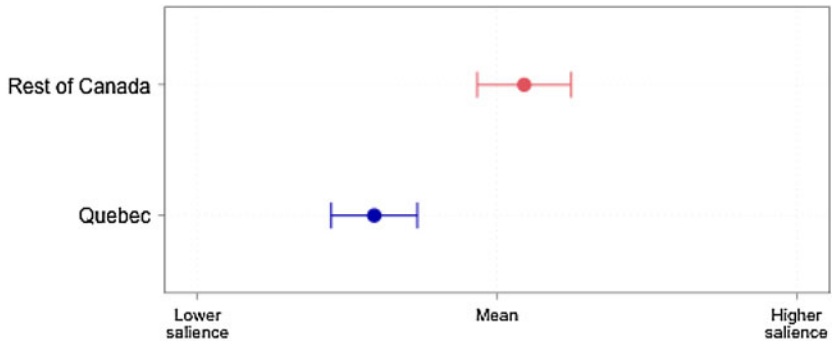
Source: CES, 1965-2011.
Question: What is the most important issue to you personally in this federal election?
Note: The solid line represents Quebec and the dashed line represents English Canada. The pale gradients represent 95% confidence intervals.

2008, when the salience of the healthcare issue significantly dropped as the country was dealing with the global economic crisis.

The open-ended question asking Canadians to mention the issue most important to them may produce biased results for a number of reasons. First, the fact that healthcare is under provincial jurisdiction in Canada can obviously create bias because residents in different provinces will inevitably experience universal healthcare differently. This worry is especially relevant here considering that Quebeckers are the most informed about the division of responsibilities between the provinces and the central government.[7] Also, even if an issue is not considered the most important, it does not mean that it is not salient for individuals. To avoid these pitfalls, a multi-item scale measure was constructed using five different questions that tap into the salience of the healthcare issue in the minds of Canadians (see appendix B). The aggregation of these questions into a single measure allows for a more nuanced analysis of respondents' concerns about healthcare and such scales are also known to reduce measurement errors (Ansolabehere et al., 2008; McIver and Carmines, 1981). However, here again, Quebeckers give significantly less salience to the healthcare issue than English Canadians. Figure 5 illustrates this statistically significant difference.

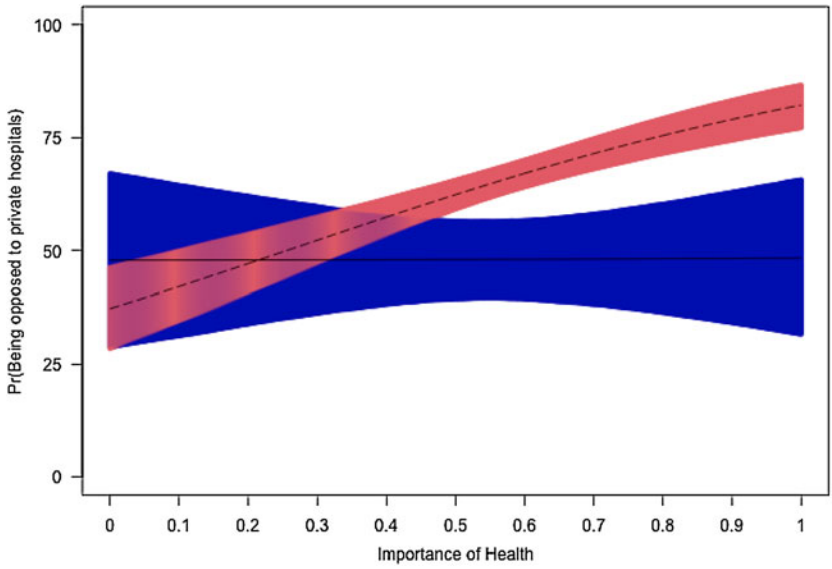
Quebeckers consider healthcare to be a less important political issue than do other Canadians. Could that explain their greater support for private hospitals? A regression analysis using the entire sample shows a strong and significant effect of greater personal salience on aversion to private hospitals. By partitioning, however, the Quebec and English Canadian respondents, we show that personal salience does not drive public opinion in a particular direction in Quebec as it does elsewhere in Canada (Figure 6). In English Canada, considering healthcare as important

FIGURE 5
Personal Salience Given to the Healthcare Issue



Source: CES, 2011.
Note: The error bars represent the 95% confidence interval.

FIGURE 6
Impact of Personal Salience on Opposition to Private Hospitals



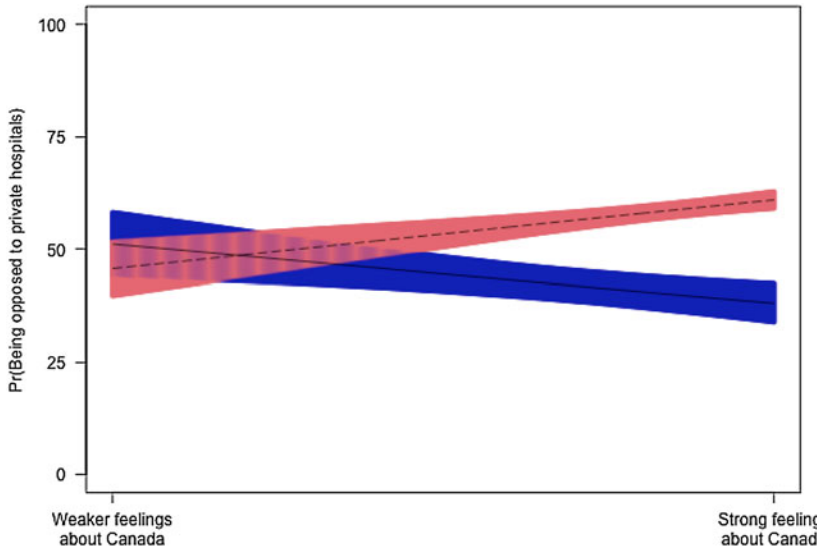
Source: CES, 2011.
Note: The solid line represents Quebec and the dashed line represents English Canada. The pale gradients represent 90% confidence intervals.

is strongly associated with an aversion to private hospitals. However, the same is not true in Quebec. Indeed, there is no statistical difference in the attitudes towards private hospitals between Quebeckers who care a lot about healthcare and those who do not care about it at all. This finding leads to a rejection of the second hypothesis.

H3: *Opposition to private healthcare options is an expression of English Canadian nationalism outside of Quebec*

The test of this third hypothesis makes use of questions tapping into feelings of national solidarity in English Canada. Recent CES questionnaires have asked respondents about their general feelings towards Canada and their main sources of identity. These questions permit the investigation of the effect of having strong feelings towards Canada on opposition to healthcare privatization. As with the previous hypotheses, the goal is to find out if this explanation can account for the difference in attitudes towards private hospitals in Quebec and English Canada. Relevant multiplicative terms are added to the regression models in order to test whether the impact of Canadian nationalism operates differently in Quebec from the other nine

FIGURE 7
The Effect of Canadian Nationalism on Opposition to Private Healthcare

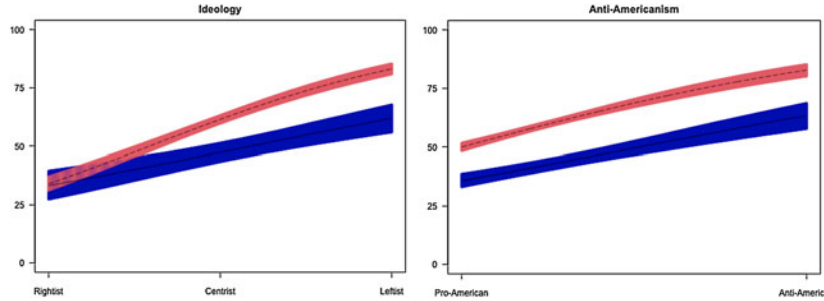


Source: CES, 2006, 2008 and 2011.
Question: How do you feel about Canada?
Note: The solid line represents Quebec and the dashed line represents English Canada. The pale gradients represent 90% confidence intervals.

provinces. The results graphed in Figure 7 support this explanation. While feelings towards Canada do not significantly affect Quebeckers' attitudes towards private healthcare, nationalist sentiments seem to be at play outside of Quebec. Some may doubt that having "positive feelings" towards Canada is an adequate proxy for the expression of Canadian nationalism. To test the robustness of this last finding, a similar model is estimated using a variable that points out respondents who identify themselves primarily as Canadian. The results of this robustness test point in exactly the same direction as the results of the previous model (see appendix A).

At this point, the symbolic value that some Canadians accord to public healthcare appears as the most empirically valid explanation for the observed difference in attitudes. To test the robustness of our findings, we explore whether Canadian nationalism as a concept is overdetermined by commonly associated variables. Because of the resistance to define Canada outside Quebec as a national community called "English Canada," it is difficult and controversial to disentangle what distinguishes Canadian nationalism from economic ideology and anti-Americanism, as both elements have been closely associated with the fabric of Canadian identity (Adams, 2003; Lipset, 1990). It is thus important to ensure that the aforementioned effect

FIGURE 8
Two Rival Explanations



Source: CES, 2011.
Note: The darker lines represent Quebec and the dashed lines represent English Canada. The pale gradients represent 90% confidence intervals.

of Canadian nationalism is not confused for one of these factors. First, as is apparent in Figure 8, both ideology and anti-Americanism are predictors of opposition to private hospitals. The effect of anti-Americanism is the same across the country and therefore cannot explain the difference in attitudes between Quebeckers and English Canadians. The effect of ideology, however, operates differently in English Canada and Quebec. In Quebec, the effect of ideology shows a regular pattern: right-wing people support private hospitals more and left-wing people oppose them while centrists are on the fence. In the English Canada, only the most extreme right-wingers show a higher tendency to favour privatization. Why would ordinary right-wingers in English Canada oppose private hospitals if not for the potent effect of English Canadian identity?

In order to determine which factor is most important, a final model tests all of the rival explanations against each other. The idea is to look at the effect of each of the variables representing each of the hypotheses to determine their net effects. For instance, is it possible that the observed effect of Canadian nationalism on aversion to private hospitals is in actuality the effect of ideology? If this is the case, the interaction between the regional and nationalism variables should lose its statistical significance once rival explanatory factors are added into model. However, the results tell a different story. Once all explanatory factors are considered, the only interaction that remains significant is the one including proxies for Canadian nationalism (see appendix A).

Discussion

Two plausible explanations were tested to explain the divergent opinions of Quebeckers and English Canadians regarding the multiplication of

private hospitals, Quebec's real or perceived deficient healthcare system and a lack of interest in the healthcare issue, and each proved insufficient to account for the variance. A more convincing explanation sprang from a consideration of Canadian nationalism as a driving factor for aversion to a healthcare privatization trajectory in English Canada. Perhaps, though, a dichotomous division of Canada into its majority French- and English-speaking provinces trivializes the extent of Canadian diversity. After all, we use the concept of English Canada to encompass nine of the ten Canadian provinces discretely, yet regional and provincial cleavages are often cited as an important part of Canadian political culture. Nevertheless, when we compare the provinces to each other, Quebec appears as clearly the most distinct province on the question of support for private hospitals (see Table 1).

Quebeckers' opinions about private hospitals are significantly different from those in all provinces with the exception of British Columbia. Actually, British Columbia and Prince Edward Island are the only two other provinces that show some statistically significant differences with other non-Quebec provinces.[8] Despite the lack of perfect homogeneity among non-Quebec provinces, the pairwise comparisons between provinces provide some support for the study of English Canada as a distinct entity. The English Canada-Quebec dichotomy appears even more clearly when the substantive meaning of the difference is taken into account: Quebec is the only province where opposition to private hospitals is significantly below 50 per cent.

TABLE 1
Opposition to Private Hospitals—Differences among Provinces

		Significant differences									
Province	Mean	QC	BC	MB	AB	NL	SK	NB	NS	ON	PE
Quebec (QC)	0.42	–		○	○	○	•	•	•	•	•
British Columbia (BC)	0.49		–						○	•	•
Manitoba (MB)	0.54	○		–							•
Alberta (AB)	0.54	○			–						•
Newfoundland (NL)	0.55	○				–					•
Saskatchewan (SK)	0.56	•					–				•
New Brunswick (NB)	0.59	•						–			
Nova Scotia (NS)	0.61	•	○						–		
Ontario (ON)	0.64	•	•							–	
Prince Edward Island (PE)	0.70	•	•	•	•	•	•				–

Source: CES, 2000-2011.

Note: Comparisons between provinces were performed with one-way ANOVA followed by the Tukey honestly significant difference (HSD) test. Circles indicate statistically significant ($p < 0.05$) differences. The solid bullets indicate the differences that are significant ($p < 0.05$) both with Tukey (HSD) test and the more conservative Bonferroni correction for multiple comparisons.

Empirically, this paper demonstrates that healthcare remains one of the key symbols of English national identity. This argument is not new; for example, Boychuk contends "popular support for public health insurance in English Canada is a function of its relationship with issues of national identity" (2008: 152). This assertion has not, however, to our knowledge, been analytically tested at the mass level until now. Moreover, the findings contribute to the general literature on the nationalism-social policy nexus in a number of ways. It is suggested here that the influence of nationalism on public opinion fluctuates across various policy areas. In English Canada, nationalism appears to shape public opinion towards public healthcare, which is not the case in Quebec. Future research could examine if a similar pattern is emerging with regards to post-secondary education as a result of the recent student protests over tuition hikes in Quebec. Perhaps defending low university tuition will become an expression of feeling a strong Québécois identity.

Finally, we note that our study confirms the general observation that nationalism weighs in on the politics and societies of majority groups (Lecours and Nootens, 2011). Majority nationalism is promoted and reproduced through various mechanisms, such as education systems, wars, political practices and welfare states, as well as myths and symbols. Contrary to scholars who assign labels such as "reactionary" and "exclusionary" only to non-state nationalism, majority nationalism also responds to the "other" and couples inclusion with exclusion. In the case of Canada, the reactionary nature of nationalist discourse in the face of challenges from the United States and Quebec is abundantly clear. Future research on majority nationalism should continue to examine the modes of action and manifestations at the elite level, as well as expressions of nationalism by majority groups at the mass level. Such work will go a long way towards helping scholars discredit the assumption that "irrational" feelings of identity only influence politics and public opinion in sub-state or minority nations.

Notes

1 The terms "English Canada" and "English Canadians" are used interchangeably with the "rest of Canada" and "Canadians outside of Quebec." The concepts are specifically used to demarcate a difference between the nine predominantly English-speaking provinces and French-speaking Quebec. Because of our focus, we do not account for other linguistic or cultural communities that exist within both geographic spaces.

2 In the 2000 CES, respondents were asked "Would you favour or oppose letting doctors charge patients a $10 (or $20) fee for each office visit?" The correlation between the answers to that question and the one about the private hospitals shows a moderate association ($\rho = 0.30$).

3 A t-test was used to analyze the difference in means. The results show that the observed difference in attitudes toward private hospitals between Quebeckers and other Canadians is statistically significant ($p < 0.001$).

4 In 2004, however, a clear majority of Quebeckers (56.8%) perceived no difference in the length of waiting lists for routine surgeries during the last year, while a majority (51.3%) of their Canadians counterparts believed that they got longer. This result might simply be a reflection of Quebec's solid performance in the general category of wait times (see Eisen, 2011). But the lack of a common base for comparison makes this question an imperfect measure of perceptions of the healthcare system. For instance, a citizen could think that the waiting lists remained about the same length, or even got shorter, compared to what they were before. But there is no way of knowing her perception of the waiting list situation in the prior year. Was it a disaster that evolved to a slightly better situation? Or a perfect system that began to have even shorter waiting lists?

5 Dissatisfaction is measured with an additive scale constructed from the three questions tapping citizens' perceptions of the healthcare system (see appendix B).

6 All regression results are fully displayed in appendix A.

7 CES respondents were asked in 2000, 2004 and 2011 "Do you happen to recall which level of government has primary responsibility for education and healthcare?" Quebeckers were consistently the most prone to correctly assign these responsibilities to the provincial government. T-tests indicate that this difference is statistically significant ($p < 0.05$) in every survey this question has been asked.

8 The interpretation of the results regarding Prince Edward Island requires some care. Indeed, the proportion of that province's population in Canada, and thus in CES samples, represent less than 1 per cent. That being said, Prince Edward Islanders constantly show the strongest opposition to private healthcare even when socio-demographic factors, such as age and income, are taken into account. This finding certainly justifies more investigation.

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Appendix A: Detailed Regression Results

TABLE 2
Full Regression Results for Hypotheses 1 and 2

	Opposition to private hospitals			
	Hypothesis 1		Hypothesis 2	
Dissatisfaction	0.202**	0.275**		
	(0.096)	(0.109)		
Personal salience			1.223***	1.567***
			(0.270)	(0.302)
Quebec	−0.586**	−0.145	−0.756**	−0.106
	(0.243)	(0.396)	(0.320)	(0.394)
Less than 34 y-o	0.209	0.198	−0.386	−0.398
	(0.266)	(0.266)	(0.241)	(0.242)
More than 55 y-o	0.292**	0.293**	−0.077	−0.091
	(0.138)	(0.138)	(0.162)	(0.162)
Woman	0.215*	0.209*	0.063	0.071
	(0.123)	(0.123)	(0.151)	(0.151)
French	0.047	0.051	0.156	0.115
	(0.244)	(0.245)	(0.323)	(0.323)
Other language	−0.366	−0.369	−0.269	−0.230
	(0.227)	(0.227)	(0.265)	(0.268)
Less than high school	0.305	0.295	−0.363	−0.375
	(0.217)	(0.217)	(0.232)	(0.234)
University degree	0.391***	0.388***	0.087	0.064
	(0.136)	(0.136)	(0.161)	(0.162)
Low income	−0.084	−0.070	0.161	0.171
	(0.218)	(0.219)	(0.184)	(0.185)
High income	−0.280**	−0.285**	−0.355**	−0.340*
	(0.140)	(0.140)	(0.177)	(0.178)
Urban	−0.262**	−0.259**	0.145	0.151
	(0.130)	(0.130)	(0.178)	(0.179)
Immigrant	−0.269	−0.265	−0.111	−0.114
	(0.199)	(0.199)	(0.249)	(0.249)
Quebec X Dissatisfaction		−0.319		
		(0.226)		
Quebec X Salience				−1.816***
				(0.665)
(constant)	0.125	0.043	−0.119	−0.243
	(0.208)	(0.216)	(0.242)	(0.247)
N	1, 209	1, 209	849	849
Log likelihood	−780.673	−779.675	−559.325	−555.535
AIC	1, 589.346	1, 589.350	1, 146.650	1, 141.071

Source: CES.
*p < .1; **p < .05; ***p < .01.

TABLE 3
Full Regression Results for Hypothesis 3

	Opposition to private hospitals					
	(1)	(2)	(3)	(4)	(5)	(6)
Leftist	1.192***				3.024***	2.094*
	(0.254)				(0.670)	(1.207)
Anti-Americanism		1.132***			1.114*	1.410
		(0.175)			(0.597)	(1.177)
Canadian Nationalism			−0.537**		0.331	1.212
			(0.216)		(0.425)	(0.919)
Canadian Identity				−0.350		−0.918*
				(0.284)		(0.548)
English Canada	0.037	0.585***	−0.221	0.547***	−0.478	−0.991
	(0.194)	(0.090)	(0.235)	(0.212)	(0.665)	(1.154)
Less than 34 y-o	−0.090	−0.100*	0.089	−0.142	0.130	0.328
	(0.093)	(0.052)	(0.084)	(0.130)	(0.179)	(0.246)
More than 55 y-o	0.068	0.010	0.095	−0.038	0.205*	0.183
	(0.071)	(0.045)	(0.065)	(0.103)	(0.113)	(0.191)
Woman	0.220***	0.181***	0.165***	0.245***	0.076	0.019
	(0.063)	(0.039)	(0.057)	(0.091)	(0.100)	(0.170)
French	−0.080	−0.188**	−0.051	−0.063	0.010	−0.409
	(0.122)	(0.075)	(0.112)	(0.200)	(0.202)	(0.380)
Other language	−0.020	−0.152**	−0.260**	−0.220	−0.215	−0.207
	(0.119)	(0.075)	(0.109)	(0.174)	(0.193)	(0.373)
Less than high school	0.026	−0.009	0.187*	−0.032	0.251	0.220
	(0.103)	(0.059)	(0.097)	(0.153)	(0.181)	(0.315)
University degree	0.080	0.087*	0.215***	0.200**	0.189*	0.285

Continued

TABLE 3
Continued

	Opposition to private hospitals					
	(1)	(2)	(3)	(4)	(5)	(6)
	(0.070)	(0.045)	(0.064)	(0.101)	(0.110)	(0.184)
Low income	0.191**	0.126**	0.077	0.292**	0.027	0.221
	(0.085)	(0.051)	(0.083)	(0.116)	(0.161)	(0.245)
High income	−0.299***	−0.337***	−0.345***	−0.290***	−0.272**	−0.276
	(0.073)	(0.048)	(0.067)	(0.111)	(0.115)	(0.194)
Urban	0.066	0.027	−0.031	0.128	−0.144	−0.213
	(0.067)	(0.043)	(0.061)	(0.101)	(0.105)	(0.199)
Immigrant	−0.231**	−0.099	−0.035	−0.022	−0.259	0.107
	(0.106)	(0.069)	(0.099)	(0.160)	(0.168)	(0.330)
English Canada (EC) X Leftist	1.067***				−0.028	0.477
	(0.299)				(0.741)	(1.324)
EC X Anti-Americanism		0.442**			1.047	1.225
		(0.219)			(0.716)	(1.337)
EC X Nationalism			1.154***		1.014*	0.343
			(0.273)		(0.534)	(1.050)
EC X Identity				0.672**		1.016*
				(0.305)		(0.583)
(constant)	−0.805***	−0.399***	−0.359*	−0.534**	−2.348***	−2.000*
	(0.196)	(0.102)	(0.209)	(0.232)	(0.590)	(1.050)
N	4, 677	11, 577	5, 322	2, 123	1, 938	678
Log likelihood	−3, 007.048	−7, 636.821	−3, 541.708	−1, 422.537	−1, 182.640	−424.014
AIC	6, 048.096	15, 311.640	7, 117.415	2, 877.075	2, 405.280	890.029

Source: CES.
*p < .1; **p < .05; ***p < .01.

Appendix B: Scale Information

TABLE 4
Scale Information

Scale	Items	Loadings
Dissatisfaction *Eigenvalue = 1.01 Cronbach's a = 0.67*	Overall, how would you rate the state of the healthcare system in Canada today?	0.58
	Has the quality of healthcare in Canada over the past five years become better? Become worse? Or stayed about the same?	0.60
	Overall, how satisfied are you with the healthcare you have received in the last two years?	0.55
Personal salience *Eigenvalue = 1.30 Cronbach's a = 0.43*	What is the most important issue to you personally in this federal election? (Healthcare)	0.30
	Do you pay a lot, a little, or no attention to healthcare?	0.33
	Should the federal government spend more, less, or about the same as now? (Healthcare)	0.64
	Should your provincial government spend more, less, or about the same as now? (Healthcare)	0.67
	Remember if you say "more" it could require a tax increase, and if you say "less" it could require a reduction in those government services. Do you think the government should spend much more, more, the same as now, less, or much less on health?	0.48

Source: CES.
Note: The eigenvalues are for the first factors.