

# In sickness and in health: How health is perceived around the world

A new McKinsey Health Institute survey examines the views of residents in 19 countries on their physical, mental, social, and spiritual health.

*by Clément Desmouceaux, Martin Dewhurst, Daphné Maurel, and Lorenzo Pautasso*



**The classic Roman aphorism** *mens sana in corpore sano*, or “a healthy mind in a healthy body,” reflects the belief that both types of health are important for a rich and meaningful life. But today, “health” often refers exclusively to physical health. Indeed, an estimated 75 percent of studies related to health have primary end points that address physical health only,<sup>1</sup> while other critical components of health—mental, social, and spiritual (spiritual health including meaning, belonging, purpose, and identity, not strictly religious belief<sup>2</sup>)—have been largely ignored.<sup>3</sup>

The McKinsey Health Institute (MHI) has found that countries and societies would benefit from adopting a modernized, holistic framework for health that encompasses multiple dimensions.<sup>4</sup> Such a broad definition of health, with a greater emphasis on well-being, was proposed as far back as 1948 by the World Health Organization (WHO), which defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>5</sup>

In 2022, MHI conducted a global survey of approximately 1,000 respondents in each of 19 countries to understand how communities around the world define health and what factors they believe influence it. Overall, respondents placed value on all four dimensions of health—physical, mental, social, and spiritual—adopting a much broader view than the health systems in the countries in which they live. Results also showed that feeling healthy is not constrained to the absence or presence of disease, indicating that people all over the world may focus more on how they can live a full and functional life on their own terms.

At the same time, the survey results revealed substantial differences in individual views, needs, and support received, often based on country, gender, age, or income. For example, even though more than 70 percent of respondents rated their overall health as good or very good, this percentage ranges from about 30 percent in Japan<sup>6</sup> to about 90 percent in Nigeria.<sup>7</sup> Less than 7 percent of total respondents rated their health poor or very poor.

## Key survey findings

This article highlights the most meaningful survey findings as a starting point for an ongoing dialogue and exploration (for more information about the survey, see sidebar, “Survey scope and methodology”).

### Survey scope and methodology

The McKinsey Health Institute survey was conducted in February 2022 in 19 countries: Argentina, Australia, Brazil, China, Egypt, France, Germany, India, Indonesia, Italy, Japan, Mexico, Nigeria, South Africa, Sweden, Switzerland, Turkey, the United Kingdom, and the United States. At least 1,000 respondents were surveyed in each country. Sociodemographic factors included country, age, gender, income, education, place of living (urban, suburban, rural), employment status, and health insurance coverage.

The survey was based on a representative sample of adults living primarily in urban areas (large cities and towns), who have access to internet. The sample was balanced across ages and genders (+/- 3 percent error). All survey questions were based on a 1 to 5 Likert scale.

Respondents who answered with the same number for all questions within a specific battery of questions (for example, questions related to a specific topic such as health importance or health support) were excluded from the analysis.

### Considerations for cross-country surveys

Sociocultural differences among countries may complicate cross-country comparisons of self-reported health. Indeed, due to a range of cultural and methodological factors, respondents' answers to survey questions can vary widely. Those factors include language and word association, number ranges, comprehension issues, and attitudes toward taking surveys. As an example, a study focusing on response styles and conducted in 26 countries found that, on average, 39 percent of survey respondents in Japan<sup>1</sup> answer 4 or 5 on a 1 to 5 scale while in India<sup>2</sup> 60 percent of respondents do so. Conversely, the share of respondents answering 1 or 2 on a 1 to 5 scale is 32 percent in Japan and 17 percent in India.<sup>3</sup>

<sup>1</sup> n = 45 studies.

<sup>2</sup> n = 50 studies.

<sup>3</sup> Anne-Wil Harzing, “Response styles in cross-national survey research: A 26-country study,” *International Journal of Cross Cultural Management*, 2006, Volume 6, Issue 2.

<sup>1</sup> McKinsey Health Institute sample analysis using PubMed and the Medline database, 2014–19.

<sup>2</sup> *Adding years to life and life to years*, McKinsey Health Institute, March 29, 2022.

<sup>3</sup> 12 percent of studies address mental health, 6 percent address social health, and 1 percent address spiritual health; the remaining 6 percent of studies are related to other factors; for example, operations improvement in a clinical setting.

<sup>4</sup> *Adding years to life*, March 2022.

<sup>5</sup> *Constitution of the World Health Organization*, World Health Organization, 1948.

<sup>6</sup> Approximately 50 percent of respondents in Japan reported fair health (or 3 in 5 Likert scale), a share higher than in other countries. In the questionnaire, “fair” is translated as “普通.” Its connotation is rather positive compared with “fair” in English, which also may explain why Japanese individuals were more likely to indicate their health as “fair.”

<sup>7</sup> Due to a range of cultural and methodological factors, respondents' answers to survey questions can vary widely from country to country.

## All dimensions of health matter

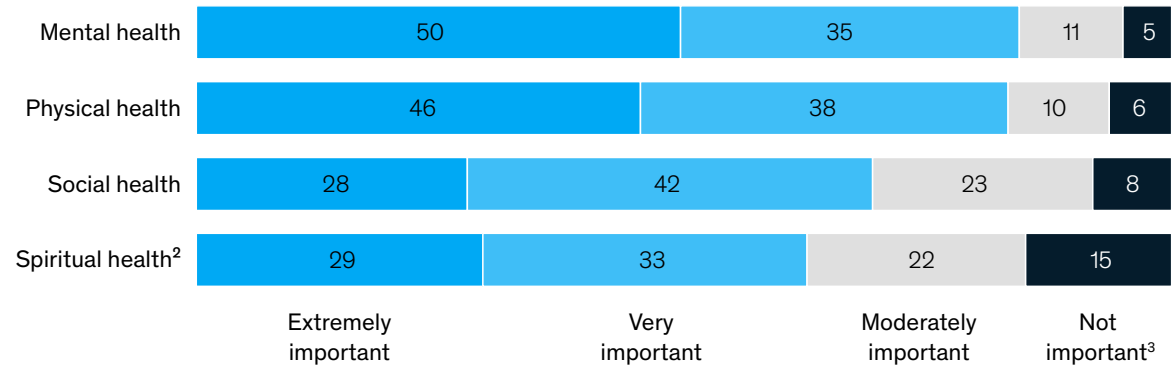
Approximately 85 percent of total respondents rated mental and physical health as very important or extremely important; 70 percent and 62 percent, respectively, used those two ratings to describe the importance given to social health and spiritual health. Recent studies also reinforce the importance of social and spiritual health, showing, for example, that loneliness and social isolation are associated with higher risks of heart attack and strokes<sup>8</sup> or linking greater purpose in life with lower risk of stroke.<sup>9</sup>

Attitudes varied most with regard to the importance of spiritual health. A relatively smaller proportion of respondents from countries with higher median incomes<sup>10</sup> rated spiritual health as very important or extremely important compared with those from countries with lower median incomes.<sup>11</sup>

With respect to age groups, similar proportions of younger and older respondents listed physical and mental health as important, while social and spiritual health were rated less important by older respondents.

## Mental, physical, social, and spiritual health all matter to respondents.

Dimensions of health, by level of importance,<sup>1</sup> % of respondents



<sup>1</sup>We surveyed ~1,000 people each in 19 countries about the importance of four dimensions of health that McKinsey Health Institute defined in April 2022 (n = 19,000). Question 1: How important is your physical health to you, defined as the capacity to move through the environment in which one lives with confidence and independence; control over one's interactions with the physical world via fine motor control; sharp sensory capacities, with keen senses of touch, vision, hearing, taste, and smell; the feeling of energy and vitality; the absence of debilitating pain or fatigue? Question 2: How important is your mental health to you, defined as the capacity to understand and interact with the world through memory and language; ability to experience joy, direct anger, limit harmful impulsive behavior and avoid serious depressive episodes; resilience to cope with normal stresses and adverse events; ability to maintain a positive and realistic sense of self? Question 3: How important is your social health to you, defined as the capacity to form meaningful connections with others; capacity to both receive and provide social support; a strong sense of belonging to a community? Question 4: How important is your spiritual health to you, defined as a strong sense of purpose; a broad sense of connection to something larger than themselves, whether to a community, a calling, or to a form of divinity; the ability to feel rooted and mindful in the present moment?

<sup>2</sup>Spiritual health is defined based on the following 3 elements: a strong sense of purpose; a broad sense of connection to something larger than themselves, whether to a community, a calling, or to a form of divinity; and the ability to feel rooted and mindful in the present moment.

<sup>3</sup>Includes responses "Not important" or "Somewhat important" (ie, 1 and 2 on a 1 to 5 Likert scale).

Source: McKinsey Health Survey, 2022

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<sup>8</sup> "Loneliness and isolation linked to serious health conditions," Centers for Disease Control and Prevention, April 29, 2021.

<sup>9</sup> Kendall Cotton Bronk, *Purpose in life: A critical component of optimal youth development*, Dordrecht, Netherlands: Springer, 2014.

<sup>10</sup> Countries with more than \$40,000 GDP per capita based on purchasing power parity (PPP).

<sup>11</sup> Countries with less than \$40,000 GDP per capita (PPP).

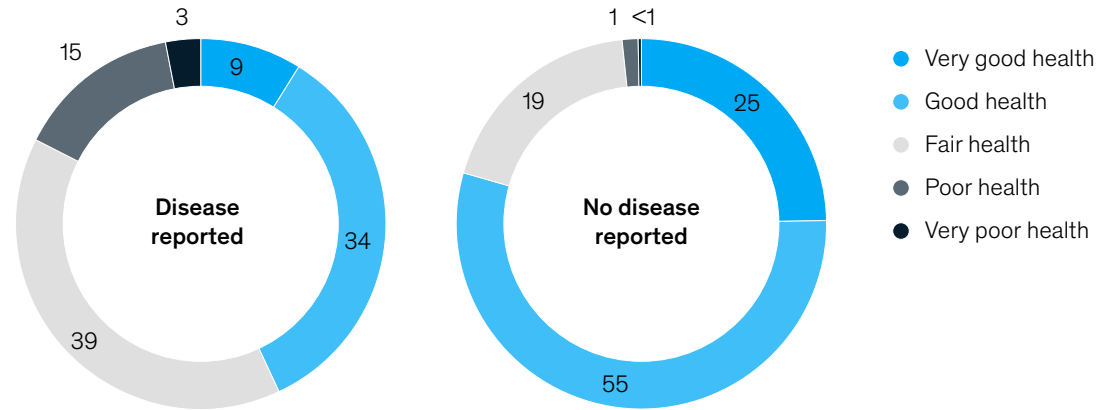
## The presence of disease doesn't always align with perceptions of health

More than 40 percent of all respondents who reported having a disease<sup>12</sup> still perceived their health as good or very good. Conversely, more than 20 percent of individuals who reported no disease reported they are in fair, poor, or very poor health. Additionally, approximately 25 percent of respondents who reported having a physical disease perceived their ability to accomplish physical tasks as high.

These findings yield two encouraging hypotheses that warrant further investigation. First, people do not always define themselves or feel constrained by their conditions. Second, people may be more focused on living their lives in accordance with what matters to them (for example, pursuing tasks they find meaningful) than on the presence or absence of disease.

## Respondents with a disease did not necessarily report bad health.

Perceived overall health level, by any disease reported,<sup>1</sup> % of respondents<sup>2</sup>



<sup>1</sup>Disease defined as physical or mental disease.

<sup>2</sup>Question 1: How do you rate your current overall health? Question 2: Is your current quality of life impacted by an illness or disease? (n = 19,000).

Source: McKinsey Health Survey, 2022

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<sup>12</sup> Throughout the article, where we refer to "disease," the survey questionnaire asked the following question: "Is your current quality of life impacted by an illness or disease?"

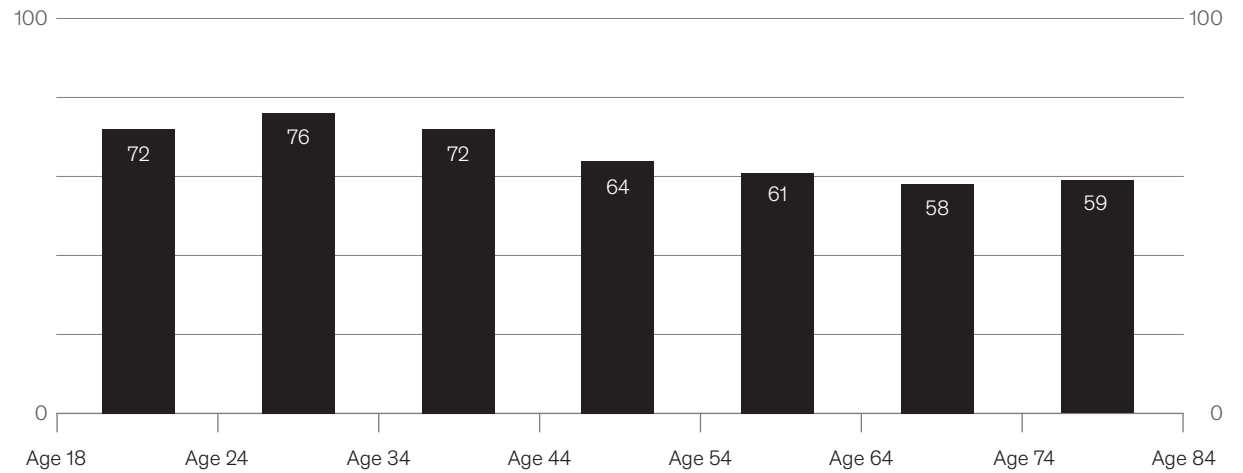
## Age does not always equate to perceptions of health

Self-reported levels of health decreased with age, although not by much. Among those aged 18 to 24, 70 percent reported good or very good overall health, while approximately 60 percent of those aged 75 to 84 did so.<sup>13</sup> Meanwhile, older age groups recorded higher scores than younger groups did on some health dimensions, notably mental health. In 15 of 19 countries, a higher share of respondents aged over 65 rated their mental health as good or very good compared with respondents younger than 24 who did so. This finding is consistent with some recent studies highlighting that members of Generation Z<sup>14</sup> report lower mental health.<sup>15</sup>

This observation is also true for social health: in most countries, a higher share of respondents younger than 24 reported fair or poor social health than did those over age 65.

## Self-reported levels of health decrease with age, but not by much.

Worldwide perceived overall health, by age,<sup>1</sup>% reporting good or very good health



<sup>1</sup>Question: How do you rate your current overall health? (n = 19,000). Due to the limited number of respondents, participants older than 85 were not included in the analysis. Source: McKinsey Health Survey, 2022

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<sup>13</sup> Due to the limited number of respondents, participants above 85 years old were not included in the analysis.

<sup>14</sup> Respondents born from 1997 onward.

<sup>15</sup> "Addressing the unprecedented behavioral-health challenges facing Generation Z," McKinsey, January 14, 2022; Sophie Bethune, "Gen Z is more likely to report mental health concerns," *Monitor on Psychology*, January 2019, Volume 50, Number 1.

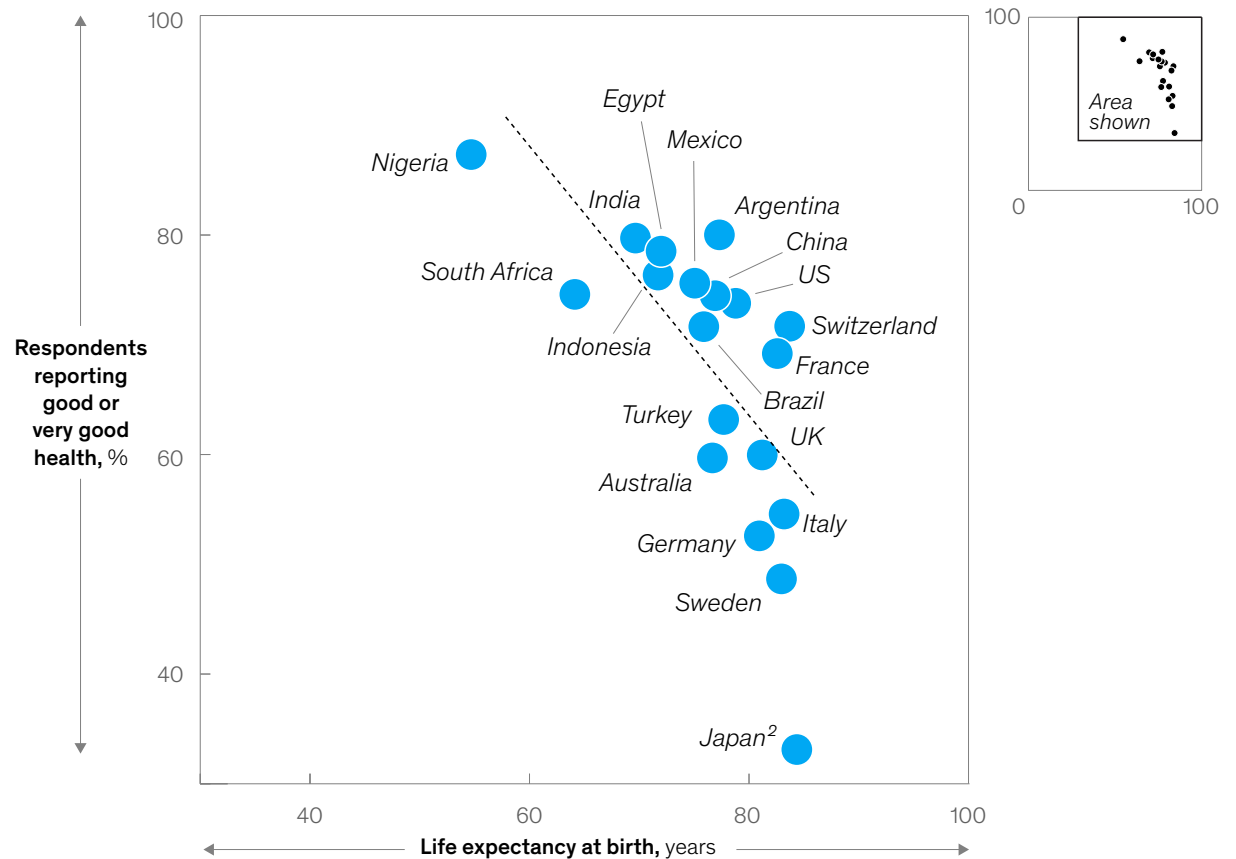
## There is a negative correlation between life expectancy at birth and perception of health

Respondents living in countries with greater life expectancy at birth did not necessarily consider themselves healthier. For example, within the 19 countries surveyed, Japan has the highest life expectancy at birth,<sup>16</sup> but respondents there rated their health lowest. Respondents from other countries with high life expectancy at birth, including Italy and Australia, also had comparatively lower ratings for self-reported health.

One potential explanation is that respondents in countries with the highest levels of self-reported health often had the highest life-expectancy growth in recent years. For example, in the past two decades, life expectancy grew by more than seven years in India and more than eight years in South Africa and Turkey.<sup>17</sup> Although this finding warrants further investigation, it may suggest that improvement in living conditions contributes to higher perceived health than is reported in countries that have long had high life-expectancy rates.

## High life expectancy at birth does not necessarily equate to higher reported health.

Health perception and life expectancy at birth, by country, % of respondents<sup>1</sup>



<sup>1</sup>Question: How do you rate your current overall health? (n = 19,000).

<sup>2</sup>Approximately 50% of respondents in Japan reported fair health (or 3 in 5 Likert scale), a share higher than in other countries. In the questionnaire, "fair" is translated as "普通." Its connotation is rather positive compared with "fair" in English, which also may explain why Japanese individuals were more likely to indicate their health as "fair."

Source: McKinsey Health Survey, 2022

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<sup>16</sup> World Development Indicators DataBank, World Bank Group, accessed July 5, 2022.

<sup>17</sup> Esteban Ortiz-Ospina, Hannah Ritchie, and Max Roser, "Life expectancy," Our World in Data, 2013, updated 2019.

## Health perception and household income are positively connected in most countries

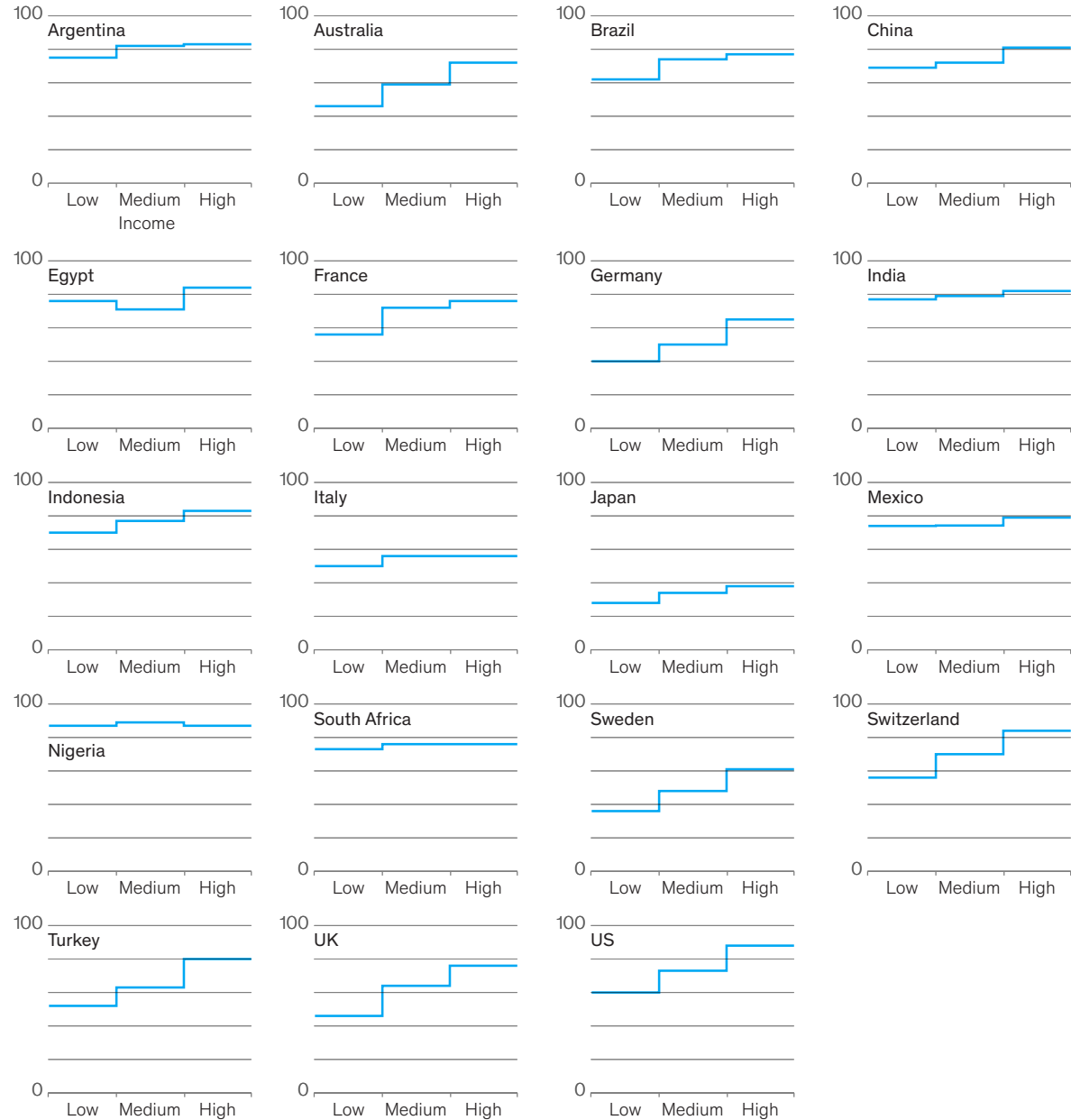
Within most countries, the more that people earned, the higher their perceptions of their health. For example, approximately 60 percent of the highest-income respondents in Sweden rated their health as good or very good compared with 35 percent of lowest-income respondents. This observation was most pronounced within countries with higher median incomes.

These findings are consistent with a 2019 OECD study,<sup>18</sup> in which almost 80 percent of adults in the highest-income quintile rated their health as good or very good, compared with 60 percent of adults in the lowest-income quintile. Likewise, national-level studies affirm the findings; for example, a study conducted in the United Kingdom found that an increase in household income of £1,000 is associated with an eight-month increase in female healthy life expectancy.<sup>19</sup>

However, on average, respondents living in countries with higher median incomes did not consider themselves healthier than respondents living in countries with lower median incomes. For example, approximately 75 percent of Mexican and Indonesian respondents rated their health as good or very good, compared with approximately 45 percent of German and Italian respondents.

## In most countries, the more people earned the higher their perceptions were of their health.

Perceived overall health by country, by income,<sup>1</sup> % reporting good or very good health



<sup>1</sup>Question: How do you rate your current overall health? (n = 19,000). Source: McKinsey Health Survey, 2021.

<sup>18</sup> Health at a Glance 2019 Database, OECD iLibrary.

<sup>19</sup> "Relationship between income and healthy life expectancy by neighbourhood," Health Foundation, April 19, 2021.

## Overall, people feel best supported in their health needs by family and friends

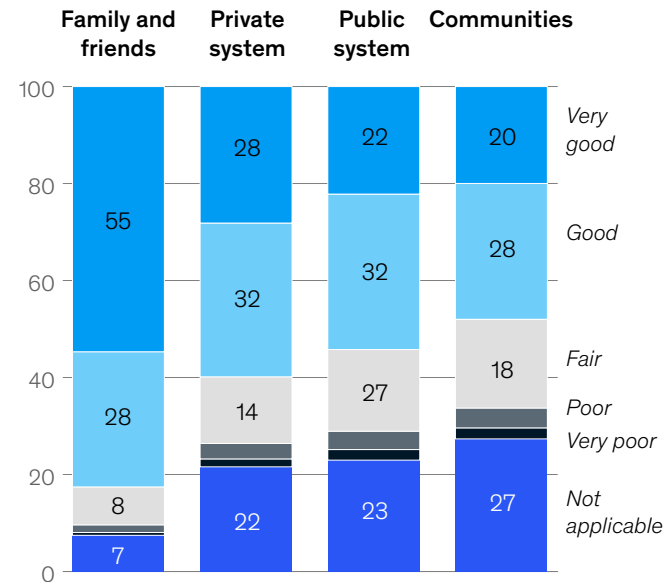
Health-related support can come from a variety of sources, including family and friends, the public-healthcare system, the private-healthcare system (including employer coverage), and communities, such as social and faith groups.

Yet the love and embrace of family and friends may be of more help than institutional support. More respondents indicated family and friends—even more than public or private healthcare systems—provide the highest level of health support across countries, genders, and age groups. Less than 10 percent of respondents globally selected “not applicable” to describe family and friends support, compared with much higher percentages for all other types of support. This finding stresses the importance of social environment for individuals’ health, beyond traditional healthcare-system support.

Proportionately more respondents from countries with lower median incomes considered social and faith communities as valued sources of health support. Only approximately 15 percent of these respondents reported support from communities as “not applicable,” compared with approximately 45 percent of individuals in countries with higher median incomes.

## More than 80 percent of respondents feel well supported in their health needs by family and friends.

Level of support reported, by type of support, global, % of respondents<sup>1</sup>



<sup>1</sup>Question: How do you rate the support you receive for your health from the following people or groups: family; friends; faith community; social community; employer; public health and social services; private health and social services; others? (n = 19,000). Source: McKinsey Health Survey, 2022

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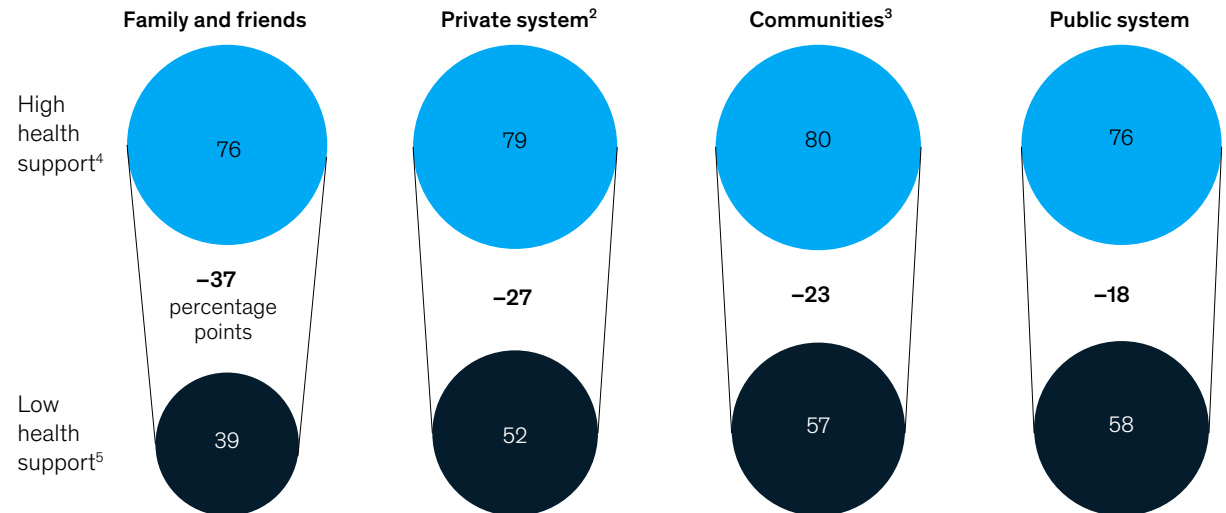
## People who feel well supported in their health needs report better health

Overall, respondents who reported high health support rated their health better than those reporting low support, regardless of the source of support. Building from the previous point, it may be hard to replace family and friends: across countries, the largest gap regarding support appears around family and friends, with approximately 80 percent of respondents who reported high support rating their health as good or very good, compared with only 40 percent of respondents who reported low support.

At the country level, this gap was widest in the United Kingdom, Germany, Sweden, and Turkey. In Germany, approximately 60 percent of respondents reporting high support from family and friends rated their health as good or very good, compared with only 20 percent of respondents reporting low support.

## Health support and health perception are connected.

Respondents reporting very good or good health, by level of support, %<sup>1</sup>



<sup>1</sup>Question: How do you rate the support you receive for your health from the following people or groups: family; friends; faith community; social community; employer; public health and social services; private health and social services; others (n = 19,000)? <sup>2</sup>Including employer coverage. <sup>3</sup>Including social communities and faith communities support. <sup>4</sup>“High” defined as average rating superior or equal to 4 on a 1 to 5 scale. <sup>5</sup>“Low” reflects an average rating of 3 or below on a 1-5 scale.  
Source: McKinsey Health Survey, 2022

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## Women and men report equivalent health support, despite evidence of inequities

Overall, male and female respondents reported comparable levels of health support and attributed similar importance to support categories such as healthcare systems and family and friends. Interestingly, men in countries with higher median incomes reported higher health support from private- and public-healthcare systems than women did. Although women and men reported the same level of health support, recent research provides evidence that across countries, women are less likely to receive comparable support.<sup>20</sup> For example, despite suffering more severe and frequent pain over longer periods of time, women are less likely than men to be treated for pain and their symptoms are at times described as “emotional” or “psychosomatic.”<sup>21</sup> In the United Kingdom, women are 50 percent more likely than men to be misdiagnosed following a heart attack and more likely than men to die from heart attacks.<sup>22</sup> In the United States, one analysis of gender-specific procedures found that physician reimbursements by Medicare led to a bias in procedure selection. This reflected that reimbursements for male procedures were higher than for female procedures more than

80 percent of the time. Reimbursements were 28 percent higher on average, even though male procedures were typically no more complex.<sup>23</sup>

## Individuals with a disease report lower health support than those with no disease

Overall, individuals with a disease reported lower health support, across all categories of support. For example, approximately 50 percent of individuals with a disease reported low support from public-healthcare systems, compared with 35 percent of individuals without any disease.

This finding is exacerbated for individuals with mental illness. For example, approximately 30 percent of individuals with self-reported mental illness reported low support from family and friends, compared with 10 percent of individuals with no self-reported mental illness.

Several explanations for this finding are possible. First, once individuals become ill, they tend to perceive their health support as lower because their needs and expectations increase, and they discover how difficult it can be to navigate the health system.

Second, individuals are more likely to get sick if they have a low level of health support. Studies in Australia<sup>24</sup> and in the United States<sup>25</sup> revealed that loneliness, social isolation, and a lack of social support in older adults significantly increased the risk of premature death from all causes—a risk comparable in degree to that posed by smoking, obesity, and physical inactivity.

Finally, a low perception of health support can be symptomatic of the reported disease itself. For example, symptoms of depression can include feeling helpless, avoiding contact with friends, and taking part in fewer social activities, which can in turn lead one to feel unsupported.

*See corresponding exhibit on the following page.*

<sup>20</sup> Caroline Criado Perez, *Invisible Women: Exposing Data Bias in a World Designed for Men*, London: Penguin Random House, March 2019; Maya Dusenbery, *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick*, first edition, New York, NY: HarperCollins, March 2018; Alyson J. McGregor, *Sex Matters: How Male-Centric Medicine Endangers Women's Health and What We Can Do About It*, New York, NY: Hachette Book Group, May 2020.

<sup>21</sup> *Invisible Women*, 2019.

<sup>22</sup> Phil D. Batin et al., “Editor’s choice - Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study,” *European Heart Journal: Acute Cardiovascular Care*, March 2018, Volume 7, Issue 2; “Women are 50% more likely than men to be given incorrect diagnosis following a heart attack,” British Heart Foundation, August 30, 2016.

<sup>23</sup> Michelle F. Benoit et al., “Comparison of 2015 Medicare relative value units for gender-specific procedures: Gynecologic and gynecologic-oncologic versus urologic CPT coding. Has time healed gender-worth?,” *Gynecologic Oncology*, February 2017, Volume 144, Number 2.

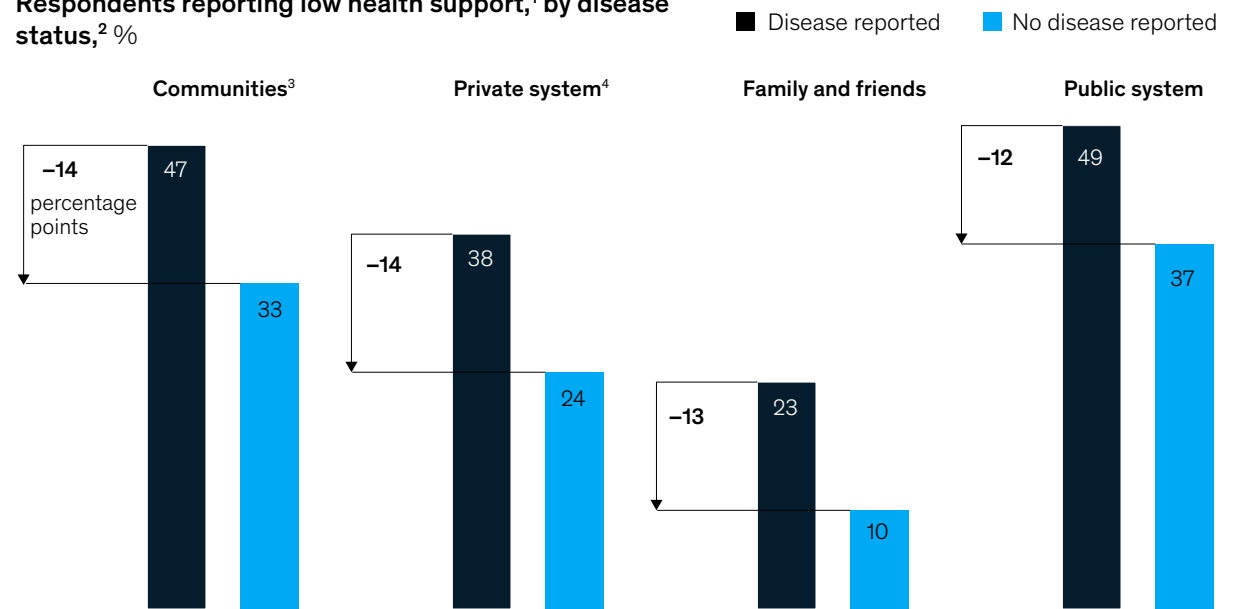
<sup>24</sup> “Loneliness, isolation and heart disease: New study reveals deadly link,” Heart Foundation press release, August 13, 2021.

<sup>25</sup> “Loneliness and isolation linked to serious health conditions,” April 2021.

Half of individuals with self-reported disease reported low support from public-healthcare systems.

Presence of disease is connected with lower reported health support.

Respondents reporting low health support,<sup>1</sup> by disease status,<sup>2</sup> %



<sup>1</sup>Question: Is your current quality of life impacted by an illness or disease? Question: How do you rate the support you receive for your health from the following people or groups: family; friends; faith community; social community; employer; public health and social services; private health and social services; others.

"Low" reflects an average rating of 3 or below on a 1-5 scale.

<sup>2</sup>Physical or mental disease.

<sup>3</sup>Including support from social communities and faith communities.

<sup>4</sup>Including employer coverage.

Source: McKinsey Health Survey, 2022

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## Toward a modernized approach of health

Our survey suggests that people define their own health much more broadly than the presence or absence of a disease—physical and mental health matter, but so does the degree to which people feel connected, socially valued, or have a sense of purpose. This broader definition of health, encompassing physical, mental, social, and spiritual dimensions, is relevant but still nascent.

The adoption of a more comprehensive approach is likely necessary to create the lasting, meaningful, and material shifts in societal attitudes and actions to reach the full potential from improved health. If individuals, businesses, and countries widen their understanding of health, they

may reap the benefits of gains in life expectancy and quality of life. This change in viewpoint may take time and may require unprecedented collaboration with a much broader set of stakeholders; more comprehensive and better data; and new ways to measure and evaluate interventions intended to improve the health of individuals.

At its heart, MHI was created to help people live longer, fulfilling lives. One facet is engaging with other stakeholders to further understand each dimension of health and the linkages between them, to identify the barriers to adopting more holistic views of health, and how to address them.

**If individuals, businesses, and countries widen their understanding of health, they may reap the benefits of gains in life expectancy and quality of life.**

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