

The influence of clients' perceived quality on health care utilization

Mavis Aggrey¹ and Seth Christopher Yaw Appiah²

¹School of Medical Sciences, Department of Community Health,
Kwame Nkrumah University of Science and Technology
Kumasi, Ghana

²Department of Sociology and Social Work, Faculty of Art and Social Sciences,
Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Copyright © 2014 ISSR Journals. This is an open access article distributed under the **Creative Commons Attribution License**, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT: *Introduction:* The patient's perception of quality of care is fundamental to utilization of health services. Health utilization would partly depend on clients' perception of the quality of care.

Methods: A cross-sectional study involving health clients (18 to 70 years) who accessed health services in the Bantama sub-metro in the Kumasi metropolis was conducted. A total of 400 clients were recruited from ten health facilities for the study. Data was collected through interviewing using semi-structured questionnaires using SPSS and analyzed into descriptive and inferential statistics with STATA 11.

Results: Majority of subscribers assessed healthcare with their National Health Insurance (NHI) cards. Eight percent (8%) had never accessed healthcare with their NHIS cards. Respondents' reasons included not falling sick and low quality of healthcare under the NHIS. Respondents 216 (54%) indicated delays in seeing a doctor, getting laboratories done, and accessing health care as a whole. Seventy-four percent (74%) of the entire population attributed both NHIS and cash and carry systems as the payment methods associated with delays in health facilities. Clients who viewed the overall the quality of health provision as good or very good were more likely to access healthcare with NHIS card as compared to those who rated the overall health provision as poor or very poor (OR=2.1; p<0.01).

Conclusion: Clients' perceptions and experiences with quality of health provision influence their utilization of healthcare under the NHIS scheme. Increased enrolment in the scheme should be supported with provision of quality services to enhance clients' satisfaction.

KEYWORDS: Ghana, Health Insurance, Perception, Satisfaction, Health, Utilization, Quality, Care.

INTRODUCTION

Access to health care remains limited in developing and least developed countries due to socio-cultural and financial barriers. It has been documented that^{1,2} out-of-pocket expenditures (User fees) often deny people from seeking early health care. This phenomenon sometimes leads to a situation where tremendous financial burden comes upon the entire country through higher spending on complicated illnesses. Palmer et al.,(2004)³ argue that user charges constitute a strong barrier to the utilization of health care services, as well as preventing adherence to long term treatment among poor and vulnerable groups.

As a response to replace the user fees approach to health care services and delivery, all member States of WHO adopted a resolution aimed at encouraging countries to develop health financing systems with the objective of providing universal coverage⁴. In 2004, an endorsement of this recommendation by the World Health Report by WHO endorsed the pursuit of universal coverage, defined as ensuring that population access to needed health services are without the risk of financial catastrophe or impoverishment associated with obtaining care.

In Ghana, the government adopted the National Health Insurance Scheme (NHIS) in 2003, which was fully implemented in 2005. The aim of the NHIS was to ensure equitable and universal access for all residents of Ghana to an acceptable quality package of essential health care services without out-of-pocket payment being required at the point of use⁵. Client's perception of the quality of health care under the national health insurance and their utilization of health services in the country are thus related⁶

METHODS

Data and Sample

The study adopted the cross sectional design as well as the mixed sampling technique. The study was conducted amongst health clients (400) who accessed health care services in ten health facilities in the Bantama sub-metro in the Kumasi metropolis of Ghana. A mixed sampling technique was used. The main tools or instruments used for data collection were questionnaire and interview guide.

Sample Characteristics

The sample considered in the study is made up of clients who are 18-70 years. Those below 18 and above 70 were excluded because they fall within the exemption category of the NHIS. The sample size considered was influenced by the average monthly number (10%) of patients seen at each selected facilities. At the facility, a systematic random sampling was used in selecting the clients from the list of clients. The Confidence Interval was taken as ± 1.96 at 95% Confidence Level.

Measures

The dependent variable in the study is "the utilization of health care services" and the independent variables were "perceived quality (waiting time, satisfaction, staff attitudes and medication (drugs) given)".

Statistical Analysis

The study results were analyzed in both qualitative and quantitative terms. Data was collected from both primary and secondary sources. Tables, graphs and charts were used to ascribe quantitative value to qualitative data to make them amenable to statistical analysis. The responses and findings were converted to percentage scores to serve as units of measurement of results and findings of the study. The greater the percentage of responses and findings the more it was accepted as the opinion pool of the respondents (clients). The Statistical Package for the Social Sciences (SPSS) version 19 was used to analyze data gathered from respondents into descriptive and inferential statistics together with STATA 11. Percentages were used to analyze categorical data. For continuous data, the mean and the standard deviation were determined for normally distributed and median and the range for those that are not normally distributed determined. T-test was used to compare two continuous variables whiles Chi-test used to compare two categorical data.

RESULTS

The results of the study are indicated in tables and figures with their meanings elaborated below each of them.

Table 1.1: Time Spent in accessing Health Care under the NHIS

Averagely how long do you spend on a particular day at the hospital under NHIA? (n=393)	Frequency	%
– < 1hr	34	8.7
– 1hr – 2hrs	87	22.1
– 2hrs – 3 hrs	114	29.0
– >3hrs	158	40.2

Source: Field data, 2013

From table 1.1; one could picture that majority of the respondents (40.2%) are of the view that on the average, they spend more than three hours when they visit health facilities per day. Only 8.7% of the clients spent less than an hour at the health facility averagely. Those who spent between 1-2 hours and 2-3 hours on their visit to health facility for a particular day are 22.1% and 29.0% correspondingly. The in-depth-interview from the study also revealed that the delay (time wasted) in health facilities might be due to insufficient workers, increased workload, conversation among health staffs and long queues,

insufficient doctors, increased workload of doctors and long queues. Majority of the participants in the in-depth interview disclosed that they do not get their laboratory results easily done. One participant disclosed;

'There is always a long queue here and you have to wait long before you are attended to'. There sometimes some people refuse to do the lab here. I think something must be done about it because it is frustrating'.

Notwithstanding, the respondents opined that the non-insured spend much longer time at the facility because they have to go through a lot of procedures. Despite the time wasted, they expressed that they prefer NHIS to "cash and carry" with regards to time spent at the health facility. A participant explained;

'I prefer the NHIS to the cash and carry because with the NHIS you only need your card and you will be attended to at the health facility and it doesn't involve many procedures so I spend less time'.

Table 1.2: Level of Satisfaction with health provision

Overall satisfaction of health care (n=397)	Frequency	%
– Very poor	2	0.5
– poor	8	2.0
– Average	81	20.4
– Good	202	50.9
– excellent	104	26.2

Source: Field data, 2013

From table 1.2; it could be attested that majority of the respondents (50.9%) are of the judgment that their level of satisfaction of health care is good with 26.2% going the extra mile to express their satisfaction as excellent. However, 0.5%, 2.0% and 20.4% expressed their levels of satisfaction to health care as very poor, poor and average in orderly manner.

Table 1.3 Perception about medicines given under NHIS

Variable	Frequency	Percent (%)
Get easy access to drugs under the NHIA? (n=397)		
– Yes	335	84.4
– No	62	15.6
Get all the drugs prescribed by the doctor to be provided under the scheme? (n=395)		
– Yes	251	63.5
– No	144	36.5
How much money do you spend in obtaining drugs under NHIS? (n=334)		
– No money is spent	24	7.19
– <10GHS	19	5.69
– 10GHS-19.9GHS	76	22.75
– 20GHS-50GHS	139	41.62
– >50GHS	76	22.75
You prefer buying your own drugs outside of the scheme? (n=392)		
– Yes	181	46.2
– No	211	53.8
How you your rate of recovery with the drugs given under NHIS? (n=395)		
– Fast	240	60.8
– Slow	100	25.3
– Pro-long	43	10.9
– None	12	3.0
Suggested to by a health care provider to buy another brand of drug other than the one prescribed under NHIS? (n=395)		
– Yes	191	48.4
– No	204	51.4
Perception of the quality drugs given you under NHIS? (n=384)		
– Same	264	68.8
– Different	120	31.2

Source: Field data, 2013

Table 1.3 presents a summary of the respondent's perception about medicines given under NHIS. Almost 85% of the respondents gain easy access to drugs under NHIA while about 36.5% of the respondents fail to get all drugs prescribed physicians under the scheme. Most of the respondents indicated that, they spend between 20 and 50 GHC in obtaining drugs under the scheme while about 54% of the respondents claimed that they do not buy drugs outside the scheme. However, most of the respondents indicated that, the drugs prescribed to them are effective whereas about 15% of them reported that the drugs are very effective. Only, 8% of the respondents indicated that, the drugs prescribed to them are not effective.

Even though, about 10.9% of the respondents indicated that, their rate of recovery with drugs under NHIS is prolonged, majority (60.8%) of the respondents opined that their rate of recovery is rather faster with drugs under the scheme. Overall, Majority (68.8%) of the respondents indicated that, their perception about quality of drugs given under the scheme and those outside the scheme are same.

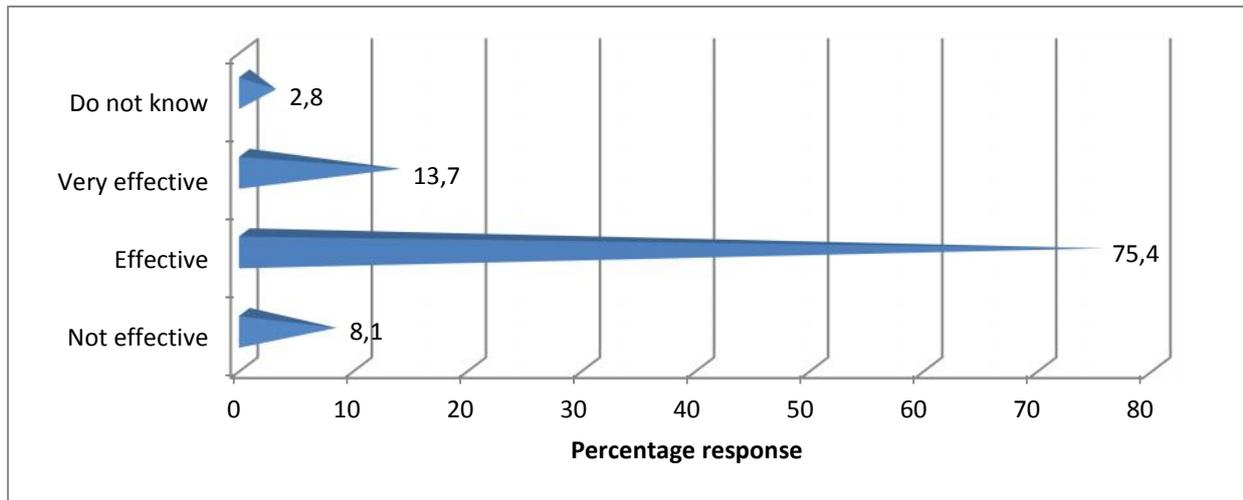


Figure 1.1: Rate of effectiveness of drugs administered under NHIS

Source: Field data, 2013

About 80% of the clients in the qualitative study further disclosed that they face problems when they have to collect their medicines from the pharmacy or dispensary. The participants indicated that they spend so much time as a result of unprofessionalism on some part of the dispensers. Others disclosed that there are drug shortages sometimes and this causes delay. Some participants further disclosed that they are not given all prescribed drugs at the dispensary and this they attributed to the fact that, the NHIS does not cover all drugs and some drugs are sometimes not available at the health facility so they have to buy from a private pharmacy. However, for the effectiveness of the drugs; majority (75.4%) accept that the drugs prescribed to them are effective with 13.7% of the clients going the extreme ends to express much more satisfaction that the drugs are very effective when used. Notwithstanding, 8.1% of the respondents are at the other side of the coin. Left to them alone, one could say, the drugs rendered to them are ineffective. Also, 2.8% of the clients expressed their views in a dilemma manner not knowing whether the drugs are very effective, effective or ineffective.

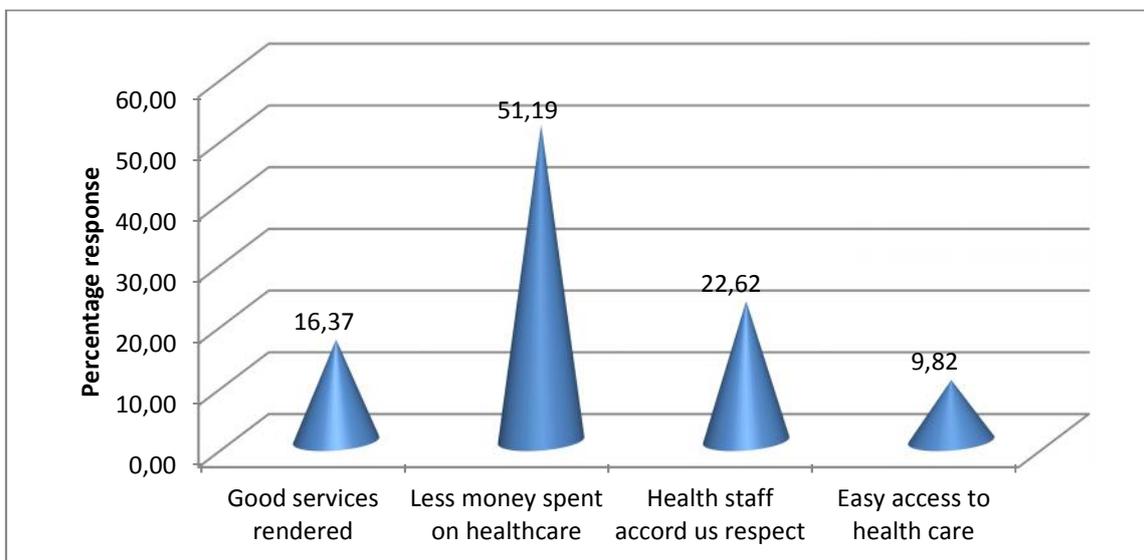


Figure 1.2: Reasons for commending NHIS to a friend

Source: Field data, 2013

Figure 1.2 indicates clearly the reason why a client would commend the scheme to a friend. It was identified that the over-arching reason (51.19%) for clients commending the scheme to a friend will be that, the NHIS is cost friendly (affordable). The next scale of order for commending the scheme to a friend is the respect accorded to them by health staff (22.62%); followed by the good services rendered to them (16.37%) and finally the ease of accessing health care under the scheme (9.82%).

DISCUSSION

Patient's perception of quality of care is fundamental to utilization of health services. Although the NHIS was meant to improve utilization of health services, health utilization would partly depend on clients' perception of the quality of care. According to Donabedian⁶, patients' perception is significant as it impacts their health-seeking behaviour, including utilization of services and provides relevant information to the policy makers to improve the quality of health care services. Utilization of health services is influenced by many factors; but the study establishes a causal-relationship between utilization of health services (dependent variable) and clients' waiting time, satisfaction, staff attitudes and medication granted (independent variables). The researcher eliminated all competing explanatory factors that can affect utilization such as socio-economic conditions, education levels and other essential influences.

In this study, majority of the clients express long delay in accessing health services under the scheme. This goes contrary to Turkson⁷ finding that majority of patients (83.4%) found the waiting time at health facilities in Komenda-Edina-Eguafo-Abrem (KEEA) District reasonable. Again, in this study, it was unveiled that those who are non-subscribers to the scheme spent much longer time than the insured due to the comparatively long procedures they have to go through to access health care services; thus, contradicting the studies brought forth by several studies^{8,9,10} which reported that persons uninsured receive medical attention or treatment promptly at the health facilities as compared to the insured.

Taking the perception about the attitude of staff, most clients rated the general attitude of staffs as good and more than 80% would recommend NHIS to friends and colleagues citing "spent less on healthcare" as major reason. This is consistent with the study of Alatinga and Williams⁸ who reported that there is no disparity among the insured and uninsured in terms of assessing health providers on their attitude. Their study also indicated that majority of respondents disclosed that the attitude put up by the health providers towards patient was commendable and appreciative.

For client satisfaction about health care services, this study expressed satisfaction with service provision with respect to the examination by a doctor or medical assistant, being informed about their illness, being told to return or not to the facility and having privacy during consultations. Again, majority of the respondents believed that speed of service, skill of service providers, respect for clients' views, handling of clients' complaints was good or excellent. Results from this study was similar to other studies which concluded that quality of health care given to clients was generally satisfactorily among both insured and non-insured^{9,11}. In a contrary finding^{8,12,13} however insured clients had a significantly higher frequency of physical examination, laboratory investigations and diabetes education compared to their uninsured. Recognizing the importance of patients' satisfaction on health utilization, Almujaal et al¹⁴ opined that patient satisfaction represents a key marker for the quality of health care delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the health care systems. This will offer a better appreciation of the factors pertaining to client satisfaction.

Provision of essential drugs is part of the basic health care services as benefit package of the NHIS. Others include outpatient consultations, inpatient care and shared accommodation, maternity care (normal and caesarean delivery), eye care, dental care, and emergency care. This study looked at client's satisfaction and perceptions about drugs given to them at the health facility. More than 80% of the respondents gain easy access to drugs under NHIA and about 64% also disclosed that they get all drugs prescribed by the doctor to be provided under the scheme. Majority of clients rated their recovery with drugs given under NHIS as fast and clients believe that quality of drugs under NHIS was same as previous payment system. About a quarter of the total clients however believe recovery with drugs under NHIS was slow. This could be as a result of purchase of inferior drugs by some health providers. The scheme should therefore set up monitoring systems to ensure that providers offer to clients the best of services including drug provision.

CONCLUSION

The study has brought to the fore and adds to the surging studies about NHIS client satisfaction with health care accessed. The study presents that there are still delays in accessing health care which was attributed to multiple service factors. Client perception has been shown to positively relate to health service utilization. The study revealed that NHIS client with positive evaluation about the scheme and its service provision was twice likely to influence continual access to health care with the NHIS; a factor that predicts renewal of membership as against a negative perception about service quality. The

study therefore calls for stakeholders to work on how the media could be used in communicating the positive successes that the NHIS is chalking as against the constant negative media and political colourations that is attached to the scheme. A good public image through the media coupled with client experience of personal benefit with the scheme, will motivate renewal of membership to sustain the scheme

REFERENCES

- [1] Van Doorslaer, E., O'donnell, O., Rannan-Eliya, R. P., Somanathan, A., Adhikari, S. R., Garg, C., Harbianto, D., Herrin, A. N., Huq, M. N. & Ibragimova, S. 2006. Effect Of Payments For Health Care On Poverty Estimates In 11 Countries In Asia: An Analysis Of Household Survey Data. *The Lancet*, 368, 1357-1364
- [2] Xu, K., Evans, D. B., Kawabata, K., Zeramdini, R., Klavus, J. & Murray, C. J. 2003. Household Catastrophic health expenditure: A multicounty analysis. *The Lancet*, 362, 111-117
- [3] Palmer, R. Weiss, B. D. & 2004. Relationship Between Health Care Costs And Very Low Literacy Skills In A Medically Needy And Indigent Medicaid Population. *The Journal Of The American Board Of Family Practice*, 17, 44-47
- [4] W. H O. 2005. Sustainable Health Financing, Universal Coverage and Social Health Insurance. *World Health Assembly Resolution*, 58.
- [5] Ministry of Finance, Ghana 2003. Poverty Reduction Strategy Paper; February 19; Accra; Ministry of Health (2004). *National Health Insurance Policy Framework for Ghana*. Revised Version .MOH
- [6] Donabedian, A. 1980. The Definition Of Quality And Approaches To Its Assessment [Explorations In Quality Assessment And Monitoring, Vol. 1]. *Ann Arbor: Health Administration Press*.
- [7] Turkson, P.K. 2009. *Perceived Quality of Healthcare Delivery in a Rural District of Ghana*. Ghana Medical Journal, 43 (2):65-70
- [8] Alatinga, K. A. & Williams, J. J. 2012. Does Membership In Mutual Health Insurance Guarantee Quality Health Care? Some Evidence From Ghana. *European Journal Of Business And Social Sciences*, 1, 103-118
- [9] Bruce, E., Narh-Bana, S. & Agyepong, I. 2008. Community Satisfaction, Equity In Coverage And Implications For Sustainability Of The Dangme West Health Insurance Scheme. *Ghana Dutch Collaboration for Health Research And Development*.
- [10] De Allegri, M., Sanon, M. & Sauerborn, R. 2006a. "To Enrol Or Not To Enrol?": A Qualitative Investigation Of Demand For Health Insurance In Rural West Africa. *Social Science & Medicine*, 62, 1520-1527
- [11] Bassili, A., Dye, C., Bierrenbach, A., Broekmans, J., Chadha, V., Glaziou, P., Gopi, P., Hosseini, M., Kim, S. & Manissero, D. 2008. Measuring Tuberculosis Burden, Trends, And The Impact Of Control Programmes. *The Lancet Infectious Diseases*, 8, 233-243.
- [12] Devadasan, N., Criel, B., Van Damme, W., Lefevre, P., Manoharan, S. & Van Der Stuyft, P. 2011. Community Health Insurance Schemes & Patient Satisfaction-Evidence From India. *The Indian Journal Of Medical Research*, 133, 40.
- [13] Dalinjong, P. A. & Laar, A. S. 2012. The National Health Insurance Scheme: Perceptions And Experiences Of Health Care Providers And Clients In Two Districts Of Ghana. *Health Economics Review*, 2, 1-13
- [14] Almujaali A. et al. (2009). *Assessment of enablement effect of consultation on patients attending primary health centers in Qatar*. Middle East Journal of Family Med; 7: 3-6

HOW TO CITE THIS ARTICLE

Mavis Aggrey; Seth Christopher Yaw Appiah (2014) The influence of clients' perceived quality on health care utilization, *International Journal of Innovation and Applied Studies*.