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Patients' Satisfaction regarding Treatment and Perceived Barriers: A Study of Social Health Insurance Scheme in Kaski District

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ABSTRACT

The main objective of this paper is to assess the level of patient satisfaction, to assess barriers faced by users of social health insurance during receiving treatment in the hospital, and to find out the relationship of participants' satisfaction with their selected demographic variables. This paper is a cross-sectional descriptive study and covers 354 samples that were selected by systematic sampling technique. The modified version of Assessment of Patients Satisfaction Scale (SAPS) consisting of seven structured items is used to collect the data through the face to face interview. The results of the study indicated that 158 (44.6%) participants are between the age group of 40-59 years and the majority of them i.e. 232 (65.5%) are females. Out of 354, most of the participants 292 (82.5%) are enrolled in the social health insurance scheme for more than 6 months. The study findings indicated that more than half 186 (52.5%) participants are satisfied, followed by 152 (42.9%) are dissatisfied, and 16(4.5%) of participants are very dissatisfied with the treatment service under the social health insurance respectively. The most common barriers faced by the participants while utilizing the health insurance services are unavailability of necessary drugs, long waiting times, limited opening hours, and complex billing system for insurance patients. Hence, the service availability time should be extended and availability of health personnel, medicines as well as other services should be improved that can increase satisfaction among users of health insurance.

KEYWORDS: Health insurance, treatment barriers, perceived barriers, social health security scheme

INTRODUCTION

The term 'health insurance' is generally used to describe a form of insurance that provides coverage for health-related needs of people. It pays for medical expenses. The social health insurance is a mechanism for financing and purchasing or delivering health care to the workers in the formal sector regulated by the government (Government of Nepal, 2013). Most health care services in Nepal are paid out-of-pocket often incurring a significant portion of the income of individual household leading to catastrophic health

expenditure. Protecting people from catastrophic health care spending, thereby preventing people from falling into the poverty trap, the government has rolled out the social health security scheme in February 2015, to increase the financial protection by promoting pre-payment and risk pooling in the health sector (Nepal Health Research Council [NHRC], 2018). The first phase covered only 3 districts. Now, the third phase is being implemented in all remaining districts and has been providing health care services to those insured under this scheme (Pant, 2017). The previous studies in Nepal have shown that more than 90% participants were satisfied with nature of treatment in different aspects of health services under the social health insurance scheme whereas it was also found that participants were more interested in the insurance scheme initially and it was declined in forthcoming years due to unavailability of drugs, inadequate human resources, inadequate lab services, and attitude of the hospital staff (NHRC, 2018).

A study done by Baruah et.al (2016) in India on patients' satisfaction identified that 64% of the participants were satisfied with the behavior of the registration clerk, 59% were satisfied with the behavior of the supporting staff, 60% were satisfied with the services provided by the pharmacy. However, 86% were satisfied by the behavior of the doctors in the outpatient department (OPD) but in the indoor wards, only 50% were satisfied with the behavior and time devoted by the doctors to them. A study done in Sunsari District of Nepal resulted that there was an average satisfaction among the participants regarding the provided services through insurance and 76.4% of participants reported that the tedious process as the main reason of non-utilization of the services. Only 15% of them had membership for 1 year and when they were asked about the reason for not being a member in the previous years, again 38.5% replied that the tedious process for service utilization was the main reason for not participating in the scheme (Subedi et al., 2018). Similarly, a study conducted in Naradevi Hospital with 296 patients showed that the most of the respondents (74.7%) had a low level of satisfaction, and 25.3% of them had a high level of satisfaction. Other selected variables such as a long distance from home to hospital, a long waiting time, an adequate length of service hours in the OPD, and actual expectations were significantly associated with the patient satisfaction (Shrestha et al., 2012). Another study done in Nepal found that the most of the participants (90.6%) who had insurance were satisfied with their insurance scheme (Acharya et al., 2019).

The patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient centered delivery of quality health care. It is thus a proxy, but a very effective indicator to measure the success of service providers (Ahmed & Siraj, 2010). Low levels of trust in physicians, work/ family obligations, and long waiting times have all been identified as inhibiting health care access (Cheung et al, 2012). Western Regional Hospital (WRH) located in Pokhara, Kaski district, is selected for this study, as being representative of the referral hospital in Gandaki Province, based on their patient flow and number of referring patients from peripheral districts. The social health insurance scheme has been implemented in this hospital by the Government of Nepal since long, so it is necessary to assess the patient satisfaction regarding treatment and perceived barriers while utilizing the social health insurance scheme.

METHODS AND MATERIALS

The cross-sectional descriptive study design was used to find out satisfaction regarding treatment and perceived barriers to utilize the social health insurance scheme at Western Regional Hospital, Kaski. This study was conducted at Western Regional

Hospital in Pokhara. The sampling population was 354 patients who were receiving treatment services under the social health insurance scheme. The sample size of the study was estimated on the basis of the prevalence of satisfaction at 95% confidence limit and 5% allowable error where the prevalence of overall satisfaction was 64% (Baruah et al., 2016). To get these samples, Western Regional Hospital was purposively selected. Surgical and medical departments were chosen because out of total patients, more than half of them came to these departments for check-up. Usually, around 200 patients used to come to the medical OPD and 100 patients used to come to the surgical OPD for check-up. Then, every 10^{th} patient was enrolled in the study using a systematic sampling technique for data collection from the outpatient department. If the patient rejected to participate or not met the inclusion criteria, then the next participant was taken as a sample. Similarly, the consecutive sampling technique was used to enroll the samples from the inpatient department. In the inclusion purpose, patients, who were visited the hospital at least twice and who were visiting the medical and surgical OPD as well as admitted to the medical and surgical ward under the social health insurance, were included in the study. In the exclusion purpose, patients who were critically ill and who did not want to participate in this study were excluded from the study.

The semi-structured interview schedule was developed with the help of the review of literature to assess demographic and perceived barriers to utilize health insurance in this hospital whereas modified short assessment of patients' satisfaction scale was adopted to assess satisfaction regarding their treatment. The interview schedule was divided into 3 parts. Part I includes the information related to socio-demographic variables. Part II consists of the satisfaction questionnaire. The researcher administered the modified version of the Short Assessment of Patients Satisfaction Scale (SAPS) consisting of 7 structured items to collect the data through the face to face interview. The Cronback's alpha test was done for internal consistency of Nepali version of the questionnaire, which was 0.729 and the original was 0.86. The SAPS consists of 7 items assessing the core domains of patient satisfaction which includes treatment satisfaction, explanation of treatment results, care, participation in the medical decision making, respect by the health workers, time with the doctors, and satisfaction with hospital care through health insurance. Similarly, it consists of five points Likert' scale items, with 0 and 4 indicating the lowest and highest levels of satisfaction respectively. Likewise, part III consists of the questionnaire related to perceived barriers. Patients were also asked if they had specific complaints or recommendations regarding their encounter in the hospital. The content validity of the instruments was maintained through consultation with peers, research experts, and subject experts. The instruments were translated into the Nepali language and opinion of the concerned language experts was obtained for comprehensibility and simplicity of the language. Back translation into Nepali version was done to maintain validity of the instrument. Pretesting of the instrument was done among 34 patients from the Orthopedic OPD. On the basis of the pretesting, the instrument was revised to enhance its clarity and comprehension and finalized for using it in the data collection.

After the proposal approved by the Ministry of Social Development, Department of Health, Gandaki Province, the ethical approval was taken from the Nepal Health Research Council and Institutional Review Committee of Pokhara Academy of Health Science, Western Regional Hospital before the data collection. Then, an informed written consent was taken from the participants after explaining the purpose of the study. The data were collected through the exit interview with the participants and the period for data collection was from 2 June to 18 June 2020. The data were collected by the researcher and enumerators. It took around 10-15 minutes to collect data from each

participant and daily 20 participants from the medical OPD and 10 participants from the surgical OPD were interviewed depending on the registration of insurance patients. Similarly, 3-4 participants were interviewed daily from the ward depending on the admission of patients under health insurance. Data collection was done in separate corners of OPD from outpatients while inpatients were interviewed in the wards. Confidentiality was ensured to the participants by telling that the researcher would not reveal the personal identity of the participants. The researcher also ensured them that the information collected was only for the purpose of the study. Participants were allowed to refuse to participate in the study at any time as they wished. Collected data were checked, reviewed, and organized daily by the researcher for completeness and accuracy. The data were edited, organized, and coded before data entry by the researcher. To make the data entry process easier, the coding of responses was done. The data were analyzed in the Statistical Package for Social Sciences (SPSS) version 16, using descriptive statistics such as frequency, mean, standard deviation, and inferential statistics.

For the level of satisfaction, the score was divided into four levels considering 0 to 10= very dissatisfied, 11 to18 = dissatisfied, 19 to 26= satisfied and 27 to 28= very satisfied according to Hawthorne et al (2014). The chi square test was done to identify association between different selected demographic variables and satisfaction of participants regarding treatment. Statistical significance was taken at $p \leq 0 \cdot 05$.

RESULTS

In this study, the data collected from the hospital were presented in the tables, followed by their explanations. They include demographic information and responses received from the sampled patients.

Table 1

Participants' Age, Sex, Address, Education and Occupation

n=354

Variables	Frequency	Percent
Age Group		
20-39 years	141	39.8
40-59 years	158	44.6
60-85 years	55	15.5
Mean Age= 43.41; SD=14.46		
Sex of Participants		
Male	122	34.5
Female	232	65.5
Address of Participants		
Rural	139	39.3
Urban	215	60.7
Educational Status		
Illiterate	54	15.3
Literate	300	84.7
Education (n=300)		
Primary	84	28.0
Secondary	79	26.3
Higher Secondary	70	23.3
Bachelor and above	67	22.3
Occupation of Participants		
Agriculture	114	32.2

Housewife	96	27.1
Service	72	20.3
Business	49	13.8
Others (Students=17, Retired=6)	23	6.5

Table 1 reveals that the maximum percentage (44.6%) of participants was between the age group of 40-59 years and the majority of them (65.5%) were females. The majority (60.7%) of participants were from the urban areas where most of the participants (84.7%) were educated. Among educated (n=300), the maximum percentage (28%) was having a primary level of education, followed by secondary (26.3%), higher secondary (23.3%), and bachelor and above (22.3%) respectively. Similarly, the maximum percentage (32.2%) of participants was engaged in the agricultural sector.

Table 2

Service Areas, Frequency of Hospital Visit, Duration of Enrollment and Total Enrolled Members in Insurance Scheme

n=354

Variables	Frequency	Percent
Service Area		
Out Patients Department	300	84.7
In Patients Department	54	15.3
Frequency of Hospital Visit		
2 times	114	32.2
More than 2 times	240	67.8
Duration of Enrollment		
Up to 6 months	62	17.5
More than 6 months	292	82.5
Total enrolled members		
Up to 4 Members	95	26.8
More than 4 Members	259	73.2

Table 2 indicates that most of the participants (84.7%) were from the outpatient department where the majority (67.8%) had visited this hospital for clinical check-up more than twice. Likewise, most of the participants (82.5%) were enrolled in the social health insurance scheme for more than 6 months and the majority (73.2%) of participants had enrolled more than 4 family members in this scheme.

Table 3

Satisfaction Sub-scales of Participants

n=354

Variables	Frequency	Percent
Satisfaction with Effect of Treatment		
Satisfied	252	71.2
Dissatisfied	102	28.8
Satisfaction with Explanation		
Satisfied	267	75.4
Dissatisfied	87	24.6
Satisfaction with Care during Examination		
Satisfied	249	70.3
Dissatisfied	105	29.7

Satisfaction with Treatment choices		
Satisfied	265	74.9
Dissatisfied	89	25.1
Feeling of Respect from Health workers		
Feeling of Respectful	199	56.2
Feeling of Disrespectful	155	43.8
Satisfaction with Time given		
Satisfied	271	76.6
Dissatisfied	83	23.4
Satisfaction with services received from Health Insurance		
Satisfied	243	68.6
Dissatisfied	111	31.4

The descriptive analysis on the sub-scale of satisfaction shows that a higher percentage of participants were satisfied with time given by doctors (76.6%), explanation from the health workers and doctors (75.4%), treatment choices done for him/her (74.9%), effect of treatment (71.2%), care during examination (70.3%), service received from health insurance (68.6%), and respect from the health workers (56.2%). Though more than half of the participants were satisfied with different sub-scales, it should be noted that nearly half (43.8%) felt disrespect from the health workers (Table 3).

Table 4
Level of overall Satisfaction of Participants

n=354

Level of Satisfaction	Frequency	Percent
Satisfied	186	52.5
Dissatisfied	152	42.9
Very Dissatisfied	16	4.5
Total	354	100

Regarding the overall satisfaction level of participants, among 354 participants, more than half (52.5%) participants were satisfied whereas 42.9% were dissatisfied and remaining 4.5% were very dissatisfied with the treatment service provided by the hospital through the social health insurance but no one was found as very satisfied in the study. The mean satisfaction score was 17.52 with the standard deviation 3.48. The minimum satisfaction score was 4 and maximum score was 26 (Table 4).

Table 5
Barriers faced by Participants while utilizing treatment services

n=354

Barriers (Multiple Response)	Frequency	Percent
Long waiting time	254	71.8
Limited opening hours	236	66.7
Complex billing system	186	52.5
Financial coverage for needed services	186	52.5
Policy that favor the use of health care	152	42.9
Poor quality of health care	100	28.2
Resolution of health problem	88	24.9
Staff absenteeism	70	19.8

Lack of trust on services	67	18.9
Unwelcoming staff attitude	54	15.3

Participants reported various factors as the barriers for the utilization of the services. 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. Less number of participants stated other factors related to health service and unwelcoming staff as the barriers to health service utilization (Table 5).

Association between the Satisfaction and Selected Socio-demographic variables of Participants

There was no statistical association between the satisfaction of participants and socio-demographic variables. This means that no socio-demographic factors are responsible for the satisfaction level. This might be due to homogeneity of participants' characteristics.

DISCUSSION

Socio-demographic findings of the study revealed that the maximum percentage (44.6%) of participants was between the age group of 40-59 years and the majority (65.5%) were females. The majority (60.7%) of participants were from the urban area and 28% had the primary level of education. Most of the participants (84.7%) were from the outpatient department and most of the participants (82.5%) were enrolled in the health insurance scheme for over 6 months. Regarding the satisfaction, the majority (71.2%) of participants were satisfied with their treatment effective and three-forth (75.4%) of participants were satisfied with the explanation of health workers or doctors about their problems in this study. This is supported by the study of Michael et al. (2017) that showed most of the participants (90%) were satisfied with explanation about their disease. In this study, the majority (70.3%) of participants were satisfied with care during examination while 50% of participants were satisfied of Sarkar et al. (2018). Around three-forth (74.9%) of participants were satisfied with choice of treatment they received and more than half (56.2%) of participants felt respectful from the health workers or doctors. This is supported by the study findings of Ahmed et al. (2015) that found half (50%) of participants felt respectful by the doctors, followed by 66% felt respectful by the registration staff and 64.6% felt respectful by the nurses and other staff of the hospital respectively whereas the insured people complained that the response that they received in health facilities was not good in the study of NHRC (2018) in Nepal. The study showed that the majority (76.6%) of participants were satisfied with the time given by health workers and doctors which is similar to the finding of Michael et al. (2017) where the most (90%) of participants were satisfied with time given to discuss their health problems.

In this study, the majority (68.6%) of participants were satisfied with the services given by the hospital. This finding is similar to the study finding of Michael et al. (2017) that showed around one-third (34.2%) of participants were dissatisfied with the services whereas only 23% of participants were satisfied in the study of Ahmed et al. (2015). Regarding the overall satisfaction level, more than half (52.5%) of participants were satisfied and 42.9% of participants were dissatisfied with the treatment service of

the hospital. This is different from the study of Shrestha et al. (2012) that showed around three-forth (74.7%) of the participants were dissatisfied and only one-forth (25.3%) of them had a high level of satisfaction. But around two-third (65%) of participants were satisfied and only 7% of the participants were dissatisfied in the study of Subedi et al. (2018). Furthermore, the study of Subedi et al. (2018) showed that 27.9% of participants were very satisfied but no participants were very satisfied in this study. Moreover, around two-third (63.2%) of patients were satisfied with the hospital services in the finding of Ahmed et al. (2015). Participants reported various factors as the barriers for the utilization of the services. Regarding the difficulties in the utilization of health services, all the participants (100%) reported that the unavailability of needed drugs through insurance is the main problem faced by the patients followed by a longer waiting time (71.8%), limited opening hours (66.7%), financial coverage for needed services (52.5%), and the complex billing system in the hospital (52.5%) respectively. Likewise, in the study of NHRC (2018), slightly more than one-third (35%) participants had faced some sorts of difficulties during the utilization of health service under the social health insurance. In this study, there was no statistical association between the satisfaction of participants and socio-demographic variables. But in the study of Sarkar et al. (2018), it was found that sex, occupation, and family numbers enrolled in insurance were associated with the satisfaction of participants.

CONCLUSION

Overall, the higher numbers of participants were satisfied with the treatment service under the social health insurance scheme, but nearly half numbers of participants felt disrespectful from the health workers while receiving services. On the other hand, the higher numbers of participants had perceived some barriers during their hospital visit such as unavailability of necessary drugs, long waiting times to visit the doctors and in the lab investigations, limited opening hours, and the complex billing system during the utilization of health services in the hospital.

RECOMMENDATIONS

The service availability time should be extended and availability of health personnel, medicines, and other services should be improved that can increase the satisfaction of patients of the health insurance scheme. Similarly, regular monitoring at the central and district level is necessary to identify the problem and find solutions. Likewise, there should be clearly defined referral process at the local level to the higher level hospital to manage the patient flow. In short, some incentives for service providers could be beneficial to improve performance and attitude of the health workers. Finally, further qualitative and follow-up studies among the health insurance users and service providers to improve the quality of health care in the future are also recommended.

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