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Attitudes of renal failure patients towards their health insurance policies: A survey study on patients with renal failure in Jordan Hospital

Dr. Fatima Al-Zubaidi
Center of strategic studies, the University of Jordan, Amman, Jordan
Corresponding author email: Fatemaalzubaidi@yahoo.com

***Abstract*---**The study aimed to identify the relation between renal failure disease and economic difficulties and to identify the patients' attitudes regarding health insurance policies, the quality of services provided according to the type of insurance and their role in reducing those difficulties by social survey method on sample of (40) patients. Results**:** The economic impact, Jordanian patients holding governmental health insurance suffers the most according to the results , and have high statistically significant, compared to patients of other nationalities. Jordanian renal failure patient holders of governmental health insurance dissatisfaction regarding policies and procedures related to obtaining and renewing health insurance. There is a high level of patients' satisfaction with the quality of services provided to them in Jordan Hospital, where the level of this satisfaction was not affected by the type of insurance and nationality. Recommendations: create a mechanism allows health insurance to cover other aspects which will reduce economic burden on indigent patients, such as transportation allowances, medical tests in the same hospital that the renal patient visits. improve performance and deal more professionally with patients and their families.

***Keywords*---**trend, renal failure, policies, health insurance.

Introduction

Social sciences and medical anthropology are one of the most important fields that have delved into and dealt with health and diseases studies, with different dimensions closely related to diseases and treatment. Social sciences focused, through its different theories, on different dimensions, of which economics was the most important approaches and interpretations. Renal failure disease is one of the most important chronic diseases that requires constant visits to the hospital in order to receive appropriate treatment represented by dialysis

procedures. This disease creates economic burdens, which individual often cannot face alone.

Statistics according to World Health Organization show that 10% of adults in the world suffers chronic renal failure, where high blood pressure and diabetes are the most dangerous factors causing renal disease. [1] In Jordan, the number of patients with renal failure reached 5,500 patients in 2016, with an annual increase rate of 500 patients, and the cost of dialysis operation per patient ranges annually between 14-21 thousand USD. [2] In Jordan, the number of patients with renal failure reached 5,500 patients in 2016, with an annual increase rate of 500 patients, and the cost of dialysis operation per patient ranges annually between 14-21 thousand USD [2]. Health care expenditures are covered through the health insurance program that stems from the health strategy, plans and policies that follow them, as these policies focus on multiple health axes, the most important of which is the emphasis on the importance of health insurance coverage for specific groups such as children, women, elderly, and people with chronic diseases, therefore, there are many weaknesses and recipients dissatisfaction regarding these insurances.

Making social policies, evaluating them, and getting acquainted with the trends of their beneficiaries is a fertile and important field for the social work profession in all fields, as the medical field is one of its most important branches. Social work profession is defined as: (a paid professional activity that aims to help people face serious difficulties in their lives by providing them with care, protection and guidance through social support. [3] The problem of the study is represented by high economic burdens related to the cost of renal failure treatment in Jordan, as it was estimated in 2016 (14-22 thousand USD) per patient with 5500 patients in the same year. [2] On the other hand, part of the patients 'economic burdens is covered by the Ministry of Health. Nevertheless, patients' satisfaction with health insurance services and special policies ranges between satisfaction and non-acceptance, thus, the problem of the study is to answer the following question:

What are the problems related to the economic aspects that the patient suffers from as a result of renal failure, and what are the patients' attitudes towards health insurance policies and services quality provided?

Objectives of the study

This study seeks to achieve the following:

1. Identify the statistically significant differences in the attitudes of the study population towards the relation of renal failure disease to the occurrence of economic nature problems attributed to their general characteristics.
2. Identify the trends of patients with renal failure about health insurance policies, according to nationality and type of insurance.
3. Knowing the effect of health insurance type and nationality on the satisfaction of patients with renal failure regarding services quality provided to them in Jordan Hospital.

Study questions

1. What is the relation between renal failure disease and economic nature problems, according to the patient's general characteristics?
2. What are the trends of renal failure patients towards health insurance policies, according to nationality and type of insurance?
3. Is there an impact on the type of insurance and nationality on patients' satisfaction about health services provided at Jordan Hospital?

Theoretical framework and related previous studies

Social and health policies that stem from the general strategic plans of countries have a fundamental role in contributing in the protection of society from diseases through primary health services, adherence to international conventions and agreements, in addition to limiting the spread of chronic diseases, and encouraging treatment and preventing health problems , especially related to chronic diseases, while health insurance policies are the main axes that encourage patients to adhere treatment plans. [4]

Economic factors are one of the most important axes that can't be underestimated in terms of the success of treatment plan, or receiving treatment, as economic factors are the main axis in the occurrence or elimination of disease, as stated in the conflict theory and its concepts centered on economic factors and what can produce from various effects. [5] Medical sociology is concerned with the factors that led to the occurrence of the disease, in addition to the factors that help to get rid of it such as economic factors, housing conditions, the patient's job, pressures and social influences that could lead to the emergence of the disease. [6]

Renal failure

Classified as chronic diseases accompanied with other chronic diseases associated with diabetes and hypertension. [1] In Jordan there are 75 dialysis units, containing 913 devices, distributed between the private sector by 46.7%, the government sector by 41.3%, the royal medical services by 9.3%, and university hospitals by 2.7%. [7] The patients are distributed among the previous sectors according to the type of insurance. Renal failure is divided into: acute renal failure, in which the patient needs dialysis only during a specific period, and the second type is chronic renal failure in which the patient needs constant dialysis, in addition to following a diet. [8]

Health insurance

The most prominent problems related to health insurance that it does not cover all segments of society, which leads to the exposure of disadvantaged groups to risks of destitution, disease and death. [9] The regulations for health insurance policies in Jordan stem from the strategic plan of the Ministry of Health. In a review of this strategy, weaknesses related to health insurance policies were represented by:

- A need to develop the laws and regulations in force.

- Low per capita income, widespread poverty and unemployment.
- Forced migrations by neighboring countries to Jordan.
- The existence of inflexible legislations that limit the work of the ministry
- Absence of a comprehensive health insurance system.
- High expectations of recipients of health services in light of limited resources. [4]

As for the policies and recommendations that emerged from the strategy and must be achieved:

- Expanding the health insurance umbrella.
- Achieving fairness in obtaining health services.
- Strengthening the partnership between health sectors.
- Motivating and developing human resources.
- Adopting the concept of quality when providing services.
- Promoting the practice of healthy health patterns. [4]

Social worker role in health policies

First: identifying the actual needs of patients, evaluating the effectiveness of the existing service and the most urgent problems through field studies and research.
Second: considered a link between citizens and health policy makers, to transfer patients' experiences to establish a mutual consensus. [10]
Third: contribute to bring about needed changes in social and health policies based on identifying the actual problems of those in need. [11]
Fourth: proposing available alternatives for policies, choosing the best alternatives and solutions to achieve the goals. [12]

Related previous studies

First: Arab Studies

Kharoubi study (2008) came "The contractual relationship between hospitals and the health insurance sector and its reflection on health service quality" aimed to demonstrate the reflection of the contractual relation and the bodies that provide health insurance on the quality of service provided in the Sarafand / Lebanon. The study found a positive statistical relation between the patient's satisfaction and a number of performance indicators such as the speed of receiving the service provided and its compatibility with the policy stipulated in the insurance, the study also revealed the existence of a problematic relation between hospitals and the parties' insurance coverage and its reflection on the service. The study recommended attention to patient satisfaction. [13]

The Al-Mezan Center for Human Rights (2008) conducted a study entitled: "Chronic Diseases in the Gaza Strip, a Study of the Reality of Renal Failure, Cancer, and Heart Diseases," which aimed to emphasize the seriousness of chronic diseases and their causes in addition to drawing attention to the reality of health services in the Gaza Strip and the reality of diseases. The study found that the problems faced by people with chronic diseases in the Gaza Strip are a reflection of the political situation and the difficult economic conditions. [14]

Second: Foreign Studies

Liying et al. (2012) study was conducted to research strategies to expand health insurance coverage for the less fortunate groups of the population in Boston State in the United States of America, as it aimed to identify the impact of strategies and plans on increasing health insurance coverage for the population and vulnerable groups. The study found that citizens are uncomfortable and approving of the idea of joining health insurance. The study also found that the chances of residents obtaining health care services compared to those who agreed to join the insurance were greater. [15] The study recommended the need to amend strategies and policies for health insurance premiums, and also emphasized the importance of policy makers' role by adopting the recommendations of the study that harmonize with World Health Organization recommendations, which stresses the importance of expanding patients covered by health insurance.

Method and procedures

Study Approach

A social survey method was used, and the study was conducted according to the following steps:

- Preparation of theoretical literature and previous and related studies.
- Developing the research questionnaire through theoretical literature and previous studies, and of specialists' references.
- Achieving the psychometric properties of the research tool, in terms of validity and reliability.
- Determine the sample required for the purposes of applying the research tool.
- Distributing the questionnaires to the study population who are patients with renal failure visiting Jordan Hospital in the first three months of 2018, processing the questionnaires statistically using the Statistical Package for Social Sciences (SPSS).
- Extracting, ensuring, analyzing and discussing the results consistency, then proposing appropriate recommendations.

Study population

Patients with renal failure treated in Jordan Hospital until the date of distribution of the questionnaire on 15th of March 2018, as the clinical capacity of Jordan Hospital is 300 beds, and the number of patients who visit the hospital regularly for dialysis procedures is 41 patients. One child was excluded from participation because the questionnaire targeted adult patients only. Jordan Hospital was chosen for being the largest in terms of number of beds in among private hospitals in Jordan. [7]

General Characteristics of the study sample

General Characteristics		Repetition	percentage
Gender	Male	15	37.5
	Female	25	62.5
Total		40	100%
Social Status	Single	4	10.0
	Married	22	55.0
	Divorced	6	15.0
	Widower	8	20.0
Total		40	100%
Comorbidities	Diabetes	22	55.0
	Hypertension	15	37.5
	Heart Disease	3	7.5
	No Comorbidities	00	00
Total		40	100%
Nationality	Jordanian	31	77.5
	Non -Jordanian	9	22.5
Total		40	100%
Family Income/M		00	00
		13	32.5
		27	67.5
Total		40	100%
Educational Level	Illiterate	3	7.5
	Basic	2	5.0
	Secondary	12	30.0
	College	9	22.5
	University	13	32.5
	Postgraduate	1	2.5
Total		40	100%
Years Of Diagnosis	- 5	8	20.0
	5 - 9	15	37.5
	10 -14	12	30.0
	+15	5	12.5
Total		40	100%
Age	-30 Years	2	5.0

Table (1) Distribution of the study population according to general characteristics

Paragraph	R	Sig. level	Paragraph	R	Sig level
1	0.33	*0.02	16	0.62	**0.00
2	0.57	**0.00	17	0.66	**0.00
3	0.77	**0.00	18	0.68	**0.00
4	0.85	**0.00	19	0.72	**0.00
5	0.47	**0.00	20	0.59	**0.00
6	0.36	**0.01	21	0.69	**0.00
7	0.72	**0.00	22	0.87	**0.00
8	0.82	**0.00	23	0.88	**0.00

9	0.77	**0.00	24	0.91	**0.00
10	0.65	**0.00	25	0.83	**0.00
11	0.66	**0.00	26	0.82	**0.00
12	0.32	*0.03	27	0.80	**0.00
13	0.83	**0.00	28	0.32	*0.02
14	0.66	**0.00	29	0.57	**0.00
15	0.67	**0.00	30	0.36	**0.01

* Statistically significant at (0.05). ** Statistically significant at (0.01)

In addition, Jordan Hospital accepts referrals of patients from the Ministry of Health and of different nationalities from outside Jordan, which provide comparison of patients' attitudes within different nationalities and different insurances as well. Table (1) shows that most members of the study population were female (25) patients (62.5%) of the study population, most of them were married (55.0%), while all the study population patients had diseases associated with renal failure, and that a percentage (55.0%) have diabetes, (37.5%) suffer from blood pressure, and (7.5%) suffer from heart disease.

Also most of the patients with renal failure in Jordan Hospital were of Jordanian nationality, with a rate of (77.5%), with regard to monthly income, most of them were in the income group (+ 840 USD), forming (67.5%). Most of them were within the educational level (university), as their number reached (13) individuals, thus forming (32.5%) (Table 1). It is also noticed that (67.5%) of the study population ranged between (5-9 years), and that most of them are between (50 - less than 60 years old) and (52.5%), (77.5%) are subject to health insurance. Government staff, and (55.0%) of them are non-employees. [16]

Study tool

The study questionnaire was designed and divided into two parts:

The first: is related to personal information and data about the respondent such as: (gender, age, marital status, nationality, current employment status, monthly household income, educational level, comorbidities and years of diagnosis, and type of health insurance).
The second: The questionnaire was designed to actually measure the respondents 'responses and attitudes according to the triple Likert scale (agree, neutral, disagree), in order to identify different information and topics related to patients with renal failure, such as: (economic problems resulted from the disease, patients' attitudes towards obtaining health insurance policy and their perspectives regarding health insurances within different axes, in addition to identifying their attitudes towards the quality of health services provided according to type of health insurance).

To ensure the validity and effectiveness of the questionnaire, it was distributed to academics specialized in sociology and professional experts in medical sociology for arbitration, where their feedback was noted.

Content Validity

Attention was focused on ensuring that each of the study variables is accurately represented by a group of paragraphs that measure this variable. The validity of the questionnaire content was measured by measuring the relationship between each paragraph and the axis to which it belongs, excluding is weak correlation coefficient paragraphs depending on the correlation relations that more than (95%) with important statistical significance at a³ (0.05) level, as shown in table 2, which shows that the correlation coefficients for the paragraphs of the fields of the study tool (the questionnaire) ranged between (0.32) and (0.91), which is a statistically significant function at level (0.01) and (0.05), which indicates strong internal consistency for the paragraphs of the questionnaire.

Table (2) Validation of the content of the paragraphs of the study tool

Domain	R	Sig.level
1st Domain: the disease and its impact on the economic aspect	0.87	**0.000
2nd Domain: disease and health insurance policies	0.93	**0.000
3rd Domain: health insurance and the quality of the health services provided	0.89	**0.000

** Statistically significant at (0.01).

The validity of the content was tested for the domains as a whole, as shown in Table 3, which shows that the correlation coefficients for the questionnaires ranged between (0.84) and (0.93), which is statistically significant at the level (0.01), and this indicates that there is a strong internal consistency for the fields of the study tool.

Table (3) Content validation for the fields of study

Domain	Sen.no.	α
1st Domain: the disease and its impact on the economic aspect	10	0.925
2nd Domain: disease and health insurance policies	9	0.916
3rd Domain: health insurance and the quality of the health services provided	11	0.901
The whole questionnaire	30	0.972

Reliability

To ensure the Reliability of the study tool, the internal consistency was calculated according to the Cronbach alpha equation for each field and for the rate as a whole, and as shown in Table (4) ,that the Cronbach's alpha coefficient for all domains reached (0.972), which is an indication of the reliability of the study tool, where coefficient greater than (0.70) is acceptable, and that the Cronbach's alpha coefficients for each of the domains of the questionnaire separately was high, indicating the reliability of this questionnaire.

Table (4) Reliability of the Questionnaire Domains using Cronbach's alpha coefficient (n = 40)

No	Statement	SD	SMA	Order
9	I cannot go to the hospital outside of the insurance costs if I need to.	2.79	0.69	1
4	Economic illness conditions reduced my family's well-being.	2.78	0.62	2
1	Economic treatment costs reduced family income.	2.72	0.66	3
5	Having health insurance reduced my economic problems.	2.65	0.64	4
6	The transportation costs to the hospital have affected my family's budget.	2.61	0.65	5
8	I cannot cover treatment (medication) that are not covered by the insurance.	2.43	0.69	6
7	I may stop treatment because of economic situation for me and my family.	2.42	0.61	7
10	The lack of insurance coverage for lab and x-ray tests poses an economic problem for me.	2.38	0.70	8
2	My family complains about the economic burden of treatment.	2.22	0.72	9
3	A family member had to drop out in order to cover the patient's economic needs.	2.00	0.75	10
Overall average		2.50	0.67	

Results

First: The results related to the first question: (Are there statistically significant differences at α ≤ 00.5 in the attitudes of the study population towards the relationship of renal failure to the occurrence of economic problems attributable to their general characteristics?

To answer this question, the arithmetic averages and standard deviations were calculated related to the answers the study population from patients with renal failure in Jordan Hospital on (disease and its impact on the economic aspect) in order to identify their attitudes, and then perform the F-test and t-test to identify the differences in their attitudes depending on personal characteristics.

Table (5): Arithmetic averages and standard deviations of the study population's responses to "disease and its impact on the economic aspect"

Variable	T-value	Df.	Ad.	Sig. level
Gender	0.927	39	0.138	0.355
Nationality	3.445	39	0.084	0.032

The results shown in Table 5 indicated that most of the sample members agreed with the paragraphs of the first field related to the impact of renal failure on the economic side of the patient and his family. The largest arithmetic average for paragraph 9, which refers to approval was (2.79), followed by the arithmetic average for paragraph 4 (2.78), which also indicates approval. The minimum arithmetic average, was (2.00) paragraph 3. Through the general average of (2.5), it is noticed that most of the study population agree that renal failure affects them economically, while the standard deviation was (0.67), this low value indicates

that the respondents' answers are close. In order to identify the differences in the attitudes of the study population towards the effect of the disease economically, a t-test was performed for gender and nationality variables, and the f-test for the rest of the general variables as shown in Table 6.

Table (6) t-test for differences in "Attitudes of the study population towards the impact of renal failure disease on the economic aspect due to gender and nationality variables"

Variable	S^2	SST	Df.	SSW	F - value	Sig. L
Social Status	SSB	3.654	3	1.218	1.744	0.210
	SSW	87.424	36	0.444		
	Total	91.078	39			
Comorbidities	SSB	7.285	3	3.649	1.607	0.122
	SSW	83.793	36	0.423		
	Total	91.078	39			
Family Income/M	SSB	3.677	2	2.112	0.987	0.141
	SSW	93.67	37	0.223		
	Total	97.347	39			
Educational Level	SSB	3.89	5	3.521	1.021	0.098
	SSW	93.547	34	0.358		
	Total	97.347	39			
Years Of Diagnosis	SSB	3.784	3	2.896	0.879	0.151
	SSW	86.424	36	0.332		
	Total	90.208	39			
Age	SSB	9.265	4	3.578	1.012	0.231
	SSW	84.733	35	0.621		
	Total	93.998	39			
H.I.	SSB	4.867	3	3.214	7.022	0.021
	SSW	91.65	36	0.521		
	Total	96.517	39			
Current employment status	SSB	3.721	3	4.001	0.987	0.111
	SSW	89.89	36	0.413		
	Total	93.611	39			

Which indicates that there are no statistically significant differences at the level ($\alpha \leq 00.5$) in the attitudes of the sample members about the effect of renal failure disease economically according to the gender variable, as it reached the significance level (0.355), which is greater than the statistically acceptable level, and this indicates noting that the estimates of males and females have almost the same and did not differ in the degree of the disease's impact economically.

The data also indicate that there are statistically significant differences at the level ($\alpha \leq 00.5$) regarding attitudes of the study population about the effect of renal failure disease economically according to nationality variable, as it reached the significance level (0.032), which is less than the statistically acceptable level, indicating that the estimates of Jordanians and non-Jordanians have varied about the degree of the disease's impact economically, where the disparity and the high degree economic impact related to Jordanian nationality.

Table (7) f-test for the differences in the study population estimates about the effect of renal failure disease on the economic aspect due to general variables

No.	Paragraph	SMA	SD	Order
17	Health insurance highlights the policy orientation to enhance cooperation among society.	2.68	0.54	1
18	Insurance workers respond to the emergency requirements of the patient.	2.66	0.55	2
16	Insurance has a clear role in affirming health policies to preserve society members' health.	2.65	0.58	3
11	I got health insurance easily.	2.54	0.55	4
12	There are many obstacles that have delayed my health insurance.	2.45	0.68	5
13	The insurance I take is appropriate to the needs and nature of my disease.	2.39	0.62	6
14	The procedures for workers in the insurance sector are professional.	2.12	0.59	7
19	Employees explain the health insurance details and the texts included in them.	2.11	0.62	8
15	There is difficulty in renewing health insurances.	2.00	0.63	9
Overall total		0.59	2.40	

Table (7) data indicate that there are no statistically significant differences at the level (α = 0.05) in the attitudes of the study population about the effect of renal failure on the economic side according to general variables (marital status - comorbidities - family monthly income - educational level - age - The current employment status), where the value of the significance levels was greater than (0.05) the statistically acceptable level, which indicates that there is no variation in the sample individuals 'estimates of the impact of renal failure disease on the economic side. Table 7 data also indicate that there are statistically significant differences at the level (α = 0.05) in the attitudes of the study population regarding the effect of renal failure disease on the economic side according to (health insurance) variable, where the level of significance reached (0.021) which is less than the acceptable error level (0.05).

Second: The results related to the second question: What are the attitudes of renal failure patients regarding health insurance policies?

To answer this question, the arithmetic averages and standard deviations were calculated for the responses of the study population from patients with renal failure who were visiting Jordan Hospital on the second domain (health insurance policies) in order to identify their attitudes

Third: Results related to the third question: Is there a statistically significant impact at the level of significance α ≤ 00.5 for the type of health insurance on the extent of patients 'satisfaction with the quality of the health services provided to them?

To answer this question, Simple Regression analysis was used to find out the effect of the type of health insurance on patients' satisfaction with the quality of the health services provided to them. There is no statistically significant effect of the type of health insurance on the extent of patient satisfaction with the health

services provided, the value of P (1.327) and the level of significance (0.051) is greater than the statistically acceptable error, while the determination coefficient R2 reached (0.08) meaning that only (8.0%) of the changes in the level of satisfaction with the health services provided are due to the type of health insurance.

Results discussion and recommendations

Through the statistical analysis of the study data, the following results were reached: Renal failure affects patients economically, and most of the patients, members of the study population agreed on that. The differences were greater, meaning that the effect of the disease is greater depending on the Jordanian nationality and the government insurance owners, due to patients with renal failure incur additional financial expenditures in treatment, even if the treatment is covered by health insurance, there are transportation costs and other expenses , patient is forced to do dialysis, which takes a long time and thus is unable to practice work in a normal manner, which explains that most patients do not work full-time, in agreement with the Al-Mezan Center for Human Rights study (2008) entitled: “Chronic Diseases in the Gaza Strip: A Study of the Status of Renal Failure, Cancer, and Heart Diseases.

As for the Depasquale (2012) study, which was carried out to find out the feasibility and effectiveness of a social worker intervention to improve the lives of kidney transplant patients and clarified the patients ’economic suffering and concerns in this regard, the current study came and supported this study through its results. [17] In addition to the above, the renal failure disease has other consequences or accompanying diseases that may not be covered by health insurance, which increases the effect on patients economically. The results of the analysis showed that all patients with renal failure have associated diseases such as diabetes and blood pressure.

The results also showed that there were no differences in the estimates of the study population towards the negative impact of the disease on the economic side according to their different personal characteristics such as gender, marital status, income level, etc., except nationality and type of insurance variable, where the suffering of Jordanian nationality holders with government insurance was greater than the suffering of other nationalities , due to the nature of the Jordanian society and the economic crises , and the nature of the category that the insurance serves, which characterized by being of unemployment old people , this study conducted to complete what was brought by (Manns, et, al ,2017) entitled: The economic impact of advanced renal disease. [18]

Health insurance policies are considered from patients' perspective , regardless nationality, type of insurance and other characteristics operate with concern and cooperation among society, and that insurance has a clear role in confirming health policies to preserve the health of society members, the result also showed the dissatisfaction of the Jordanians regarding policies related to obtaining health insurance, renewal and procedures, in comparison with other nationalities and non-governmental insurances, this result is explained by the failure of workers in the Jordanian Ministry of Health towards these patients and the difficulty in

health insurance procedures, It may be due to rigid regulations and instructions and adherence to a useless bureaucratic system, and as a result there are many negative health and psychological effects on the patient, his family, and the members of society as a whole. [15] This result is reinforced by the low awareness of those in charge of the health insurance sector, which is a disadvantage for government sectors in general and the services provided by those in charge.

There is a high level of satisfaction of patients with renal failure with the quality of the services provided to them, and the level of this satisfaction was not affected by the type of health insurance, this result is due to the awareness of workers through the services provided and the absence of an effect attributable to the type of health insurance, as the level of satisfaction in general is high regardless the type of insurance, this result can be attributed to the consensus of most members of the study population that doctors follow up their condition, as well as the hospital's interest in the quality of the services provided. This result denies Kharroubi (2008) study "The Contractual Relationship between Hospitals and the Health Insurance Sector and its Reflection on the Quality of Health Service", which showed that there are differences in the quality of services provided to patients due to the type of insurance.

Recommendations

Through the findings of the study, the researcher recommends the following: Creating a mechanism through legislating social policies through intensive social studies of the patients' economic status, working to allocate partial health insurance for transportation, and working to facilitate the terms and conditions of health insurance to include laboratory and x-ray examinations in the same hospital to which the patient is referred by the Ministry of Health. The need to enroll workers in the government health insurance sector in training courses to improve performance and deal more professionally with patients with regard to obtaining and renewing insurances, and explaining provisions. Considering procedures for obtaining government health insurance and studying obstacles by decision-makers in the Ministry of Health in order to facilitate patients' access to them and bypass bureaucratic obstacles. Intensification of awareness and education campaigns through the collaboration of different health sectors and coordination with community institutions such as schools, universities, and media regarding health awareness in several areas, including, protection from disease, overcoming the wrong behaviors that lead to it, and the need for community members to cooperate with regard to donating organs upon death.

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Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Availability of data and materials

The data used to support the findings of this study are available from the corresponding author upon request. Informed consent: The manuscript does not contain any individual person's data in any form.

Significance for public health

- Identify the problems related to economic aspects that may be caused by the existence of a renal failure patient in a family.
- Identifying the weaknesses and the strengths in obtaining health insurance policies.
- Work to link the impact of the type of insurance, the patient's nationality with flexibility of obtaining it, the policies followed, in addition to the quality of health services provided.

The current study will focus on patients with renal failure and the problems of an economic nature that have resulted from the disease and the role of health insurance in reducing those problems, also to identify patients' attitudes towards health insurance policies in addition to identifying the quality of health services provided according to type of insurance.

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