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Assessing the Utilization of Sehat Insaf Card and Patient Satisfaction with Medical Care through Sehat Sahulat Program in Lahore

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Abstract

Background: The study highlighted key challenges in Pakistan's healthcare system, including issues related to affordability, accessibility, and quality of care.
Objective: This study aimed to assess the utilization of the Sehat Insaf Card and evaluate patient satisfaction with medical services provided through the Sehat Sahulat Program in Lahore, Pakistan.
Methodology: A descriptive cross-sectional study was conducted, analyzing independent variables such as gender, age group, domicile, education level, earning status, family size, monthly income, and hospital type (government or private). The dependent variables were the utilization of the Sehat Insaf Card and patient satisfaction with medical care under the Sehat Sahulat Program. Patient satisfaction across hospitals was assessed using the Mann-Whitney test.
Results: The majority of the one hundred patients were men (77%) and aged 21-25 years (72%). Half of the patients utilized the Sehat Sahulat Program (SSP), and 88% were aware of its benefits. The SSP primarily addressed cardiovascular disorders (19 cases), viral infections (19 cases), gastrointestinal issues (9 cases), and other common conditions (14 cases). However, 62% were unaware of the program's ambulance fees, and only 40% received medication by the third day. A significant majority (88%) supported the expansion of the program. Patient satisfaction was reported at 54% with hospital staff, 58% with doctors, and 31% with hospital conditions, with 40% remaining neutral. Approximately 41% of patients received timely care, 47% felt comfortable paying for services, and 48% were comfortable evaluating clinicians. Nutritional counseling was provided to 36% of patients, and 47% received pharmaceutical counseling. A Mann-Whitney U test revealed significant differences in patient satisfaction between private and public hospitals (p=0.017).
Conclusion: Cardholders had higher health outcomes and satisfaction due to greater healthcare access. To boost program efficacy, limited knowledge and service quality gaps require focused adjustments.

Keywords: Sehat Insaf Card, Sehat Sahulat Program, Patient satisfaction, healthcareaccess, Lahore Pakistan

1.Introduction

Healthcare costs are so high that half of the world's population lacks access to basic medical services. Over 930 million people spend more than 10% of their household income on healthcare, and each year, approximately 100 million individuals are driven into extreme poverty due to the expenses required for essential medical care [1]. In the past decade, considerable attention has been focused on the physical, financial, and human resources necessary to meet the healthcare needs of populations. Despite this, 75 low- and middle-income countries (LMICs) account for 95% of maternal and infant deaths, while only 62% of the world's healthcare professionals are trained to serve these regions [2].

The Sehat Sahulat Program (SSP) is a significant social welfare initiative aimed at ensuring that Pakistan's poor have access to essential medical care in a timely and dignified manner [3]. This government-run health insurance program provides free medical coverage to low-income individuals, eliminating financial barriers to healthcare. The SSP is designed to increase healthcare utilization and improve the overall health of the population [4]. It offers eligible individuals' coverage for a wide range of healthcare services, including outpatient consultations, diagnostic tests, and hospitalization. The program is funded by the government and administered by the Ministry of National Health Services, Regulation, and Coordination [3].

Pakistan has historically faced poor health outcomes due to inadequate public health facilities, limited access to and utilization of health services, substandard care, and insufficient accountability within the public sector [5]. A substantial proportion of the population lives in rural areas, where health indicators such as neonatal mortality rates, infant mortality rates, and maternal mortality ratios are among the highest in the world [6]. Access to postpartum care is limited, with only a small percentage of women receiving a minimum of 12 hours of care in a health facility after childbirth. Additionally, many births continue to occur outside of medical institutions [7].

The SSP is significant for several reasons. First, it addresses financial barriers to healthcare access. Many individuals in Pakistan, particularly those in rural or low-income areas, struggle to afford medical care. The SSP seeks to alleviate this burden by providing financial assistance. Second, the program aims to improve overall health outcomes in Pakistan. By enhancing healthcare accessibility, it seeks to reduce the number of individuals who delay or forgo treatment due to financial constraints, thereby mitigating adverse health outcomes. Additionally, increased access to primary healthcare can lessen the burden on the public health system by decreasing reliance on emergency departments. Examining and evaluating the SSP is essential for guiding the development of future healthcare programs and enhancing this initiative. This analysis will help improve financial support for healthcare services for low-income families and individuals in Pakistan, leading to better overall health outcomes.

2. Methodology

2.1 Study Design

A descriptive cross-sectional study design was employed to evaluate the utilization of the Sehat Insaf Card and patient satisfaction with the medical care provided through the Sehat Sahulat Program. The study examined various independent and dependent variables. Independent variables included gender, age group, residence, education, earning status, family size, monthly income, and type of hospital (government or private). Dependent variables comprised the utilization of the Sehat Insaf Card and patient satisfaction with the care provided by the Sehat Sahulat Program. The conceptual framework is illustrated in Figure 01.

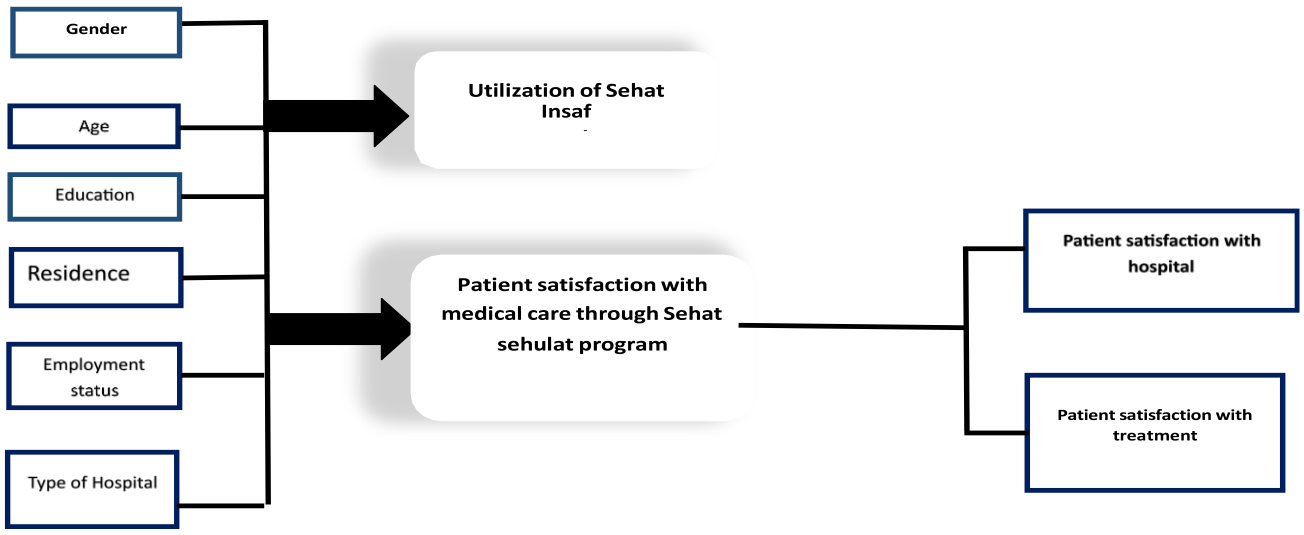

Fig 1: Conceptual Framework

2.2 Study population and Sampling technique

This study was conducted across various hospitals in Lahore, Pakistan. Participants were patients from these hospitals who had utilized the Sehat Insaf Card. Following a thorough review of related literature, the researchers chose to include one hundred participants in the study. A non-probability convenience sampling technique was employed to select respondents from the study sites.

2.3 Study Instrument, Data collection and Data analysis

Data collection was conducted using a self-administered questionnaire divided into three sections. The first section gathered demographic information from patients, including gender, age, employment status, and education. It also included questions about the utilization of the Sehat Insaf Card, its purpose, frequency of use of the Sehat Sahulat Program, type of hospital admission (government or private), and duration of hospital stay. The second section focused on patient satisfaction with medical care, asking about satisfaction with hospital staff and doctors, adequacy of guidance on disease management, prescription practices, and counseling regarding medication and diet. This section comprised 18 statements rated on a 4-point Likert scale, with scores ranging from 18 to 90.

Data was collected from both hospitals and the public. Participants were approached at hospitals, where they were briefed about the study by the principal researcher. Those willing to participate read and signed an informed consent form. They first answered the demographic questions and then completed the questionnaire using the standardized tools. Completed questionnaires were returned to the researcher. After data collection and entry, responses were analyzed using IBM SPSS (Statistical Package for the Social Sciences). Descriptive statistics were applied to all demographic variables and items from the validated tools. Mann-Whitney U tests and Kruskal-Wallis tests ($p \leq 0.05$) were conducted to analyze the data in relation to the study objectives.

3.Results

3.1 Demographic characteristics of patients

Of the 100 patients surveyed, 77% (n=77) were male and 23% (n=23) were female. Seventy-two percent of the patients were aged 21-25 years. Over sixty percent (n=66) resided in urban areas, and more than half (n=52) were graduates. Sixty-one percent (n=61) of the patients were unemployed. Sixty-three patients had 4-6 family members. Thirty-three percent (n=33) had an income of less than twenty-five thousand rupees, while thirty percent (n=30) had an income ranging from twenty-five to fifty thousand rupees. Forty-two percent (n=42) had one earning member in their family, and thirty-six percent (n=36) had two earning members. A detailed breakdown is provided in Table 01.

Table 1 Demographics Characteristics of Patients

Indicator		**n 100 (%)**
Gender	Male	77 (77.0)
	Female	23 (23.0)
Age (Years)	21-25	72 (72.0)
	26-30	16 (16.0)
	31-35	7 (7.0)
	36-40	5 (5.0)
Residence	Rural	34 (34.0)
	Urban	66 (66.0)
Education	No formal education	4 (4.0)
	Primary	3 (3.0)
	Middle	1 (1.0)
	Matric	9 (9.0)
	Intermediate	29 (29.0)
	Graduation	52 (52.0)
	Post graduation	2 (2.0)
Employment status	Unemployed	61 (61.0)
	Self employed	23 (23.0)
	Private Job	11 (11.0)
	Government job	5 (5.0)
Income per month	≤ 25k	33 (33.0)
	26k-50k	30 (30.0)
	51k-75k	16 (16.0)
	76k- 1 lac	12 (12.0)
	>1 lac	9 (9.0)
Family members	1-3	9 (9.0)
	4-6	63 (63.0)
	7-9	19 (19.0)
	Ten and above	9 (9.0)

3.2 Assessment of Services availed using Sehat Insaf Card

Out of the 100 patients surveyed, 54% (n=54) were admitted to the hospital using the Sehat Insaf Card. Among these patients, 66% (n=66) had a family member who had previously been admitted to the hospital using the card. A total of 88% (n=88) of participants were aware of the card and its services. Half of the participants (n=50) had utilized the Sehat Sahulat Program (SSP) at least once. The conditions treated under the SSP included cardiovascular diseases (n=19), infectious diseases (n=19), gastrointestinal problems (n=9), and other common issues (n=14). Sixty-two percent (n=62) were unaware of the ambulance charges associated with the program. Forty percent (n=40) of patients received medication for up to three days. Eighty-eight percent (n=88) recommended the introduction of similar latest programs, and ninety-one percent (n=91) would recommend this scheme to others, as detailed in Table 02.

Table 2 Assessment of Services Availed Using Sehat Insaaf Card

Indicators		**n 100 (%)**
Were you admitted to the hospital previously using Sehatcard?	Yes	54 (54.0)
	No	46 (46.0)
Was any family member admitted to the hospital usingSehat card in the past?	Yes	66 (66.0)
	No	34 (34.0)
Source of knowing SSP	Electronic media	43 (43.0)
	Print media	9 (9.0)
	Public campaign	12 (12.0)
	Friend or family	36 (36.0)
Did you know that card and its services are free?	Yes	88 (88.0)
	No	12 (12.0)
How many times you have used SSP?	Once	50 (50.0)
	Twice	31 (31.0)
	More than twice	19 (19.0)
Purpose of using card	Medical consultancy	27 (27.0)
	Surgical procedures	32 (32.0)
	Routine checkups	21 (21.0)
	Emergency treatment	20 (20.0)
Disease or condition getting treated	GIT problems	9 (9.0)
	Pregnancy	6 (6.0)
	Cardiovascular	19 (19.0)
	Infections	19 (19.0)
	Cancer	5 (5.0)
	Appendicitis	3 (3.0)
	Bone fracture	4 (4.0)
	Hysterectomy	2 (2.0)
	Kidney problems	1 (1.0)
	T. B	8 (8.0)
	Psychological disorders	2 (2.0)
	Piles	1 (1.0)
	Diabetes	2 (2.0)
	Dermatological	2 (2.0)
	Asthma	2 (2.0)
	RabiesOthers	1 (1.0) 14 (14.0)
In which hospital you were admitted?	Private	51 (51.0)
	Government	49 (49.0)
How long was your stay in the hospital?	No stay	7 (7.0)
	3 days	22 (22.0)
	1 week	11 (11.0)
	4 weeks	2 (2.0)
	More than 4 weeks	5 (5.0)

Are ambulance charges covered under the card?	Yes	24 (24.0)
	No	14 (14.0)
	Do not know	62 (62.0)
	Up to 3 days	40 (40.0)
Given medicine for how many days?	4-7 days	37 (37.0)
	8-14 days	7 (7.0)
	15 days and more	16 (16.0)
Follow up visit	Yes	59 (59.0)
	No	41 (41.0)
Do you suggest launching such similar latest programs in thefuture?	Yes	88 (88.0)
		12 (12.0)
	No	
Will you recommend this scheme to others?	Yes	91 (91.0)
	No	9 (9.0)

3.3 Assessment of Patient satisfaction with medical care using Sehat Insaf card

The results concerning the Sehat Sahulat Program (SSP) reveal that 54% (n=54) of patients reported strong satisfaction with hospital staff. A significant majority, 58% (n=58), expressed satisfaction with their doctors. Patient satisfaction with the hospital environment varied, with 40% (n=40) being neutral and 31% (n=31) agreeing with the conditions. Effective communication about the disease was reported by 42% (n=42) of patients. Sixty percent (n=56) of patients believed that the doctor prescribed the appropriate medications. Regarding the prescription of extra drugs, there was a balance: 36% (n=36) felt neutral, while 36% (n=36) agreed or strongly agreed. Thirty-seven percent (n=37) of patients perceived the availability of prescribed drugs in the hospital negatively. Proper guidance on disease management was received by 42% (n=42) of patients, and 41% (n=41) experienced prompt attention from doctors when needed. Forty-seven percent (n=47) felt confident about accessing medical care without financial concerns, and 48% (n=48) felt comfortable asking questions during medical visits. Effectiveness of medications received under the SSP was reported by 48% (n=48) of patients. Waiting times for doctors during SSP treatment were perceived as neutral by 34% (n=34) and favorable by 24% (n=24). Thirty percent (n=30) of patients agreed that doctors tended to give more attention to wealthier patients. Responses to the treatment of patients using the Sehat Card were mixed: 35% (n=35) were neutral and 31% (n=31) agreed. Proper dietary counseling was experienced by 36% (n=36) of patients, and 47% (n=47) felt adequately counseled about their medications. A detailed description is provided in Table 03.

Table 03 Assessment of Patient Satisfaction with Medical Care Using Sehat Insaaf card.

Indicator	StronglyDisagree n 100 (%)	Disagree n 100 (%)	Neutral n 100 (%)	Agree n 100 (%)	Strongly Agree n 100 (%)
I am satisfied with the staff of the hospital	5 (5.0)	11 (11.0)	21 (21.0)	54 (54.0)	9 (9.0)
I am satisfied with the doctor of the hospital	2 (2.0)	5 (5.0)	18 (18.0)	58 (58.0)	17 (17.0)
I am satisfied with the environment of the hospital	3 (3.0)	15 (15.0)	31 (31.0)	40 (40.0)	11 (11.0)
Doctor discusses with me everything about my disease	2 (2.0)	12 (12.0)	33 (33.0)	42 (42.0)	11 (11.0)
Doctor prescribed me the right drugs	2 (2.0)	7 (7.0)	17 (17.0)	56 (56.0)	18 (18.0)
I was not prescribed extra drugs	4 (4.0)	15 (15.0)	36 (36.0)	36 (36.0)	9 (9.0)
All the prescribing drugs were available in hospital	9 (9.0)	37 (37.0)	22 (22.0)	24 (24.0)	8 (8.0)
Doctors guide me properlyregarding my disease management	3 (3.0)	9 (9.0)	34 (34.0)	42 (42.0)	12 (12.0)
Whenever I need doctor, he/she comes and checks me with proper attention	1 (1.0)	13 (13.0)	41 (41.0)	38 (38.0)	7 (7.0)
I feel confident that I can getthe medical care I need without being set back financial	1 (1.0)	11 (11.0)	23 (23.0)	49 (49.0)	16 (16.0)
Doctors ignore what I explain about my problems	21 (21.0)	25 (25.0)	28 (28.0)	24 (24.0)	2 (2.0)
During my medical visits I was given the confidence to ask questions regarding my disease	2 (2.0)	13 (13.0)	24 (24.0)	48 (48.0)	13 (13.0)
Medicines that I received under SSP are effective	4 (4.0)	7 (7.0)	23 (23.0)	48 (48.0)	18 (18.0)
Being treated via SSP, I had to wait more for the doctors for checkup.	10 (10.0)	18 (18.0)	34 (34.0)	24 (24.0)	14 (14.0)
Doctor gives more concentration to wealthier patients	12 (12.0)	17 (17.0)	30 (30.0)	26 (26.0)	15 (15.0)
Patients using Sehat card were treated differently	8 (8.0)	22 (22.0)	35 (35.0)	31 (31.0)	4 (4.0)
I was properly counselled regarding my diet.	3 (3.0)	18 (18.0)	29 (29.0)	36 (36.0)	14 (14.0)
I was properly counselled regarding my medicines	5 (5.0)	8 (8.0)	19 (19.0)	47 (47.0)	21 (21.0)

3.4 Patient satisfaction and Type of hospital

A Mann-Whitney U test was performed to assess patient satisfaction with medical care based on the type of hospital visited for services under the Sehat Insaf Card. The analysis revealed a significant difference in patient satisfaction between private and government hospitals (p=0.017). Patients who visited private hospitals reported higher satisfaction with the SSP compared to those who visited government hospitals. A detailed description is provided in Table 4.

Table 4: Comparison of Patients satisfaction with different hospital type

Indicator	**Composite Score**	**Patient Satisfaction with Medical Care**		
	n	**Mean Rank**	**Test Statistics**	***p* Value**
Types of hospitals	Private = 51	57.39	898.00	0.017*
	Government = 49	43.33		

n = 100 Patients. $p \leq .05^{*}$

4. Discussion

The introduction of the Sehat Insaf Card and the Sehat Sahulat Program in Lahore represents a significant advancement in the region's healthcare system. The program was initiated as part of a broader health initiative designed to offer extensive coverage and treatment for various diseases to underserved populations in the developing country. Previous research on Pakistan's healthcare system has highlighted the urgent need for such initiatives, given the challenges of limited accessibility, affordability, and quality of healthcare services [8].

This article provides a critical analysis of the findings related to awareness, utilization patterns, and patient satisfaction while also examining the program's evolution and progress over time within a historical context. By integrating insights from previous studies on Pakistan's healthcare status, this chapter underscores the significance of the Sehat Sahulat Program in addressing the healthcare challenges faced by the population. This comprehensive understanding can assist policymakers and healthcare stakeholders in making informed decisions to further enhance the healthcare system in Lahore, ultimately contributing to improved health outcomes for the community [9].

This study included a total of one hundred patients, with 77% being male and 23% female. Over 60% of the participants were from urban areas, while the remainder were from rural regions. Notably, a considerable proportion of the participants had completed their education, with 52% being graduates, which suggests a higher level of awareness of the Sehat Sahulat Program (SSP) among those with formal education. Additionally, the study found that 61% of participants were unemployed and lacked a stable income, underscoring the relevance of the SSP for individuals in vulnerable socioeconomic situations.

Previous research has investigated the effects of health insurance plans on reducing out-of-pocket (OOP) costs and enhancing health outcomes. One review revealed that approximately 70% of studies found no reduction in OOP expenses. In contrast, the remaining 30% of reviews, which focused on state-run health insurance programs, reported a decrease in OOP costs for enrolled households [10]. While our study demonstrates a reduction in out-of-pocket costs and positive outcomes associated with the SSP in Pakistan, it also highlights that the overall impact of health insurance plans on lowering out-of-pocket expenses varies, with state-run programs typically showing more favorable results.

Another study examined the effectiveness of health insurance in addressing healthcare inequities in developing countries. The findings, based on data from twenty developing nations, indicate that health insurance alone cannot uniformly address disparities in the healthcare sector. However, the study identifies specific aspects of health insurance plans that can enhance their potential to reduce inequalities in these countries [11]. Both our study and the referenced research emphasize that health insurance alone is insufficient to resolve healthcare inequalities in developing countries. However, our study specifically examines the SSP in Pakistan, highlighting its effectiveness in reducing financial burdens and enhancing patient satisfaction. In contrast, the referenced study offers a broader view of how particular components within health insurance plans can potentially address sector-wide inequalities.

Additionally, a third study investigated patient satisfaction with healthcare services across several types of health insurance. The results indicated that 65.3% of clients were dissatisfied with the quality of care received, while only 34.7% felt that the services met the quality standards established by universal health coverage. This underscores a significant level of dissatisfaction among patients [12]. Our study demonstrates that the SSP has been effective in reducing financial burden and improving patient satisfaction in Pakistan, whereas the second study highlights that health insurance alone may not uniformly address healthcare inequality in developing countries, emphasizing the need for specific design elements in health insurance plans.

Limitation

This study provides valuable insights into patient satisfaction and the utilization of the Sehat Sahulat Program in Lahore. However, several limitations should be acknowledged. Firstly, the sample size of one hundred patients using the Sehat Insaf Card is small, which may limit the representativeness of the findings and impact their generalizability. Secondly, the study lacks a control group for comparative analysis. Without a control group receiving alternative healthcare services or not participating in the Sehat Sahulat Program, it is challenging to definitively attribute the observed levels of satisfaction solely to the program.

5. Conclusion

This study evaluates patient satisfaction and the utilization of the Sehat Sahulat Program in Lahore, involving 100 participants, predominantly male (77%) and urban residents (60%). A considerable proportion of participants were unemployed (61%), and thirty-three were already familiar with the program. Overall, fifty-one participants expressed satisfaction with the Sehat Sahulat Program at private hospitals, while forty-nine were satisfied with the care provided at government hospitals. Satisfaction levels were reported as follows: fifty-four participants were satisfied with the staff, fifty-eight with the doctor, and forty with the hospital environment. Regarding medication, more than half of the participants felt that the prescribed drugs were appropriate, and one-third believed that no unnecessary drugs were prescribed. The Mann-Whitney U test ($p=0.017$) indicated that patient satisfaction was higher in private hospitals compared to government hospitals. Most participants were content with the medication received through the program and would recommend it to others, suggesting that the program has been effective in enhancing healthcare access in the region.

Declarations

Conflict of Interest: Authors declare no conflict of interest.

Ethical Approval: Research approval for the current study was obtained from the Ethical Committee of Universityof Central Punjab. For data collection, permission was taken from the MS of different public and private hospitals. Participation in the study was made voluntary and permission is taken from the public.

Informed Consent: Formal informed consent was received from the participants assuring anonymity and confidentiality of their responses.

Data Availability Statement: Data is available upon request to the corresponding author.

Supplementary Materials: None

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