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Assessment of the National Health Insurance Program in Nepal: Policyholders' Experiences, Satisfaction, and Repurchase Intentions

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Abstract

The effectiveness of the public healthcare system indicates the nation's socioeconomic prosperity and the National Health Insurance Program (NHIP) should be the cornerstone. This study explores policyholders' experience, satisfaction, and repurchase intentions. It followed a quantitative approach with a causal-comparative research design using survey data from 403 policyholders from Gandaki and Lumbini provinces using convenience and snowball sampling. A five-point Likert scale was used to collect the data, which were analyzed using descriptive and inferential statistics to examine the mediation model. Results revealed moderate experience and satisfaction from the NHIP and examined the significant effect of policyholders' experience on predicting policy repurchase intention. Further, the enhanced satisfaction from the policy benefits increases the impact of experience predicting repurchase intentions. This study contributes to the theory and practical implications of public health policy.

Keywords: Effectiveness, national health insurance policy, policyholders' experience, repurchase intentions, satisfaction

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Introduction

Nepal's modern healthcare system's history of more than seven decades is not premature, but its public healthcare facilities and infrastructures are always under criticism (Khanal et al., 2023). High political promises for reliable public healthcare are far from materializing because of a highly volatile government and a poor culture of national accountability for impactful national programs. Countries with socialism-based economies assure quality public health through the National Health Insurance Programs (NHIP) with bountiful Universal Health Coverage (UHC) guarantees, as public health is directly related to individual and national health costs that negatively impact the national economy.

The effectiveness of UHC guarantees access to a wide range of health services. It provides financial protection for all citizens in the event of illness (Ranabhat et al., 2019). The Sustainable Development Goals (SDGs) emphasize UHC as a critical health-related goal, and Nepal has anticipated it as a national priority (United Nations Nepal, 2024). The NHIP aims to provide affordable and accessible healthcare to its citizens, mainly targeting low-income groups. The effectiveness of the implementation of NHIP will be a cornerstone in effective public healthcare, ultimately leading to national economic progress. The effectiveness of NHIP largely depends on several factors, such as the commitment of the political system, bureaucracy, target groups, budgets, and external actors (Khanal et al., 2023). As the country faces various socio-economic challenges in managing healthcare delivery, it is essential to understand policyholders' experiences and satisfaction levels. This ambitious program operates in a context marked by diverse health needs, cultural variations, and differing levels of awareness regarding insurance benefits among the population.

This study aims to evaluate the NHIP from the viewpoint of its policyholders, concentrating on their experiences with the program, their satisfaction with the services offered, and the factors that influence their decision to renew their policies. Satisfaction is a crucial element in determining the sustainability and effectiveness of any insurance scheme, impacting both individual health outcomes and the overall public perception of health insurance in Nepal. Such facts will be significant for the decisions and actions of a healthcare policymaker, researcher, or stakeholder. Additionally, examining repurchase behavior can offer insights into the NHIP's long-term viability and identify areas that require enhancement.

The timing of this research is significant, as the NHIP is at a crucial juncture in its development. With rising enrollment and expanding services, assessing policyholder experiences and satisfaction can help policymakers refine the program to better address the population's needs. This study will employ quantitative methods to provide a holistic view of policyholders' interactions with the NHIP, allowing for a deeper understanding of the factors affecting their satisfaction and willingness to continue or renew their insurance coverage.

Ultimately, this research seeks to offer valuable insights into the effectiveness of the NHIP, laying the groundwork for improved policyholder engagement, enhanced service delivery, and the promotion of a health insurance culture in Nepal. By examining these critical

aspects, the study aims to inform policymakers, health administrators, and stakeholders about the necessary measures to strengthen the NHIP, ensuring its vital role in advancing public health in the country.

Literature Review

Theoretical Background

The theoretical framework of this study is grounded on various essential concepts and theories related to health insurance, consumer behavior, and satisfaction. This section examines these theories to provide context for evaluating the NHIP in Nepal, particularly emphasizing policyholders' experiences, satisfaction levels, and likelihood of repurchase.

Health Insurance Theory: Health insurance theory explains how insurance serves as a financial safety net, protecting individuals from the financial burden of healthcare expenses (Nyman, 1998). It highlights the concept of risk pooling, where policyholders' contributions are combined to cover medical costs. Arrow (1963) argued that insurance helps minimize the uncertainty of healthcare expenses, offering financial protection and allowing individuals to access necessary care without fearing unaffordable costs. Understanding how policyholders value their coverage is essential for assessing the NHIP's effectiveness in addressing the population's healthcare needs.

Customer Satisfaction Theory: Customer satisfaction theory suggests that satisfaction arises from comparing a consumer's expectations with their actual experiences of a product or service (Fu & Juan, 2016). Oliver (1980) defined satisfaction as the consumer's reaction to the performance of a product concerning their expectations. Factors like service quality, ease of claims processing, and access to healthcare services are crucial in determining policyholder satisfaction with health insurance. This framework helps evaluate how effectively the NHIP meets the expectations and needs of its consumers.

Expectation-Confirmation Theory: Expectation-confirmation theory (ECT) is a model that explains consumer behavior in terms of repurchase intentions (Oliver 1980; Pakarti, 2022). This theory explains that satisfaction is influenced by whether pre-purchase expectations are confirmed or disconfirmed (Bhattacharjee, 2001). In the NHIP context, assessing whether policyholders' experiences match their initial expectations can offer valuable insight into their likelihood of renewing their policies. This understanding is essential for identifying the factors that strengthen or weaken satisfaction and loyalty among policyholders.

Health Belief Model: The Health Belief Model (HBM) examines individuals' health risks and their motivations to adopt health-promoting behaviors (Rosenstock, 1974; Li et al., 2022). It considers factors like perceived vulnerability to health problems and the perceived benefits of preventive actions. Using the HBM can provide insights into how policyholders' beliefs about health risks affect their participation in the NHIP and their overall satisfaction with the program.

Empirical Review

Development of NHIP and UHC: The roots of national health insurance can be found in 19th-century Europe. Germany implemented the first formal national health insurance system in 1883 under Chancellor Otto von Bismarck (Busse et al., 2017). The Health Insurance Act was designed to provide health coverage for workers, addressing the needs of an expanding industrial workforce and related health risks (Rosen, 1993). Inspired by Germany's example, other nations created their own health insurance programs. The United Kingdom established its NHS in 1948, offering comprehensive health services funded by taxation (Gorsky, 2008). This initiative was significantly shaped by the Beveridge Report of 1942, which advocated for a health system that would be free at the point of use (Beveridge, 1942; Timmins, 2001). NHIP was a critical political debate in the United States throughout the 20th Century. However, the USA implemented comprehensive national health insurance. Nevertheless, crucial legislation passed in 1965 led to the creation of Medicare and Medicaid, which provided health coverage for the elderly and low-income populations (Oberlander, 2003).

The late 20th century marked a worldwide movement towards UHC. Canada implemented single-payer systems prioritizing access to care funded by taxes. The Canada Health Act of 1984 strengthened these ideals, guaranteeing access to essential hospital and physician services (Marchildon, 2013). The World Health Organization (WHO) has advocated for UHC as a critical objective, highlighting its significance for economic stability and social equity (WHO, 2010). UHC is a healthcare framework that guarantees all individuals can access essential health services without experiencing financial strain. The core principles of UHC encompass accessibility, equity, quality, and affordability. It aims to deliver comprehensive care, including preventive, curative, rehabilitative, and palliative services, to everyone in society. The idea of UHC began to receive considerable attention in the late 20th century and was officially endorsed by the WHO in 2005. A WHO resolution highlighted UHC as a crucial element of sustainable development and a key factor in enhancing global health outcomes. The development of NHIP illustrates the diverse societal values regarding healthcare access and the role of government in public health. Although the specific models vary, the fundamental aim is consistent: to ensure that all citizens receive equitable health services.

Nepal's NHIP is central to Nepal's healthcare system. The government, international organizations, NGOs, and other partners support it. Its main goal is to lower out-of-pocket healthcare expenses, ease the financial strain of medical costs, and enhance health outcomes throughout the country. The NHIP is a government-led initiative designed to offer affordable and accessible healthcare to all citizens, focusing on low-income and rural communities. Introduced in 2004, the program is part of Nepal's larger strategy to achieve UHC, ensuring that everyone, regardless of financial or social background, can access necessary health services without financial strain. Achieving UHC in Nepal's NHIP is still in limbo because of inadequate government stewardship, stakeholders' contributions, and fair distribution of resources incorporating financing modality (Ranabhat et al., 2019).

Customer Experience, Satisfaction, and Repurchase Intentions : The cyclical and interconnected relationship between customer experience, satisfaction, and repurchase intentions is crucial for businesses aiming to enhance customer loyalty and drive growth. Customer experience encompasses every interaction with a brand (Motta-Filho, 2021), while customer satisfaction reflects the degree to which these interactions meet or exceed customer expectations (Mittal & Kamakura, 2001; Oliver, 1999). Repurchase intentions refer to a customer's likelihood of buying from the same brand again (Pappas et al., 2014). Customer experience (CX) is a holistic concept that includes all stages of a customer's interaction with a brand, from initial awareness through purchasing and post-purchase engagement (Lemon & Verhoef, 2016). A positive customer experience can lead to emotional connections with the product: memorable experiences can differentiate a brand from its competitors, influencing customer attitudes and behaviors (Pine & Gilmore, 1998).

Customer experience includes various dimensions: sensory, emotional, cognitive, and relational (Brakus et al., 2009). Sensory experiences pertain to how a brand stimulates the customer's senses, while emotional experiences trigger feelings that affect perceptions. Cognitive experiences focus on how information is processed, and relational experiences involve the interactions between customers and employees. Each of these dimensions contributes to the overall customer experience.

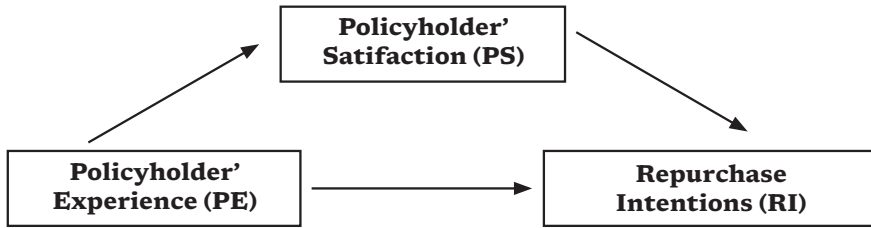
Customer satisfaction results from their experience and is vital to a brand's effectiveness. When satisfied, customers are more inclined to engage in positive behaviors, such as making repeat purchases and recommending the brand to others (Sahin et al., 2011). The disconfirmation theory posits that customer satisfaction is shaped by the difference between expected and actual performance (Oliver, 1980; Lankton et al., 2014). When customers' experiences surpass their expectations, they tend to feel satisfied; conversely, if expectations are not met, it can lead to dissatisfaction. This highlights the significance of effectively managing customer expectations through clear communication and quality service delivery. Repurchase intentions refer to a customer's likelihood of repurchasing a product or service from a specific brand (Dick & Basu, 1994; Erciş et al., 2012).

Understanding the factors influencing repurchase intentions is vital for businesses that build long-term customer relationships. Numerous studies (e.g., Homburg et al. 2005; Srivastava & Sharma, 2013; Mbango & Belso-Martinez, 2018) have directly linked customer satisfaction and repurchase intentions. Thus, a positive customer experience enhances satisfaction, which, in turn, increases repurchase intentions. Business organizations focusing on improving customer experience can create a more satisfied customer base, leading to higher retention rates and increased sales (Kumar & Reinartz, 2016). Based on the evidence from the literature, the following research hypotheses and framework have been developed.

H1: *Policyholders' experience has a positive significant effect on repurchase intention.*

H2: *Policyholders' satisfaction mediates the effect of policyholders' experience predicting repurchase intentions.*

Figure 1
Research Framework



Research Methods

This study followed a quantitative approach with a causal-comparative research design using survey data. Focusing only on policyholders as the critical focus, it established the relationship between policyholders' (customers) experience and repurchase intentions in mediating their satisfaction. The total number of policyholders who have purchased an NHIP policy currently is considered the study's population. Using mixed methods (convenience for initial identification of respondents and snowball for identifying additional respondents participating in NHIP), 403 policyholder respondents from Gandaki and Lumbini provinces were used as the study sample. Respondents represented a diverse range of characteristics (see Table 1).

Table 1
Demographic Profile of Respondents

Characteristics		Frequency	Percentage
Gender	Male	228	56.57
	Female	175	43.42
Age (Classification based on general earning age group in Nepal)	Below 30 yrs.	35	8.69
	30-45 yrs.	60	14.89
	46-60 yrs	176	43.67
	61 and more	132	32.75
Family size (Classification based on typical family size)	Up to 4 persons	185	45.91
	5 to 6 persons	178	44.16
	More than 6 persons	40	9.93
Number of economically active members	Up to 2	205	50.87
	3 or 4	175	43.42
	More than 4	23	5.71

Note. Field Survey (2024)

The study collected primary data using a survey conducted using the physical distribution of the questionnaires. The policyholders' experience was measured using different variables: claim processing, cost sharing, network of service hospitals, health education and support, customer feedback mechanisms, product customization, and technological integration. Each variable was measured using a five-point Likert scale. Descriptive and inferential statistics were used to explore descriptive values, model significance, and effect analysis.

To verify measurement validity, a measurement model analysis was performed to test the hypotheses regarding the mediation effect. Table 2 shows the findings regarding the goodness of the model.

Table 2
Scale Validation

Chi-square/df	CFI	TLI	RMSEA	SRMR
1.932 (p<.01)	0.931	0.912	0.041	0.079

Note. Calculation from Field Survey (2024)

Table 2 provides evidence of the model's goodness of fit. Further, the validity concern of each variable scale was examined with Average Variance Extracted (AVE) values of claim processing (0.53), cost-sharing (0.51), network of service hospitals (0.54), health education and support (0.51), customer feedback mechanisms (0.52), product customization (0.53), technological integration (0.52), policyholder satisfaction (0.53), and repurchase intention (0.54). The Variance Inflation Factor (VIF) values ranged from 1.532 to 1.994, confirming the absence of multicollinearity of the measurement scales.

Results and Analysis

Measurement scales were positively associated with policyholders' experience, satisfaction, and repurchase intentions (see Table 3).

Policyholders reported being reasonable to moderately satisfied with each component of their experience, overall satisfaction, and repurchase intentions. Claim processing (mean = 4.1, SD = 1.02) and Cost sharing (mean = 4.2, SD = 0.9) are the essential components of NHIP for the positive experience of the policyholders. However, policyholders reported lower satisfaction with the Customer feedback mechanism (mean = 3.5, SD = .85) and Technological integration (mean = 3.5, SD = .98), meaning that NHIP policy needs to develop customer feedback mechanism and needs to be compatible with technology, i.e., mobile applications.

Policyholders experience ($r = .453^{**}$) and satisfaction ($r = .434^{**}$) are positively and significantly associated with repurchase intention. This means NHIP repurchase intentions are associated with policyholders' positive experience and satisfaction.

Table 3
Mean, SD, and Correlations Between Measurement Scales

Scale	Mean	SD	1	2	3	4	5	6	7	8	9	10
Claim Processing (1)	4.1	1.02	1									
Cost Sharing (2)	4.2	0.9	0.041	1								
Network of Service Hospitals (3)	3.9	1.2	0.028	0.035	1							
Health Education and Support (4)	3.6	1.05	0.032	0.121	0.142	1						
Customer Feedback Mechanisms (5)	3.5	0.85	0.211	0.312	0.112	0.101	1					
Product Customization (6)	3.8	0.98	0.131	0.211	0.121	0.121	0.122	1				
Technological Integration (7)	3.5	0.99	0.212	0.121	0.312	0.104	0.013	0.017	1			
Policyholder Experience (8)	3.8	1.02	.312**	.214**	.124**	.224**	.122**	.353**	.152**	1		
Policyholder Satisfaction (9)	3.9	0.97	.234**	.421**	.312**	0.211**	.202**	.421**	.132**	.445**	1	
Repurchase Intention (10)	3.9	0.98	.231**	.442**	.451**	.233**	.257**	.432**	.213**	.453**	.434**	1

Note. **Correlations are Significant at the 0.01 level (two-tailed)

The PROCESS Macro was employed following Hayes (2019) and Igartua and Hayes (2021) in the study to examine the mediation effect proposed on the model. This approach was chosen due to its effectiveness in identifying mediation and detecting indirect effects among variables illustrated in Figure 1. The result revealed significant positive effects, i.e., direct effect (PE->RT: $\beta = .292$), indirect (a*b) effect ($\beta = .261$), total (PE-> PS -> RI) effect ($\beta = .553$). These findings provide the evidence to support H1 and H2.

Table 4
Direct, Indirect, and Total Effect of the Model

Direct Effect PE -> RI	Indirect Effect	Total Effect PE -> RI	Relationship	Confidence Interval		T-statistics
				LLCI	ULCI	
0.292	0.261	0.553	PE -> PS -> RI	0.475	0.657	11.92

Note. Calculation from Field Survey (2024)

Discussions

This study evaluated the NHIP in Nepal by examining policyholders' experiences, satisfaction levels, and intentions to repurchase insurance policies. The findings highlight significant

relationships between these factors, showing that PE plays a crucial role in shaping RI, both directly and indirectly through satisfaction (PS). In the case of NHIP, the policyholders' experience needs to comprise different factors, namely, claim processing, cost sharing, the network of service hospitals, health education and support, customer feedback mechanisms, product customization, and technological integration.

The results indicate a direct influence of Policyholders' Experience on Repurchase Intentions, with a value of 0.292. This underscores that positive experiences with the NHIP significantly increase the likelihood of policyholders renewing their insurance. This finding aligns with earlier research highlighting the strong link between customer experience and loyalty (Kumar & Reinartz, 2016; Stein & Ramaseshan, 2020). When policyholders view their interactions with the NHIP positively, they are likelier to demonstrate loyalty through their intentions to repurchase.

The study also reveals an indirect effect of PE on RI through satisfaction, quantified at 0.261, resulting in a total effect of 0.553. The study finding, i.e., policyholders' experience, has a positive role in predicting their satisfaction, aligning with the findings of Ali et al. (2018) and Mainardes et al. (2023). This study underscores the pivotal role of satisfaction as a critical mediator between the two variables, meaning that increasing the policyholders' satisfaction increases the effect of policyholders' experience on predicting their repurchase intentions. This suggests that while direct experiences are crucial, the satisfaction derived from those experiences greatly increases the likelihood that policyholders will choose to renew their policies. This study supports the findings of Dewi and Giantari (2022) in online shopping.

These findings underscore satisfaction as a result of experiences and a vital element that enhances the positive impact of experiences on repurchase intentions. Organizations that boost customer satisfaction through efficient service, clear communication, and thorough support will likely foster stronger loyalty among their policyholders. Well-informed policyholders are more likely to perceive the NHIP as meeting their expectations, as suggested by the expectation-confirmation theory. This reiteration of the importance of customer satisfaction should motivate policyholders to implement strategies that enhance customer satisfaction. NHIP should enhance health education and support to the entire population who are still not informed about the product or have less information about it. The limited network of hospitals for medication or claim settlement is found to have low popularity of NHIP, so there should be a strong network of hospitals, at least the government hospitals, for treatment and settlement. According to satisfaction theory, increased satisfaction serves as the potent mediator, amplifying the influence of positive experiences on loyalty, i.e., repurchase intentions.

The risk coverage of all the family members by a single policy is the strongest element of the NHIP, which needs to be promoted to make the NHIP more successful in supporting the health insurance theory. Efficient claim processing, comprehensive risk coverage, and strong hospital networks reduce perceived financial risks, reinforcing policyholders' trust and long-term engagement. The customer feedback mechanism within NHIP is found to

be inadequate. For better policyholders' experiences, there should be an adequate feedback mechanism that helps to explore pitfalls and increase product customization. By combining insights from Health Insurance Theory, Customer Satisfaction Theory, Expectation-Confirmation theory, and Health Belief Model, the study underscores the significance of policyholder experiences and satisfaction in driving repurchase intentions. NHIP's focus on service quality, feedback mechanisms, and public education will enhance satisfaction, reduce barriers, and build loyalty, ensuring its long-term viability and effectiveness.

Conclusion and Implications

Though NHIP's history is long and the policy environment for health insurance is established, its effectiveness is still below expectations. Various suggestions, including bureaucratic reforms, improving service delivery by expanding benefits packages, and revising the financial model by introducing a cost-sharing or co-payment approach, are common in previous studies. This study highlights the critical factors influencing the success of the NHIP in Nepal, mainly through the lens of policyholders' experiences and satisfaction.

The findings underscore a strong link between positive policyholder experiences and their intentions to repurchase insurance, with satisfaction playing a crucial role in this process. NHIP must concentrate on various aspects of the policyholder experience to boost repurchase intentions, including efficient claim processing, a broader network of service hospitals, comprehensive health education, and, most importantly, improved customer feedback mechanisms that provide a platform for continuous improvement.

Moreover, promoting the unique benefit of family coverage under a single policy could significantly enhance the program's appeal. Addressing the limitations in the current hospital network and strengthening customer support will be vital in improving overall satisfaction. Ultimately, prioritizing customer satisfaction boosts loyalty and positions NHIP for more tremendous success in achieving its objectives. By implementing these strategies, NHIP can foster a more favorable environment for policyholders, leading to improved health insurance uptake and contributing to the overall health system in Nepal.

Limitations and Further Research

Repurchase intention was supposed to be an outcome of NHIP's effectiveness, as it is one of the indicators of the policy's success. This study focused only on the policyholders' perspective to understand their experience, satisfaction, and repurchase intention. Future studies can focus on policy review based on policyholders' satisfaction. At the same time, the other stakeholders, e.g., doctors and hospitals, need to be directly involved in policy implementation. Regarding the methodology concern, a mixed method can be recommended.

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Conflict of Interest

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References

- Ali, F., Kim, W. G., Li, J., & Jeon, H.-M. (2018). Make it delightful: Customers' experience, satisfaction, and loyalty in Malaysian theme parks. *Journal of Destination Marketing & Management*, 7, 1–11. doi:10.1016/j.jdmm.2016.05.003
- Arrow, K. J. (1963). Uncertainty and the welfare economics of medical care. *The American Economic Review*, 53(5), 941–973.
- Bhattacharjee, A. (2001). Understanding information systems continuance: An expectation-confirmation model. *MIS Quarterly*, 25(3), 351–370.
- Brakus, J. J., Schmitt, B. H., & Zarantonello, L. (2009). Brand experience: What is it? How is it measured? Does it affect loyalty? *Journal of Marketing*, 73(3), 52–68.
- Britain, G., & Beveridge, W. H. B. B. (1942). *Social insurance and allied services: Report*. Macmillan Company.
- Busse, R., Blümel, M., Knieps, F., & Bärnighausen, T. (2017). Statutory health insurance in Germany: A health system shaped by 135 years of solidarity, self-governance, and competition. *The Lancet*, 390(10097), 882–897. doi:10.1016/S0140-6736(17)31280-1
- Dewi, N. W. P. N., & Giantari, I. G. A. K. (2022). The mediation role of customer satisfaction and trust in the effect of online shopping experience on repurchasing intention. *European Journal of Business and Management Research*, 7(3), 78–83. <https://doi.org/10.24018/ejbmr.2022.7.3.1293>
- Dick, A. S., & Basu, K. (1994). Customer loyalty: Toward an integrated conceptual framework. *Journal of the Academy of Marketing Science*, 22(2), 99–113.
- Erciş, A., Ünal, S., Candan, F. B., & Yıldırım, H. (2012). The effect of brand satisfaction, trust, and brand commitment on loyalty and repurchase intentions. *Procedia - Social and Behavioral Sciences*, 58, 1395–1404. doi: 10.1016/j.sbspro.2012.09.1124

- Fu, X., & Juan, Z. (2016). Understanding public transit use behavior: Integration of the theory of planned behavior and the customer satisfaction theory. *Transportation*, 44(5), 1021–1042. doi:10.1007/s11116-016-9692-8
- Gorsky, M. (2008). The British national health service 1948–2008: A review of the historiography. *Social History of Medicine*, 21(3), 437–460.
- Hayes, A. F. (2019). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. The Guilford Press
<https://doi.org/10.1093/shm/hkn064>
- Igartua, J.-J., Hayes, A. F. (2021). Mediation, moderation, and conditional process analysis: Concepts, computations, and some common confusions. *The Spanish Journal of Psychology*, 24(49). doi:10.1017/SJP.2021.46
- Khanal, G. N., Bharadwaj, B., Upadhyay, N., Bhattarai, T., Dahal, M., & Khatri, R. B. (2023). Evaluation of the national health insurance program of Nepal: Are political promises translated into actions? *Health Research Policy and Systems*, 21(1), 7. <https://doi.org/10.1186/s12961-022-00952-w>
- Kumar, V., & Reinartz, W. (2016). *Creating enduring customer value*. Harvard Business Review Press.
- Kumar, V., & Reinartz, W. (2016). Creating enduring customer value. *Journal of Marketing*, 80(6), 36–68. <https://doi.org/10.1509/jm.15.0414>
- Lankton, N., McKnight, D. H., & Thatcher, J. B. (2014). Incorporating trust-in-technology into Expectation Disconfirmation Theory. *The Journal of Strategic Information Systems*, 23(2), 128–145. doi: 10.1016/j.jsis.2013.09.001
- Lemon, K. N., & Verhoef, P. C. (2016). Understanding customer experience throughout the customer journey. *Journal of Marketing*, 80(6), 69–96.
- Li, H., Zhang, J., Wang, L., Yang, T., & Yang, Y. (2022). A health promoting-lifestyle prediction model for dementia prevention among Chinese adults: Based on the health belief model. *BMC Public Health*, 22(1), 2450. <https://doi.org/10.1186/s12889-022-14828-9>
- Mainardes, E. W., Coutinho, A. R. S., & Alves, H. M. B. (2023). The influence of the ethics of E-retailers on online customer experience and customer satisfaction. *Journal of Retailing and Consumer Services*, 70, 103171. <https://doi.org/10.1016/j.jretconser.2022.103171>
- Marchildon, G. P. (2013). *Health systems in transition: Canada*. European Observatory on Health Systems and Policies.
- Mbango, P., & Belso-Martinez, J. (2018). Examining the effects of customer satisfaction on commitment and repurchase intentions of branded products. *Cogent Social Sciences*, 4(1). <https://doi.org/10.1080/23311886.2018.1521056>.

- Mittal, V., & Kamakura, W. A. (2001). Satisfaction, repurchase intent, and repurchase behavior: Investigating the moderating effect of customer characteristics. *Journal of Marketing Research*, 38(1), 131–142. doi:10.1509/jmkr.38.1.131.18832
- Motta-Filho, M.A. (2021). Brand experience manual: Bridging the gap between brand strategy and customer experience. *Review of Managerial Science*. 15, 1173–1204. <https://doi.org/10.1007/s11846-020-00399-9>
- Nyman, J. A. (1998). Theory of health insurance. *Journal of Health Administration Education*. 16(1):41-66. PMID: 10185500.
- O. Pappas, I., G. Pateli, A., N. Giannakos, M., & Chrissikopoulos, V. (2014). Moderating effects of online shopping experience on customer satisfaction and repurchase intentions. *International Journal of Retail & Distribution Management*, 42(3), 187-204. doi:10.1108/ijrdm-03-2012-0034
- Oberlander, J. (2003). The political life of Medicare. *The New England Journal of Medicine*, 348(6), 520-527.
- Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research*, 17(4), 460-469.
- Oliver, R. L. (1999). Whence customer loyalty? *Journal of Marketing*, 63, 33-44.
- Pakarti, P., B. S. Dharmmesta, S. S. Nugroho, & B. Sutikno (2022). Review of customer experience, perceived effectiveness of e-commerce institutional mechanisms, and repurchase intention from the perspective of expectation-confirmation theory. *Journal Aplikasi Manajemen*, 20 (1), 12–24. doi: 10.21776/ub.jam.2022.020.01.02.
- Pine, B. J., & Gilmore, J. H. (1998). *The experience economy: Work is theatre & every business is a stage*. Harvard Business Review Press.
- Ranabhat, C.L., Kim, CB., Singh, A., Acharya, D., Pathak, K., Sharma, B., & Mishra, S. R. (2019). Challenges and opportunities towards the road of universal health coverage (UHC) in Nepal: A systematic review. *Arch Public Health*, 77, 5. <https://doi.org/10.1186/s13690-019-0331-7>
- Rosen, G. (1993). *A history of public health*. Johns Hopkins University Press.
- Sahin, A., Zehir, C., & Kitapçı, H. (2011). The effects of brand experiences, trust and satisfaction on building brand loyalty: An empirical research on global brands. *Procedia - Social and Behavioral Sciences*, 24, 1288–1301. doi: 10.1016/j.sbspro.2011.09.143
- Srivastava, K., & Sharma, N. K. (2013). Service quality, corporate brand image, and switching behavior: The mediating role of customer satisfaction and repurchase intention. *Services Marketing Quarterly*, 34(4), 274–291. <https://doi.org/10.1080/15332969.2013.827020>
- Stein, A., & Ramaseshan, B. (2020). The customer experience – loyalty link: Moderating role of motivation orientation. *Journal of Service Management*, 31(1), 51-78.

Timmins, N. (2001). *The NHS: A history*. The institute for public policy research.

United Nations Nepal (2024). *Sustainable Development Goals*. <https://nepal.un.org/en/sdgs/3>

World Health Organization (WHO). (2010). *Health systems financing: The path to universal coverage*. WHO Press.

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