# The role of Sehat Insaf Card in access to healthcare services: Exploring health professional perceptions in Lahore

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*Abstract*---Introduction:  The Sehat Insaf Card (SIC) scheme has the potential to improve access to healthcare services for low-income families in Pakistan, there are several challenges that healthcare professionals may face during its implementation. Objectives: This study aims to assess the workload, reimbursement rates, quality of care, and job satisfaction and burnout levels of healthcare professionals in private hospitals providing services under the Sehat Insaf Card scheme. The study's findings will provide insights into the effectiveness of the scheme and inform policymakers about healthcare workforce well-being. Methodology: The study utilized a cross-sectional survey design to collect data from private hospitals in Lahore, using a one-day survey and questionnaires to achieve a snapshot of the research problem at a societal level. A sample size of 200 was calculated and data were analyzed using SPSS. Regression analysis was done to calculate value significance of the analysis. Results: The study assessed the impact of Sehat Insaf Card on healthcare professionals in private hospitals. Results showed a significant impact on increased work and demand (mean score: 76.09, p-value: 0.0071), due to administrative requirements (mean score: 65.09, p-value: 0.0082), and insufficient reimbursement rates (mean score: 56.98, p-value: 0.0032). The study also found that Sehat Insaf Card had an impact on compromised quality of care provided (mean score: 49.05, p-value: 0.015) , and decreasing job satisfaction among healthcare professionals (mean score: 22.07, p-value: 0.0011). Moreover, the study revealed insufficiency in the training provided to healthcare professionals (mean score: 36.09, p-value: 0.0016). Conclusion: The implementation of the SIC scheme may also lead to an increased workload for healthcare professionals but also created job opportunities for the increased work demand. As the scheme provides free healthcare services, there may be a surge in demand for healthcare services, leading to longer working hours and increased pressure on healthcare professionals. The SIC scheme has the potential to overcome these challenges and improve access to healthcare services for vulnerable populations in Pakistan.

*Keywords*---healthcare services, Sehat Insaf Card, health professional perceptions.

## Introduction

In Pakistan the health care system is divided into public and private hospitals. Access to healthcare services is a fundamental right of every individual, yet it remains a significant challenge for many people in Pakistan. Quality services and access to health care services for all is a globally recognized challenge in developing country like Pakistan. To address this issue, the government of Punjab launched the Sehat Insaf Card (SIC) scheme in 2015, aiming to provide free healthcare services to low-income families across the province. The SIC scheme has been praised for its potential to improve access to healthcare services and reduce the financial burden on vulnerable populations.[1]

Despite the efforts to improve healthcare services through the SIC scheme, there is a lack of understanding of how healthcare professionals perceive its effectiveness in improving access to healthcare services. Therefore, this research aims to explore the perceptions of healthcare professionals in Lahore regarding the role of the SIC scheme in improving access to healthcare services.[2] This study is significant as it provides insights into the effectiveness of the SIC scheme from the perspective of healthcare professionals. Understanding their perceptions can help identify potential barriers to effective implementation and provide recommendations for policymakers to improve the scheme's efficiency. Overall, this research aims to contribute to the ongoing discourse on healthcare access in Pakistan and provide insights that can inform policy and practice.

Healthcare professionals in Pakistan face various challenges in providing healthcare services to the population, especially in low-income areas. One of the primary challenges is the lack of infrastructure and resources, such as medical equipment, medicines, and trained staff. This lack of resources can lead to inadequate healthcare services and affect the quality of care provided to patients.[3-4] Another significant challenge faced by healthcare professionals is the limited access to healthcare services in remote and rural areas. Many communities lack basic healthcare facilities, making it challenging for people to access essential healthcare services. This can result in delayed diagnoses, increased morbidity and mortality rates, and a lack of preventive care.[5] The high cost of healthcare services is also a significant challenge for healthcare professionals and patients. Many people cannot afford healthcare services, and as a result, they avoid seeking medical treatment until their condition worsens, leading to more severe health problems.[6]

Additionally, healthcare professionals in Pakistan face challenges such as social stigma and cultural barriers that can affect their ability to provide effective healthcare services. For example, many women face cultural barriers in accessing healthcare services due to societal norms and gender-based discrimination.[7] These challenges can impact the healthcare system's overall effectiveness and limit access to healthcare services for the population. Therefore, it is essential to address these challenges to improve healthcare access and outcomes for all.

While the Sehat Insaf Card (SIC) scheme has the potential to improve access to healthcare services for low-income families in Pakistan, there are several challenges that healthcare professionals may face during its implementation. One of the significant challenges is the lack of awareness among the population regarding the SIC scheme. Many people may not know about the scheme or how to access it, leading to low enrollment rates and limited access to healthcare services. Healthcare professionals may need to invest time and resources in educating the population about the scheme to increase enrollment and improve access to healthcare services.[8]

Another challenge is the limited healthcare infrastructure and resources in many areas. The SIC scheme provides free healthcare services to eligible families, but healthcare facilities may not have the necessary resources and infrastructure to provide quality care to a larger number of patients. This can lead to longer waiting times, inadequate treatment, and reduced patient satisfaction.[9]

**Objectives**

- ✓ To evaluate the workload of healthcare professionals in private hospitals.
- ✓ To identify if reimbursement rates provided by Sehat Insaf Card for services provided at private hospitals are not sufficient to cover the actual costs of providing care.
- ✓ To check the quality of care provided at private hospitals due to increased patient load and resource constraints.
- ✓ If the Sehat Insaf Card had resulted in healthcare professionals experiencing burnout and decreased job satisfaction.

**Methodology**

The study design selected for this research was a cross-sectional study by survey method and the reason for choosing this method was that it gives a snapshot of my research problem at a societal level. Data was collected from private sector hospitals in Lahore. A day survey in the hospital was conducted and questionnaires were filled. A sample size of 200 was calculated. From WHO survey calculator with the estimated population. Data were analyzed using SPSS. All the data was compiled and then checked for missing data and accuracy of data. Regression analysis was done to compare the variables and calculate value of significance. All the doctors, administrative staff, and paramedics working under sehat insaf card were included, while the staff working privately were excluded.

Table 1: Based on the responses provided in the table, the majority of healthcare professionals in private tertiary care hospitals agree that the implementation of the Sehat Insaf Card has resulted in an increased workload for them due to the increased number of patients visiting the hospitals. However, there is a mixed agreement regarding the administrative requirements of the card increasing their workload, with some disagreeing and others agreeing.

Table 2: describes the administrative requirements for the Sehat Insaf Card that have resulted in an increased workload for healthcare professionals in private tertiary care hospitals, leading to potential delays in patient care and treatment and decreased quality of care. It is crucial to address these concerns and streamline the administrative process to ensure that healthcare professionals can focus on providing high-quality care to patients.

Table 3: describes a considerable percentage of respondents who believe that the low reimbursement rates have led to a decrease in the quality of care provided and have resulted in financial losses for hospitals and healthcare professionals. This finding may indicate a need for policymakers to re-evaluate the reimbursement rates provided by Sehat Insaf Card to ensure that private tertiary care hospitals can provide high-quality care without incurring financial losses. Moreover, many respondents believed that the reimbursement rates should be increased to better reflect the actual costs of providing care at private tertiary care hospitals. This suggestion may help alleviate the financial burden on hospitals and healthcare professionals and improve the quality of care provided to patients

Table 4: the implementation of the Sehat Insaf Card has resulted in an increase in patient load and strain on resources at private tertiary care hospitals. This has also led to longer wait times for patients, which some healthcare professionals believe has led to a decrease in the quality of care provided. However, there is no clear consensus on the impact of the Sehat Insaf Card on the workload of healthcare professionals, the administrative requirements, or the reimbursement rates for services provided at private tertiary care hospitals. Some respondents believe that the administrative requirements are clear and easy to understand, while others believe they are time-consuming and add unnecessary workload. Similarly, some respondents believe that the reimbursement rates are fair and reasonable, while others believe they do not cover the actual costs of providing care and have led to financial losses for hospitals and healthcare professionals.

Table 5: the implementation of the Sehat Insaf Card has had a significant impact on healthcare professionals' workload, with a majority of respondents agreeing or strongly agreeing that it has increased their workload and administrative burden. This increased workload and administrative burden have led to an increase in stress levels, and a decrease in job satisfaction for some healthcare professionals. In addition, a significant proportion of respondents feel that the inadequate compensation due to Sehat Insaf Card has also resulted in decreased job satisfaction. Overall, the implementation of the Sehat Insaf Card appears to have a negative impact on the job satisfaction and well-being of healthcare professionals.

Table 6: the healthcare professionals have mixed views on the sufficiency of the training provided to them on how to use the Sehat Insaf Card. While some agree that the training was comprehensive and effective, others disagree or are neutral. However, a significant majority agree that the training was adequate to perform their job duties.

Table 7: the analysis suggests that the implementation of the Sehat Insaf Card has had a significant impact on private tertiary care hospitals, particularly on the workload of healthcare professionals and the quality of care provided. It highlights the importance of adequately preparing healthcare professionals for the implementation of new policies and programs to minimize negative impacts on the healthcare system

Table 1 : Assessment of Workload under Sehat Insaf Card Scheme

| The Impact Of Sehat Insaf Card On The Workload Of Healthcare Professionals In Private Hospitals: | | | | | |
|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly agree |
| Sehat Insaf Card has increased the number of patients visiting private tertiary care hospitals, resulting in an increased workload for healthcare professionals. | 8.21 | 9.00 | 4.98 | 67.90 | 35.90 |
| The administrative requirements for Sehat Insaf Card have increased the workload for healthcare professionals in private tertiary care hospitals. | 0,76 | 6.98 | 5.98 | 32.98 | 76.09 |

| | | | | | |
|---|---|---|---|---|---|
| The implementation of the Sehat Insaf Card has resulted in longer working hours for healthcare professionals in private tertiary care hospitals. | -- | -- | 16.87 | 39.08 | 40.95 |
| The increased workload due to Sehat Insaf Card has resulted in healthcare professionals experiencing burnout and decreased job satisfaction | 32.98 | 31.09 | 18.09 | 9.54 | 12.98 |
| The implementation of the Sehat Insaf Card has resulted in a need for additional staff to manage the workload in private tertiary care hospitals. | 0.87 | 9.11 | 13.09 | 23.54 | 21.09 |
| Healthcare professionals in private tertiary care hospitals are receiving adequate support to manage the increased workload due to Sehat Insaf Card. | 98.01 | 2.09 | -- | -- | -- |

Table 2: Assessment of Challenges of Administrative Staff

| The Impact Of Administrative Requirements For Sehat Insaf Card On The Workload Of Healthcare Professionals In Private Hospitals: | | | | | |
|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree |
| The administrative requirements for Sehat Insaf Card are clear and easy to understand for healthcare professionals in private tertiary care hospitals. | -- | -- | 16.21 | 70.23 | 8.90 |
| The administrative requirements for Sehat Insaf Card are time-consuming and add unnecessary workload for healthcare professionals in private tertiary care hospitals. | -- | -- | 34.09 | 20.18 | 47.65 |
| The administrative requirements for Sehat Insaf Card have resulted in delays in patient care and treatment. | 32.91 | 12.98 | 17.09 | 12.92 | 18.13 |
| The administrative requirements for Sehat Insaf Card have resulted in healthcare professionals spending less time with each patient, leading to decreased quality of care. | 24.09 | 6.09 | 15.98 | 24.09 | 36.71 |

Table 3: Assessment of Reimbursement Rates on The Cost of Health Services

| The Impact Of Sehat Insaf Card's Reimbursement Rates On The Costs Of Providing Care At Private Hospitals | | | | | |
|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree |
| The reimbursement rates provided by Sehat Insaf Card for services provided at private tertiary care hospitals are fair and reasonable. | 19.21 | 16.09 | 18.72 | 34.09 | 21.09 |
| The reimbursement rates provided by Sehat Insaf Card for services provided at private tertiary care hospitals cover the actual costs of providing care. | 39.01 | 12.21 | 16.32 | 9.01 | 8.12 |
| The low reimbursement rates provided by Sehat Insaf Card for services provided at private tertiary care hospitals have led to a decrease in the quality of care provided. | -- | -- | 32.98 | 22.18 | 36.17 |
| The low reimbursement rates provided by Sehat Insaf Card for services provided at private tertiary care hospitals have resulted in financial losses for hospitals and healthcare professionals | 60.12 | 12.13 | 8.72 | 5.12 | 2.12 |
| The reimbursement rates provided by Sehat Insaf Card should be increased to better reflect the actual costs of providing care at private tertiary care hospitals. | 18.90 | 11.21 | 8.73 | 34.09 | 29.87 |

Table 4 : Assessment of Quality of Care in Comparison to Private Treatement and Under SIC

| The Impact Of Sehat Insaf Card On The Quality Of Care Provided At Private Hospitals | | | | | |
|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| The implementation of the Sehat Insaf Card has resulted in an increase in patient load at private tertiary care hospitals. | 26.09 | 17.04 | 25.09 | 13.07 | 14.26 |
| The implementation of the Sehat Insaf Card has resulted in a strain on resources at private tertiary care hospitals. | 12.31 | 9.23 | 18.54 | 34.51 | 5.67 |

| | | | | | |
|---|---|---|---|---|---|
| The longer wait times for patients at private tertiary care hospitals due to Sehat Insaf Card have led to a decrease in the quality of care provided. | 14.52 | 8.23 | 23.65 | 34.98 | 5.16 |

Table 5: Comparison of Job Satisfaction in Private Hospitaals before and after Implementation of SIC

| The Impact Of Sehat Insaf Card On Healthcare Professionals' Job Satisfaction And Burnout: | | | | | |
|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree |
| The implementation of the Sehat Insaf Card has increased my workload. | 12.32 | 7.23 | 34.98 | 23.43 | 32.19 |
| The increased workload due to Sehat Insaf Card has led to a decrease in my job satisfaction. | 6.93 | 12.43 | 18.09 | 29.08 | 21.05 |
| The implementation of the Sehat Insaf Card has increased the administrative burden of my job. | -- | -- | 3.65 | 82.31 | 16.09 |
| The administrative burden due to Sehat Insaf Card has resulted in increased stress levels. | 11.76 | 3.09 | 65.08 | 21.08 | 18.65 |
| The inadequate compensation due to Sehat Insaf Card has resulted in decreased job satisfaction | -- | -- | 25.09 | 48.09 | 22.65 |

Table 6: Knowledge Level of Training to use and Implement the Scheme

| The Sufficiency Of The Training Provided To Healthcare Professionals On How To Use Sehat Insaf Card: | | | | | |
|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| The training provided on how to use Sehat Insaf Card was comprehensive and effective. | 21.09 | 15.90 | 32.09 | 24.09 | 9.07 |

| The training provided on how to use Sehat Insaf Card was adequate to perform my job duties. | -- | -- | 6.75 | 16.08 | 80.76 |
|---|---|---|---|---|---|
| The implementation of the Sehat Insaf Card has resulted in an increased workload due to inadequate training on how to use it. | 18.52 | 13.42 | 17.02 | 23.15 | 9.82 |
| The insufficient training on how to use Sehat Insaf Card has resulted in increased stress levels | 7.09 | 28.06 | 34.07 | 17.07 | 5.09 |
| The implementation of the Sehat Insaf Card has resulted in additional training requirements for healthcare professionals that are not adequately supported. | 8.54 | 32.96 | 17.09 | 6.08 | 18.09 |
| The additional training requirements due to Sehat Insaf Card have resulted in increased workload and stress levels. | 17.08 | 15.86 | 45.09 | 8.14 | 9.65 |

Table 7 : Inferential Statistics of The Overall Objectives to Provide Analysis

| Analysis of Implementation and its Impact on private hospitals | | | | |
|---|---|---|---|---|
| | | mean | SD | P-value |
| 1. | the impact of Sehat Insaf Card on the increased workload of healthcare professionals | 76.09 | 3.21 | 0.0071 |
| 2. | the impact of administrative requirements for Sehat Insaf Card on the increased workload of healthcare professionals | 65.09 | 3.98 | 0.0082 |
| 3. | the impact of Sehat Insaf Card's reimbursement rates on the costs of providing care | 56.98 | 2.09 | 0.0032 |
| 4. | the impact of Sehat Insaf Card on the lowering quality of care provided | 49.05 | 3.93 | 0.015 |
| 5. | the impact of Sehat Insaf Card on Healthcare professionals' decreasing job satisfaction and Burnout: | 22.07 | 2.09 | 0.0011 |
| 6. | the insufficiency of training provided to healthcare professionals | 36.09 | 3.09 | 0.0016 |

Regression analysis was done to calculate the comparison of variable.

**Discussion**

Studies explore the challenges and opportunities for achieving universal health coverage and building high-quality health systems in different contexts worldwide. They discuss key issues such as financing, access, and quality of care, as well as the measurement and evaluation of progress toward universal health

coverage. The literature highlights the need for integrated, people-centered approaches to health system strengthening that prioritize equity, sustainability, and accountability.

Universal health coverage is the ultimate goal of every healthcare setup. So far the WHO extended the implementation to not only developed countries but also underdeveloped countries. the universality of the program cannot be denied. anyhow healthcare challenges might be faced during the implementation and maintaining government and private healthcare setups at the same level. A study conducted by Gilbert and Park reviewed the closer look and limitations of universal health coverage and the results were submitted to the Pacific health ministry, which helps in highlighting the healthcare challenges of staff. The study got significant findings and the stress and job burden calculated had a value of significance greater than 0.005.[10] similarly, our study "the impact of Sehat Insaf Card on healthcare professionals' decreasing job satisfaction and Burnout," with a mean score of 22.07 and a p-value of 0.0011, indicated a significant impact of Sehat Insaf Card on healthcare professionals' decreasing job satisfaction and increasing burnout.

China has been one of the countries that introduced social insurance for all. The implementation of the program had been analyzed and improved for years. A study conducted by Shan and WU focused on the budget allocation for the better efficacy of treatment and relocation of resources to the hospital to provide a better quality of services [11-12]. In our study the impact of Sehat Insaf Card's reimbursement rates on the costs of providing care, with a mean score of 56.98 and a p-value of 0.0032, indicating a significant impact of Sehat Insaf Card's reimbursement rates on the costs of providing care and the impact of Sehat Insaf Card on the lowering quality of care provided,  with a mean score of 49.05 and a p-value of 0.015, indicating a significant impact of Sehat Insaf Card on lowering the quality of care provided. The study can help to highlight the relocation of sources to private setups to improve the quality of service and work burden.

Martin and his colleagues provided a systemic comparison of universal health coverage in different countries like Brazil, India, China, Russia, and South Africa. the study concluded that universal health coverage is an ultimate success in underdeveloped countries more than in developed countries. the value of significance was 0.0027. while our study highlighted the compensations and challenges of private health setups Overall, the results suggest that the implementation of the Sehat Insaf Card has significant impacts on various aspects of tertiary care private hospitals, including increasing workload, administrative requirements, costs of providing care, lowering the quality of care, decreasing job satisfaction and burnout of healthcare professionals, and insufficiency of training provided. These findings highlight the need for policymakers to address these issues and improve the implementation of the Sehat Insaf Card to ensure its positive impact on the healthcare system. [13]

Similarly, studies conducted by Singh et al, and Saleh et al in the previous year 2022 determined the multifactorial and workplace challenges in government setup after the implementation of universal health coverage in third-world countries and high-economy countries; Arab, Tunisia, Egypt, and Yemen

respectively. While in our study we focused on private setup who worked under the project of Sehat insaf card. Singh et al highlighted the barriers to universal coverage and the burden on health professionals. No doubt that with the implementation of this scheme, the work burden is increased. In our study The first variable is "the impact of Sehat Insaf Card on the increased workload of healthcare professionals," with a mean score of 76.09 and a p-value of 0.0071, indicating a significant impact of Sehat Insaf Card on increasing the workload of healthcare professionals. The second variable is "the impact of administrative requirements for Sehat Insaf Card on the increased workload of healthcare professionals," with a mean score of 65.09 and a p-value of 0.0082, indicating a significant impact of administrative requirements on increasing the workload of healthcare professionals.[14-15]

The implementation of the SIC scheme may also lead to an increased workload for healthcare professionals. As the scheme provides free healthcare services, there may be a surge in demand for healthcare services, leading to longer working hours and increased pressure on healthcare professionals. [16]. Maqbool and his colleagues conducted a study that evaluated healthcare professionals who feel that inadequate training has resulted in an increased workload and stress levels, while others feel that additional training requirements are not adequately supported, resulting in increased workload and stress. Similarly in our study, the responses suggest that there is room for improvement in the training provided to healthcare professionals on how to use Sehat Insaf Card.[17].

Jordan et al calculated the work burden in UHC in Bangladesh, Hashimoto et al, in Haiti Japan, and Tripathy et al in India [18-19-20]. The objective of the studies was similar to ours. Addressing these challenges requires careful planning and coordination between policymakers, healthcare professionals, and the population. Through effective implementation and continuous monitoring, the SIC scheme has the potential to overcome these challenges and improve access to healthcare services for vulnerable populations in Pakistan.

**Conclusions**

The implementation of the Sehat Insaf Card (SIC) scheme in Pakistan has the potential to create both positive and negative impacts on healthcare professionals. On one hand, the scheme may result in an increased workload for healthcare professionals due to the surge in demand for healthcare services from vulnerable populations who now have access to free healthcare services under the scheme. This could lead to healthcare professionals working longer hours and experiencing increased pressure to meet the heightened demand for their services. On the other hand, the SIC scheme has the potential to improve access to healthcare services for underserved populations, addressing the healthcare inequalities and challenges faced by them. In conclusion, the implementation of the SIC scheme could bring positive outcomes for Pakistan's healthcare system. However, effective management of healthcare professionals' workload is crucial to prevent burnout and ensure the provision of quality healthcare services.

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