ORIGINAL ARTICLE

Patients' perception of quality of care in health facilities empanelled under Sehat-Card-Plus programme, in Khyber-Pakhtunkhwa, Pakistan

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Abstract

Objective: This study aims to assess perceived quality of care among users of hospitals empanelled under SCP Programme, KP.

Methods: The assumed satisfaction level was 80% among SCP users, and 10%-point lower satisfaction among SCP non-users. With a design effect of 1.5, 95% confidence level, and 80% power, the estimated total sample size was 972 patients, with equal group sizes of SCP users and SCP non-users. However, a total of 1,006 patients were included in the study, of which 517 were SCP users and 489 were non-SCP users. Total samples were distributed across 38 facilities in KP, proportional to average monthly admissions at each sampled facility. The data collection tool included 18 indicators of perceived quality of care, spread across 6 domains.

Results: The overall satisfaction level with the quality of care among SCP users was found higher, 81%, relative to non-users, 79% (p<0.001). Disaggregated analysis across the study domains showed that the SCP non-users expressed higher perception about quality of hospital infrastructure and amenities relative to SCP users, whereas SCP users reported higher satisfaction with promptness of service, healthcare provider conduct, healthcare provider communication and quality of health service delivery. Only 326 (63%) users and 299 (61%) non-users were satisfied with healthcare provider communication. A total of 344 (67%) SCP users reported that Sehat Card Desk Representative gave them complete information about benefits and services under the programme.

Conclusions: The SCP users reported high perceived quality of care. Further in-depth qualitative assessment is recommended to explain these findings.

Keywords: Social health insurance, Quality of care, Sehat Card Plus Programme, Patient satisfaction, Khyber Pakhtunkhwa

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Introduction

Globally, the movement on quality of care is gaining momentum.1 In recent times, the evidence base examining quality of care and patients' satisfaction in Low-Middle Income Countries (LMICs) has also steadily increased.[1] Measuring patient satisfaction or perceived quality of care may offer a simple step towards understanding quality of care at health facilities, especially in LMICs.[2] Several previous studies on perceived quality of care have measured perceptions among persons who have actually visited the health facilities and used the services.[2-5] The evidence generated may be used in designing interventions to improve service delivery and to prioritize capacity building needs and resource distribution at these health facilities.[6] Higher levels of patients' satisfaction are mostly indicative of higher levels of patient empowerment, providers' commitment to care and compliance with recommended clinical guidelines, all of which lead to better health outcomes.[7] A systematic review from 2016 found that providers' competence, interpersonal skills, and facility characteristics such as physical environment, are associated with higher levels of patients' satisfaction.[8] Evidence also suggests that dissatisfied patients are less likely to comply with medication prescriptions and care or discourage family members and friends from seeking health care services.[9] Understanding patients' perceptions lays the grounds for assuming a patient-centred approach to health care, which is crucial for promoting equitable access to quality healthcare services, particularly in resource-constrained settings.

Currently, there is a dearth of data on quality of care for patients availing services under social health insurance schemes in LMICs. A recent review showed a weakly positive effect of both social health insurance on quality of care in Asian and African countries.[10] In a social health insurance (SHI) scheme, such as the SCP Programme, in Khyber Pakhtunkhwa (KP), Pakistan, the organizer or implementer, which in this case is the State Life Insurance Corporation (SLIC), as the main controller of funds can negotiate 'better quality of care' with the contracted providers. In addition, with increasing competition between public-private providers and private-private

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providers, the providers are expected to upgrade their quality of services to maintain empanelment in the SHI scheme, such as in the case of SCP Programme, KP. Thus, insured patients should hypothetically receive better quality of care from empanelled providers, resulting in higher perceived quality of care.[11]

The SCP KP was launched in 2015 with the aim to mitigate financial barriers to healthcare access in the province, providing a coverage of up to PKR 1 million per family per year for inpatient healthcare services at empanelled secondary and tertiary facilities. This study was undertaken to determine the perceived quality of care and level of patient satisfaction for users of the programme, relative to non-users. We also aimed to ascertain experiences of SCP users in availing the package of services, under SCP programme and to determine the barriers preventing eligible persons from availing these services.

Methods

Study design and setting

We conducted a patient exit survey between October and December 2022 in KP, Pakistan, as part of a large third-party evaluation of the SCP-KP. The study included 1006 in-patients from 38 empanelled hospitals, across ten districts of KP including Abbottabad, Bannu, Chitral, Kohat, Dera Ismail Khan, Malakand, Peshawar, Swat, Swabi, and Upper Dir. These districts were selected based on the Human development Index (HDI) based stratifications, as conducted in a previous study on baseline communication strategy for SCP-KP.[12] The sample ensured geographical representation of the northern, central, and southern clusters of the province thus mitigating the geographical bias. The final sample included districts with high HDI scores and those with low HDI scores within each cluster, thereby ensuring comprehensive analysis across varied levels of human development.[13]

Sampling size and strategy

The primary outcome of interest was taken as the proportion of SCP users satisfied with the care they received at an empanelled health facility. Drawing from similar studies done previously,[14] we assumed an 80% satisfaction rate among users, with a 10%-point lower satisfaction among non-users. Considering a design effect of 1.5, a 95% confidence level, and 80% power, we determined a total sample size of 972 patients, equally split between SCP users and SCP non-users. However, a total of 1,006 patients were included in the study, of which 517 were SCP users and 489 were non-SCP users. This sample was allocated across the 38 facilities in proportion to their average monthly admissions. Consecutive purposive sampling strategy was used to recruit the patients. Inclusion criteria for participant recruitment were: 1) age 18 years or older (or caregivers aged 18 or above for younger patients) and 2) discharged on the day of the data collector's visit, preparing to exit the facility after receiving inpatient care.

Data collection tool

The client exit survey tool comprised following sections: (i) Sociodemographic information, (ii) Reason for admission and access to the facility, (iii) Patient perceptions of the quality of care received, and (iv) experience of using SCP.

Section iii) on patient perceptions was adapted from a prior study conducted in Ghana.[15] It comprised 18 items grouped into 5 domains (6 domains for SCP users), as listed in Box 1. Respondents rated the perceived quality of care on a 3-level Likert Scale: 1) Not at all, 2) Partially, 3) Completely.

Box 1: Domains of Perceived Quality of Care under Sehat Card Plus Programme

Domain 1: Perceived quality of hospital infrastructure
Domain 2: Perceived promptness of service
Domain 3: Perceived quality of health care provider conduct
Domain 4: Perceived quality of health provider communication
Domain 5: Perceived quality of health service delivery
Domain 6: Perceived quality of Sehat Card Programme services (for Sehat Card users only)

Data collection and analysis

The survey tool was initially developed in English, then translated into Urdu and Pashto. To ensure the validity of the data collection tool, a pilot test was run in Peshawar, on a 10% subset of the total sample. The interviewers were trained to phrase the questions in a uniform manner. The principal investigator accompanied the data collectors for supervision and made random checks during the data collection. Respondents eligible for the patient exit interviews were recruited from hospital wards. After taking informed written consent from participants (or an eligible caretaker), trained data collectors verbally administered the surveys and recorded patient responses using the Zoho survey application on tablets.[16]

For data analysis, frequencies were generated to analyse the sociodemographic and baseline characteristics of both SCP users and SCP non-users. Ordinal regression analysis was conducted to compare the perceived quality of care levels between the two study groups across all domains. A p-value below 0.05 was considered statistically significant. All data analysis was carried out using Stata version 13.

Ethical considerations

The study received approval from both the Institutional Review Board at Aga Khan University, Karachi, and the National Bioethics Committee, Pakistan. Written informed consent was taken from all study participants. Data

confidentiality was maintained by providing password-protected access restricted to the research team. Participants' identities were anonymized, using unique codes, to ensure privacy.

Results

Socio Demographic Profile of Sehat Card Plus Users and Nonusers

Just over half SCP users who participated in our assessment were 303 (58%) male, 269 (52%) aged between 16 and 40 years and 420 (81%) of Pashtun ethnicity. Majority of the study participants had no formal education, 275 (53%) of users and 370 (75%) of non-users. Among SCP users, 185 (35%) had secondary education or higher, compared to 76 (15%) non-users. Similarly, 114 (22%) SCP users were unemployed, while the figure was 235 (48%) for non-users. According to respondents, 130 out of 210 (62%) SCP users had a monthly household income of less than PKR 30,000, compared to 91 out of 162 (56%) SCP non-users. (Table 1).

Table-1 : Sociodemographic characteristics of respondents participating in the patient exit survey, conducted between Oct to Dec 2022 at 38 SCP empanelled facilities in KP, Pakistan.

Characteristics	SCP Users (n= 517) n (%)	SCP Non-users (n=489) n (%)	*p*-value
Gender			
Male	303 (58)	284 (58)	0.865
Female	214 (41)	205 (41)	
Age (years)			
<5	11 (2)	101 (21)	<0.001
5 to 15	37 (7)	48 (10)	
16 to 40	269 (52)	161 (33)	
41 to 60	129 (25)	118 (24)	
>60	71 (14)	61 (12)	
Ethnicity			
Pashtun	420 (81)	445 (91)	<0.001
Hazara	40 (8)	4 (1)	
Afghan	0	17 (4)	
Chitrali	40 (8)	3 (1)	
Others	17 (4)	20 (4)	
Education			
None/ Informal/ Madarsa	275 (53)	370 (75)	<0.001
Primary	57 (11)	43 (8)	
Secondary to Higher Secondary	145 (28)	55 (11)	
Graduation or above	40 (7)	21 (4)	
Occupation			
Unemployed	114 (22)	235 (48)	<0.001
Housewife	178 (34)	114 (23)	
Informal Employment	79 (15)	81 (16)	
Govt Job	32 (6)	17 (3)	
Private job	38 (7)	11 (2)	
Self employed	29 (5)	19 (3)	
Others	38 (7)	11 (2)	
Old/disabled/retired	9 (1)	1 (0)	
Monthly household income	(n=210)	(n=162)	
Less than PKR 30,000	130 (62)	91 (56)	
PKR 30,000 to 50,000	40 (19)	46 (29)	
PKR 50,000 to 80,000	25 (12)	19 (12)	
> PKR 80,000	15 (7)	6 (4)	

Patients' Perception of Quality of Care in the Hospital

SCP non-users expressed a higher perception of the quality of hospital infrastructure and amenities compared to SCP users. Conversely, SCP users reported higher satisfaction with the promptness of service, conduct of healthcare

Table-2: Domain-wise patient satisfaction score on quality of care for SCP User & SCP non-users, participating in the patient exit survey, conducted between Oct to Dec 2022 at 38 SCP empanelled facilities in KP, Pakistan.

Domain	Users (n=517) %	Non-users (n=489) %	*p*-value
1: Patients' perception of quality of hospital amenities	76	82	<0.001
2: Patients' perception of promptness of service	85	79	<0.001
3: Patients' perception of healthcare provider conduct	86	80	<0.001
4: Patients' perception of health provider communication	63	61	<0.05
5: Patients' perception of quality of health service delivery	94	91	<0.001
Total satisfaction score %	81	79	<0.001

Table-3 : Patients' Perception of Quality of care at the Hospital by Insurance User Status.

Indicators for patients' perception	SCP Users (n= 517) n (%)	SCP Non-users (n=489) n (%)	p-value
Domain 1: Perception of Quality of Hospital Amenities			
Hospital environment was adequately clean	385 (74)	376 (77)	0.66
Seating area was adequately clean	410 (83)	329 (73)	0.001*
Washroom facility was adequately clean	296 (63)	200 (45)	<0.001
Domain 2: Patients' Perception of Promptness of Service			
Waiting time from arrival to admission was appropriate	383 (74)	312 (64)	<0.05
Domain 3: Patients Perception of healthcare provider conduct			
Healthcare providers were polite	480 (93)	426 (87)	<0.05
Healthcare providers listened carefully	483 (93)	428 (88)	<0.05
Healthcare providers ensured patient confidentiality	307 (60)	387 (79)	<0.001
Patient was involved in all medical decision-making	441 (85)	353 (72)	<0.001
Healthcare provider did not pressurize to opt for a certain treatment	28 (6)	12 (5)	<0.05
Domain 4: Patients Perception of Health Provider Communication			
Adequate and clear information was provided about diagnosis	475 (92)	391 (80)	<0.001*
Adequate and clear information was provided about treatment	466 (90)	373 (76)	<0.001
Adequate and clear information was provided about the purpose, procedure, and risks of the diagnostic tests	183 (59)	180 (57)	<0.05
Clear instructions given were provided about the usage and dose of medicines at discharge	407 (84)	296 (69)	<0.001
Adequate and clear information was provided about cost of treatment and other associated costs during stay	62 (21)	75 (16)	<0.001
Adequate and clear information was provided about the follow-up visit	271 (77)	213 (80)	0.474
Domain5: Patients Perception of Quality of health service delivery			
Healthcare providers were qualified to manage patient's treatment	474 (92)	435 (89)	0.363
Healthcare provider conducted a thorough examination	492 (95)	430 (88)	<0.001
Patient is completely satisfied with the treatment received at hospital	446 (86)	409 (84)	0.411
Patient would recommend the hospital to friends and family	427 (82)	371 (76)	<0.05
Domain 6: Quality of Sehat Card Programme services			
Sehat Card Desk representative was polite	448 (87)		
Sehat Card Desk Representative provided complete information about benefits and services offered	344 (67)		
Waiting time to get approval for admission under Sehat Card was appropriate	487 (94)		

providers, communication by healthcare providers, and the quality of health service delivery. However, satisfaction with healthcare provider communication was relatively low across both groups, with only 326 out of 517 (63%) users and 299 out of 489 (61%) non-users reporting satisfaction. Specific deficiencies were noted, such as patients not receiving adequate and clear information about treatment costs and other associated expenses during their hospital stay (Table 2). Additionally, 344 (67%) SCP users reported that Sehat Card Desk Representatives provided them with complete information about the benefits and services under the programme. (Table 3 shows individual indicators in each domain)

Experience of using Sehat Card at the hospitals

(n=517)

Out of all SCP-users surveyed, 492 (95%) reported successfully accessing treatment at empanelled hospitals using their Computerized National Identity Card (CNIC). Only 6 out of 83 (7%) SCP users at private tertiary hospitals, 2 out of 97 (2%) at public tertiary hospitals, and 5 out of 132 (4%) at public secondary facilities reported complaints regarding the programme. No complaints were recorded among SCP users interviewed at private secondary facilities. At private tertiary facilities, only 26 (31%) users reported availability of free-of-cost medicines and supplies, while at other types of facilities, this ranged from 123 to 201 (93% to 98%). In secondary hospitals, a higher number of SCP users reported SLIC representatives providing them with complete information about the SCP Programme's service package. This figure was 33 (40%) and 50 (52%) for private tertiary and public tertiary hospitals, respectively (figure 1). Across all facility levels, awareness about additional benefits such as transportation allowance, maternity allowance, and funeral charges was reported as low.

Study participants at public hospitals reported longer waiting times relative to private hospitals. Specifically, 67 (81%) users at private facilities reported a waiting time of less than 15 minutes from arrival at the front desk to being approved for admission under the Sehat Card, whereas this figure was only 64 (48%) users at public secondary facilities. Additionally, 11 (11%) users at public tertiary facilities reported a waiting time of between 30 minutes to 1 hour, compared to just 1 (1%) at private tertiary hospitals (figure 2).

Reasons for non-utilization of Sehat Card among SCP Non-users

Among SCP non-users, 216 (44%) were ineligible due to citizenship and domicile related issues. A further 93 (19%) SCP non-users were eligible but unable to utilize the programme benefits due to the unavailability of required

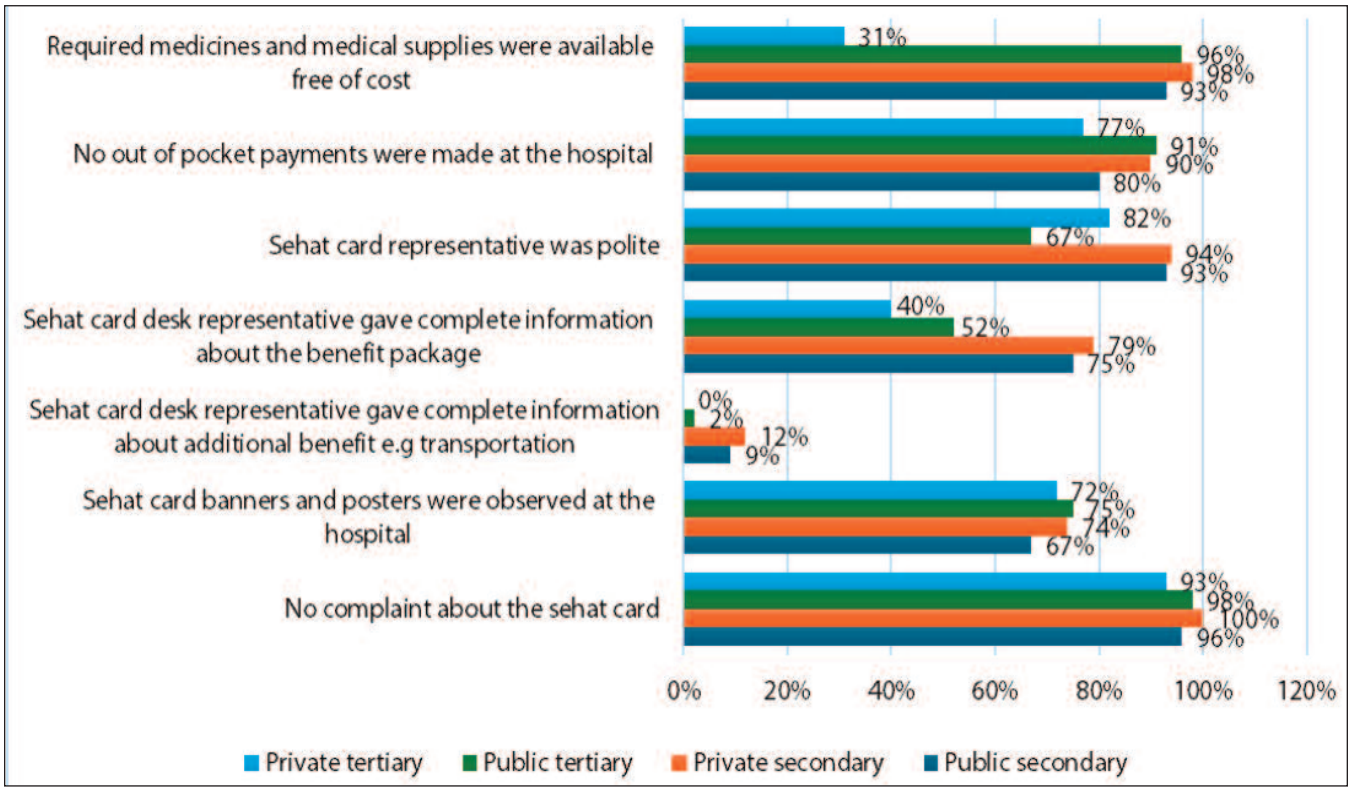

Figure-1: Experience of using Sehat Card at 38 empanelled hospitals, between Oct to Dec 2022 in KP, Pakistan (n=517).

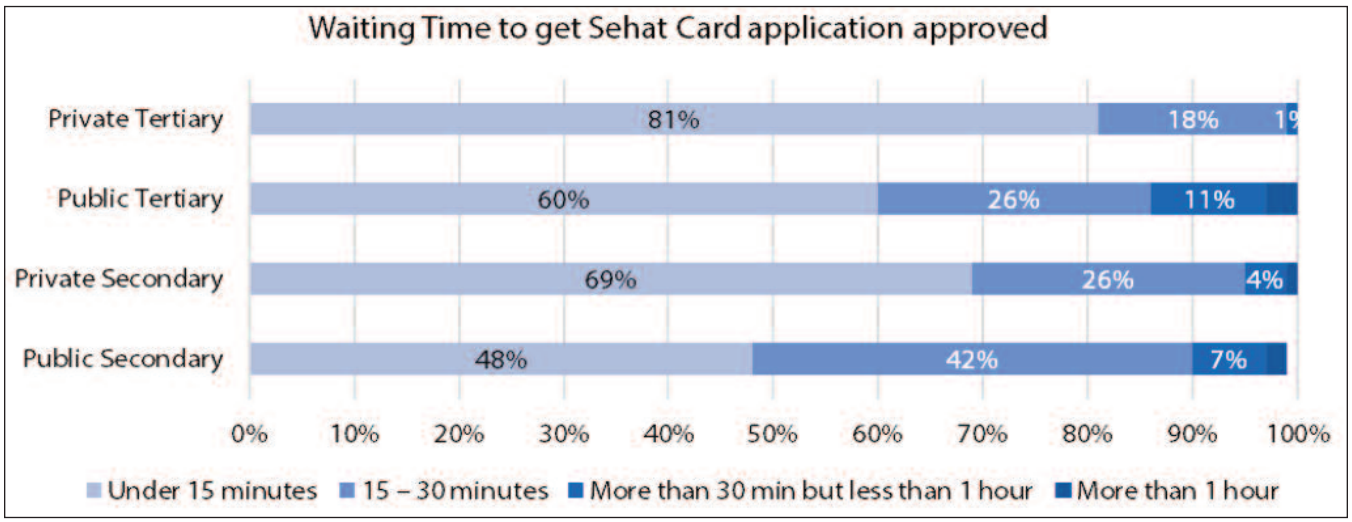

Figure-2: Waiting time to get admission approved on Sehat Card at 38 empanelled hospitals, between Oct to Dec 2022 in KP, Pakistan.

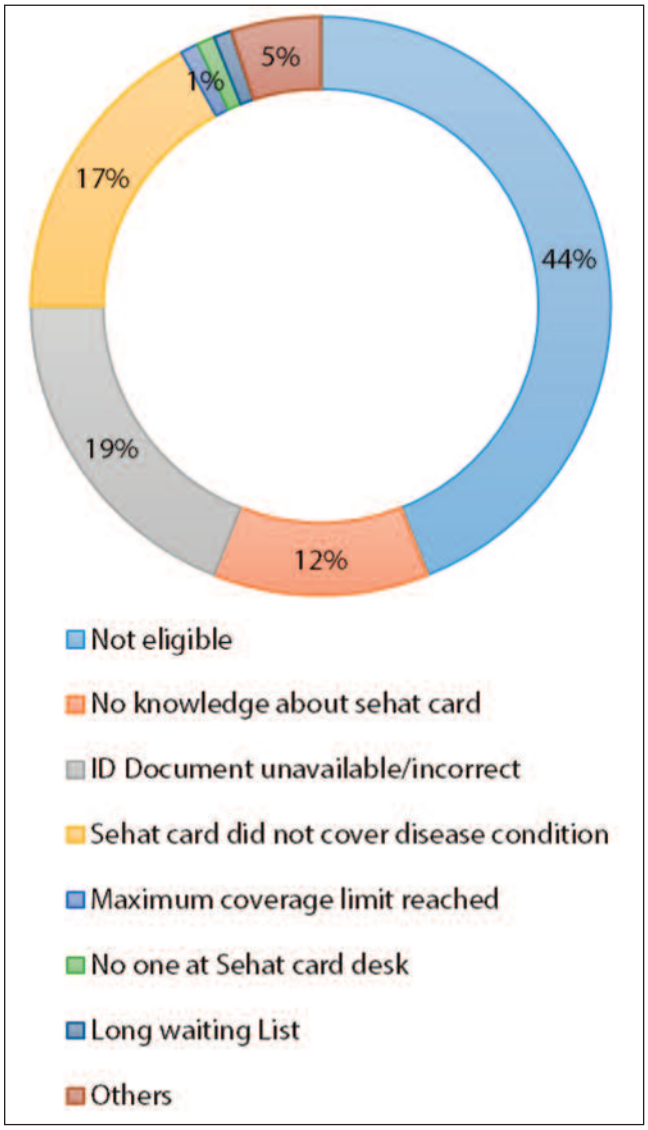

Figure-3: Top reasons for not being able to use Sehat Card at 38 empanelled hospitals, between October to December 2022 in KP, Pakistan.

documents (CNIC, B-form), while 84 (17%) reported that their disease condition was not covered under the SCP Programme. Additionally, 59 (12%) non-users stated they were unaware of the programme (figure 3)

Discussion

This study aims to fill a critical gap by assessing user satisfaction for the Sehat Card Plus Programme (SCP) in Khyber Pakhtunkhwa (KP), Pakistan. Several differences were found between users and non-users of the programme across the various indicators of perceived quality of care assessed in the study, with varied levels of statistical significance.

Overall satisfaction level was observed on quality of care of SCP users at a level of 81%, relative to 79% overall satisfaction expressed by non-users. In domain wise analysis, SCP users reported higher satisfaction with quality of care across most domains assessed in the study; promptness of service, healthcare provider conduct, healthcare provider communication and quality of health service delivery. SCP non-users expressed greater satisfaction with health facility infrastructure and amenities. It can be thought that those who used the social health insurance programme to cover their healthcare costs felt greater overall satisfaction due to not having to pay for their healthcare costs. A study conducted in Punjab province of Pakistan, a region with a different health landscape and demographics, the satisfaction level was found to be higher at 98% among Sehat Sahulat programme users.[17] The findings of this study were congruent with a study conducted in Ghana where higher patient satisfaction level, in the range 70-75% was reported with quality of care provided in health-care facilities.[18] In Nigeria, the overall satisfaction with such

health insurance schemes were much lower, ranging from 58% to 65%.[19] In India, hospitalized users of a community health insurance programme did not report significantly higher levels of satisfaction compared to uninsured hospitalized patients.[11]

In domain wise analysis, low satisfaction scores for health provider communication among both SCP users and non-users were reported in our study. There is evidence that in resource-constrained settings, health providers are often not trained on communication skills, despite its importance in affecting patient satisfaction and also compliance with prescribed treatment.[20] The SCP users in our study expressed satisfaction with the wait times, in contrast to another study from Nigeria where insured patients expressed low satisfaction with wait times, laboratories, billings, and pharmaceutical services.[21] In this study, providers' maintenance of patient confidentiality was reported to be better among 353 out of 489 (79%) non-SCP users versus 441 out of 517 (60%) SCP users, likely due to non-SCP users' preference for direct, less digitized communication methods perceived as more private and secure.

These findings reflect the complexity of factors that influence patient satisfaction, and an in-depth qualitative study may be able to explain the findings more comprehensively.

Our research also highlights important distinctions in the sociodemographic profiles between SCP users and non-users. Notably, non-users were younger, had lower education levels, were more likely to be unemployed, and had lower monthly incomes, with a significant proportion being Afghan nationals or refugees. This aligned with studies indicating that marginalized populations face challenges in accessing health insurance.[22]

The present study found that a high number of SCP non-users reported ineligibility to use the programme due to lack of KP citizenship and domicile, including Afghan immigrants and refugees. Lack of CNIC and other documentation for 'eligible' populations was also revealed as a major barrier to utilization of SCP benefits. The SCP programme, in line with what is widely practiced in the NHIS in Thailand,[22] has started using the existing computerized national identification card (CNIC) system for clients to gain access to the benefits of the programme, moving away from the programme specific and politically driven "Insaf card".[23] However, complexities related to updating identity documents, especially for women, hinder access to essential services, such as child delivery. For efficiency reasons, it is worth exploring how to strengthen the use of existing identification platforms such as NADRA to facilitate the beneficiaries. A study from Malaysia also found lack of legal documents like valid passports and work permits as a barrier to healthcare access among documented and undocumented migrant workers.[24]

A notable limitation of this study is that it was not powered to describe and investigate patient satisfaction and experiences at sub-provincial level. Another key limitation is that the study relied on self-reported data, collected from respondents at empanelled facilities, which is prone to gratitude bias.[25] This might have led to inflated patient satisfaction scores. As such, the results of the study must be interpreted with caution.

Conclusion

SCP users reported higher satisfaction with quality of care across most domains assessed in the study; promptness of service, healthcare provider conduct, healthcare provider communication and quality of health service delivery. SCP non-users expressed greater satisfaction with health facility infrastructure and amenities. Both groups desired clearer information from the providers, particularly on treatment costs. Further qualitative studies are recommended to understand the reasons behind these differences.

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Conflict of interest: None.

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