

## The Satisfaction with Use of Health Insurance Rights of People of Working Age in Samut Songkhram Province

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### Abstracts

The right to health care in Thailand is a legal entitlement aimed at ensuring comprehensive and effective access to public health services. However, challenges such as public unawareness of their rights and dissatisfaction with the health care system persist. Issues within agencies and service providers, such as personnel and budget shortages, low morale, and unfair remuneration, further hinder the system's effectiveness. Additionally, unequal distribution of budget expenditure affects the quality of services received. A survey study was conducted in Samut Songkhram Province, involving a sample of 399 individuals aged 15 to 59 years. Data analysis involved statistical measures like frequency, percentage, average, standard deviation, Pearson correlation coefficient, and chi-square. Satisfaction in exercising health care rights was found to be at a moderate level, with an average score of 3.17. Personal data, including work duration, working hours, family size, monthly income, occupation, religion, education level, and current workplace, showed a significant relationship with satisfaction in exercising health care rights. However, factors such as age, sex, and underlying disease did not demonstrate a significant association. The study highlighted a moderate-level relationship between education level, current workplace, and satisfaction in exercising health care rights. Despite the legal importance of health care rights, there are still prevalent problems causing distress for both service providers and recipients. Therefore, it is crucial for those involved in health care provision to expedite care and assistance across various fields, enhancing service quality and meeting the needs of users. By doing so, service recipients can experience satisfaction and improved quality of life. Furthermore, it is advisable to conduct comprehensive research on long-term health care utilization to obtain more in-depth insights. The right to health care in Thailand is a legal entitlement that aims to provide accessible public health services for the well-being and livelihood of the population. However, challenges remain, including public unawareness, system inefficiencies, and disparities in resources. Efforts should focus on improving service quality, addressing user needs, and ensuring overall satisfaction. Future research should also examine long-term health care utilization for a more comprehensive understanding of the topic.

**Keywords:** Satisfaction, Maintain health, Working age, Quality of life

### Background

The report of the National Health Security Office In the year 2021, there are the number of Thai population that can be classified according to health care rights as follows: National Health Security 47.55 million people Social security rights 12.082 million people Civil servants/state enterprises rights 5.093 million people Local worker rights 0.630 million people with status and rights problems 0.539 million people Private teachers 0.087 million People with disabilities 0.015 million people Unregistered rights 0.188 million people without household registration 0.091 million Thai people abroad 0.011 million people The right to health care is the right of Thai people under the law to encourage Thai people to access public health services thoroughly and efficiently in terms of health promotion disease prevention diagnosis medical treatment Rehabilitation necessary for health and living Although in the past, successful results in medical care of Thai people will continue continuously. But instead found that there are still many problems, such as the general public who do not understand their rights dissatisfied

with the exercise of health care rights and service providers, etc., causing the system of health care rights to be inefficient as it should be (Siamrath Online, 2021)

However, in terms of information about the exercise of the right to health care that the public received was still found to be few from the results of the research, it was found that most of the population received information about the exercise of health rights through radio broadcasts in the village. Internet and online social media infrequently (1-2 times/week). As for personal media, most of the population has never received information and advice about exercising their right to health care (Pananda Chansukree, Nitinai Rungjindarat and Peerasak Jiwatan, 2017) and there are still many problems in the public health service management system of the Thai government such as shortage of personnel and budget lack of morale unfair in terms of remuneration for each profession, etc. There is also a problem of inequality in the budget expenditure of various funds that are not equal. As a result, it affects the quality of services that people should receive. (Patcharee Maneepairoj and Piyalak Phothiwan, 2020) which service quality affects satisfaction is a comparison between the service expected to receive and the service received is difficult to assess the quality of service causing the attitude of the service recipients to be assessed as a whole as an expression of the tool and expression efficiency the difference between the services expected to be received by the client. (Asma. et al., Sedjai, 2018)

The review of satisfaction with exercising the right to health care found that welfare rights civil servant medical care Satisfied with 67.80 percent (Siriwan Tangjitkamol and others, 2018) social security rights Satisfied with 56.76 percent (Darunee Phan-ae, 2 562) and the entitlement to universal health insurance 30 baht with 69.8 percent satisfaction (Jitrawat Panperamrak, 2008) Samut Songkhram Province, although it is a small area. There are a total population of 153,205 people, with people of working age between the ages of 15 – 59 years old, 95, 855 people, representing 62.57 percent (Samut Songkhram Provincial Labor Office, 2021) can be seen that the majority of the population of Samut Songkhram Province Therefore, the researcher is interested in studying the right to health care and satisfaction in exercising the right to health care. To study the level of satisfaction with the use of health care rights in all 3 systems and the relationship of personal data with satisfaction in exercising the health care rights of people of working age. In order to disseminate the research results to relevant agencies as a guideline for improving the services of the utilization of health treatment rights in all 3 systems in the future.

## **Methods**

### **Study Design**

This research is a survey research. The questionnaire was created by the researcher by reviewing the document. Literature and related research the questionnaire was divided into 3 parts, namely: 11 items of personal information, questions, information about the exercise of health care rights Number of 8 questions and satisfaction in exercising health care rights 28 questions which has passed the study of the validity of the tool and has a confidence value of 95 percent, the analysis of concordance is equal to 0.82 and the reliability (Reliability) by using Cronbach 's Coefficient Alpha method, the confidence value for the entire issue was 0.89. It is an effective research tool therefore can be used as a research tool.

### **Setting and Sample**

population was 95, 855 working-age people in Samut Songkhram Province (Samut Songkhram Provincial Labor Office, 2564). The sample was calculated according to Taro Yamane's concept. (Taro Yamane, 1973) With a confidence level of 95 percent with a margin of error of 5 percent, the sample size was 399 people. Sampling based on probability (Probability Sampling) with a hierarchical sampling method (Stratified sampling). The researcher therefore brought the research tool to collect data with the sample group who voluntarily participated in the research until the required number of data was collected.

### **Instruments**

This research tool collected data using a questionnaire consisting of 3 parts: Part 1 consisted of 11 personal information questions, Part 2 consisted of data on the use of personal information health treatment rights of 8

questions and part 3 is information about satisfaction in the use of health care rights of 28 questions. This research tool has been studied to determine the validity and reliability of the research tool.

### Data Collection

Data were collected using a questionnaire between February 2016 - April 2016 from a sample of working-age people in Samut Songkhram province who voluntarily participated in the research. If you wish to terminate the research, you can terminate it at any time. Then the researcher continued to collect data until the number of 399 people was reached and then checked for completeness, completeness and correctness of the data. The average time to collect data is 15-20 minutes/person.

### Data Analysis

Statistics used in data analysis were analysis of personal data and data on health care rights utilization using frequency, percentage, mean, standard deviation influence analysis between all independent variables and dependent variables, the ability of the variables to discuss results was analyzed by using Pearson Correlation and Chi -Square statistical values.

### Ethical Consideration

This research proposal was already considered by Suan Sunandha Rajabhat University Ethics Committee Ethics Committee certificate number COA.1 -005/2023. Ethics Committee agreed to implementation of the proposal of this research.

### Results

Personal information of the sample It was found that most of them were female, number 205 people (54.10%), late working age, 45-59 years old. Number of 142 people (35.60%) career Number 133 people (33.30%) Buddhism Number 306 people (76.60%) Bachelor's degree Number 240 people (60.20%) No underlying disease Number 286 people (71.70%) Length of work 4 - 6 years Number of people 140 (35.10%) Working hours 9 - 10 hours per day Number of 234 people (58.60%) Live alone Number of 93 people (23.30%). Current workplace In Muang Samut Songkhram District, 240 people (60.20%) Average monthly income 10,001 - 20,000 baht 2 28 people (57.10%) as in Table 1

**Table 1 Number and percentage Personal information of the sample (n= 399)**

Personal information	Number (people)	Percentage
1. Gender		
man	194	48.60
female	205	54.10
2. Age		
Early working age 15-29 years old	129	32.30
middle working age 30-44 years old	128	32.10
Late working age 45-59 years old	142	35.60
3. Career		
government service	133	33.30

Personal information	Number (people)	Percentage
farmer	76	19.00
work for hire	40	10.00
trade	106	26.60
personal business	44	11.00
4. Religion		
Buddhism	306	76.60
Christianity	13	3.30
Islam	80	20.10
5. Education level		
elementary school	27	6.80
junior high school	40	10.00
high school	39	9.80
High Vocational Diploma (High Vocational Certificate)	39	9.80
Vocational Diploma (Vocational Certificate)	14	3.50
Bachelor's degree	240	60.20
6. Congenital disease		
no congenital disease	286	71.70
have congenital disease	113	28.30
7. Duration of work		
less than or equal to 1 year	79	19.80
1 - 3 years	78	19.50
4 – 6 years	140	35.10
7 – 9 years	78	19.50
9 years or older	24	6.00
8. Working hours per day		
less than or equal to 8 hours	136	34.10
9 - 10 hours	234	58.60
11 - 12 hours	16	4.00
greater than or equal to 13 hours	13	3.30

The number and percentage of information about the use of health care rights found that most of the sample groups did not have the right. Other health care in addition to the primary health care right 385 people (96.50%) Number of times of using health care rights Less than 2 times per year, 252 people (63.20%) The number of illnesses that exercised the right to health treatment less than 2 times per year, 30.5 people (76.40%) The number of accidents that exercised the right to health treatment less than 2 times per year, 305 persons (76.40%) did not have additional expenses for the exercise of the right to health treatment. Number of 147 people (36.80%) Period of reimbursement of health care expenses (in case of advance payment) less than 1 month 277 people (69.40%) used to receive information about exercising the right to health care less than 2 times a year Number of 224 people (56.10%) as shown in Table 2

**Table 2 Number and percentage of data on health care claims (n= 399)**

<b>Personal information</b>	<b>Number (people)</b>	<b>Percentage</b>
1. Have other health care rights in addition to the main health care rights.		
have	14	3.50
do not have	385	96.50
2.Number of times of using health care rights per year		
Less than 2 times/year	252	63.20
3 - 6 times/year	120	30.10
7 - 10 times/year	27	6.80
3.Number of illnesses that claim health treatment per year		
Less than 2 times/year	305	76.40
3 - 6 times/year	81	20.30
7 - 10 times/year	13	3.30
4. The number of accidents that require health care per year		
less 2 times/year	305	76.40
3-6 times/year	27	6.80
7-10 times/year	13	3.30
never	54	13.50
<b>5. Additional expenses for exercising health treatment rights</b>		
There is an additional charge every time.	145	36.60
There are additional charges sometimes.	107	26.80
no extra cost	147	36.80
<b>6. Period of reimbursement of medical expenses (in case of advance payment)</b>		

Personal information	Number (people)	Percentage
less than 1 month	277	69.40
1 – 3 months	109	27.30
4 – 6 months	13	3.30
<b>7. Have you ever received information about the exercise of your right to health care ?</b>		
Less than 2 times/year	224	56.10
3 – 6 times/year	82	20.60
7 -10 times/year	26	6.50
never	67	16.90

Mean, standard deviation and the level of satisfaction in the use of health care rights found that the satisfaction in the use of health care rights was at a moderate level with an average ( $\bar{x}$ ) 3.17 when considering the right to health care, it was found that Most of them were satisfied with the use of social security rights at a moderate level with an average of ( $\bar{x}$ ) 3.31, followed by the satisfaction with the use of civil servants' medical welfare rights was at a moderate level with an average ( $\bar{x}$ ) 3.30 and the least was entitlement to universal health coverage (30 baht entitlement) at a moderate level with an average ( $\bar{x}$ ) 2.90 respectively as in Table 3

**Table 3** Mean, Standard Deviation and the level of satisfaction in exercising health care rights (n= 399)

Right to health care	( $\bar{x}$ )	SD	Interpret
Civil servants' medical welfare rights	3.30	0.63	moderate
social security rights	3.31	0.78	moderate
Universal Health Coverage Rights (30 baht rights)	2.90	0.54	moderate
<b>together</b>	<b>3.17</b>	<b>0.69</b>	<b>moderate</b>

Mean and standard deviation of satisfaction with health care rights utilization. It was found that there was overall satisfaction in exercising the right to health care moderate had an average ( $\bar{x}$ ) 3.21. When considering each aspect, it was found that most of them were satisfied with the health care benefits that they were entitled to is at a moderate level with an average ( $\bar{x}$ ) 3.37 Followed by other service units with service at a moderate level have an average ( $\bar{x}$ ) 3.30, the service personnel are at a moderate level have an average ( $\bar{x}$ ) 3.27, the convenience of receiving services is at a moderate level with an average ( $\bar{x}$ ) 3.24 and the least is the problem and obstacle Restrictions on the use of treatment rights were at the moderate level with the mean ( $\bar{x}$ ) 2.84 respectively as in Table 4

**Table 4** Mean and standard deviation and satisfaction level of health treatment rights utilization in 5 aspects (n= 399)

Satisfaction of use right to health care	( $\bar{x}$ )	SD	interpret
1. Service personnel	3.27	0.72	moderate
2. Convenience in receiving services	3.24	0.76	moderate
3. Benefits that are entitled	3.37	0.70	moderate
4. Other service units and services	3.30	0.82	moderate
5. Obstacles Restrictions on the use of treatment rights	2.84	0.96	moderate
<b>together</b>	3.21	0.62	moderate

The analyzing personal information that is related to Level of satisfaction in exercising health care rights using chi-square statistics (Chi-square) to determine the correlation of personal information that has a relationship with the level of satisfaction in exercising health care rights It was found that personal information on the duration of work Working hours in a day number of family members and average monthly income There was a correlation with satisfaction in exercising health care rights. Age personal information There was no relationship with the satisfaction of exercising the right to health care statistically significant at the .05 level as shown in Table 5.

**Table 5 :** Individual factors correlated with the level of satisfaction in the use of health care rights (n= 399)

Personal information	P-value Sig. (2-tailed)	Chi-square
Age	0.658*	0.956
Duration of work	36.197*	0.000**
Working hours in a day	113 .05 3*	0.000**
Number of family members	143.919*	0.000**
Average monthly income	58.087*	0.000**

\*P-value < .05

In analyzing the correlation of personal data with the level of satisfaction in the use of health care rights by using Pearson correlation statistics, it was found that personal information about occupation, religion, education level and current place of work There was a correlation with satisfaction in exercising health care rights. Gender Personal Information Section and congenital disease There was no relationship to satisfaction with the use of health care rights with statistical significance at the .05 level as shown in Table 6.

**Table 6** Analysis of the correlation of personal data with satisfaction in exercising health rights (n=399 )

	Sex	Occ	Rel	Edu	Dis	Lo
Sex	1					
Occ	0.013	1				
Rel	0.019	0.038	1			
Edu	0.000	0.339**	0.323**	1		
Dis	0.067	0.044	0.228**	0.258**	1	
Lo	0.033	0.054	0.143**	0.229**	0.085	1
Sa	0.044	0.278**	0.294**	0.342**	0.031	0.501**

Note \*P< .05

Sex means sex.

Occ means occupation.

Rel means religion.

Edu means level of education.

Dis means congenital disease.

Lo means place of work.

Sa means relationship of personal data with satisfaction in exercising health care rights.

An analysis of the relationship level of personal data with satisfaction in the use of health care rights by interpreting the relationship based on the concept of [Elifson, Runyon and Haber \(1990\)](#) is no correlation  $r = 0$  low correlation  $r = \pm 0.01 - \pm 0.30$  moderate correlation  $r = \pm 0.31 - \pm 0.70$  high correlation  $r = \pm 0.71 - \pm 0.99$  perfect correlation  $r = \pm 1$  Education level and place current work Personal data related to occupational and religious personal information had a low level of satisfaction with the use of health care rights.as in Table 7

**Table 7** The level of relationship of personal data with satisfaction in exercising health care rights (n=399 )

Personal information	P-value Sig. (2-tailed)	Pearson Correlations	Interpret
occupation	0.000*	0.278**	low relationship
religion	0.000*	0.294**	low relationship
education level	0.000*	0.342**	moderate relationship
Place of work	0.000*	0.501**	moderate relationship

\*P-value <0 .05

## Discussion

This research is a survey research. The objective of the research was to study the level of satisfaction in exercising health care rights and the relationship of personal data to preferences in exercising rights of protection, the



condition of the sample, which is Working-age people in Samut Songkhram Province were 399 people. Satisfaction in exercising health care rights is moderate, consistent with Phongwasit Kaewchai and Thitima Ho Lamyong (2017). Satisfaction with the service of the Universal Health Coverage Project was studied: a case study of Phramongkutklao Hospital. It was found that satisfaction in the convenience of receiving the service overall. The average is at the moderate level and the relationship between personal data and satisfaction in exercising health care rights. Working hours in a day number of family members average monthly income Occupation Religion Education level and current workplace were related to satisfaction in exercising health care rights. Age, sex, and medical conditions were not correlated with satisfaction with the use of health care rights with statistical significance at the .05 level, consistent with Nattha Sawakwinee (2017) The study of factors affecting satisfaction in using Ramathibodi Hospital services found that gender and status factors did not affect satisfaction of Ramathibodi Hospital users. Satisfaction in exercising the right to health care It was found that the level of education and the current place of work were related to satisfaction in the use of health care rights. moderate Occupation and religion had a low level of satisfaction with health care rights. This research is a research study. Level of satisfaction in exercising health care rights and personal data relationship with satisfaction in exercising the right to protect This is done so that executives or related parties can apply the research data to the planning of public services in exercising the right to health care continue to be effective

### **Conclusion**

That the subjects were satisfied with the use of health care rights at a moderate level. Working hours in a day number of family members. Average monthly income Occupation Religion Education level and current workplace were related to satisfaction in exercising health care rights. Age, sex, and medical conditions were not correlated with satisfaction with the use of health care rights. It is statistically significant at the .05 level. Therefore, those involved in providing services and exercising the right to health care of the people should accelerate the provision of care and assistance in various fields in order to improve the quality of services. make it better. As well as conducting various activities to be effective and meet the needs of service users so that service recipients are satisfied and have a better quality of life

### **Declaration of Conflicting Interest**

The authors declare no conflict of interest.

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### **Author Contribution**

TB, N, S. drafted the article and conducted a review of the literature. JO, PR, PO and S. K. conducted the data and data analysis. JO contributed to the design and concept, and reviewed and revised the manuscript. All authors agreed with the final version of the article.

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## References

- [1] Jirawat Panpiemrat . (2008). **Impact Analysis and Evaluation of Collateral Projects. Health for all.** Nonthaburi : Public Health Systems Research Institute.
- [2] Nattha Sekavinee.(2017). **Factors Affecting Satisfaction in Using Services of Ramathibodi Hospital.**(Independent Study) Master of Business Administration Program. Faculty of Commerce and Accountancy Thammasat University
- [3] Darunee Pan-ae.(2019). **Problems and obstacles related to collecting contributions to the social security fund. According to the Social Security Act** (Bachelor of Laws thesis). Chonburi : Sripatum University
- [4] Pananda Chansukree, Nitinai Rungchindarat and Peerasak Chiewtan. (2017). **Inequality in Access to Public Health Services in Thailand: A Case Study of Persons Eligible for Universal Health Coverage.** Master of Arts). Bangkok: National Institute of Development Administration
- [5] Pongwasit Kaewchai and Thitima Holamyong.(2017). **Satisfaction with the service of the Universal Health Coverage Project : A Case Study of Phramongkutklao Hospital** (Master of Public Administration Thesis). Nonthaburi: Ratchaphruek University
- [6] Patcharee Manepairoj. (2020). **The right to receive welfare in public health services of the Thai government.**(Ph.D. thesis). Trat: Rajabhat Maha Sarakham University
- [7] Siriwan Tangjitkamol, Pongpat Patanavanich, Jaded Deeying, Buppha Phanpeng, Sistikom Benjakan, Poonsuk Janpanich Wisutthiphan, Sutee Techaprapasang, Nitat Juyuenyong, Panomwan Boonyamanop, Wiroj Weerachai, Chatchai Charoensri, Kriengsak Charoenwongsak, Thitinan Wattanavekin and Songrit Rattanadilok Na Phuket. (2018). Attitudes of civil servants towards Governance of the medical welfare system civil servants and current and alternative services of the system Other forms of reimbursement. **Vajira Medical Journal and Journal of Urban Medicine.**
- [8] Siamrath. (2021). **"NHSO." Spread the numbers of Thai people separated by rights in the health insurance system.** Retrieved on August 26, 2022. [online system] accessible from <https://siamrath.co.th/n/289812> .
- [9] Samut Songkhram Provincial Labor Office (2021) **Samut Songkhram Provincial Labor Situation Report.** Retrieved on October 29, 2022 [ online system ] accessible from <https://samutsongkhram.mol.go.th/>
- [10] Asma, S., Dine, MSB, Wafaa, B., & Redouan, A. (2018). The effect of perception quality/price of service on satisfaction and loyalty algerians customers evidence study turkish airlines. *International Journal of Economics & Management Sciences*, 7(503), 212-37.
- [11] Kirk W. Elifson, Richard P. Runyon and Audrey Haber. (1990). *Fundamentals of social statistics*. 2nd ed. New York: McGraw Hill.
- [12] Yamane, T. (1973). *Statistic: An Introductory Analysis* (3rd ed). \_ New York: Harper & Row.