

Recognition of the Concept of Publicness in Healthcare: a Content Analysis of Korean Newspapers

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The traditional boundaries between public and private sectors has been blurred, and questions raised regarding how publicness could be conceptualized. The empirical study on the concept of publicness can reveal greatly diversified views on publicness, and help to reduce confusion over publicness. For the content analysis, 750 news articles of 8 national Korean newspapers were retrieved from the Korea Integrated News Database System. The articles were coded by the inductive category for the topic of the paragraph, the concept related to publicness, and the overall tone toward publicness. Publicness was addressed in a number of different issues, and diverse and specific statuses or actions were associated with the realization of publicness. The most frequent concept was "government," which represented the main agent of healthcare provision and the owner of institutions for "the vulnerable." Issues of industrialization of healthcare/healthcare industry and reform of the national healthcare system mentioned publicness in a normative sense, which laid stress on "not-for-profit" service and the right of "universal access" to service for publicness. Articles of health/disease information or global health regarded "the population/public" as the main targets or beneficiaries of healthcare services. Occasionally, publicness was not related to specific concepts, being used unclearly or as a routine. The fulfillment of the specific actions or status may lead to the enhancement of publicness. However, publicness itself could not be reduced to the specific concepts suggested. The use of publicness in healthcare delivered only its normative sense without substantive meaning.

Keywords: Publicness; Public; Healthcare; Content; Analysis

INTRODUCTION

The traditional boundaries between public and private healthcare have become increasingly blurred in Western countries, with direct provision of services by the public sector being replaced by various hybrid arrangements between the public and private sectors (1,2). This transition raised questions regarding the conceptualization of publicness and importance of maintaining publicness, mainly from the perspective of public organizations and administrations (3-5). In the dimensional publicness theory, organizational publicness reflects the extent to which an organization is influenced by political authority (3). A recent analytical framework of organizational publicness and public outcomes specified 3 aspects of publicness: ownership or formal legal status (core publicness); the influence of political and economic authority (dimensional publicness); and attachment to public values (normative publicness) (2,4). The concept of publicness has been more comprehensively explored with the shift in responsibilities from the public to the private domain in various spheres of society (6,7), which may in turn depend on contextual factors such as time and setting.

Although the scope and background of questions surround-

ing publicness in Korea differ from those of Western countries, a similar debate has emerged regarding what publicness means in the context of healthcare (8-10). The concept of publicness in the Korean healthcare may be closely aligned with the historical progress of that system, in which the public and private sectors developed asymmetrically. Korea has a publicly funded National Health Insurance (NHI) system that achieved universal coverage after its launch 12 years ago. However, the government-driven expansion of the NHI proceeded according to the mobilization of private resource; thus, healthcare provision in Korea is now heavily dependent on the private sector (11). Partly due to the government's laxity toward public health policy, and a lower priority of being given to healthcare in high politics, a large proportion of private healthcare services has grown to intensify its commercial side and are operated according to market forces (12). Contrastingly, public health services and hospitals are generally underfunded and understaffed, being frequently perceived as low-quality services for the poor and medical aid beneficiaries (11).

Publicness in healthcare is frequently characterized by disparate points of view, dimensions, and values in Korea. On many occasions, the term has been used primarily to indicate owner-

ship of health services or facilities, where the government directly owns the institutions and provides healthcare services (9,13). However, aside from ownership, economic and political support from the government is also relevant to healthcare services (14). In other cases, publicness has been used to refer to the non-commerciality of health services and pursuit of the public interest, with criticism of the blatant profit-seeking behavior of private service providers or industry (13,15). Improving publicness in healthcare is considered to be equal to protecting the right to health (10,14). Occasionally, publicness is considered as a procedural characteristic that relies on active civic engagement and participation (15). It was shown previously that publicness in decision-making processes pertaining to healthcare is strengthened by diverse actors such as non-governmental organizations and medical cooperatives, which have emerged as the other principal agents of publicness (16,17). Nevertheless, the concept of publicness has also been cited frequently without particular attention being paid to its significance or specific tenets (10).

The complexity and ambiguity of the concept of publicness in healthcare makes it difficult to reach agreement with respect to the purpose, implementation, and evaluation of public health policy in Korea. Different conceptions of publicness commonly lead to different perspectives on the content and process of policy (10). As such, an empirical study on the various conception of publicness would serve as a practical basis for a discussion of “publicness” in Korea. Such a study could reveal the degree of the diversity with respect to the meanings attached to the term “publicness,” thus helping to reduce confusion and limit debate on what publicness means.

Mass media including newspapers plays an important role by reflecting how its consumers perceive public issues, thereby shaping the population’s understanding of these issues in turn (18,19). The specific ways in which the media covers certain issues, for example in terms of the volume of coverage and points of view presented, may not only reflect public opinions, but also affect them. In the present study, we conducted a content analysis of news articles from Korean daily national newspapers to explore the concept of publicness. With a focus on the degree of diversity and heterogeneity in the use of the term “publicness,” we examined articles in the context of how publicness and closely related concepts are presented. The key questions in the present study are as follows: for Koreans using public health services that failed to meet public accountability, and for those using profit-oriented private health services, what does publicness mean in the context of healthcare?; and how is publicness portrayed in Korean newspapers?

MATERIALS AND METHODS

News article selection and eligibility criteria

For content analysis, news articles published in major national

Korean newspapers from January 1st 2010 to December 31st 2014 were retrieved from the Korea Integrated News Database System (www.kinds.or.kr) to unify search algorithm. To investigate the diversity of conceptualization of publicness, we attempted to find as many news articles as possible pertaining to the concept in the initial search, and then screened out irrelevant ones. The search terms were “health” or “medic” or “public,” and their derivatives (e.g., for “medic”: “medical,” “medicine,” etc.; and for “public”: “publicness,” etc.). Articles in the form of lists, accidents, obituaries, statistics, and glossaries were excluded from the initial search. As a result, a total of 1,439 news articles were retrieved. Articles were excluded if: 1) they were not about healthcare issues; 2) the word “publicness” appeared, but the article was not directly related to a healthcare issue; 3) “publicness” was used in the title, but not in the body of the text; and 4) the new articles overlapped with the other articles.

A filtered data set comprised 750 articles from 8 major national Korean newspapers; Dong-a Ilbo, Hankook Ilbo, Hankyoreh, Kukmin Daily, Kyunghyang Shinmun, Munhwa Ilbo, Segye Times, and Seoul Shinmun. The political stance of these newspapers was considered for the analysis, based on the previous results in which it ranged from conservative to progressive (20-22). The articles selected as the final dataset are shown in Table 1.

Data extraction and coding

To elucidate different meanings of publicness, we coded the dataset by using the inductive categorization methods, as described previously (23,24). First, the main researcher read all of the selected articles 2 to 3 times and documented the descriptions of publicness for abstraction and categorization. After developing a primary coding framework, the other researcher piloted the framework and the researchers attempted to finalize the inductive category items through repeated discussions. However, the initial attempt at direct categorization of publicness failed because we could not reach a consensus, even after much debate. Despite constant comparison between each new article and its publicness code, the researchers had their own criteria on inference, abstraction, and dimension (i.e., subject or object, content, or structure) of publicness, which led to disagreement

Table 1. Summary of newspapers included in the present study

Newspapers	No. of articles	% of articles
Dong-a Ilbo	104	13.8
Hankook Ilbo	91	12.1
Hankyoreh	193	25.7
Kukmin Daily	57	7.6
Kyunghyang Shinmun	151	20.1
Munhwa Ilbo	67	8.9
Segye Times	39	5.2
Seoul Shinmun	48	6.4
Total	750	100.0

with respect to the primary coding scheme. If inductive categories were multi-layered to reflect all researcher's perspectives, the coding process would be highly complex and thus the inter-coder agreement was expected to be very low.

After a series of meetings, we decided to approach the concept of publicness indirectly, by examining it in specific contexts, as well as closely related concepts. The context of publicness was considered on an article-by-article basis. Concepts closely related to publicness could be intuitively recognized in most news articles, and were found to correspond to a closely related action or status to publicness; for example: "[Object] should be [a particular status] to enhance publicness" or "[Subject] should [perform a specific action] to enhance publicness." We could easily recognize different objects, subjects, actions and statuses, although the concept of publicness was not explicitly explained in a given text.

For this approach, the same coding process used in the initial trial was reprised. For each article, the main researcher coded: 1) the topic of the paragraph in which publicness was mentioned to index the context of publicness; 2) all concepts that were closely related to publicness; and 3) the overall attitude (positive, neutral or ambivalent, negative) toward publicness in a given article. The other researcher then independently piloted 80 randomly selected articles (11% of the dataset), and the coding frameworks for 1) and 2) were adjusted through constant comparison. The researchers were strongly recommended not to infer meanings or concepts but to instead directly code the words or phrases used in each article, during development of the coding framework for 2) pertaining to publicness. After finalizing the inductive coding category, the main researcher coded all datasets and a random sample comprising 10% of the articles (in addition to one used in the pilot study) was independently coded by the other researcher.

To determine reliability, inter-coder agreement was measured

by Cohen's kappa statistic, which adjusts for agreement by chance. The initial kappa statistics for 1), 2), and 3) (above) were 0.60, 0.62, and 0.82 respectively; after discussion, all 3 values exceeded 0.80, which indicated very good agreement (25).

RESULTS

Publicness: context of use and related concepts

Since minimum searching condition and exclusion criteria were used in identifying articles related to healthcare that contained the word "publicness," the resulting articles covered a wide variety of issues and content (Table 2). The public healthcare system was the most common issue for articles published between 2010 and 2014 (312 articles, 41.6 %); the great majority of these articles focused on the problems of accountability, finance, and management of public healthcare institutions (299 articles). In particular, 180 articles discussed the shutdown of a regional public medical center in May 2013, due to financial losses, which prompted wider arguments over how public healthcare institutions should be managed in Korea. The issue of industrialization of healthcare/healthcare industry was the second-most popular topic (131 articles, 17.5%); this issue has also triggered an intense debate around deregulation policies. Many articles on this subject (90 articles) criticized the government's drive toward the industrialization of healthcare, such as by introducing for-profit hospitals and boosting funding for telemedicine. Other issues were broadly categorized as healthcare policies/programs of local government (85 articles, 11.3%), reform of the national healthcare system (43 articles, 5.7%), the NHI (34 articles, 4.5%), healthcare resources including facilities and manpower (31 articles, 4.1%), etc.

Concepts related to publicness were classified into a total of 39 categories, which were further grouped by each conceptual dimension (Table 3). Overall, the most commonly cited con-

Table 2. Top 10 issues covered in news articles as a context of publicness

Categories	Contents	No. of articles (%)
The public healthcare system	Public policy, administration, resource, conflict, opinions, criticism, and other issues related to public healthcare institution or system	312 (41.6)
Industrialization of healthcare/healthcare industry	Industrialization policy including for-profit hospital, telemedicine, deregulation, and overseas expansion, job creation, outlook, information, and other issues related to healthcare industry	131 (17.5)
Healthcare policies/programs of local government	Introduction, information, public relation, and other issues related to microscopic healthcare policy/programs of each local government	85 (11.3)
Reform of the national healthcare system	Criticism, prospect, opinions, information, direction, and other issues related to the national healthcare system of Korea from a macroscopic view	43 (5.7)
The National Health Insurance	Administration, finance, insurance fee, coverage, cost, and other issues related to the National Health Insurance system of Korea	34 (4.5)
Healthcare resources	Issues related to the demand/supply of healthcare technology, drug, facility, or human resource	31 (4.1)
Health/disease information	Health information including health behavior, prevention, treatment, or specific disease	15 (2.0)
Activities of interest groups	Conflict, demonstration, strike, and other issues related to interest group activities in healthcare, including union, groups of doctors/pharmacists/patients	15 (2.0)
Global health issue	Issues and information about global health including official development assistance, public health problem in global level, or international organization	12 (1.6)
Profile or bio	Interview focusing on person/people other than specific subject, literally profile or bio	9 (1.2)

Table 3. Categorization of concepts related to publicness

Theme	Categories (n = 39)
Agent	Government (n = 552), state (n = 7)
Target	The vulnerable (n = 91), population/public (n = 52), local community (n = 35), people (of the nation) (n = 10)
Attribute	
General	Universal access (n = 41), public interest (n = 27), non-market (not-commodified) (n = 14), social safety network (n = 10), right to health (n = 6), common property (n = 4), inefficiency (n = 3), reducing polarization (n = 3), leftist (n = 2), right to work (n = 1)
Finance/cost	Not-for-profit (n = 74), cheap (or free of charge) (n = 12), financial deficit (n = 4), no increase in cost (n = 4), good profitability (n = 2)
Content	Good quality (n = 19), extended benefits package (n = 15), necessary (n = 11), optimal care (n = 8), comprehensive (n = 8), standard (n = 7), patient-centered (n = 5), preventive (n = 3), accountable (n = 1), complementary (n = 1), difficult to achieve in the private sector (n = 1), health promotion (n = 1), obligatory contract (with the NHI) (n = 1), safety (n = 1)
Management	Community-participatory (n = 1), cooperative (n = 1), good governance (n = 1)
Others	Unidentifiable (n = 83)*

NHI = National Health Insurance.

*Concepts related to publicness was unidentifiable in a given text. Parenthesis indicates occurring frequency.

cept related to publicness among all articles was “government” (552 times, 49.2%), a term used to represent the owners of healthcare institutions, or the main agent responsible for realizing publicness. The second-most commonly cited concept was “the vulnerable” (including “low-income groups,” “the poor,” and “the disadvantaged”; 91 times, 8.1%) as targets of services or policies for enhancing publicness, followed by “the population/public” (52 times, 4.6%), “local community” (35 times, 3.1%), and “people (of the nation)” (10 times, 0.9%). “Universal access” (41 times, 3.7%), “public interest” (27 times, 2.4%), “non-market” (including “not commodified”; 14 times, 1.2%) and other cited concepts were addressed as general attributes related to publicness. Regarding finance/cost in healthcare, “not-for-profit” (74 times, 6.6%), “cheap” (12 times, 1.0%), “financial deficit” (4 times, 0.4%), “no increase in cost” (4 times, 0.4%), and “good profitability” (2 times, 0.2%) were linked to publicness. Concepts related to the content of healthcare services or policies represented the most diverse range of concepts associated with publicness, and included “good quality” (19 times, 1.7%), “extended benefits package” (15 times, 1.3%), “necessary” (11 times, 1.0%), etc. However, publicness was not associated with any particular concept (“unidentifiable”; 83 times, 7.4%) in many cases.

Association between specific concepts and the contexts of the public healthcare system and healthcare policies/programs of local government

As the publicness-related concept cited most frequently, “government” appeared in the context of all issues (Table 4). Not surprisingly, articles on the issues of the public healthcare system and healthcare policies/programs of local government alluded to “government” most frequently in relation to publicness (245 and 76 times, respectively). “The vulnerable” was the second-most commonly cited concept in relation to these 2 issues (70 times and 7 times, respectively). The articles were mainly about the “government,” describing how the government conducted, or should conduct, projects to enhance publicness for “the vulnerable.” For example, “A local public medical center

provides public services to lower-income groups and the vulnerable... It is wrong to close a public medical center that holds publicness to be more important than profitability even in the midst of a financial crisis” (26). In public medical centers, “public” refers to government ownership, which was a main reason that institutions should put publicness in the first place. The publicness of public medical centers should be ensured by providing healthcare services for the vulnerable and lower-income groups.

In this context, profitability contrasts with publicness; “not-for-profit” represents a concept that was closely related to publicness in some articles. On the other hand, publicness was occasionally linked to “good profitability” (2 times), for example in the context of the public healthcare system, “... 36% increase in the number of patients, 43% increase in revenue compared to that of the previous year...’ a Relief Hospital’ is an effective and novel model for public hospitals...” (27). Public healthcare institutions place more emphasis on publicness than profitability, but profitability was not presented as being in opposition to publicness in a few of the articles; rather, public hospitals were described as functioning better—as an “effective and novel model”—if they could also be economically rewarding.

Typically, concepts related to publicness were much more diverse in the context of the public healthcare system (Table 4). There were 28 categories of such concepts, some of which were rarely found in connection with other issues. “Local community,” “good quality” (13 times), “social safety network” (9 times), “necessary” (8 times), and “cheap” (8 times) were ranked higher in their frequencies. “Patient-centered” (5 times), “preventive” (3 times), “inefficiency” (3 times), “good profitability” (2 times), “leftist” (2 times), “community-participatory” (1 time), “cooperative” (1 time), “difficult to achieve in the private sector” (1 time), “good governance” (1 time), “health promotion” (1 time), and “right to work” (1 time) appeared only in connection with the issue of the public healthcare system, well-illustrated by the following excerpt: “*What constitutes the publicness of public medical center?... It should cooperate with other public health services not only to treat, but also to prevent and system-*

Table 4. Specific concepts related to publicness in top 5 issues

Occurring frequency	Public healthcare system	Industrialization of healthcare/healthcare industry	Healthcare policy/program of local government	Reform of the national healthcare system	The National Health Insurance (NHI)
≥ 10	Government (245) The vulnerable (70) Unidentifiable (41) Not-for-profit (34) Local community (28) Good quality (13)	Government (70) Not-for-profit (30) Universal access (18) Unidentifiable (17) Non-market (14)	Government (76)	Government (24)	Government (28)
2–9	Social safety network (9) Cheap (8) Necessary (8) Public interest (6) Patient-centered (5) Universal access (5) Comprehensive (4) Optimal care (4) Financial deficit (3) Inefficiency (3) Preventive (3) Right to health (3) Standard (3) Good profitability (2) Leftist (2)	People (5) Public interest (5) No increase in cost (4) The vulnerable (3) Right to health (3) Extended benefits package (3) State (2) The population/public (2)	The vulnerable (7) Extended benefits package (5) Public interest (4) The population/public (4) Universal access (3) Unidentifiable (3) Optimal care (2)	Universal access (6) Not-for-profit (3) The population/public (3) Standard (2)	Extended benefits package (3)
1	Community-participatory (1) Cooperative (1) Difficult to achieve in the private sector (1) Good governance (1) Health promotion (1) Right to work (1) The population/public (1)	Complementary (1) Good quality (1) Necessary (1) Common property (1) Safety (1) Standard (1)	Good quality (1) Local community (1) Not-for-profit (1) People (1) Reducing polarization (1) Social safety network (1)	Cheap (1) Good quality (1) Local community (1) Optimal care (1) The vulnerable (1) Unidentifiable (1) Extended benefits package (1)	Not-for-profit (1) Obligatory contract (with the NHI) (1) Public interest (1)

Parenthesis indicates occurring frequency.

atically control, disease in local community... it should be examined from the perspective of comprehensive healthcare, not from a fiscal perspective" (28). The various concepts included terms not directly related to healthcare (e.g., "leftist," "right to work") and terms regarding management of an institution or service (e.g., "good governance," "community-participatory," "cooperative").

Association between specific concepts and the contexts of industrialization of healthcare/healthcare industry and reform of the national healthcare system

Concepts such as "not-for-profit (including non-commerciality)" (30 times), "universal access" (18 times), and "non-market" (14 times) were mainly cited in the context of industrialization of healthcare/healthcare industry (Table 4). Similarly, "universal access" (6 times) and "not-for-profit (including non-commerciality)" (3 times) were cited in the context of reform of the national healthcare system, although less frequently than for industrialization of healthcare/healthcare industry. For example, "I believe that publicness, which excludes commerciality as much as possible, will produce good doctors who perceive patients as being human, not as financial commodities" (29) and

"The concern is that small hospitals may be taken over by big hospitals, or go bankrupt, so that the diversity and publicness of medical care, or universal access to medical care, would be hindered" (30). These represent arguments for healthcare services not becoming commodities, and for universal access to healthcare services not being inhibited by the industrialization of healthcare, which is associated with reduced publicness.

Other typical concepts pertaining to publicness across contexts

Aside from "the vulnerable," "the population/public," and "people (of the nation)" were the main targets of services with publicness, particularly in issues other than the public healthcare system and healthcare policies/programs of local government. Health/disease information and global health issues handled topics mainly for the general public ("the population/public"; 13 and 9 times, respectively). Concerning industrialization of healthcare/healthcare industry, "people (of the nation)" was cited as the one who would suffer most from the commercialization of healthcare services. Articles on the NHI did not mention a specified beneficiary, possibly because the NHI constitutes a unified benefits package for the majority of Korean people.

ple; thus, it is implicit that “people (of the nation)” is the main beneficiary of the NHI.

Among the articles, publicness was expected to play an important role in setting a “standard” for a market that could control the price and quality of private healthcare services, in issues of reform of the national healthcare system and the public healthcare system (2 and 3 times, respectively). To embody publicness, healthcare services should not be commodities; however, public services also act as a standard commodity of high-quality with a lower market price, because the private sector provides commodified services without strictly controlling their quality or price, as in the following excerpt: *“The government has neglected ‘publicness,’ which should set a standard in the market by providing medical services of good quality at lower cost”* (31).

Finally, publicness was also addressed without reference to specific concepts (unidentifiable; 75 times), excluding the NHI, health/disease information and global health issue. For example: *“A member of the committee said, ‘Let’s clarify the reason for the shutdown of the hospital. The union? Or the weak emphasis on publicness?’... The chief of the healthcare office answered, ‘I think that the emphasis on publicness has been lessened’* (32). Here, both a member of the committee and the chief of the regional healthcare service mentioned publicness, but a concrete definition of the term was not given in the context. In contrast, in some other cases, publicness was related to too many concepts to isolate those attributes that were truly associated with publicness. For example: *“The university hospital inherited the publicness of the clinic. As a patient-centered hospital of public trust, it should focus on both research and medical services, provide services for the local community, and be accountable...”* (33). The hospital should consider diverse values to serve as a model hospital with respect to publicness, which may reflect the high expectations of Koreans of the regional hospital.

Overall attitude of articles toward publicness

Since publicness representing public values involves a normative dimension, it was not surprising that the attitude of a majority of articles (547 articles, 72.7%) toward publicness was positive. A total of 203 articles (26.9%) had neutral or ambivalent attitudes, of which most addressed publicness in relation to the “government,” in allusion to the ownership or legal status of a given institution. Only 2 articles had a negative attitude toward publicness, both of which cited the problems of inefficiency and corruption of public health institutions.

DISCUSSION

Publicness was addressed in a number of different contexts in news articles concerning healthcare. Diverse and specific statuses or actions were associated with the realization of publicness across context. The key concept surrounding publicness in

most articles was “government,” which is the main provider of healthcare services, as well as the owner of healthcare institutions and facilities. In particular, the government enabled diverse and specific statuses or actions for “the vulnerable.” Articles on the issues of industrialization of healthcare/healthcare industry and reform of the national healthcare system mentioned publicness in a more normative sense, whereby the term was closely associated with “not-for-profit” healthcare services and the right of “universal access” to healthcare services. Articles discussing technical issues pertaining health/disease-related information or global health issues regarded “the population/public” as the main targets or beneficiaries of healthcare services. However, publicness was not related to specific concepts in several cases, instead being used only vaguely or by rote.

The association between “government” and “the vulnerable” or “local community” in the context of publicness was easily discernable in articles on the public healthcare system and policies/programs of local government. Some articles directly referred to the government as the main provider of services, and to the vulnerable or local communities as the target beneficiaries. Publicness was conceptualized as being fulfilled through this stereotypical provider-beneficiary relationship, where it was implied that government-led publicness initiatives, supported by the public healthcare system, were targeted at specific populations within Korean society rather than being for all Koreans. However, concerning other issues (excluding the public healthcare system and policies/programs of local government), the target of publicness was frequently extended to the entire public (i.e., “the people,” “the population”). Those other issues included industrialization of healthcare/healthcare industry, reform of the national healthcare system, health/disease-related information, interest group activities, global health issues, and even profiles. As the private sector provides the majority of healthcare services for the Korean population, the included articles pertained to the general direction, development, activities, and content of private healthcare services. In all articles, health service users were differentiated according to the binary public and private service structure; it was suggested that publicness should be enhanced in each sector in a way that most suits the service users.

Meanwhile, the far more diverse concepts related to publicness in the issue of the public healthcare system may reflect unsatisfied or unmet needs in utilizing both private and public healthcare services. Most of articles focused on some desirable status or actions for enhancing publicness. Most Koreans use private healthcare services, which are delivered on a fee-for-service basis; “comprehensive,” “preventive,” and “health promotion” are those that the private healthcare sector most commonly lacks (11). Therefore, general expectations and needs, both in the private and public healthcare sector, should be addressed in this context. To enhance publicness, public services should

be strengthened in terms of the qualities that the private sector lacks, which agrees with the view that the concept of publicness was formed as a counterweight to the undesirable values and behaviors of the private sector in Korea (9).

One interesting point is that some seemingly contradictory terms, such as “good profitability” and “the vulnerable,” “not-for-profit” and “financial deficit,” and “government (-led)” and “community-participatory” were discussed, albeit only occasionally. The mixed attitude toward the profitability of public institutions was intriguing, in that good profitability should not be a primary goal of any public institution because such institutions provides services mainly for the poor; however, the pursuit of a balanced approach to profitability was portrayed as a more desirable public health model. It is not surprising as publicness and profitability are seen as compatible from the viewpoint of public organizations and administrations in Korea (34). On the other hand, evocation of “community-participatory” as a method for running public services suggests that the agents tasked with realizing publicness were extended to encompass various actors in civil society.

Overall, both specific and diverse concepts in healthcare were addressed in the articles included in this study, which seemed to be necessary for the enhancement of “publicness” in each context. These concepts were all required for a given structure or system to operate properly, or to account for weaknesses. Fulfillment of the concepts was described in terms of an enhancement of publicness, and each concept may comprise some part of the overall meaning of publicness; however, no concept alone exactly corresponds to the meaning of publicness, nor does the aggregation of concepts approximate the meaning of the term. Rather, the various concepts can be viewed as specific qualities of an ideal healthcare service or system by referring to publicness. A few concepts, such as “universal access” and “public interest” might be more strongly associated with the concept of publicness than others. Nevertheless, it would be difficult to determine the essential meaning of publicness by referring to these concepts, as the concept of publicness itself is not reducible to each specific concept in this manner. Occasionally, publicness was described in a normative sense with no specific content.

Because most of the news articles were written by professional medical journalists or based on interviews with healthcare professionals, it was not possible to classify the articles according to various perspectives (i.e., views from the public, professionals, journalist, or policy makers). The content of the articles frequently included technical information and personal opinions, rather than simply reflecting public awareness of a given issue. Most of the articles were technical and specific, tending to address problems by focusing on how they should be perceived and resolved. This represents one of the basic characteristics of healthcare news articles, and one of the constraints on analyzing their content.

In summary, “publicness” in the included healthcare news articles was used in a normative sense, for given healthcare structures, systems, or policies to operate properly for their own purpose and for the service targets. For example, the government should provide good quality services to the vulnerable to enhance publicness. Publicness was cited in diverse contexts by the various articles, but it was difficult to conceptualize the term according to common semantic values or traits, other than “government.” The concept of publicness could not be reduced to fit specific concepts related to publicness, and we cannot conclude that publicness, as it pertains to healthcare issues, carries a substantive meaning of its own. The concept of publicness will likely to change according to the social context and public consensus (8); it will probably also depend on universal public values that arise during through historic transitions in Korean healthcare.

DISCLOSURE

The authors have no potential conflicts of interest to disclose.

AUTHOR CONTRIBUTION

Conceptualization: Kim CY. Data curation: Min HS. Investigation: Min HS, Park Y. Writing - original draft: Min HS. Writing - review & editing: Min HS, Park Y, Kim CY.

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