ORIGINAL ARTICLE

Evaluation of satisfaction level of Sehat Sahulat Programme among patients and doctors in Lahore and Gujranwala districts, Pakistan

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Abstract

Objective: To evaluate the satisfaction level of patients and doctors with a health insurance scheme in two districts of Punjab province.

Method: The analytical, cross-sectional study was conducted from June 2022 to November 2022 at Farooq Hospital West Wood Branch, Akhtar Saeed Trust Hospital, Lahore, Pakistan, and the District Headquarter Hospital, Gujranwala, Pakistan. The sample included doctors and adult inpatients receiving treatment under the Sehat Sahulat Programme. Data was collected using a pilot-tested, self-structured questionnaire. Data was analysed using SPSS 25.

Results: Of the 565 subjects, 414(73%) were patients and 151(26%) were doctors. Among the 414 patients, 248(59.9%) were from Gujranwala and 166(40%) from Lahore. Overall, 401(97%) patients and 128(85.4%) doctors expressed satisfaction with the health insurance scheme. Quality of hospitals assigned, quality of curative services, quality and availability of medicines, service provision delayed due to the insurance scheme, having to bear additional expenses, lower financial burden, and overall quality of service were the factors that were significantly associated with the satisfaction level of the patients ($p<0.05$). Among the doctors, the overall satisfaction level was associated with the availability of medicine and the satisfaction with the payment procedure ($p<0.05$).

Conclusion: Overall satisfaction rate among both doctors and patients with the Sehat Sahulat Programme was high.

Key Words: Sehat sahulat card, Health insurance, National health policy.

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Introduction

Health insurance refers to the provision of financial support in case of an illness and amplifying the reach of patients to quality healthcare services, especially for those who cannot afford basic healthcare services.[1] According to the World Health Organisation (WHO), 50% of the world's population cannot enjoy basic healthcare services, with 12.7% people spending money beyond their budgets in seeking essential services.[2] The Universal Health Coverage (UHC) index varies with the economic status of a country. In the United States UHC index stands >90%,[3] while in Sudan the corresponding value is 51.55%.[4] The most important function of any governance mechanism is to set up a financial system that will ultimately protect the majority of the population from financial problems associated with healthcare delivery.[5]

In China, Urban employee/resident basic medical insurance (UERBMI) has been covering health services of more than 95% population since 2010.[6] In April 2008, the Ministry of Labour and Employment in India launched a health insurance scheme named Rashtriya Swasthaya Bima Yojna (RSBY), which aimed at facilitating the families that could not afford basic health services in hospitals due to low financial status. A total of 41 million families, or 150 million individuals, who were financially below the poverty line were registered with the insurance scheme by 2016.[7] By 2018, 76% of Indonesian population had taken advantage of Jaminan Kesehatan National (JKN), the largest social health insurance programme in that country.[8]

Multiple studies have shown the effect of insurance schemes launched in different areas to reduce maternal mortality rate (MMR), and it was observed that on average those registered with healthcare programmes had a relatively better approach (39.5 times) towards antenatal care (ANC) services (>4 visits) than the ones without any insurance plan.[9] In Indonesia, a study conducted in a public hospital showed that there was no visible difference between the opinion of those who were enrolled in the Badan Penyelenggara Jaminan Sosial (BPJS) insurance programme and those who were not.[10] A systemic review illustrated that the introduction of

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financial support programmes that aimed at covering ANC and postnatal care (PNC) services improved the utilisation of these services in Bangladesh, China and India, while family planning services were improved in Kenya, South Korea and Taiwan.[11]

In Pakistan, about 73.68% of the population has to pay hefty amounts of money to avail healthcare services, while 70% of the economically unstable households have to face the burden of expensive services offered by private hospitals.[12] The Sehat Sahulat Programme (SSP) was launched by the federal government in Pakistan to provide hospitalisation services for 6.7 million households, covering 86 districts.[13] There were at the time 156 hospitals in the country providing basic services under the programme. Health expenditure in the country stands at about 70% of the total gross domestic product (GDP).[13]

The current study was planned to evaluate the satisfaction level of patients and doctors with the SSP insurance scheme in two districts of Punjab province.

Subjects and Methods

The analytical, cross-sectional study was conducted from June 2022 to November 2022 at Farooq Hospital West Wood Branch, Akhtar Saeed Trust Hospital, Lahore, Pakistan, and the District Headquarter Hospital, Gujranwala, Pakistan. After approval from the ethics review board of Akhtar Saeed Medical College (AMDC), Lahore, the sample size was calculated using Raosoft calculator[14] with 5% margin of error, 95% confidence interval (CI), and 50% expected response rate for both doctors and patients. The sample size was inflated by >5% to augment the validity and reliability of the data.[1] The sample was raised using non-probability convenience sampling technique. Those included were adult inpatients of either gender getting treatment under SSP, and all the doctors in respective hospitals providing treatment to such patients. Patients visiting the outdoor patient departments (OPDs), receiving services not covered under the SSP, and those with psychiatric illnesses having trouble fully comprehending the purpose of the study were excluded. Also, doctors who were providing services not covered under SSP were excluded.

After taking informed consent from all the subjects, data was collected using a self-structured questionnaire on the utilisation and effectiveness of SSP.[1-3] The questionnaire was pilot-tested on 20 individuals, and Cronbach alpha value was 0.70. The questionnaire was translated into Urdu to ensure patient comprehension. The primary investigator was responsible for data confidentiality.

Data was analysed using SPSS 25. Data was expressed as frequencies and percentages. Chi-square test was used to compare the level of satisfaction among patients and doctors. P<0.05 was considered statistically significant.

Results

Of the 565 subjects, 414(73%) were patients and 151(26%) were doctors. Among the 414 patients, 248(59.9%) were from Gujranwala and 166(40%) from Lahore. Overall, 36(25.8%) patients were aged 36-45 years, 223(53.9%) were females, 361(87.4%) were married, 314(76%) had monthly income of <PKR25,000, and 183(44.4%) were illiterate. Among the doctors, 80(53%) were females, 78(51.7%) were aged 25-30 years, 78(51%) had completed post-graduation, and 98(65.6%) were residents of Gujranwala.

Table-1: Evaluation of Sehat Insaaf Card utilisation (N=414).

Variables	Gujranwala district Sehat Insaaf card evaluation	Lahore district Sehat Insaaf card evaluation	p-value
Admission in hospital			**0.02**
Booked cases	11(4.4%)	3(1.8%)	
Emergency	105(42.3%)	53(31.9%)	
OPD	132(53.3%)	110(66.3%)	
Free of cost services used during hospital stay			**<0.001**
Admission	185(74.6%)	97(58.4%)	
Food	4(1.6%)	9(5.4%)	
Lab work	31(12.5%)	44(26.5%)	
Medicines	9(3.6%)	4(2.4%)	
Services provision	4(1.6%)	2(1.2%)	
Stay charges	6(2.4%)	3(1.8%)	
Surgery	9(3.6%)	7(4.2%)	
Treatment cost covered by Sehat program			**0.02**
100%	117(47.2%)	99(59.6%)	
81-99%	92(31.1%)	35(21.1%)	
61-80%	15(6%)	14(8.4%)	
41-60%	16(6.5%)	10(6%)	
21-40%	5(2%)	4(2.4%)	
Less than 20%			
Enrolled to private health insurance ever			**<0.001**
No	244(98%)	151(91.8%)	
Yes	4(1.6%)	15(9%)	
Learned about Sehat Card through			**0.04**
Doctor	5(2%)	1(0.6%)	
Nurse	4(1.6%)	1(0.6%)	
Relatives	110(56.4%)	85(43.6%)	
Newspaper	24(9.7%)	5(3%)	
TV	105(42.3%)	74(44%)	

OPD: Outpatient department.

Factors affecting patients' experience of SSP (Table 2) and those affecting the doctors' perception (Table 3) were noted in detail. Quality of hospitals assigned, quality of

Table-2: Satisfaction level of patients.

Satisfaction about	Gujranwala district Sehat Insaaf card evaluation	Lahore district Sehat Insaaf card evaluation	p-value
Quality of hospitals assigned for sehat card			**<0.001**
Satisfactory	230(92.7%)	130(78.3%)	
Not Satisfactory	18(7.3%)	36(21.7%)	
Quality of services			**<0.001**
Satisfactory	230(94.8%)	140(84.3%)	
Not Satisfactory	18(5.2%)	26(15.7%)	
Quality of lab services			**<0.001**
Satisfactory	230(92.7%)	126(75.9%)	
Not Satisfactory	18(7.3%)	40(24.1%)	
Availability of medicine			**<0.001**
Yes	200(80.6%)	150(90.4%)	
No	48(19.4%)	16(9.6%)	
Quality of medicine			**0.03**
Satisfactory	211(85.1%)	153(92.2%)	
Not Satisfactory	37(14.9%)	13(7.8%)	
Behaviour of paramedical staff			**<0.001**
Satisfactory	220(91.9%)	120(72.3%)	
Not Satisfactory	28(11.3%)	46(27.7%)	
Waiting time increase due to sehat card			**0.02**
Yes	53(21.4%)	50(30.1%)	
No	195(78.6%)	116(69.9%)	
Service provision delayed due to sehat card			**0.03**
Yes	80(32.2%)	38(22.9%)	
No	168(67.7%)	128(77.1%)	
Reduce Financial burden			**0.03**
Yes	224(90.3%)	159(95.8%)	
No	24(9.7%)	7(4.2%)	
Spend extra money on hospital			**0.01**
Yes	120(48.4%)	60(36.1%)	
No	128(51.6%)	106(63.9%)	
Overall quality of service			**0.04**
Excellent	112(45.2%)	88(53%)	
Fair	18(7.7%)	3(1.8%)	
Good	114(46%)	71(42.8%)	
Poor	4(1.6%)	5(3%)	

curative services, quality and availability of medicines, service provision delayed due to SSP, having to bear additional expenses, lower financial burden, and overall quality of service were the factors that were significantly associated with the satisfaction level of the patients ($p<0.05$). Among the doctors, the overall satisfaction level was associated with the availability of medicine and the satisfaction with the payment procedure ($p<0.05$).

Overall, 401(97%) patients and 128(85.4%) doctors expressed satisfaction with SSP.

Discussion

For a health initiative that may treat a wide range of illnesses for millions of deserving individuals in a developing country, a sizable quantity of public funding and legal reforms are required.[15] Redesigning the health system advocates providing a larger percentage to the private sector to develop mechanisms with support of and control by the public sector.[16] Although the German Development Bank provided major promotional financing for the first stage of SSP, the second stage was solely funded by the government.

Table-3: Satisfaction level of doctors.

Variables	Lahore district Sehat insaaf card satisfaction level	Gujranwala district Sehat insaaf card satisfaction level	p-value
Availability of medicines			**0.034**
Yes	22(45.8%)	66(64.1%)	
No	26(54.2%)	37(35.9%)	
Behaviour of paramedical staff with patients			**0.002**
Satisfactory	45(93.8%)	73(70.9%)	
Not Satisfactory	3(6.2%)	30(29.1%)	
Behaviour of fellow doctors with patients			**0.001**
Satisfactory	47(97.9%)	77(74.8%)	
Not Satisfactory	1(2.1%)	26(25.2%)	
Satisfied with the pay per procedures			**<0.001**
Yes	5(10.4%)	51(49.5%)	
No	43(89.6%)	52(50.5%)	
Health care service getting better after card			**<0.001**
Yes	41(85.4%)	43(41.7%)	
No	7(14.6%)	60(58.3%)	
Quality of lab services			**0.008**
Satisfactory	37(77.1%)	56(54.4%)	
Not Satisfactory	11(22.9%)	47(45.6%)	
Quality of medicine available			**0.003**
Satisfactory	19(39.6%)	67(65%)	
Not Satisfactory	29(60.4%)	36(35.0%)	
Prefer out of pocket over sehat card			**0.004**
Yes	22(45.8%)	72(69.9%)	
No	26(54.2%)	31(54.4%)	

The current study showed that the provision of healthcare services under SSP mostly (25.8%) benefitted by middle-aged population, ranging 36-45 years. This was in accordance with a study in Iran.[17] It was also found that more than half of the respondents (53.9%) were female, was in contrast to the findings of a study reporting majority of the respondents to be male.[18] In the current study, 44.4% of patients were uneducated. A similar study in India reported that 41.5% of those enrolled were uneducated.[19] In contrast, only 7.9% of those enrolled with health insurance in Ghana had no formal education.[20] Another study in Ghana also showed that the majority of respondents were educated.[8]

In the current study, over half of the participants were unemployed, and over two-thirds had a monthly income of <PKR25,000. This aligns with a 2021 study which found

that individuals with lower income had higher utilisation of the Medical Termination of Pregnancy (MTP) services as part of the Health and Wellness Scheme.[21] However, one study reported that middle- and high-income groups with insurance had a greater increase in health services utilisation compared to low-income groups.[6]

Patients' use of SSP services in the current study was highly influenced by factors like hospital admission, free services used while in hospital, learning about the card, and membership of private insurance. In contrast, a study found that individuals with government health insurance were less likely to report having no recent medical visits, but more likely to report not having a regular source of treatment. Compared to individuals with private insurance, patients with government insurance were more likely to indicate that they delayed receiving care because of cost, did not obtain care right away because of cost, or did not acquire prescribed medicines because of cost.[22]

In the current study, the perceived levels of patient and physician satisfaction with the quality of the SSP services provided were 95.2% and 73.5%, respectively. The level of patient satisfaction was in line with earlier findings.[23,24] Overall, >90% of patients and over half of doctors expressed satisfaction with the accessibility and quality of available medications. However, a study revealed that among the insured respondents, satisfaction with accessibility to all medications was significantly low.[25] However, there was a substantial correlation between patient satisfaction with SSP with characteristics like the quality of the hospitals assigned, the quality of curative therapies, the quality of laboratory tests, and the quality and availability of medicines. Half of the insured participants in an earlier study were confident about the quality of the hospitals.[26]

In the current study, customer satisfaction with SSP services was greatly influenced by paramedical staff behaviour, waiting times, service delays, extra-hospital spending, financial load reduction, and overall service quality. This was consistent with other studies.[27-30]

Doctors' satisfaction with SSP services was not significantly associated with their satisfaction with the assigned hospitals' level of care, the way the services were provided, or how government funds were distributed. This result was consistent with previous research, which revealed that the majority of doctors showed a preference for out-of-pocket patients over those having an insurance plan, and the study suggested that incentives like pay for performance and charge for service may influence the behaviour of doctors.[31] Furthermore, the current study revealed that half of the physicians believed that the government had not allocated enough funding to ensure smooth SSP operations. This finding was consistent with previous studies.[32]

The current study has several limitations. These include potential sampling bias due to the use of convenience sampling method, which limited the generalisability of the findings beyond the specific regions of Lahore and Gujranwala. The study's scope and focus could not fully capture the dynamic nature of healthcare policies and societal changes over time, potentially overlooking evolving factors influencing healthcare utilisation and satisfaction. Moreover, reliance on self-reported data and the possibility of response bias could affect the accuracy and completeness of the findings. Future research should employ more diverse sampling methods, incorporate longitudinal designs, and consider broader contextual factors to enhance the robustness and applicability of findings across different regions and time periods in Pakistan. Additionally, the lack of previously published studies may have limited the value of our interpretations, leaving little room for comparison.

Despite the limitations, however, a notable strength of the study was the fact that it represents a pioneering assessment of the perceptions of patients and physicians in Lahore and Gujranwala regarding SSP. The findings have significant implications for the scheme. While high patient satisfaction is positive, concerns from doctors regarding funding and compensation highlight potential areas for policy refinement. Tailored interventions are necessary to address demographic disparities in utilisation rates and to improve overall healthcare access and quality. Strengthening the scheme's effectiveness can inform policy adjustments to enhance healthcare delivery in the studied regions.

Conclusion

The majority of patients and doctors were satisfied with SSP.

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Authors' Contribution:
IM: Revision and final approval.
MI: Supervision and analysed results.
AN: Conceived topic and questionnaire development.
AA: Wrote the discussion.
AMM: Wrote the Introduction.
ABD: Development of results.