

Original Article

PRIME MINISTER NATIONAL HEALTH PROGRAM: A CLIENT SATISFACTION SURVEY

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Abstract

Introduction: Patient experience together with clinical effectiveness and patient safety is one of so called "Three pillars of quality". Benefits of good quality of care are increased client satisfaction level and program utilization. In Pakistan, major issue of people living poverty line is catastrophic health expenditure so to overcome this issue a health insurance scheme PMNHP was launched and is a milestone towards universal healthcare access. BISP enrollees are eligible for program.

Methods: A mixed method approach was employed by using quantitative summary statistics and qualitative thematic evaluation.

Results: Overall satisfaction level was 77%, 13% were dissatisfied and 10% were uncertain. Disease wise satisfaction level among GB surgery was 95% and or surgery 88% patients with cancer and non-surgical cases were 11% dissatisfied district wise in SKD and Kotli were 100% Satisfied MZD 91% and ICT 61%. Qualitative analysis revealed themes of management, communication, hospital environment and quality of care 23 IDI's were conducted. There were issues with management, attitudes of healthcare provider, during hospital stay was not good and post discharge care was not explained properly. Satisfied patients were those who were informed well and given good care and those who lacked it were dissatisfied.

Conclusion: Results suggest that more the patient is valued, given honoured and requisite quality of care more level of patient satisfaction, and same is with patient-provider relationship greater attention more fulfilment of expectations.

Keywords: Universal healthcare, health insurance scheme, patients' satisfaction, pmnhp

Introduction

Prime Minister National Health Program¹ (PMNHP) is a milestone towards social welfare reforms ensuring access to universal healthcare services to people living below poverty line. In provision of healthcare services, level of patients' satisfaction is affected by program management, hospital environment, doctor-patient relationship, doctor and nursing care.² Client is highly satisfied or delighted if program performance exceeds expectation.³ Psychological, social, cultural, economic and political factors influence patients perception and attitude towards use of healthcare services.⁴ Assessment and measurement of patients' satisfaction level is recognized as key indicator of quality of healthcare.⁵ Healthcare managers and Policy makers can address gaps in healthcare system by identifying level of patients' satisfaction and factors associated with dissatisfaction.⁶ Patient satisfaction surveys enhance healthcare provider's accountability and improves patient safety level and lowers cost of care.⁷ It is also used to compare performance of different healthcare

systems, healthcare policies, health services organization and provider's behaviors that best respond to patients' expectations or needs.⁸ Patients' expectations, perceptions and experiences with healthcare system are main determinants of patient satisfaction worldwide.⁹

Continuity of care has a variable effect on patients' satisfaction, and serves as proxy for doctor-patient relationship.¹⁰ Studies from UK¹¹ and Netherland¹², revealed that patients value personal doctor-patient relationship. US healthcare programs vary greatly in level of patients' satisfaction, patients who valued continuity and saw their regular physician had highest satisfaction level.¹³ Patient preferences for continuity found that patients prefer to wait to see a doctor who knows them well.¹⁴ Private hospitals patients are more satisfied than public hospitals.¹⁵ Only 42 percent people qualify to receive US Medicaid program designed for low income people.¹⁶ Presence of unmet medical needs and a respondent's opinion on quality of care, are major factors.¹⁷ Outcome of treatment is most salient

predictor patients' satisfaction level, followed by nursing care. Prior information about treatment plan does not have a major influence on patient's satisfaction.¹⁸ India started publically funded social insurance programs in selected states for people living below poverty line.¹⁹ there is no significant difference in level of satisfaction between insured and uninsured patients.²⁰

Government of Pakistan has initially launched program to provide a cashless scheme in 15 districts across country to provide free of cost indoor secondary and tertiary healthcare services for priority disease to eligible clientele. Priority treatment package includes treatment for 7 priority diseases like cardiovascular, Diabetes, Burns & RTA, Chronic infections (Hepatitis/HIV), Cancer, Organ failure and Dialysis and end stage Kidney disease. secondary care includes Gynae/Obs, medical patients, Surgeries, fractures, and injuries only for indoor cases except Obstetric consultations and post discharge solitary consultation.

Methodology

A mixed method approach was employed by using quantitative summary statistics and qualitative thematic evaluation of treated patient after discharge from hospitals. patients' experiences and fulfillment of their expectations were explored to assess ir satisfaction by using services of PMNHP.

People having "Sehat Card" were included in study. Treated patients were surveyed as sampling strategy through a set of questionnaire. "information-rich" participants were identified among treated patients. For quantitative survey, systematic sampling was drawn. Sample size was calculated at 95 % Confidence Level and 5 % Confidence Interval. Population frame was total 6675 Patients treated through PMNHP was taken as Population frame. Sample size was 364, after adding 20% Refusal and Non-responded cases that became 437. Twenty, in depth interviews were conducted to achieve saturation.

Simple Random Sampling was done for quantitative survey by using sampling frame of PMNHP registered patients. For qualitative description, informants were selected from quantitative survey of this study that assessed and described satisfaction among treated patients.

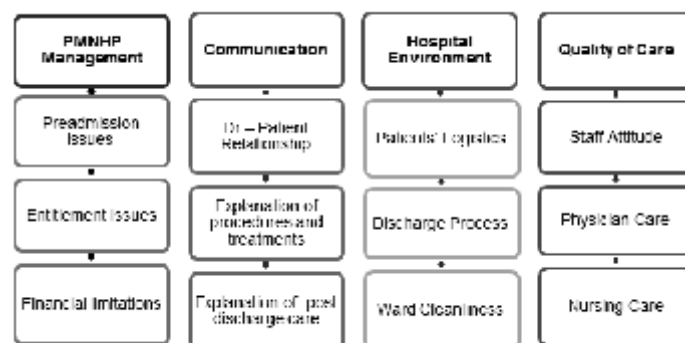
Treated patients were telephonically surveyed by trained data collectors in line with annexed questionnaire. In-Depth Interviews (IDIs) were conducted as primary method of qualitative data collection tool. Selected participants were contacted on telephone to book a time and location for interview. Interviews were conducted at such places where conversations were not audible to irrelevant people.

Quantitative data was analyzed to measure satisfaction level among treated patients. Responses to Likert scale satisfaction questions were dichotomized into positive or negative responses for analysis, 'not sure' responses were considered as negative. Statistical Package for

Social Sciences (SPSS) version 20 was used for statistical analysis.

Thematic analysis was done; notes were expanded within 48 hrs to frame key elements of situation and of informant's responses. Relevant quotations were selected to support description of themes and subthemes, and to ensure trustworthiness.

Modeling



Results

Quantitative

Table 1 presents socio demographic characteristics that shows valid respondents 367 (84.56%) and missing 67(15.44%). Female patients were 205 (55.9%). Illiterates emerged as major cohort with 250(68.1%). Figure 1 shows overall satisfaction level among districts under study. Percentage of satisfied patients were 92(63.33%), 73(91.25%), 56(80%) 29(85%) in Islamabad (ICT), Muzafarabad (MZD), Quetta (Qta), and Rahimyar Khan (RYK) respectively. In District Kotli and Skardu all treated patients were satisfied. Figure 2 presents disease wise overall satisfaction level. Dissatisfied respondents were among Gynae Obs cases 19.7%, cardiovascular diseases cases 12% and Hepatitis C respondents 20%.

Table 1: Socio Demographic Characteristic of Quantitative Survey Respondents (n - 367 (434))

		Frequency	Percent	Valid Percent
Gender	Valid			
	Male	162	37.3	44.1
	Female	205	47.2	55.9
Marital Status	Married	312	71.9	85.0
	Unmarried	55	12.7	15.0
Age	below 20yrs	42	9.7	11.4
	21-30yrs	63	14.5	17.2
	31-40yrs	89	20.5	24.3
	41-50yrs	74	17.1	20.2
	51-60yrs	57	13.1	15.5
	61-70yrs	23	5.3	6.3
	above 70yrs	19	4.4	5.2
Edu Status	Illiterate	250	57.6	68.1
	Primary	37	8.5	10.1
	Secondary	74	17.1	20.2
	Graduate	5	1.2	1.4
	Post Grad	1	.2	.3

Occupation	Labourer	51	11.8	13.9
	Salesman	6	1.4	1.6
	Agricultural	4	0.9	1.1
	House wife	180	41.5	49.0
	or	60	13.8	16.3
	Jobless	66	15.2	18.0
District	ICT Isb	150	34.6	40.9
	Mzd	80	18.4	21.8
	Kotli	19	4.4	5.2
	RYK	34	7.8	9.3
	Qta	70	16.1	19.1
	SKD	11	2.5	3.0
	Lasbella	3	0.7	0.8
Valid		367	84.5	100
Missing		67	15.4	
Total		434	100.0	

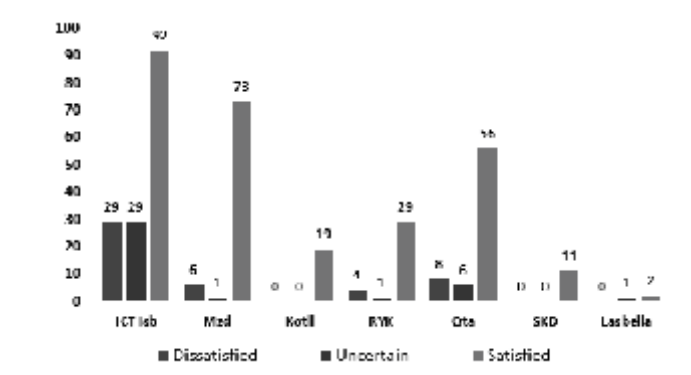


Figure 1: District wise satisfaction level

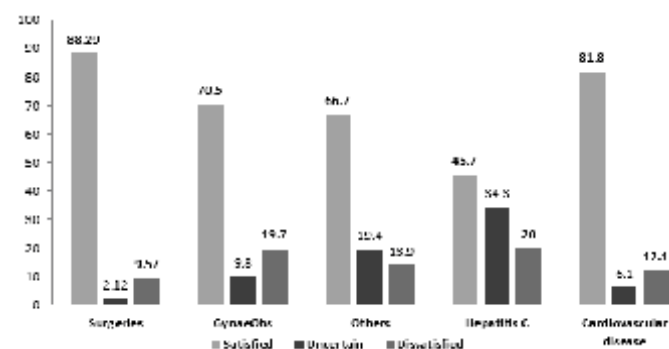


Figure 2 : Top five disease wise satisfaction level in Percent

Figure 3 shows overall satisfaction level, for making data meaningful variables were regrouped into three groups that are satisfied, uncertain and dissatisfied by merging completely satisfied and somewhat satisfied into satisfied, and similarly completely dissatisfied and somewhat dissatisfied. Overall rating was satisfied 282 (76.8 %), dissatisfied 47 (12.8 %) and uncertain 38 (10.4 %).

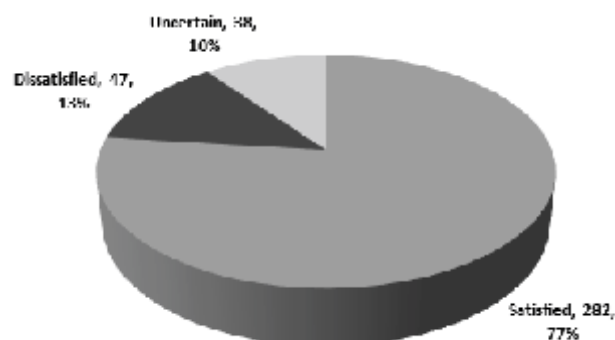


Figure 3: Overall Rating

Domain and Subdomain:

Communication:

In sub domain doctor patient relationship, satisfaction level among or surgeries was highest (19.40%) while burns patients have lowest (0.20%). In sub domains of explanation of procedure/treatment and explanation of post discharge care, satisfied treated patients were 306(83.83%) and 310(84.93%), uncertain were 35(9.5%) and 35(9.5%). dissatisfied were 24(6.57%) and 22(6%) respectively.

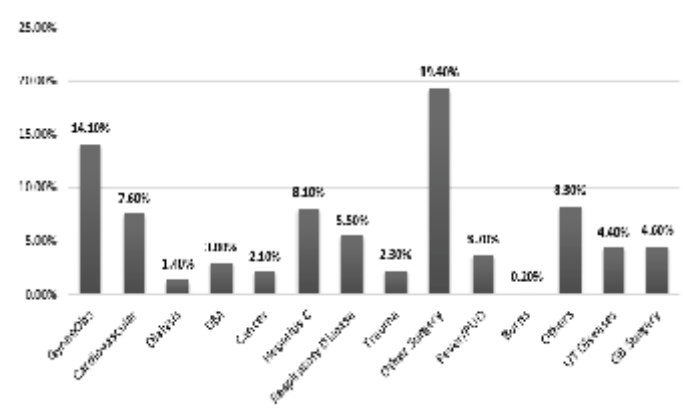


Figure 5: Disease wise Doctor Patient Relationship Hospital Environment

In hospital environment domain comprised of patients' logistics, which included availability of wheel chairs, stretchers, beds etc. Discharge process that means how easy it was to proceed or did y have difficulties in ongoing process. Patients who were satisfied with hospital logistics, discharge process and ward cleanliness were 269(73.30%) and 321(87.46%), Uncertain were 20(5.50%) and 23(6.26%), dissatisfied were 21(5.70%), and 23(6.26%) respectively. Third subtheme of hospital environment was ward cleanliness, completely satisfied were 325(88.55%), Uncertain were those who with no response for good or bad were 20(5.4%) and dissatisfied were 22(5.99%).

Quality of Care

Third domain (n=367) quality of care was comprised of staff attitude, nursing care and doctor care sub domain. In staff attitude and nursing care sub domains

296(80.7%) clientele were satisfied and 40(10.9%) were dissatisfied. While In doctor care sub domain, 304(82.9%) were satisfied clientele.

Qualitative

Table 9 shows characteristics of interviewees selected for IDI's. Respondents were fourteen females and nine males. As this program PMNHP is for people living below poverty line and those who are enrolled at BISP are eligible for Sehat Card so majority were females among them eleven were housewives. Fifteen were treated for non-surgical diseases and eight were treated surgical diseases. Fourteen interviews were direct and Nine were telephonic. Among these 23 respondents six were satisfied, four were uncertain and thirteen were dissatisfied.

The cases who were completely satisfied were those with planned surgeries, those who were uncertain had lack information regarding card utilization. Those who were dissatisfied were those who had bad experiences regarding preadmissions issue, then healthcare providers attitude and above all preference given to those who were admitted privately.

Table 9: Characteristics of Interviewees (n - 23)

Characteristics	Number	Mean (Range)
Age		36.74 (20-70)
Gender		
Male	9	
Female	14	
Educational Level		
Illiterate	14	
Primary	5	
Secondary	3	
Graduate/Post Graduate	1	
Occupation		
Laborer/Daily Wages	2	
Salesperson	0	
Agricultural/Mechanical	0	
Housewife	11	
Others	3	
Jobless	7	
Ward/Treatment type		
Medical	15	
Surgical	8	
Interview type		
Telephonic	9	
Direct	14	
Satisfaction Status of Interviewee		
Satisfied	6	
Uncertain	4	

Themes and Subthemes

Four themes and eleven subthemes describing patients' experiences in relation to ir satisfaction emerged. me Conduct of PMNHP Management at healthcare facility contained two subthemes which comprised preadmission issues, entitlement and financial limitations. Theme Communication contained three subthemes which encompassed patients' rights at large. Theme Process Experiences - Hospital Environment also contained three subthemes which covered patients' logistics and healing environmental issues. Last theme Process Experience in terms of Quality of Care is related to healthcare providers and staff attitude.

A. Conduct of PMNHP Management at health facility level

Theme Management and Financial Risk Protection contained two subthemes which comprised of preadmission issues and limited financial ceiling.

Preadmission Issues

Eligibility for admission to healthcare facility is prerequisite for getting treatment through PMNHP Sehat Card. Patient must make him/herself qualify for purpose, so s/he must spend enough financial costs for prior consultation and diagnostic procedures that make them frustrated prior to treatment. During this uncertainty and helplessness their pain and agony increases manifold. Some patients had to fight for ir right or to arrange "Sifarish" from some influential or social workers.

What an attendant of middle aged Lady having brain hemorrhage described; "Hamari Kamar tor kar rakh di". A middle-aged Lady, suffering from hepatitis C complications were denied admission at tertiary care hospital; she stated that; "Elaaj mein pehley bhi private ker wati thi. Pait mein pa'ani tha, iss lei gai thi hospital, leikin doctor nei kaha, iss ka elaaj yehan nahein ho ga".

Sixty years old diabetic and hypertensive lady Usman Bibi narrated; "Mein dil ki mareez hon aur blood pressure aur sugar bhi high rahti hei. Hum hospital gaey, to wahan koi nahein sun raha tha, doctor nei bahar sei test likh kar deiy, Hamarey pa'as paisey kum iy Private laboratory sei 2500 rupaiy kei test ker wai, us keu ba'ad doctor nei dakhil kiya"

Limited Ceiling on Sehat Card

Poor lady Safia, mother of eight children and wife of daily wedges' worker, suffered brain hemorrhage in her mid thirties admitted in hospital through PMNHP Sehat card. She was remained hospitalized for more than 15 days; afterward her family was told that treatment cannot be continued as her card limit was exhausted. n she was forced to shift civil hospital while she was fighting for life. Another widow, mother of four children was refused treatment due to non-availability of credit on Sehat Card. Mother of Shahzaib said; "Betay ko gurdun ka masla hei, leikin card mein credit na honey ki waja sei elaaj nahein ho sakta"

B. Communication

Theme Communication contained three subthemes

which comprised Doctor-Patient relationship, Explanation of procedures, treatment and post discharge care.

Doctor-Patient Relationship

Majority of treated patients were not satisfied with behaviour and conduct of treating physicians. Doctors did not take care of patients until they were very serious or in pain. Attitude of staff with patients were also disrespectful.

Zainab admitted for one day due to PV bleeding, narrated that, "Jab tuk mareez serious na ho tawajah nehein detey. Baray logon ko tawajah detey hein, hum ghareeb logon ki tu koi hesiat nahein". Amina mother of six kids said; "Wahan hum ghareeb logon ko buht zaleel kartey hein."

Usman bibi narrated her experience; "Mein nein visiting doctor ko kaha mujhey kumzori buht hei, koi dawai dein, tu unhon nei dosray doctor key sa'ath mil ker mazaq uraya, aur dawai bhi nahei di. Mujhey buht rona aya. Mein betay sey khah chalo ghar chalein"

Gouty arthritis patient, Gulraiz said; "In ka rawaeiya patients key sath achha nahein hey, Doctors nei galian dein, tu meri un sey larai ho gaei. Hum ghareeb hein tu kiya huwa, ab yeh bhi sunein gey"

Explanation of Procedures, treatment and Post Discharge Care

Participants felt discontented due to unclear and ambiguous explanations about treatment and procedures by healthcare providers. 42 years old Fauzia narrated her experiences;

"Aap ko koi khas bari bemari nahein hei, is lei admit nahein ker saktey. Phir 2-3 hazar key test keiy, ba'ad mein admit ker liya. Doctor nei dosrey din visit kia, koi khas tawaja nahei dey tey."

C. Process Experiences - Healing Environment

Theme Process Experiences - Hospital Environment covered patients' logistics, discharge process and ward cleanliness. Young postgraduate, Junaid admitted for tonsillectomy was not satisfied with hospital cleanliness and professional competencies of nursing staff.

"Elaaj tu k kiya, leikin hospital buht gunda tha, Allah bacha aey. Nurses ko tu Cannula bhi laga na nahein a'ata tha."

Father of Usman said; "Doctor nei pandra din ba'ad card per likh ker bulaya, leikin bataya nahein. Jab hum gaei tu tankey kharb hu chukey i "

D. Quality of Care

Theme Process Experience in terms of Quality of Care is related to staff attitude, physician and nursing care. Fauzia a diabetic patient was not happy with healthcare providers' attitude and care. Bashir Ahmad described attitudes of healthcare providers;

"Hospital waloon ka raweiy k nahein tha, khairati hospital waloon ki tarah ba'at ker tey hein. Aik dafa doctor check kerney aatey hein. Nurse ney buht batein sunai, ela'aj tu ho gaya, lekein dobara elaaj key lei nahein jaein gey"

Afzal shared his experience; "Doctors ka rawaeiya k

nahein tha. Ba'ad mein Karachi sey elaaj ker wa ya. Wahan doctor nei kaha, un hoon nei elaaj k nahein kiya " Amjad, mechanic by profession admitted in a local hospital due to fractured tibia and fibula was dissatisfied with conduct of doctors, and got treatment through out of pocket spending.

Discussion

Mixed method approach enabled us to assess level of satisfaction and relationship between experiences and expectations. By merging qualitative with quantitative data, analysis was done with overall satisfaction level, disease and district wise, doctor patient relationship, hospital environment, quality of care and management of PMNHP.

A common focus of patient's feedback was quality of care they received, suggesting its relative importance in Process-Experience. Overall 77% were satisfied, 13% were dissatisfied and 10% were uncertain. Disease wise distribution shows maximum satisfaction among surgical patients like GB surgery (95%) and other surgeries (88%) District Skardu and Kotli were 100% satisfied, while District Muzafarabad and ICT were 91.2% and 61.3% satisfied respectively. Another study was done in UK to determine Factors that shape patient's hospital experience and satisfaction with surgery showed 77% satisfaction level with surgery and 79% reported a good-excellent hospital experience²³. Another mixed method study of patient care experiences and perceptions of patient-provider relationship showed overall satisfaction 92.06%²⁴

Patients admitted for surgeries get attention of healthcare providers immediately and post-operative care makes them feel important and thus enhance satisfaction level. While analysing doctor-patient relationship, hospital environment and quality of care, it was noted that cases of GB surgery were 100% satisfied, cases of other surgeries include appendectomy, laparotomy, ENT, Eye surgeries, fractures etc, were 84.5% satisfied while those who were suffering from cancer and with medical diseases were 11.1% dissatisfied. Thematic analysis approach was used to describe patients' experience of Quality of Care and relation to their satisfaction. Four key domains Management, Communication, Hospital Environment and Quality of care were identified.

Total cases reported were 15 non-surgical and 9 were surgical. Satisfied were 06, 04 were uncertain and 13 were dissatisfied. When analysed it highlighted that people with sehat card had limited awareness regarding card utilization and diseases to be treated, furthermore preadmission issues hurt their ego. Post discharge care was not properly explained which resulted in post operation complications. A qualitative study on Patient's experiences of care quality and satisfaction during hospital showed that health condition is of great importance to patient's experiences of quality of care and their satisfaction in relation to hospital stay²⁵.

Conclusion

This study provides importance of mixed methods to assess patient's satisfaction and explore experiences and fulfilment of their expectations. Management, Communication, Hospital environment and Quality of Care were primary themes that emerged. Result suggest that more patient is valued and given honoured and proper quality of care more level of satisfaction increases and same is with patient-provider relationship greater attention more fulfilment of expectations.

Strengths and Limitations

Client feedback was collected after one year of completion of programme so possibility of recall bias influences memory that can affect findings. As this programme is first health insurance programme for people living poverty line so it's first study so no comparison can be made. Candidates enrolled in PMNHP were selected from BISP, major cohort of study were females who were house wives and illiterate. This may limit generalizability of our findings as compared to preferences and experiences of literate and working women.

Ethical Considerations

Aim and purpose of study was explained to all participants and confidentiality of data was ensured during course of study. Respondents' participation was voluntary. Digital records and transcripts were kept safely under lock and key. Study was reviewed and subsequently approved from HSA ethical committee.

Conflict of Interest

Authors declared no conflict of interest

Funding source

This was self funded study without any institutional and organizational funding

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