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A STUDY PROTOCOL ON GOVERNMENT-SPONSORED AND SELF-SPONSORED INSUREES' SATISFACTION WITH THE HEALTH INSURANCE PROGRAMME IN NEPAL: A QUALITATIVE STUDY[#]

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Abstract

The Government of Nepal has introduced health insurance programme (HIP) in Nepal since 2016 due to the aspiration of the constitution and international commitment to ensure universal health coverage by 2030. Almost five years has been completed of the HIP, but people's participation remains low where dropout rate seems high. We could not find any relevant study on behalf of insurees satisfaction. Therefore, the study explores the satisfaction of self and government-sponsored health insurance, applying qualitative research design. The study will be observed by interpretivist worldview to interpret the situation using in-depth interviews [IDI] and focus group discussion [FGD]. The study primarily guided by the theories of satisfactions. Informants will be selected purposively from all provinces covering both rural and urban areas. Tentatively 32 (28 IDI and 4 FGD) samples will be taken covering both self and government-sponsored insurees. However, the samples will be added based on data saturation. Thematic analysis will be made to interpret the data. Ethical approval will be obtained from the Nepal Health Research Council, and permission will be taken from concerned authority and informants. The proposed research is expected to complete by January 2023, and tentative budget of the study will be NRs. 497,000. Two articles expected to publish from Nepjol indexing journal and impact factor journal after completing the research.

Keywords

Government; insurance; satisfaction; Councelling; Health

Introduction: Background

The satisfaction of the costumers/ clients is one of the indicators of the successfulness of the programme or product. Most of the organizations fail due to a lack of understanding of how clients basically form satisfaction judgments (Oliver, 2015). Consumer's satisfaction creates trust towards the new programmes or products (Sultan et al., 2019). Similarly, insurers' satisfaction could be considered one of the essential elements in assessing the quality of healthcare services. Various factors influence insurees or patients' satisfaction such as health workers' behaviour towards patients, waiting time taken for health services, information sharing capacity, physicians' counselling style, drug availability, patient-friendly infrastructure etc (Umoke et al., 2020). Like other programmes, health insurance programme [HIP] also needs insurees' satisfaction for its continuity and sustainability to meet the targets of universal health coverage [UHC] and slogan of health for all since the HIP is novel for Nepalese people (Health Insurance Board, 2020).

Member states of the United Nations (UN) have committed to meeting the various Sustainable Development Goals (SDG) targets by 2030. SDG 3 (ensure healthy lives and promote well-being) targeted to ensure universal health coverage that means health for all ages without financial hardship (National Planning Commission, 2015; Sapkota & Bhusal, 2017). On the other side, the Constitution of Nepal (CoN) 2015 indicates that every citizen has the right of basic health services at free of cost (The Constitution of Nepal, 2015). However, the Government of Nepal (GoN) has been allocated about 3 percent of the total national budget for health sector which is said to be insufficient to ensure the constitutional mandate and meet the international commitment to achieve by 2030 (FMoHP & NHSSP, 2018; Røttingen et al., 2014). Health is not only issue of the hospital, doctors or health workers rather it is a vital indicator of the society. Researchers show that at least 2 percent of poverty increases annually due to catastrophic cost while receiving healthcare services (Gyawali, 2014). So, health factors cannot be isolated with education, economy or development.

The alone effort from GoN is not enough for healthcare financing. It is recommended that at least 5 percent of the total gross domestic product or at least 10 percent of the total national budget should be allocated for health sectors (FMoHP & NHSSP, 2018; Røttingen et al., 2014). Current financing mechanism for health services seems to be inadequate to meet the constitutional mandate and commitments of international declarations. Therefore, an alternative financing mechanism needs to address the international and national agenda of health care. Health insurance (HI) is a worldwide accepted sustainable financing mechanism for healthcare services as per

UHC targets and obligatory provision of the constitution (Ministry of Health and Population, 2019). Considering such facts, the GoN has initiated a health insurance programme (HIP) since 2016 in 3 districts in the first phase. The HIP now expanded and covered 60 out of 77 districts. Moreover, the Health Insurance Board (HIB) committed to covering all the districts by coming the fiscal year (Health Insurance Board, 2020).

Statement of the Problem

Most of the studies have been conducted from the quantitative aspects of insurers concerning HI in Nepal's context. Since the programme is novel for Nepalese people, it has both opportunities and challenges in implementing (Acharya, 2020). The opportunity in terms of a new programme may attract the people for participation and challenges in terms of ignorance by the people since people may not enroll, assuming whether the programme is good for them (Mishra et al., 2015). On the other sides, there are many private hospitals which are advertising fancy messages to attract people. Data shows that six out of ten (60%) people receive healthcare from nourishing home and private hospitals (Subedi et al., 2018). Private sectors primarily work for profit and may not consider the poor people who cannot pay for health services. There is no doubt that individuals generally pay more to receive healthcare services from private hospitals and health care institutions that ultimately increases the out-of-pocket [OOP] expenditure. Comparatively, OOP expenditure is higher in Nepal than other neighbouring countries (Ranabhat et al., 2019; World Health Organization, 2017).

According to HIB data, people's participation remains low (Health Insurance Board, 2020), and the rate of dropout is high (Ranabhat et al., 2020). On the other side people's willingness to pay seems two folds higher than the current contribution amount (CCA) that is set for enrollment (Acharya et al., 2018) and almost all people are positive towards HIP (Acharya, 2020). It is interesting that people want to participate and even pay more than the CCA for HI but what are the causes behind low enrollment and high dropout. Data from HIB showed that just less than 10 percent people were enrolled in the HIP (Health Insurance Board, 2020). These are the major concerns of the study that why the programme could not attract the people and why they could not continue their participation in the HIP. Moreover, what is the people's satisfaction towards the programme is yet to be discussed.

Literature Review and Research Gap

A study conducted in 2014 in Kailali showed that nearly one out of ten (11%) people heard about HI however only nine percent of them had good Knowledge on HI (KOICA-Nepal Health Insurance Support Project [NHISP], 2014). Later in

2018, another study conducted in Kailali and Baglung showed that 72 percent of the people heard about health insurance in 2018 and 29 percent were not satisfied with the programme (Acharya, 2020). That means about three out of ten were not satisfied with the HIP. Sustainability of the programme depends upon the satisfaction of the insurees. The satisfaction of the programme could lead to better participation. In contrast, dissatisfaction leads to misleading information and frustration and ultimately, low participation, even the programmes failure.

A study from Kenya showed that most of the respondents expressed dissatisfaction towards the HI scheme, which could lead to programme failures (Mulupi et al., 2013). However, another study from Ghana showed that both enrolled and non-enrolled people were satisfied with the healthcare provided to them (Dalinjong & Laar, 2012). Out-of-pocket expenditure remains high accounted for 60 percent in Nepal, spent USD 137 per capita and about 14 to 18 percentthe catastrophic cost (Paudel, 2019; Pokharel & Silwal, 2018) for health care. Another study conducted in Ilam showed that ethnic groups, the household with high socio-economic class, household's member suffering from acute or chronic diseases associated with the enrollment in the HIP (Ghimire et al., 2019) that appeared nearly similar with the study conducted in Kailali and Baglung (Acharya et al., 2019). Almost nine out of ten people want to join in HI programme and 61 percent of the people's expressed that their willingness to join in HI accounted less the NRs. 600 per household (Ko et al., 2018) while another study showed ordinary people's willingness to pay for HI was NRs. 1429 per individuals (Acharya et al., 2018).

Community-based health insurance from the government and the local community was recommended for a better model to deliver the health services for insurers. That model appeared better for discount negotiation, significantly faster healthcare services than government institutions (Ranabhat et al., 2017). Though, the programme completed five years after implementation, data from HIB showed low enrollment and high dropout. However, no study has been conducted about the satisfaction of the insurees whether they are satisfied or not and the factors determining the satisfaction or dissatisfaction. This is the significant gap in the existing literature.

Theoretical Base of the Study

The study will be guided by satisfaction theories, mostly from Maslow's Need Hierarchy and Herzberg's Dual-Factor Theory. According to the theory, there are unlimited needs of the individuals. When the basic level needs to be fulfilled, it reached dissatisfaction. Additional needs are automatically raised than they struggle to fulfil the additional needs. On the other side, many factors play the role of satisfaction and dissatisfaction,

which entertain each other independently. Motivators and hygiene factors play the role of satisfaction and dissatisfaction, as well (Oliver, 2015). These theories will be considered during data collection and analysis of data.

Flow chart for the research process

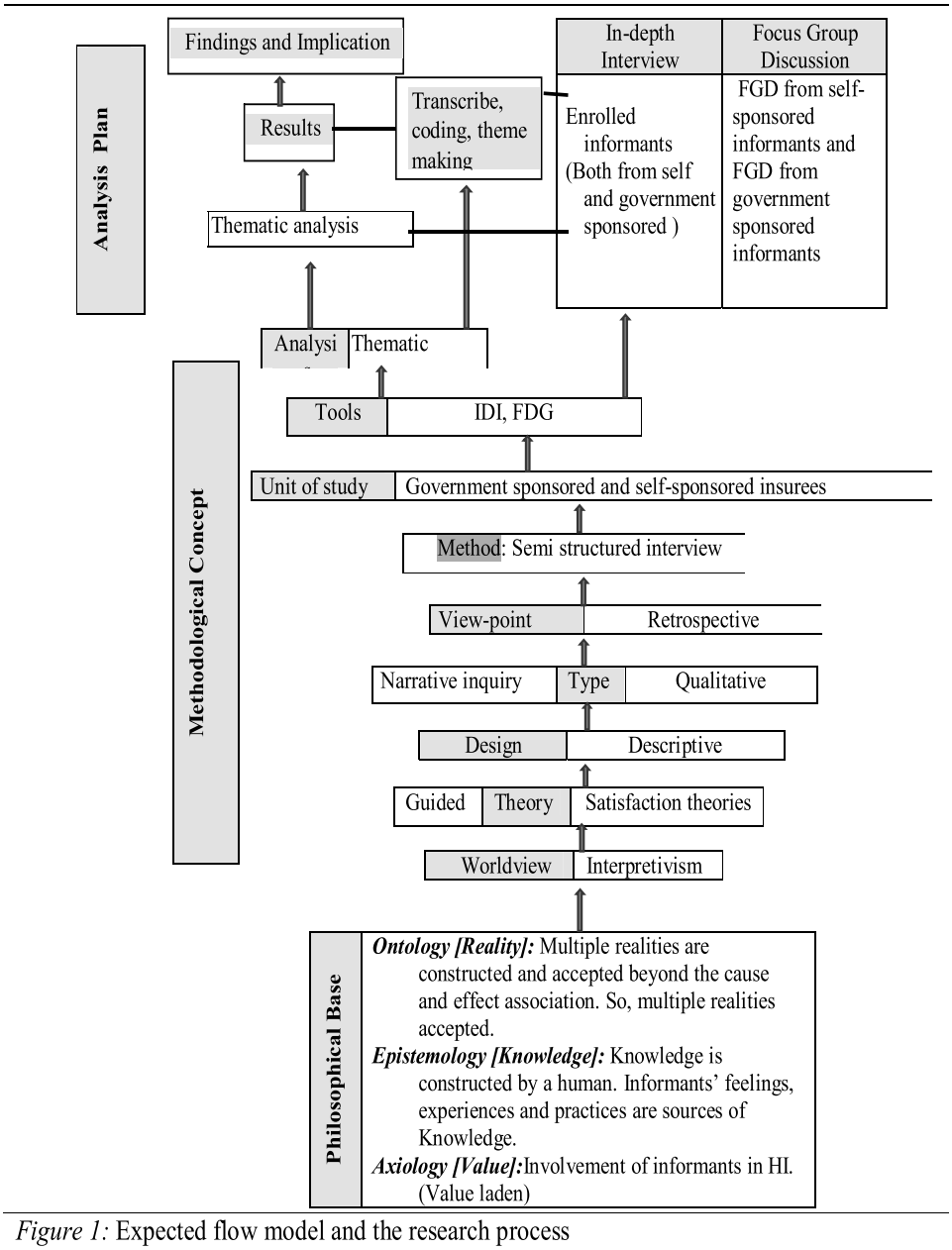

Figure 1: Expected flow model and the research process

Research Questions

The research aims to answer the following questions

1. Why do informants participate in the health insurance scheme? How do self and government-sponsored insurees differently perceived regarding their participation in HI scheme?
2. To what extent do they perceive towards health insurance programme? How do insurees express their feelings towards the programme?
3. How does the educational level of insurees play a role in their satisfaction or dissatisfaction towards HI programme?
4. What factors play a role for satisfactions or dissatisfactions towards HI among self and government-sponsored insurees?

Research Objectives

The study's primary purpose is to explore insurers' feelings/perception concerning the level of satisfaction in health insurance between self and government-sponsored HI. The specific objectives are:

1. to explore the attitude of informants towards health insurance
2. to examine the factors associated with the satisfaction in health insurance in Nepal.
3. to compare the satisfaction toward HIP between self and government-sponsored insurees.

Study Design, Methods

This study will be a qualitative research design. The research will be based on narrative inquiry using qualitative and in-depth interviews from the informants. The study will try to explore the status or satisfaction of the individuals from the health insurance programme and its services. Narrative inquiry tries to build the essence of experience from the informants, and a detailed description of informants' feelings.

Sample Size and Sampling Procedure

The health insurance programme has been implemented more than 60 out of 77 districts. All provinces are covered by the programme. The study will be conducted at least one district from each province. Districts will be selected where the programme was introduced in the initial phase. So, a total of 7 districts will be selected purposively.At least foursamples (two self-sponsored and two government-sponsored insurees) for an in-depth interview (IDI) will be taken each district considering both rural and urban municipality from the districts by purposive sampling techniques. Separate homogenous groups of self-sponsored and government-sponsored insurees will be made for focus group discussion (FGD). At least four units of FGD will be taken from different provinces covering both self and government-sponsored insurees. Therefore, at least 32 (28 IDI,

and four samples for FGD) will be made for data collection; however, it will be increased or based upon data saturation.

Data Collection Tool and Validation

In-depth interview [IDI] and focus group discussion [FGD] guidelines will be used for data collection. Questions for IDI will be pre-tested in different districts. It will be finalized after the comprehensive discussion within the research members and students. A mock session will also be conducted for FGD within the group of self and government-sponsored insurees. After comprehensive discussion, FGD guidelines will be finalized.

Inclusion and Exclusion Criteria

Insurees enrolled from government founded health insurance implemented by Health Insurance Board [HIB] will be included in the study. Therefore, insurees enrolled other than HIB will be excluded. A sample will only be taken from those insurees who received the healthcare services under the health insurance scheme after enrollment.

Data Collection Procedure

After obtaining ethical approval from Nepal Health Research Council [NHRC], an application will be submitted for the Health Insurance Board [HIB], central office and district offices. A two-day training will be conducted for the research team about data collection, research ethics, and quality assurance of the data. A team of trained enumerators will be deployed for data collection along with the researchers. Considering the all legal, socio-cultural aspects, consent will be taken from informants and will be requested for voluntary participation as per research ethics (Nepal Health Research Council, 2019). Interviews will be conducted following the research guidelines and FGD guidelines. Interviews will be recorded, kept the note and transcribed right after completingthe interview and discussion.

The research will focus on the qualitative information tools' trust worthiness maintaining truth value, applicability, consistency, and neutrality. Cross verification, member checking, audit trail, and triangulation of the information collected from HI (self-sponsored) and HI (government-sponsored) informants will help maintain the data's purity. Regarding data collection procedures, member checking will be implemented to ensure that informants' responses are accurate. The researcher will use a triangulation approach to collect data using a combination of interviews, member checking, and debriefing, which contributes to the reliability of the study (Creswell, 2014; Levitt et al., 2018; Maykut & Morehouse, 1994).

Expected Findings

The research will create evidence-based information from the insurees. The research will also explore the insurees' satisfaction towards HI programme in a comparative way between self-sponsored

and government-sponsored enrollment. Beyond that, it will highlight the factors associated with the satisfaction and satisfaction between the different groups. Moreover, it will also show the programme's weaknesses and strengths, which can be minimized or promoted soon for better participation.

Limitation and Delimitations

Perception, attitude, satisfaction and feeling are connected with the emotion of the individuals. Quantitative data may not explore the in-depth understanding of the satisfaction towards the healthcare services provided as a scheme to the insured people. Therefore, qualitative data will be collected from self and government-sponsored households enrolled in HI from HIB. Due to resources constraint, purposive sampling will be taken for the study. For the comparison self and government-sponsored households will be taken. Information will be collected from household heads or senior members of the family. It is assumed that HHs have more information about their family and health insurance as well. The study will be conducted within the household enrolled in HI from HIB. Other insurees from private and other institutions will need to be included as per the study objective.

Ethical/Safety Issues

Consent will be taken before interviewing and discussion. We will request informants for volunteer participation informing them about 'right to reject' at any time if they feel inconvenient. All data will be kept with anonymity with confidentiality. Data will not be manipulated. Ethical core values: respect for informants, beneficence, and justice will be followed throughout the research process (Department of Health Education and Welfare, 1979). Checklist for ethical issues (American Psychological Association, 2010) and national ethical guidelines for health research (Nepal Health Research Council, 2019) will be followed and considered while conducting the research.

Data Analysis

In-depth interviews and focus group discussions will be recorded and transcribed with these transcripts serving as the main source of data analysis. The raw text will be minutely studied. Data analysis will be guided mainly by the research questions and theoretical background. The analysis process will follow the three core elements of qualitative research analysis: coding the data, forming categorical aggregation, and displaying (Creswell, 2014). First, every informant's transcripts will be read several times, and code will be made accordingly. Initially, the coding will be highly descriptive using their original words. It will focus on the research informants' expressions of their experiences. The emerging theme indicates that the informants' feelings about HI.

Further, different themes under each category will be examined through the revisit of each informants' narratives. All the audio-recorded data will be transcribed verbatim and later translated into English. A code will be made as per the study purposes. Contents will be converted into themes and sub-themes. After the rigorous study of the themes, a thematic analysis approach will be used for data analysis of transcripts and field notes (Byrne & Humble, 2007).

Finally, through a dialogical process between the research findings and the concepts' theoretical understanding, an integrated framework is to be proposed. Thus, a theoretical contribution will be made to the study of HI. Findings of the study will be compared with previous research and studies. After a comprehensive discussion, the study will summarize the conclusion of the study.

The study proposal has been submitted to University Grants Commission, Nepal for Faculty Research Grant.

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