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Satisfaction with utilisation of national health insurance among selected community people of Bharatpur, Nepal

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Abstract

Introduction: Health insurance program plays an important role in health care delivery system. This study aimed to find out satisfaction with utilisation of national health insurance.

Method: A descriptive cross-sectional study was conducted among community people of Bharatpur-11 from 15 Aug 2024 to 14 Sep 2024. Community people enrolled in national health insurance program and who received at least one service were selected as per calculated sample size by using non-probability purposive sampling technique. Ethical approval was obtained. Data were collected using face-to-face structured interview method. Data were analysed using descriptive statistics (frequency, percentage, central tendency, measures of dispersion).

Result: Out of 119 respondents, 56(47.10%) were satisfied towards utilisation of national health insurance. Among different subscales, two-thirds (76.66%) were satisfied on hospital facility followed by registration (75.0%).

Conclusion: In this study, fewer than half respondents were satisfied regarding utilisation of national health insurance. Supervision and improvement in health care services are necessary.

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Introduction

Health insurance is vital in achieving the goal of Universal Health Coverage (UHC) mentioned in the Sustainable Development Goals (SDGs). The main aim of SDGs is to attain UHC, access to quality and safe health care services, protection from financial risk and provision of essential medicines and vaccines. Health insurance system is a way through which health care costs of all population are covered. Its success depends upon quality of health services delivered. Satisfaction of client is a vital indicator for improvement of health care services.¹⁻³ Patient satisfaction with healthcare is multidimensional and an important measure of healthcare outcomes.⁴

Nepal has achieved significant progress with increased life expectancy and declined maternal as well as under-five mortalities. To improve equitable health services, achieve good health outcomes, and ensure quality care, protecting people from financial constraints of health care costs Government of Nepal has been constantly working on the development of a national health insurance system.⁵ Government's family-based health insurance program integrates both prepayment and risk pooling to avoid health expenses, and also promotes equitable health access for population.^{6,7}

Successful implementation of national health insurance is a foundation for strengthening public healthcare and contributing to overall economic development of the nation.⁸ Its effectiveness is determined by various factors like political commitment, budget, bureaucracy, target group and external issues.⁹ A study in eastern Nepal showed that 53.6% respondents were satisfied with the national health insurance program.¹⁰

This study was undertaken to investigate the satisfaction with utilisation of national health insurance among community people of Bharatpur-11, Chitwan, Nepal.

Method

A descriptive cross-sectional study was conducted to assess satisfaction with utilisation

of national health insurance among community people of Bharatpur-11, Chitwan, from 15 Aug 2024 to 14 Sep 2024. Non-probability purposive sampling technique was adopted to select 119 community people who were enrolled in national health insurance program and received at least one service.

The sample size for an infinite population was calculated by using the Cochran formula, $n = \frac{z^2 pq}{e^2} = \frac{1.96 \times 1.96 \times 0.05 \times 0.05}{0.0081} = 119$.^{11,12}

Ethical clearance was taken from Chitwan Medical College Institutional Review Committee (CMC-IRC/081/082/103). Before data collection, informed consent was obtained. The confidentiality of the information was maintained throughout the study by not disclosing the information and using it only for research purposes.

Pretesting of the instrument was conducted in Bharatpur-12 in order to assess feasibility of the tool. Reliability of the tool was 0.95 (Cronbach's Alpha).

Data were collected from one member of each family of age group 20- 60 by using a structured interview schedule through the face-to-face interview method. Researchers themselves collected data from 5-6 respondents each day. The approximate time for interview was 20-25 minutes for each respondent. The researcher ensured completeness and accuracy of each questionnaire on the spot to maintain reliability of the data. The data were edited, coded and entered into IBM SPSS 20. Data were analysed using descriptive statistics (frequency, percentage, central tendency, measures of dispersion) depending on the nature of data.

Result

Out of 119 respondents, 61(51.3%) were in age group 40-60 years, and majority, 85(71.4%), were female. Regarding education, 42(35.3%) had completed higher secondary education. Most of the respondents 95(79.8%) were married, 59(49.6%) were home makers and 61(51.3%) belonged to nuclear family, Table 1. Among 119 respondents surveyed, nearly half, 56(47.1%), were satisfied towards utilisation of

national health insurance, Table 2. Moreover, satisfaction levels varied across subscales, with

hospital facilities scoring highest (76.7%) and drug accessibility lowest (57.5%), Table 3.

Table 1. Socio-demographic characteristics of the community people surveyed for utilisation of national health insurance service, n=119

Variables	N	%
Age in years, Median 41, Q₁-Q₃ (31-52)		
20-40 (young adult)	58	48.7
40-60 (middle adult)	61	51.3
Sex		
Female	85	71.4
Male	34	28.6
Education		
Illiterate	30	25.2
Primary Education	13	10.9
Higher Secondary	42	35.3
Bachelor and above	34	28.6
Religion		
Hindu	90	75.6
Buddhist	11	9.2
Christian	7	5.9
Muslim	11	9.2
Marital status		
Unmarried	24	20.2
Married	95	79.8
Occupation		
Service	13	10.9
Business	32	26.9
Farmer	5	4.2
daily wages	10	8.4
home maker	59	49.6
Type of family		
Nuclear	61	51.3
Joint	58	48.7

Table 2. Level of satisfaction of community people towards national health insurance service, n=119

Level of satisfaction	n	%
Satisfied \geq median	56	47.1
Dissatisfied $<$ median	63	52.9

Possible score: 42-210, median-107

Table 3. Satisfaction on different subscales towards utilisation of national health insurance among community people, n=119

Subscale and items	Possible Score	Median	q1-q3	Median %
Registration process (4 Items)	20	15.0	9.75-16.00	75.0
Doctors' consultation (8 items)	40	27.0	21.00-30.00	67.50
Laboratory services (7 items)	35	22.5	19.25-24.75	64.28
Accessibility of hospital services (7 items)	35	25.0	19.25-27.00	71.42
Hospital facility (12 items)	60	46.0	32.00-47.75	76.66
Accessibility of Drugs (4 Items)	20	11.5	10.00-13.00	57.50

Discussion

This study found that less than half, 47.1% of the participants out of 119 people in the community surveyed for utilisation of the national health insurance service who had at least utilised one service. Among the respondents, 61(51.3%) were in the age group 40-60 years. Similar findings were reported in a study conducted in eastern Nepal, which revealed that 62.5% of respondents were aged 40 years and above.¹⁰ In terms of sex, 71.4% of the respondents were females in the present study, which is higher than a study conducted in Nepal, which showed 48.8% female participants involving 168 respondents.² This difference may be due to variation in sample size and setting of the study. In the present study, 35.3% had completed higher secondary education, which is slightly lower than a study conducted in Bangladesh, consisting of 233 respondents, which revealed that 41% respondents had completed secondary school level.¹³ The difference may be due to variation in study setting.

The present study showed that slightly less than half, 47.1% were satisfied towards utilisation of national health insurance service. Similar findings were reported in studies conducted in Ethiopia and Western Nepal, where satisfaction towards insurance were 54.1% and 52.5% respectively.^{14,15} Likewise, varied finding was observed in the study conducted in Midwestern Nepal, where satisfaction towards insurance was 87.0%.¹⁶ This difference may be due to variation of study setting, awareness level of participants and availability of resources.

In terms of the registration process and doctor's consultation, 75.0% and 67.50% respondents were satisfied, respectively, in the present study. Similar findings were found in the study conducted in Nigeria, where 65.5% and 70.5% respondents were satisfied with registration process and doctor's consultation, respectively.¹⁷

The present study showed that 64.28% respondents were satisfied towards laboratory services, whereas, a study conducted in Nepal showed that 82.2% respondents were satisfied towards laboratory services.¹⁸ This discrepancy may be due to limited laboratory facilities and flow of patients. In regard to accessibility of hospital services, 71.42% respondents were satisfied in the present study. Supporting findings was found in the study in Nepal, where 71.6% of respondents were satisfied with accessibility of hospital services.²

Limitations of present study may be a selected population from an urban community, which may not be representative of the national population and may limit the generalisation. However, the findings add to the data on utilisation of national health insurance service and provide a basis for further improvements necessary to broaden the health insurance service utilisation in the community.

Conclusion

The current study suggests that less than half of the community people were satisfied with utilisation of national health insurance program.

Satisfaction according to different subscales also revealed average satisfaction. In comparison to different subscales, slightly lower satisfaction was observed on accessibility of drugs. Therefore, during implementation of a health insurance program, an easy registration process, quality care, standard laboratory services, access to healthcare, enhanced hospital facilities, as well as accessibility of drugs can contribute to improving satisfaction with health insurance program among public.

Author contribution

Concept and design: SN; Data collection: All; Data analysis: SG; Draft manuscript and Revision: All; Final manuscript and accountability: All

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Conflict of interest

None

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Supplementary material

The data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request.

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Questionnaire/tools

Structured Interview Schedule on Satisfaction with Utilisation of National Health Insurance among Community People

Direction: Researcher will read out each question clearly, and according to respondents' viewpoints, appropriate ticks (v) will be made in the provided response column.

Code No:.....

Date of data collection:.....

Part I: Questions related to socio-demographic information

S.N	Question	Response	Symbol
1.	Age (completed age in years)	
2.	Sex	Male Female	1 2
3.	Educational level	Illiterate Literate a) Basic b) Secondary c) Bachelor d) Master	1 2 3 4 5
4.	Occupation	Service holder Businessman Farmer Labor House marker Students	1 2 3 4 5 6
5.	Religion	Hindu Buddhism Islam Christian	1 2 3 4
6.	Ethnicity	Brahmin Chhetri Dalit Janajati Newar Muslim	1 2 3 4 5 6
7.	Marital status	Single	1

		Married	2
		Divorced	3
		Windowed/Widower	4
8.	Type of family	Nuclear	1
		Joint	2
		Extended	3

Part II: Satisfaction-related question

A) Registration process

During your visit, how would you rate your satisfaction towards the registration process in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	Getting respect from registration staff					
2.	The waiting time during registration					
3.	Registration staff's response when you ventilate your problem					
4.	Information provided regarding available sources and hospital facilities.					

B) Doctor consultation

During your visit, how would you rate your satisfaction towards doctor consultation in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	Getting respect from doctors					
2.	The waiting time for consultations					
3.	Doctor's response when you ventilate your problems					
4.	Participation in decision-making in treatment					
5.	Problem-solving by the doctor					
6.	Duration of doctor's time during the consultations					
7.	The treatment provided by the doctor					
8.	Information provided regarding your illness, laboratory test, treatment and prognosis.					

C) Laboratory services

During your visit, how would you rate your satisfaction towards laboratory services in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	Getting respect from laboratory staff'					
2.	Waiting time for sample collection					
3.	Laboratory staff's response when you ventilate your problem					
4.	Information regarding way of sample collection					
5.	Information regarding laboratory test report					
6.	Waiting time for collecting laboratory reports					
7.	Reliability of test report					

D) Accessibility

During your visit, how would you rate your satisfaction towards the accessibility in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	The location of the hospital					

2.	Transportation facility to reach hospital					
3.	The service hours of the hospital					
4.	Accessibility of the health care provider as per need					
5.	Accessibility of the health care provider as per demand					
6.	Availability of the equipment necessary for treatment					
7.	Functioning status of equipment used for treatment					

E) Hospital facilities

During your visit, how would you rate your satisfaction towards the hospital facilities in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	The adequacy of the hospital area					
2.	The cleanliness of hospital environment					
3.	The sufficient light in outpatient department and surrounding area					
4.	The availability of a parking area					
5.	The ease of finding different departments					
6.	Canteen services of hospital					
7.	The comfort of seating arrangement in the waiting area					
8.	Maintenance of privacy during treatment					
9.	Provision of a separate restroom for males and females					
10.	The cleanliness of latrines					
11.	Provision of safe drinking water					
12.	Access to means of communication					

F) Access to drugs

During your visit, how would you rate your satisfaction towards the access to drugs in terms of:

S.N	Statements	SS (5)	S (4)	N (3)	D (2)	SD (1)
1.	Getting respect from pharmacy staff					
2.	The waiting time you spent for pharmacy services					
3.	Availability of necessary drugs in hospital pharmacy					
4.	Information provided regarding type of drug to be taken and its dose, route, time and the side effects					

SS=Strongly satisfied, S=Satisfied, N=Neutral, D=Dissatisfied, SD=Strongly dissatisfied