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RESEARCH ARTICLE

A STUDY TO ASSESS THE KNOWLEDGE ATTITUDE AND UTILIZATION REGARDING NATIONAL HEALTH INSURANCE SCHEME AMONG HEALTH WORKERS IN SMVMCH, PUDUCHERRY

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Key words:-
Knowledge, Attitude, Utilization, National Health Insurance Scheme

Abstract

Background: National Health Insurance Schemes are the various health insurance programs. Some of the health insurance schemes launched by the government over the years, include Ayushman Bharat Yojana, Rashtriya Swasthya Bima Yojana, Central Government Health Scheme and Universal Health Insurance Scheme.A Positive Attitude Adequate knowledge and utilization of National Health Insurance Scheme on the clients/patients will delivered better clinical outcomes. A Study to assess the Knowledge Attitude and Utilization regarding National Health Insurance Scheme among health workers in SMVMCH, Puducherry.

Methods: Descriptive cross research design was adopted for this study. Sample size 30. Data were assessed using Demographic variables, Self - Developed Knowledge and Attitude questionnaire, Self-developed Utilization questionnaire**.**

Results: The study findings revealed that Majority of the health workers 23 (76.7%) had moderately adequate level of knowledge and 7(23.3%) had inadequate level of knowledge and the mean and standard deviation level of knowledge towards National Health Insurance Scheme among health workers is (9.07±2.463) respectively. Majority of the health workers 22 (73.3%) had unfavourable attitude and 8(26.7%) had favourable attitude and the mean and standard deviation level of attitude towards National Health Insurance Scheme among health workers is (13.33±5.695) respectively. Majority of the health workers not utilized 25 (83.3%) and 5(16.7%) had utilized the scheme and the mean and standard deviation level of Utilization towards National Health Insurance Scheme among health workers is (41.17±8.363) respectively. chi-square of the demographic variable Age in years and Dietary pattern had shown statistically significant association between the level of attitude regarding National Health Insurance Scheme among health workers with their selected demographic variables.The other demographic variable had not shown statistically significant association the level of attitude regarding National Health Insurance Scheme among health workers with their selected demographic variables respectively.The evident of chi-square of the demographic variable Gender and Residence had shown

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statistically significant association between the level of Utilization regarding National Health Insurance Scheme among health workers with their selected demographic variables.The other demographic variable had not shown statistically significant association the level of utilization regarding National Health Insurance Scheme among health workers with their selected demographic variables respectively.

Conclusion: This study implies that on the content of study investigator have assessed the Knowledge Attitude and Utilization among health workers. It is concluded that the health workers have Moderate knowledge, Unfavorable Attitude and Not Utilized towards National Health Insurance Scheme.

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Introduction:-

Every human being has the right to good health and access to high-quality healthcare, thus all governments work to give their people access to the best healthcare facilities and infrastructure. Through the National Health Insurance Scheme (NHIS), the Indian government is also committed to creating social programmes that guarantee all Indians, particularly vulnerable, and economically disadvantaged segments of the Indian population, access to inexpensive healthcare. The Government of India (GoI) created and manages the National Health Insurance Scheme (NHIS Scheme) Ayushman Bharat Yojana and the Pradhan Mantri were two of the well-known national health initiatives in India[1]

Ayushman Bharat, a flagship programme, as advised by the National Health Policy 2017.. The goal of Ayushman Bharat is to transition the delivery of health services from a sectoral and segmented model to a comprehensive, need-based approach.

The PM-JAY, also known as the Pradhan Mantri Jan Arogya Yojana, is the second element of Ayushman Bharat. On September 23, 2018, the Hon. Prime Minister of India, Shri Narendra Modi, unveiled this programme in Ranchi, Jharkhand.

The largest health assurance programme in the world, PM-JAY, aims to give over 12 crore poor and vulnerable families—roughly 55 crore beneficiaries—who make up the bottom 40% of the Indian population, a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalisation. The Central and State Governments split the implementation costs of PM-JAY, which is entirely supported by the Government.The goal of PM-JAY is to lessen the staggering medical costs that force around 6 crore Indians into poverty every year. Receive cashless care at any public or private hospital in India that has been accredited[2].

The Chief Minister Comprehensive Health Insurance Scheme, formerly known as Kalaingar Kaappittu Thittam, was introduced on July 23, 2009 with the aim of reducing financial hardship for enrolled families and advancing towards universal health coverage by establishing an effective link with the public health system. The scheme will provide high-quality healthcare to eligible individuals through empanelled government and private hospitals.

The policy offers coverage up to Rs. 5,00,000/-per family, per year on a floater basis for the ailments and treatments listed under the scheme. Its goal is to give cashless hospitalisation for selected disorders/procedures. In addition to encouraging access to high-quality medical care, the CMCHIS is a major step towards ensuring that underprivileged groups in society obtain appropriate healthcare without experiencing financial hardship.

The Chief Minister's Comprehensive Health Insurance Scheme is designed for Tamil Nadu citizens who fulfil the required qualifying standards. The applicant's name must be on the family card and their family's yearly income must be less than Rs. 1,20,000 in order to be eligible for benefits under the scheme. [3] The purpose of this current study was to assess the Knowledge Attitude and Utilization regarding PM-JAY Scheme and Chief Minister Comprehensive Health Insurance Scheme .Because these two schemes more patients gets benefitted in SMVMCH hospital

Statementof The Problem:
"A Study to assess the Knowledge Attitude and Utilization regarding National Health Insurance Scheme among health workers in SMVMCH, Puducherry".

It deals with the research approach, research design, setting of the study, population, criteria for sample selection, sample size, sample technique development and description of the tool for data collection, procedure for data collection and statistical analysis.

A Quantitative Research approach was adopted for this present study.This study adopted descriptive research design. The Study setting at SMVMCH , Puducherry.The target population for this study comprises of all the health workers available at the period of data collection and who fulfilled the inclusion criteria and those who were willing to participate in this study and able to speak, read and understanding Tamil or English .Sample size consists of 30. Convenience Sampling .Technique was adopted for this present study.

Section-A
Structured Sociodemographic Data:
It consists of 12 question such as age in years, gender,Religion, Educational Status, Category of Health workers, Marital Status, Family Income, Dietary Pattern, Type of Family, Residence, Previous knowledge regarding National Health Insurance Scheme, You get Benefitted under any National Health Insurance Scheme

Section B:
Self developed knowledge questionnaire. It consists of 15 questions.
Scoring Interpretations:

SCORE	LEVEL OF KNOWLEDGE
16- 20	Adequate knowledge
11-15	Moderate knowledge
Below 10	Inadequate Knowledge

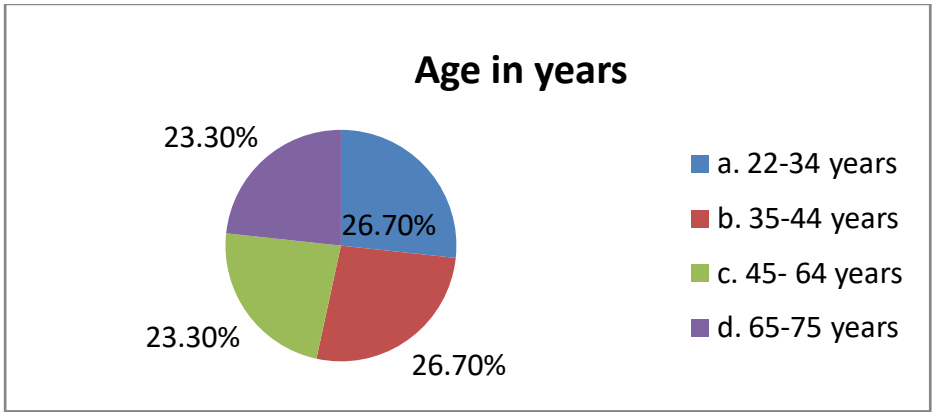
Section: C
Self developed attitude questionnaire. It consists of 10 questions
Scoring Interpretation:

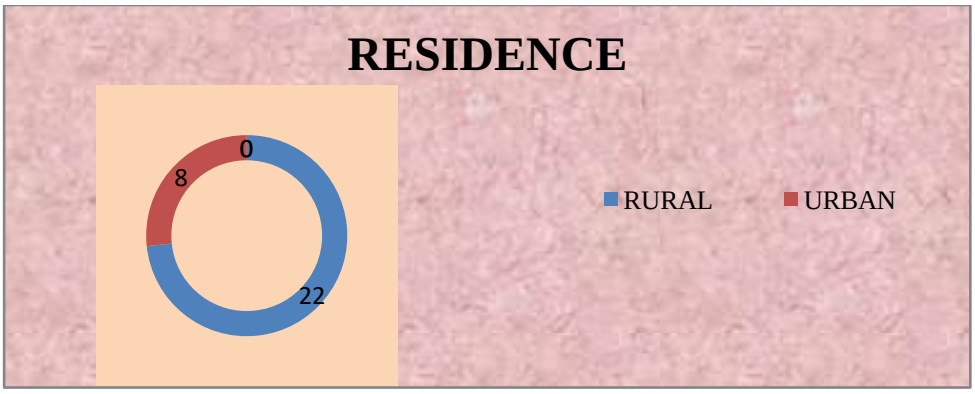
SCORE	LEVEL OF ATTITUDE
0-15	Unfavorable Attitude
16-30	Favorable Attitude

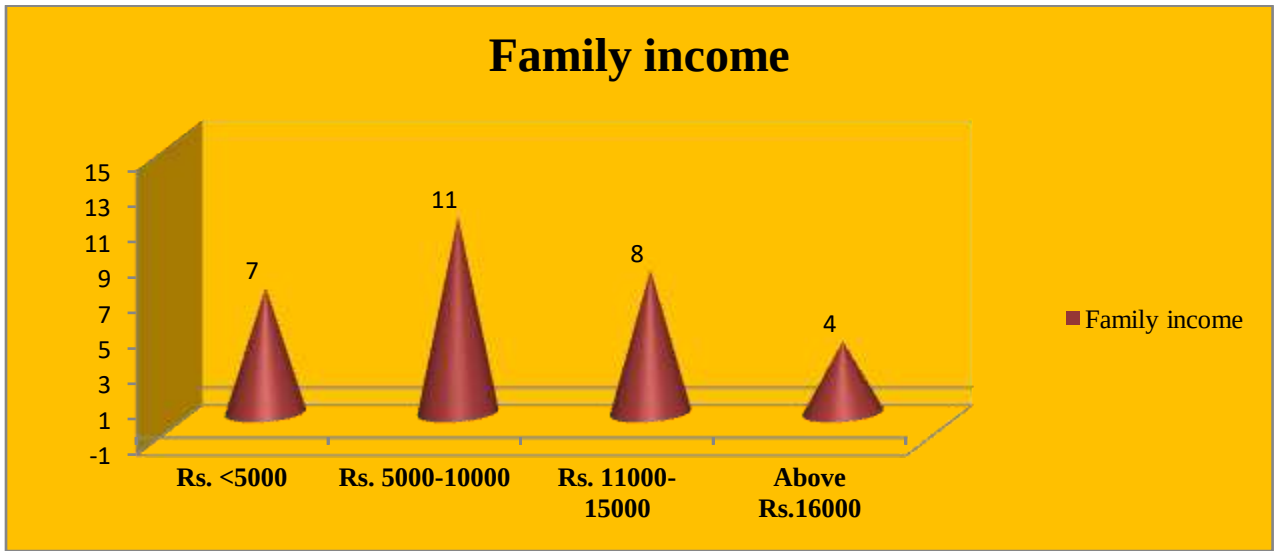
Section –D:
Self Developed Utilized Questionnaire

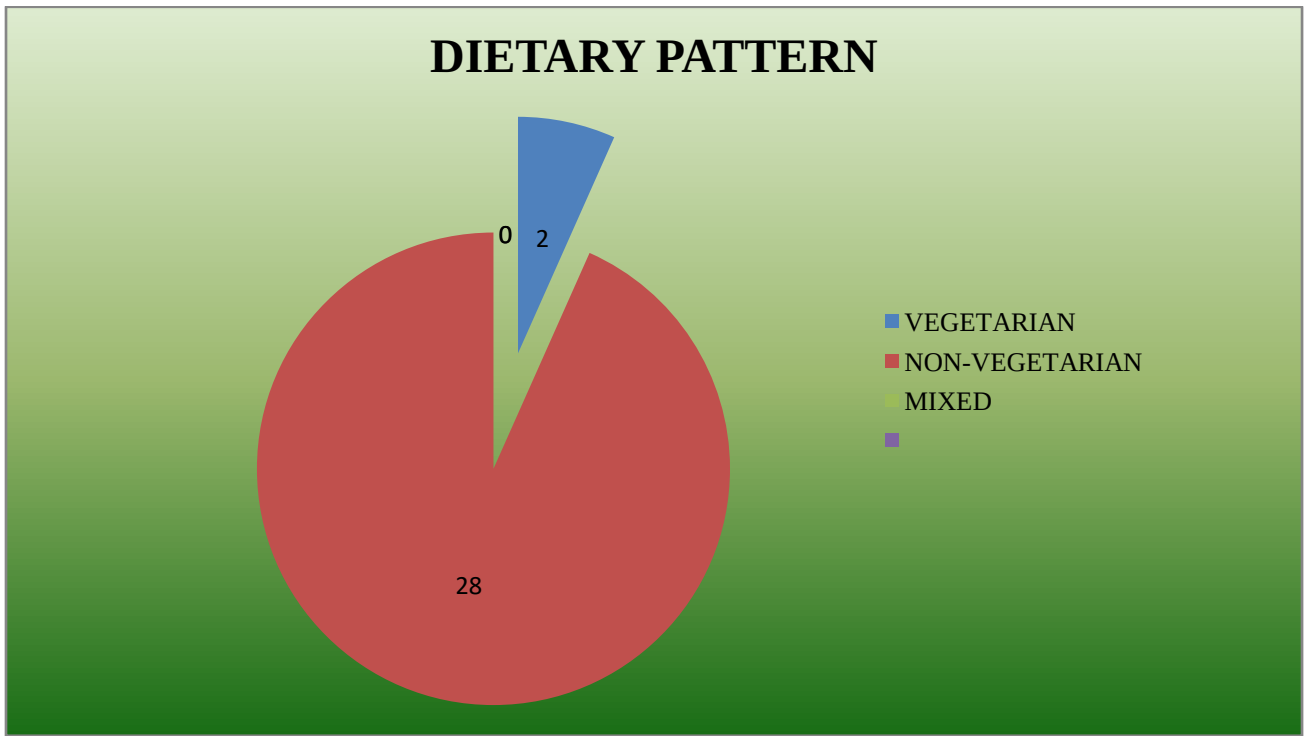
Scoring Interpretation:

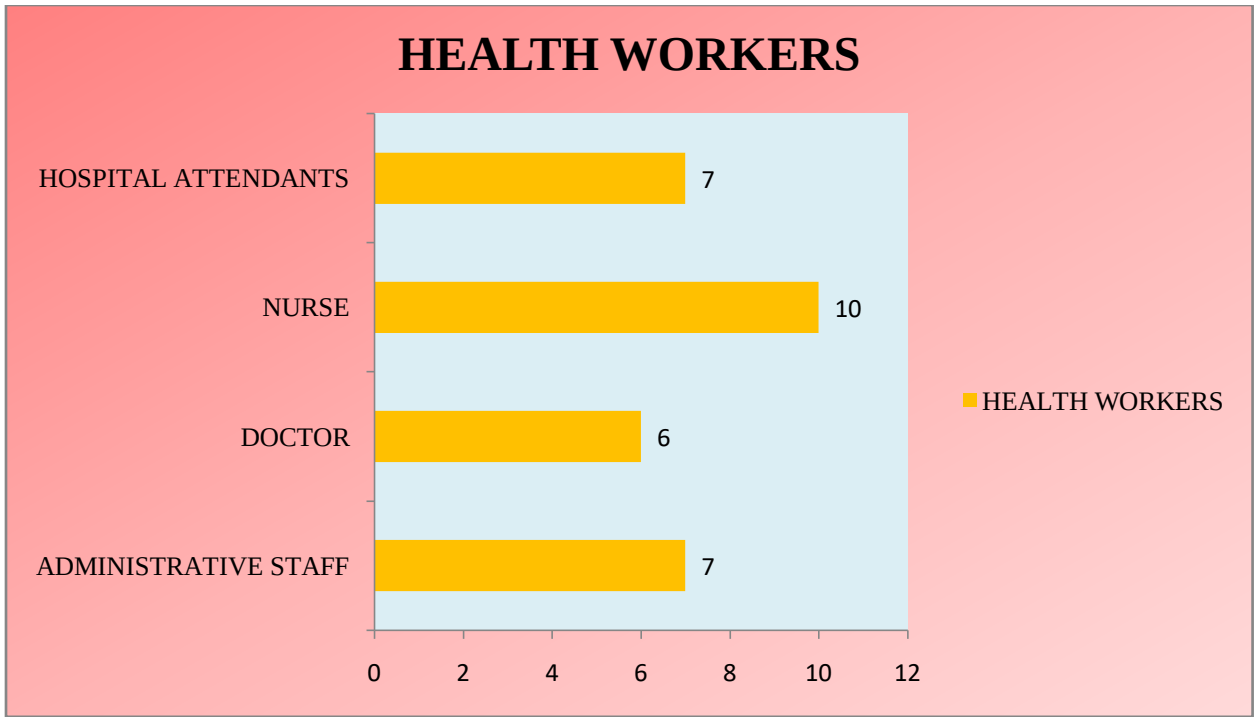
0-3	Not utilized
3-6	Utilized

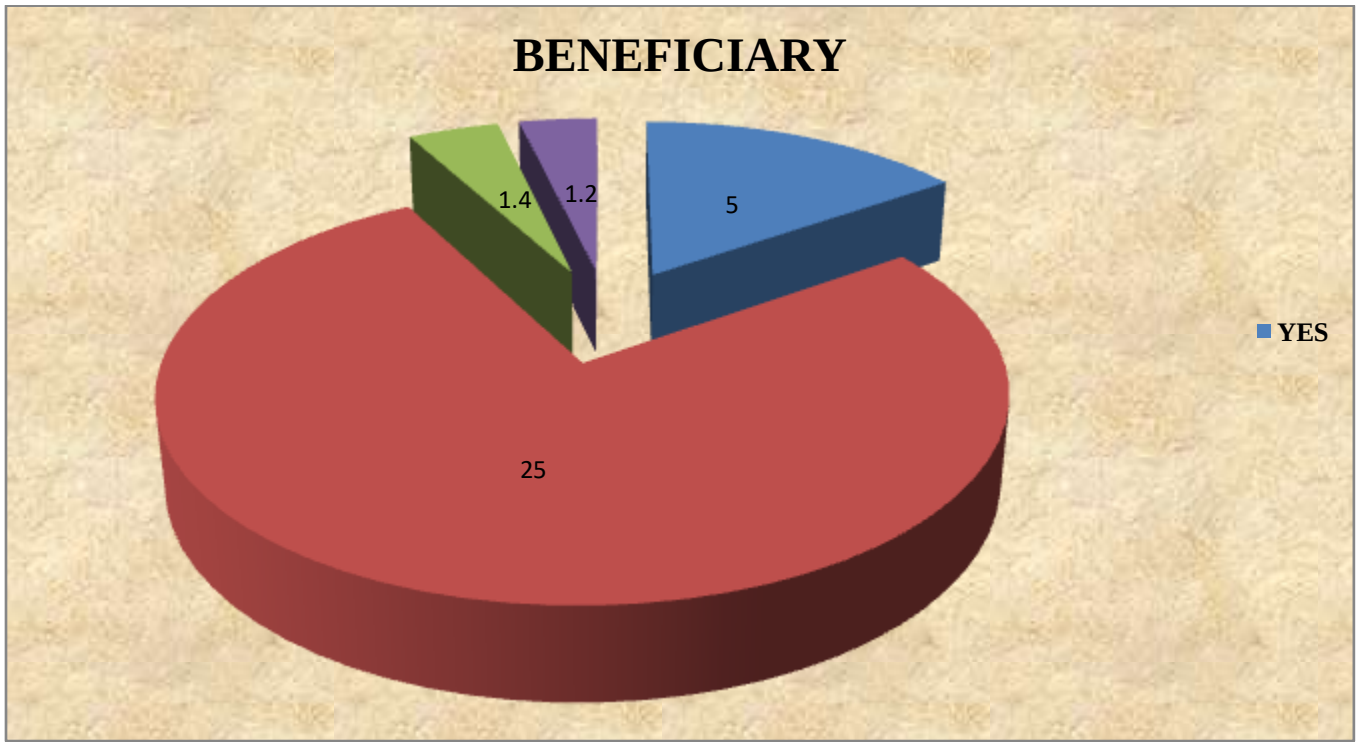


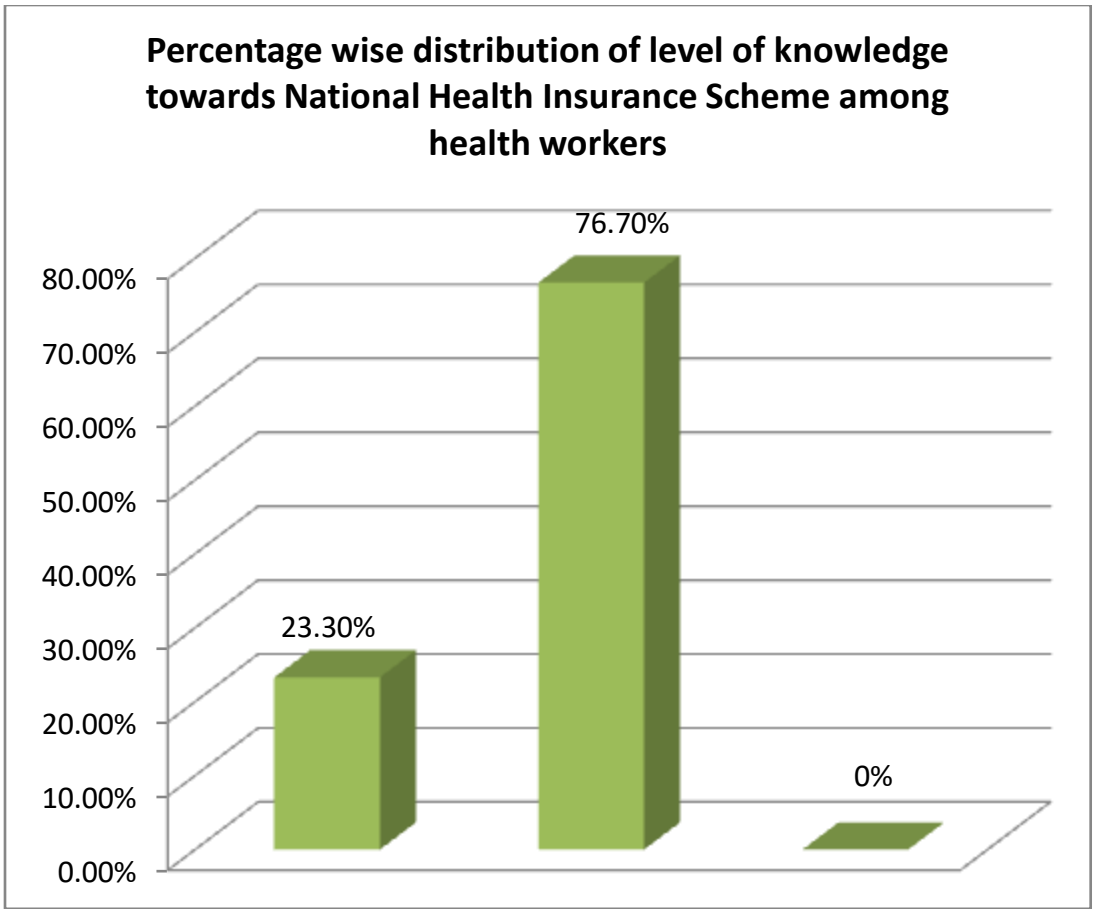

RESIDENCE
0
8
22
RURAL
URBAN

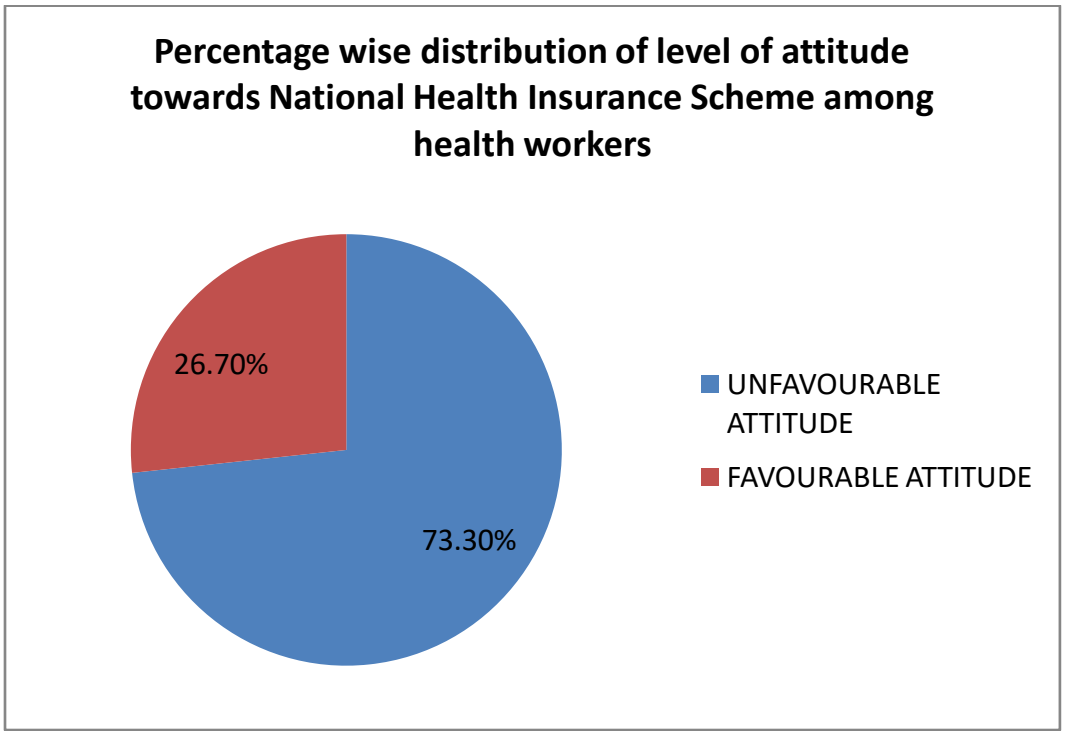

Family income
15
13
11
9
7
5
3
1
-1
7
11
8
4
Rs. <5000
Rs. 5000-10000
Rs. 11000-15000
Above Rs.16000
Family income

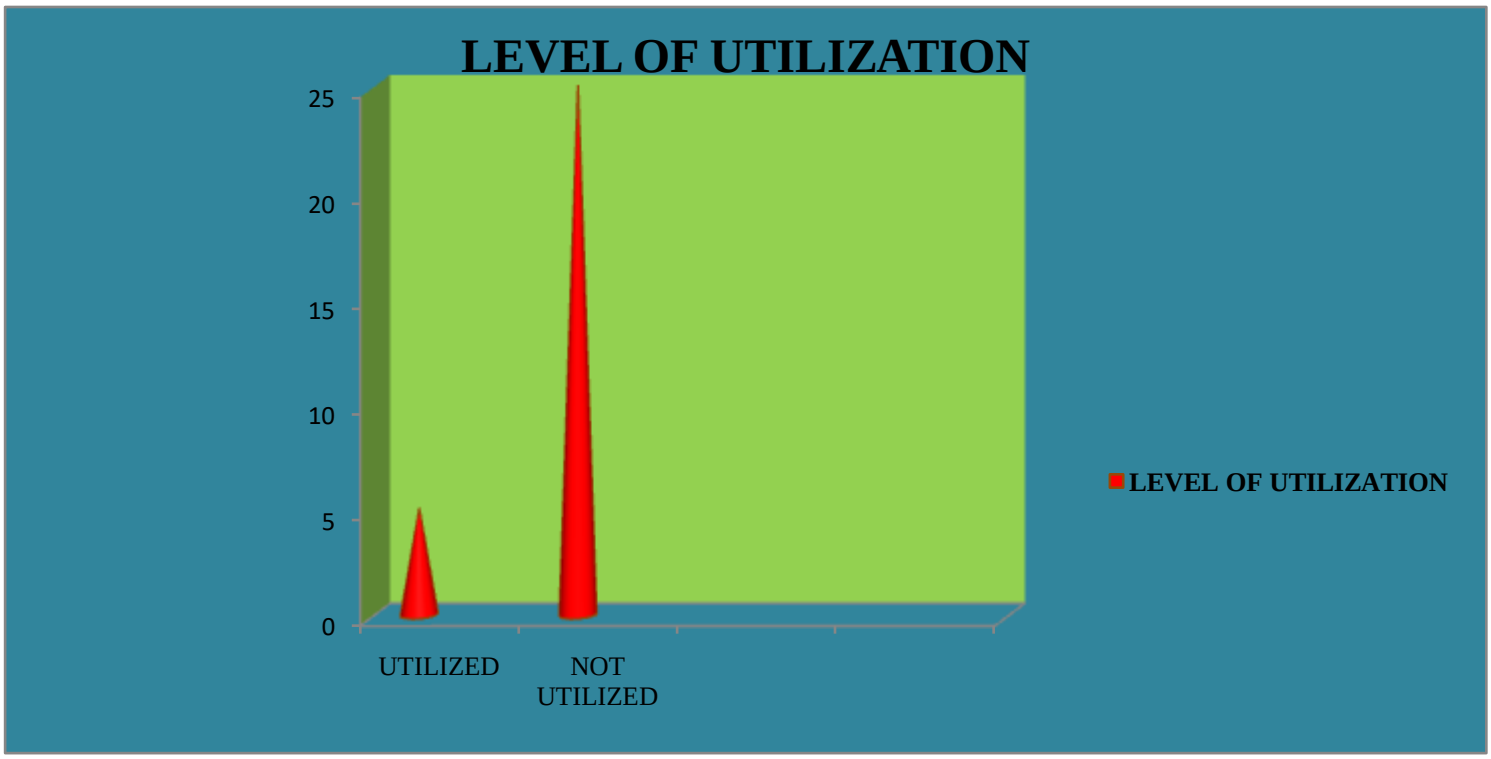

DIETARY PATTERN
0
2
28
VEGETARIAN
NON-VEGETARIAN
MIXED


HEALTH WORKERS
HOSPITAL ATTENDANTS
NURSE
DOCTOR
ADMINISTRATIVE STAFF
7
10
6
7
0
2
4
6
8
10
12
HEALTH WORKERS


BENEFICIARY
1.4
1.2
5
25
YES


Percentage wise distribution of level of knowledge towards National Health Insurance Scheme among health workers
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
23.30%
76.70%
0%


Percentage wise distribution of level of attitude towards National Health Insurance Scheme among health workers
26.70%
73.30%
UNFAVOURABLE ATTITUDE
FAVOURABLE ATTITUDE



Results and Discussion:-

Majority of the health workers 23 (76.7%) had moderately adequate level of knowledge and 7(23.3%) had inadequate level of knowledge and the mean and standard deviation level of knowledge towards National Health Insurance Scheme among health workers is (9.07±2.463) respectively.

Majority of the health workers 22 (73.3%) had unfavourable attitude and 8(26.7%) had favourable attitude and the mean and standard deviation level of attitude towards National Health Insurance Scheme among health workers is (13.33±5.695) respectively.

Majority of the health workers not utilized 25 (83.3%) and 5(16.7%) had utilized the scheme and the mean and standard deviation level of Utilization towards National Health Insurance Scheme among health workers is (41.17±8.363) respectively.

Targeted education, community engagement, policy interventions is essential to bridge the gap between knowledge and utilization ensuring that the benefits of the National Health Insurance Scheme are maximized for all members of the population.Further research into understanding the specific reasons behind this unfavorable attitude is warranted to inform more effective strategies for increasing uptake and utilization of the scheme.

Conclusion:-

The research shows that there is a high level of awareness of the existence of the National Health Insurance Scheme among health workers. The major information of the respondents were Health Sector .Moderate level of knowledge have neither translated to high registration nor utilization levels among the respondents .Majority of doctors and nurses who heard the about scheme.

Nursing Practice:

1. The nurse play a crucial role in patient education,advocacy, and facilitating access to health care services
2. Nurses should provide clear and accurate information about the benefits of the scheme , assisting individuals in navigating the enrollment process advocating policy changes to improve the scheme's effectiveness and accessibility

Nursing Education:

1. Nursing curriculum has to focus on National Health Insurance Scheme. The student nurses have to update their knowledge regarding scheme , including its benefits , eligibility criteria, enrollment process, potential barriers to utilization of the National Health Insurance Scheme.
2. Nursing curriculum should include modules or courses that cover healthcare financing systems , health policy, healthcare disparities with a special focus on the role of National Health Insurance scheme in promoting access to care

Nursing Administration:

1. Nursing administrators can design and implement educational programs for both nursing staff and patients to increase awareness and understanding of the National Health Insurance Scheme.
2. Nurse administrators can allocate resources to enhance patient navigation services within healthcare facilities

Nursing Research:

1. Research could provide insights into how individuals utilize their insurance coverage and identify potential areas for optimizing healthcare delivery and resource allocation
2. Research could inform targeted interventions aimed at increasing enrollment rates and improving access to healthcare services for underserved populations

Table 1:- Frequency and percentage wise distribution of demographic variables among health workers. (N=30)

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	**Age in years**		
	a. 22-34 years	8	26.7
	b. 35-44 years	8	26.7
	c. 45- 64 years	7	23.3
	d. 65-75 years	7	23.3
2	**Gender**		
	a. Male	14	46.7
	b. Female	16	53.3
	c. Transgender	0	0
	d. Others	0	0
3	**Religion**		
	a. Hindu	22	73.3
	b. Christian	4	13.3
	c. Muslim	4	13.4
	d. Others	0	0
4	**Educational status**		
	a. Diploma	7	33.4
	b. Degree	10	23.3
	c. others	13	43.3
5	**Category of Health Worker**		
	a. Administrative staff	7	23.4
	b. Doctor	6	20
	c. Nurse	10	33.3
	d. Hospital attendants	7	23.3
6	**Marital status**		
	a. Married	11	36.7
	b. Unmarried	11	36.7
	c. Widow	5	16.6
	d. Divorced	3	10
7	**Family income**		
	a. Rs. <Rs.5000/-	7	23.3

	b. Rs. 5000-10000/-	11	36.7
	c. Rs. 11000-15000/-	8	26.7
	d. Above Rs.16,000/-	4	13.3
8	**Dietary pattern**		
	a. Vegetarian	2	6.7
	b. Non-Vegetarian	28	93.3
	c. Mixed	0	0
9	**Type of family**		
	a. Single parented family	3	10
	b. Nuclear family	19	60
	c. Joint family	9	30
	d.Extended family	0	0
10	**Residence**		
	a. Rural	22	73.3
	b. Urban	8	26.7
11	**Previous knowledge regarding National Health Insurance Scheme through**		
	a. Health sector	28	93.3
	b. Social media	2	6.7
	c. Neighbours	0	0
	d. None	0	0
12	**You get benefitted under any National Health Insurance Scheme**		
	a. Yes	5	16.7
	b. No	25	83.3

Table 5:- Association between the level of knowledge regarding National Health Insurance Scheme among health workers with their selected demographic variables. **(N=30)**

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE				Chi-square X^2 and P-Value
		Inadequate		Moderate		
		N	%	N	%	
1	**Age in years**					
	a. 22-34 years	3	42.9	5	21.7	X^2=1.85 Df=3 p =0.604 NS
	b. 35-44 years	1	14.3	7	30.4	
	c. 45- 64 years	1	14.2	6	26.1	
	d. 65-75 years	2	28.6	5	21.8	
2	**Gender**					
	a. Male	5	71.4	11	47.8	X^2=1.201 Df=1 p =0.273 NS
	b. Female	2	28.6	12	52.2	
	c. Transgender	0	0	0	0	
	d. Others	0	0	0	0	
3	**Religion**					
	a. Hindu	5	71.4	17	73.9	X^2=2.812 Df=2 p =0.245 NS
	b. Christian	0	0	4	17.4	
	c. Muslim	2	28.6	2	8.7	
	d. Others	0	0	0	0	
4	**Educational status**					
	a. Diploma	2	28.6	5	21.7	X^2=2.807 Df=3 p =0.422 NS
	b. Degree	4	57.1	9	39.1	
	c. others	1	14.3	9	39.1	

5	**Category of health workers**					
	a. Administarive staff	2	28.6	5	21.7	X^2=3.80 Df=3 p =0.283 NS
	b. Doctor	3	42.9	3	13	
	c. Nurse	1	14.3	9	39.1	
	d. Hospital attendants	1	14.2	6	26.2	
6	**Marital status**					
	a. Married	2	28.6	9	39.2	X^2=1.94 Df=3 p =0.583 NS
	b. Unmarried	3	42.9	8	34.8	
	c. Widow	2	28.5	3	13	
	d. Divorced	0	0	3	13	
7	**Family income**					
	a. Rs. <5000/-	0	0	7	30.4	X^2=3.82 Df=3 p =0.281 NS
	b. Rs. 5000- 10000/-	3	42.8	8	34.8	
	c. Rs. 11000-15,000/-	2	28.6	6	26.1	
	d. Above Rs.16,000/-	2	28.6	2	8.7	
8	**Dietary pattern**					
	a. Vegetarian	0	0	2	8.7	X^2=0.652 Df=1 p =0.419 NS
	b. Non-Vegetarian	7	100	21	91.3	
	c. Mixed	0	0	0	0	
9	**Type of family**					**X^2=13.49 Df=1 p =0.000 ***HS**
	a. Nuclear family	1	14.3	20	87	
	b. Joint family c.Single parented Family d.Extended Family	6	85.7	3	13	
10	**Residence**					X^2=0.315 Df=1 p =0.575 NS
	a. Rural	7	100	22	95.7	
	b. Urban	0	0	1	4.3	
11	**Previous knowledge regarding National Health Insurance Scheme through**					
	a. Health Sector	7	100	23	100	CONSTANT
	b.Social Media	0	0	0	0	
	c. Neighbours	0	0	0	0	
	d. None	0	0	0	0	
12	**You get benefitted under any National Health Insurance Scheme**					X^2=0.037 Df=1 p =0.847 NS
	a. Yes	1	14.3	4	17.4	
	b. No	6	85.7	19	82.6	

***-p < 0.05 significant, * *-p < 0.001 Highly significant, NS-Non significant**

Association between the level of attitude regarding National Health Insurance Scheme among health workers with their selected demographic variables. **(N=30)**

SL. NO	**DEMOGRAPHIC VARIABLES**	**LEVEL OF ATTITUDE**				**Chi-square X^2 and P-Value**
		Unfavourable		**Favourable**		
		N	**%**	**N**	**%**	
1	**Age in years**					**X^2=10.64**
	a. 22-34 years	6	27.3	2	25	

	b. 35-44 years	8	36.4	0	0	**Df=3 p =0.014 *S**
	c. 45- 64 years	6	27.2	1	12.5	
	d. 65-75 years	2	9.1	5	62.5	
2	**Gender**					X^2=0.368 Df=1 p =0.544 NS
	a. Male	11	50	5	62.5	
	b. Female	11	50	3	37.5	
	c. Transgender	0	0	0	0	
	d. Others	0	0	0	0	
3	**Religion**					X^2=2.57 Df=2 p =0.276 NS
	a. Hindu	16	72.7	6	75	
	b. Christian	4	18.2	0	0	
	c. Muslim	2	9.1	2	25	
	d. Others	0	0	0	0	
4	**Educational status**					X^2=2.577 Df=3 p =0.461 NS
	a. Diploma	6	27.3	1	12.5	
	b. Degree	5	22.7	2	25	
	c. others	11	36.4	5	62.5	
5	**Category of health workers**					X^2=1.85 Df=3 p =0.604 NS
	a. Administarive staff	6	27.3	1	12.5	
	b. Doctor	5	22.7	1	12.5	
	c. Nurse	7	31.8	3	37.5	
	d. Hospital attendants	4	18.2	3	37.5	
6	**Marital status**					X^2=3.96 Df=3 p =0.265 NS
	a. Married	7	31.8	4	50	
	b. Unmarried	7	31.8	4	50	
	c. Widow	5	22.7	0	0	
	d. Divorced	3	13.7	0	0	
7	**Family income**					X^2=4.38 Df=3 p =0.223 NS
	a. Rs. <5000/-	4	18.2	3	37.5	
	b. Rs. 5000- 10000/-	7	31.8	4	50	
	c. Rs. 11000-15,000/-	8	36.4	0	0	
	d. Above Rs.16,000/-	3	13.6	1	12.5	
8	**Dietary pattern**					**X^2=5.89 Df=1 p =0.015 *S**
	a. Vegetarian	0	0	2	25	
	b. Non-Vegetarian	22	100	6	75	
	c. Mixed	0	0	0	0	
9	**Type of family**					X^2=0.292

	a. Nuclear family	16	72.7	5	62.5	Df=1 p =0.589 NS
	b. Joint family c.Single parented Family d.Extended Family	6 0 0	27.3 0 0	3 0 0	37.5 0 0	
10	**Residence**					X^2=0.376 Df=1 p =0.540 NS
	a.Rural	1	4.5	0	0	
	b.Urban	21	95.5	8	100	
11	**Previous knowledge regarding National Health Insurance Scheme through**					
	a. Health Sector	0	0	0	0	CONSTANT
	b.Social Media c. Neighbours d. None	22	100	8	100	
12	**You get benefitted under any National Health Insurance Scheme**					X^2=2.18 Df=1 p =0.140 NS
	a. Yes	5	22.7	0	0	
	b. No	17	77.3	8	100	

***-p < 0.05 significant, * *-p < 0.001 Highly significant, NS-Non significant**

Table 7:- Association between the level of Utilization regarding National Health Insurance Scheme among health workers with their selected demographic variables. **(N=30)**

SL. NO	**DEMOGRAPHIC VARIABLES**	**LEVEL OF UTILIZATION**				**Chi-square X^2 and P-Value**
		UTILIZED		**NOT UTILIZED**		
		N	**%**	**N**	**%**	
1	**Age in years**					X^2=3.12 Df=3 p =0.372 NS
	a. 22-34 years	0	0	8	32	
	b. 35-44 years	1	20	7	28	
	c. 45- 64 years	2	40	5	20	
	d. 65-75 years	2	40	5	20	
2	**Gender**					**X^2=5.25 Df=1 p =0.022 *S**
	a. Male	5	100	11	44	
	b. Female	0	0	14	56	
	c. Transgender	0	0	0	0	
	d. Others	0	0	0	0	
3	**Religion**					X^2=1.036 Df=2 p =0.596 NS
	a. Hindu	4	80	18	72	
	b. Christian	0	0	4	16	
	c. Muslim	1	20	3	12	
	d. Others	0	0	0	0	
4	**Educational status**					X^2=6.211 Df=3 p =0.102 NS
	a. Diploma	1	20	6	24	
	b. Degree	1	20	6	24	
	c.others	1	20	12	48	

5	**Category of health workers**					
	a. Administarive staff	0	0	7	28	X^2=2.19 Df=3 p =0.533 NS
	b. Doctor	1	20	5	20	
	c. Nurse	2	40	8	32	
	d. Hospital attendants	2	40	5	20	
6	**Marital status**					
	a. Married	0	0	11	44	X^2=3.73 Df=3 p =0.292 NS
	b. Unmarried	3	60	8	32	
	c. Widow	1	20	4	16	
	d. Divorced	1	20	2	8	
7	**Family income**					
	a. Rs. <5000/-	0	0	7	28	X^2=3.49 Df=3 p =0.322 NS
	b. Rs. 5000- 10000/-	3	60	8	32	
	c. Rs. 11000-15,000/-	2	40	6	24	
	d. Above Rs.16,000/-	0	0	4	16	
8	**Dietary pattern**					
	a. Vegetarian	0	0	2	8	X^2=0.429 Df=1 p =0.513 NS
	b. Non-Vegetarian	5	100	23	92	
	c. Mixed	0	0	0	0	
9	**Type of family**					X^2=2.57 Df=1 p =0.109 NS
	a. Nuclear family	5	100	16	64	
	b. Joint family c.Single parented Family d.Extended Family	0	0	9	36	
10	**Residence**					**X^2=5.17 Df=1 p =0.023 *S**
	a.Rural	1	20	0	0	
	b.Urban	4	80	25	100	
11	**Previous knowledge regarding National Health Insurance Scheme through**					CONSTANT
	a. Health Sector	0	0	0	0	
	b.Social Media c. Neighbours d. None	5	100	25	100	
12	**You get benefitted under any National Health Insurance Scheme**					X^2=0.048 Df=1 p =0.827 NS
	a. Yes	1	20	4	16	
	b. No	4	80	21	84	

*-p < 0.05 significant, * *-p < 0.001 Highly significant, NS-Non significant

Recommendations:-

Based on findings of the present study, the following recommendations have been made**.**

Can conduct longitudinal study to track changes in Knowledge ,Attitude and utilization of the NHIS over time.It provides insight into the effectiveness of interventions and policy changes aimed at improving the scheme

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