

Treatment Satisfaction and Perceived Barriers among Patients with Social Health Insurance Scheme Utilization in a Hospital, Banke, Nepal

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ABSTRACT

Introduction: Social health insurance is a mechanism for financing and purchasing / delivering health care to workers in the formal sector regulated by the government (Government of Nepal, 2013). This study aims to assess the satisfaction among patients (beneficiaries) utilizing social health insurance scheme and association with selected demographic variables.

Methods: A cross-sectional descriptive research design was used to collect the data from 100 patients utilizing social health insurance scheme in a Hospital, Banke through purposive sampling technique. Short Assessment of Patient Satisfaction (SAPS) scale for measuring patients' satisfaction was used for data collection through Face-to-face interview technique. The collected data were analyzed by using descriptive and inferential statistics.

Results: The mean age of the respondents was 51.39±17.95 and majority (70.0%) of respondents were literate. The majorities (87.0%) of the respondents were satisfied and only 13.0% were dissatisfied with health services utilizing with social health insurance scheme. Forty percent of respondents felt too short time spent with doctors during treatment. Perceived barriers on waiting time in hospital was 58% while utilizing services under social health insurance scheme, followed by, delay in registration, procedure, laboratory reports, and less availability of needed medicine respectively. There is no statistically significant association between socio demographic characteristics and respondents' satisfaction on treatment utilizing social health insurance scheme.

Conclusions: The study finding reveals that the majority of respondents are satisfied with treatment in spite of experiencing some difficulties while utilizing social health insurance scheme. The health system or institution should devise to overcome the barriers of utilizing health insurance that can add more satisfaction in future.

Keywords: Perceived barriers; Patients; Social Health Insurance; satisfaction.

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INTRODUCTION

The term health insurance describes the kind of insurance that covers expenses connected to health of the people. In other cases, it is used more widely to refer to insurance that covers long-term nursing or foster care needs, as well as disability. 'Health Insurance' is a relative term that relates to a contract wherein the individual contributes a regular premium with the expectation that if something happens

to the individual in question (insure), the insurer will provide for the individual(1). The health insurance policy was introduced to lessen poverty and the overwhelming costs of healthcare, recognizing the limitations of the current healthcare system in adequately identifying and safeguarding vulnerable populations (2).

Social Health Insurance is a government-regulated system for funding, acquiring, and

providing health care to employees in the formal sector. A national health insurance programme is needed to ensure universal health coverage by capturing the unregulated out-of-pocket spending and facilitating the effective, efficient and accountable management of available resources. In 2015, the Social Health Security Development Committee was formed, and the Social Health Insurance Program was launched in 2016. The program was later integrated into the Health Insurance Board (HIB) in 2017, with the goal of providing quality health care services, protecting households from financial hardship, and increasing accountability among health care providers. The program was expanded to 65 districts and 636 local levels in 2021. It was implemented in all 77 districts by the end of 2022 (3). A study in Nepal found the majority of the respondents (74.7%) had low level of satisfaction, and 25.3% of them had a high level of satisfaction. The variables such as distance from home to hospital, long waiting time, adequate length of service hours of the OPD and actual expectations were significantly associated with patient satisfaction ($p < 0.05$) on treatment utilizing social health insurance Nepal (4).

Therapeutic results, patient retention, and medical malpractice lawsuits are all driven by patient satisfaction. It has a direct effect on the prompt, effective, and patient-centered provision of high-quality healthcare. Patient satisfaction is a very effective indicator to measure the success of doctors and hospitals. A study in Nepal (5), Utilization of free health-care services by poor and marginalized people in the two tertiary-care hospitals was suboptimal: Only 8.4% of patients receiving care at Western Regional Hospital were exempt from payment, compared to 2.7% at Lumbini Provincial Hospital. It was discovered that a lack of awareness of free services and focus groups among staff working in these hospitals. On the other hand, unintended use of free services was also seen by non-target groups (6). Social health insurance scheme is implemented in

this hospital by Government of Nepal so it is necessary to find out patients' satisfaction regarding treatment and perceived barriers to utilize social health insurance scheme.

METHODS

Descriptive cross-sectional study design was used to find out satisfaction and perceived barrier of patients utilizing services of social health insurance scheme in a hospital, Banke district among 100 patients of age 18 years and above. Sampling technique adopted was non-probability purposive sampling and study was conducted at in-patients department and out-patient department. The instrument consists of three parts: Part I-consists of questions related to the socio-demographic characteristics of the respondents. In part II Standard tool The Short Assessment of Patient Satisfaction (SAPS) developed by Hawthorne et al. to measure overall satisfaction. Part III- consists semi-structured questionnaire related to perceived barriers to utilize service through social health insurance scheme. Patients who were admitted in the medical and surgical ward and attended in those OPD under social health insurance scheme and patients who had visited this hospital more than once were included in the study. Patients who were critically ill and who did not want to participate in this study were excluded. The data were analyzed by using descriptive statistics such as frequency, percentage, mean and standard deviation. On the basis of findings, inferential statistics. (Chi-square test) was applied to find out the association between demographic variables and satisfaction. Mean score (19 ± 0.26) was used to categorized satisfaction level 'satisfied' and 'dissatisfied', if satisfaction score is above mean score considered as satisfied and if satisfaction score is below mean score considered as dissatisfied.

RESULTS

In present study regarding socio-demographic characteristics of the respondents, mean age

with SD was 51.39 ± 17.95 ranging from 17-88 years. Similarly, slightly more than half (56%) were female and majority (70%) of the respondents were literate. Nearly half (45%) of the respondents were engaged in agriculture and more than half (64%) were living in rural area. Among respondents, more than half (68%) had visited hospital more than two times and duration of social health insurance is almost all ((94%) were in scheme since more than six months.

Out of 100 respondents, 61% were very satisfied with respect received from doctors/

health professionals and 79% were satisfied with explanation given about result of treatment. Similarly, 73% were satisfied on care received in hospital, 72% of them were satisfied with outcome of treatment through social health insurance, 73% were satisfied with examination done by health workers during doctor visit, and 84% were satisfied on timely decision making on their treatment. However, 40% of respondents felt too short time spent with doctors/health professionals during treatment.

Table 1 : Satisfaction Related to Utilizing Social Health Insurance Scheme (n=100)

Statements	VS No.(%)	S No.(%)	NSND No.(%)	D No.(%)	VD No.(%)
Satisfaction with effect of treatment/ care provided	4(4.0)	72(72.0)	9(9.0)	11(11.0)	4(4.0)
Explanation given about result of treatment/care	9(9.0)	79(79.0)	7(7.0)	2(2.0)	3(3.0)
Careful on examining	14(14.0)	73(73.0)	6(9.0)	2(2.0)	2(2.0)
Choices you had in taking decisions on treatment/care	5(5.0)	84(84.0)	6(6.0)	3(3.0)	12(2.0)
Feel respected	61(61.0)	20(20.0)	9(9.0)	9(9.0)	1(1.0)
Too short time spent with health professionals	12(12.0)	30(30.0)	11(11.0)	40(40.0)	7(7.0)
Care received in hospital by health insurance	2(2.0)	73(73.0)	12(12.0)	12(12.0)	1(1.0)

Note: S.D. = Standard Deviation, VS=Very satisfied, S=Satisfied, NSND=Neither satisfied nor Dissatisfied, D=Dissatisfied, VD=Very Dissatisfied

Table 1 shows satisfaction related to health services utilizing social health insurance scheme (7 statements), most of patients were satisfied with had choices in taking decisions regarding their treatment. Among whom 61.0% were very satisfied with respect received from doctor/health professionals and 79% were satisfied with explanation given about result of treatment among whom (9.0%) were very satisfied. Regarding care received in hospital utilizing health insurance only (2.0%) were very satisfied; mean with SD is 2.75 ± 0.594 .

Regarding care received in hospital, (73%) were satisfied, among them (2.0%) were very satisfied. Forty percent of respondents felt too short time spent with doctors/ health professionals during treatment /care.

Table 2 : Perceived Barriers to Social Health Insurance Scheme (n=100)

Statements Related to Perceived barrier	Yes No.(%)	No No.(%)
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Unwelcoming staff attitude	7 (7.0)	93(93.0)
Complex billing system	48(48.0)	52(52.0)
Policy that favor the use of health care	44(44.0)	56(56.0)
Lack of trust on services	8(8.0)	92(92.0)
Limited opening hours	54(54.0)	46(46.0)
Long waiting time	58(58.0)	42(42.0)
Resolution of health problem	20(20.0)	80(80.0)
Poor quality of health care	20(20.0)	80(80.0)
Financial coverage for needed services	59(59.0)	41(41.0)
Staff absenteeism	12(12.0)	88(88.0)

Table 2 depicts the higher percentage found limited financial coverage for needed services (59%), similarly 58% of beneficiaries' perceived barriers on waiting time in hospital while utilizing services under social health insurance scheme i.e. long waiting hours. In regard to opening hours of social health insurance scheme service, more than half

felt barriers due to limited opening hours. Likewise, nearly half respondents perceived barriers to utilize SHIS service due to complex billing system (48%) and policy that favors the use of health care (44%) respectively. Equal percentage of respondents (20%) perceived that they felt barrier on resolution of health care and poor quality of health care they are receiving under social health insurance scheme. Among them 12 % respondents felt barrier to utilize health services using social health insurance scheme due to absenteeism of staff there. Other perceived barriers include delay in registration, procedure, laboratory reports, less availability of needed medicine.

Table 3 : Respondents' Level of Overall Satisfaction (n=100)

Level of Satisfaction	Number	Percent
Dissatisfied	13	13.0
Satisfied	87	87.0
Mean score with SD = 19±0.26		

Table 3 shows that majorities (87.0%) of the respondents were satisfied with health services utilizing social health insurance scheme.

Table 4 : Association between Level of Satisfaction and Socio-demographic Characteristics (n=100)

Variables	Satisfied No.(%)	Dissatisfied No.(%)	P value
Age			
Up to 60	60(88.2)	8 (11.8)	.592
60 and above	27(84.4)	5(15.6)	
Gender			
Male	34(77.3)	10(22.7)	.010*
Female	53 (94.6)	3(5.4)	
Educational status			
Illiterate	28(90.3)	3(9.7)	.508
Literate	59 (85.5)	10 (14.5)	
Educational level(n=59)			
Up to 12 class	46(85.2)	8 (14.8)	.626 ^a

Above 12 class	13(86.7)	2(13.3)	
Occupation			
Agriculture	36(80.0)	9(20.0)	.060
Others	57(86.4)	9(13.6)	
Attending ward/OPD			
Medical	70(87.5)	10(12.5)	.506 ^a
Surgical	17(85.0)	3(15.0)	
No. of Hospital visit			
Two times	30(93.8)	2(6.3)	.144 ^a
More than two times	57(83.8)	11 (16.2)	
Duration of involvement in scheme			
Three to six month	6(100.0)	-	.424 ^a
More than six month	81(86.2)	13(13.8)	
No. of Family Member included in scheme			
Two to four member	25(89.3)	3(10.7)	.478 ^a
More than four member	62(86.1)	10(13.9)	

*Pearson's Chi-Square test, ^aFisher Exact Test, *P value significant at <0.05 level*

Table 4 shows association between satisfaction on health service treatment utilizing social health insurance scheme and selected socio demographic characteristics of respondents. Gender is significantly associated with satisfaction level ($p = <0.05$). Regarding other variables, there is no significant associations between satisfaction on health care or treatment utilizing social health insurance scheme and other socio-demographic variables.

DISCUSSION

In the present study, regarding satisfaction, 61% felt respected by health professionals, 79% were satisfied with treatment explanations, 73% with hospital care, and 72% with treatment outcomes under social health insurance, 73% with examinations, and 84% with timely decision-making. However, 40% felt the time spent with doctors was too short. Current study finding is similar to the finding of study(8) in which, 56.2% of respondents

were felt respectful by health workers, 75.4 % of respondents were satisfied with explanation of health workers, 68.6% of them were satisfied with services provided by the hospital under social health insurance, 74.25% of them were satisfied with treatment they received, 70.3% of them were satisfied with examination done by doctors, 74.9% of respondents were satisfied with decision making done by health workers about their problems but 76.6 % of respondents were satisfied with time given by health workers or doctors to them. Similarly, a study done in Kaski (9) identified that 99.2% were satisfied with the attention towards patients during examination by a service provider/doctor.

In this study, overall satisfaction level of respondents was 87% and 13% of them were dissatisfied. Gender is significantly associated with satisfaction level of respondents ($p = <0.05$). But the different result was found in the study of (8) in Kaski Nepal where it was found that among 354 participants, more than half (52.5%) participants were satisfied whereas 42.9% were dissatisfied with the treatment service provided by the hospital through the

social health insurance and there was no statistical association between any background variables and satisfaction of respondents. Another study of Nepal (10) depicted the majority of the participants (60.1%) reported being more satisfied with the service, whereas 39.9% expressed being less satisfied. However, study conducted in Islamabad in 2015 supports present study as overall satisfaction level of patients with the OPD health services was 86.2% which is similar to present study. Moreover, slightly different result was found in the study of (11) where overall 53.6% were satisfied with the services under social health insurance in Ilam district. Satisfaction level was found to be more in females than males (5).

In the current study, the highest perceived barrier of utilizing social health insurance among respondents was less financial coverage (59%) on health service followed by, long waiting time (58%), limited opening hours of OPD services (54%), complex billing system for insured patients (48%), and favorable policy for using health insurance (44%) respectively. Another study resulted that the low income, waiting time and service hours of OPD were the main predictors of satisfaction with OPD services Nepal (4). Similar finding was found in the study of (8) where all the participants (100%) reported that the unavailability of needed drugs through insurance is the main problem faced by users. After that, a longer waiting time was the second most reported barrier (71.8%), followed by limited opening hours (66.7%), financial coverage for needed services under the social health insurance (52.5%), complex billing system in the hospital (52.5%) and policy that favor the use of health care services (42.9%) respectively. Likewise, another study found only 39.9% were satisfied with time to wait to receive service in Kaski (9).

CONCLUSIONS

The study finding revealed that majorities of respondents are satisfied with treatment through social health insurance scheme in

spite of experiencing barriers due to limited opening hours and long waiting times during utilization of health services. Therefore, while implementing the health insurance program, enhancing access to healthcare services across all levels of medical facilities, ensuring prompt service delivery, and extending the operating hours of outpatient departments can contribute to enhancing more patient satisfaction with the health insurance services.

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