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Evaluating Clients' Satisfaction with National Health Insurance Scheme in Jigawa State, Nigeria

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Abstract

***Background**: Health insurance scheme have been introduced with the aim of providing health insurance and making health services accessible and affordable to the average citizen in the country. Our objective is to evaluate clients' satisfaction with National Health Insurance Scheme in Jigawa State, Nigeria.* ***Method**: This study used a mixed method (both qualitative and quantitative designs) approach and was conducted between May 2016 and September 2017. Three hundred and twenty-one (321) enrollees filled questionnaires while 8 participated in face to face interview. The questionnaires were analysed using Statistical Package for Social Science (SPSS) and descriptive statistics was used to summarize the quantitative data using means, proportions and frequencies. Qualitative data were analyzed using themes.* ***Results:** The overall satisfaction score of the respondents was 80.6%). Specifically expressed satisfaction with the associated services (e.g. lab, radiology, pharmacy) (92.2%), agreed to have easy access to the medical specialist (77.9%), agreed to get prescribed drugs in the hospital (74.1%), agreed that the amount they pay during each visit before they got drug is reasonable (85.7%), satisfied with surgical procedure under NHIS (69.8%), satisfied with the referral arrangement (77%), satisfied with the overall NHIS services in this hospital (87.3%).* ***Conclusion:** More than three quarter (80.6%) of the clients are satisfied with healthcare services provided under NHIS in the hospital.* ***Recommendations:** NHIS scheme can be improved by 24 hours availability of designated doctors for NHIS clients, regular supply of drugs and by reducing waiting time.*

***Keywords:** Universal Coverage, Health Insurance, National health insurance scheme, Patient satisfaction, Client satisfaction.*

Background

The way a country is financing its health care system is a key determinant of the health status of that country and selection of an adequate and efficient method of financing for health services is essential if a country is set to achieve its objective of providing health for all.

According to Onyedibe, Goyit and Nnadi (2012) there are several ways in financing health care, these include fees for service to private insurance, general taxation, social insurance, community financing, loans and grants. Combination of all these different health financing has been practiced in Nigeria for decade but the most basic one is that of fees for service in which a fee is charged to cover all or part of the cost of the services provided. In some countries especially the low and middle income, a fixed fee for service, known as a user charge, is used by government health facilities, both as a means of raising funds and as a means of discouraging what may be viewed as 'unnecessary demand'. The direct payment of fees for service causes the greatest hardship for the poor.

Nigerian Government continues to search for ways to restructure the welfare of changing population to meet the demand and expectation. Poor state of the nation's healthcare services, Poor integration of private health facilities in delivery of services, dependence on government provided facilities, declining funding of healthcare services and dependence on out-of-pocket expenses to purchase health informed the establishment of health insurance scheme. Health insurance is an alternative source of healthcare financing that has become very important in the developing countries.

One of the main aims of universal health coverage (UHC) is to ensure that everybody have adequate access to their health care needs without making significant out-of-pocket payments

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(OOPs) at the point of receiving services. One way to achieve this is through tax funded or social health insurance scheme (SHI) such as National Health Insurance Scheme (NHIS).

National Health Insurance Scheme (NHIS) is set up by Decree 35, of 1999 (now Act 35) operating as Public Private Partnership and directed to accessible, affordable and qualitative healthcare for all Nigerians (NHIS 2012). Through the NHIS, the Nigerian Government implemented Tertiary Institutions Social Health Insurance Programme (TISHIP) which aim to response to health need for students of tertiary institution in terms of quality healthcare so that parents are protected from financial hardship of medical bills. This will ensure equitable distribution among different student's health care cost and also ensure that the distribution of healthcare facilities within the nation tertiary institution of learning is equitable (National Health Insurance Operational Guidelines 2005; in Shagaya 2015).

Nigeria started implementing National Health Insurance Scheme in 2005 with the aim of provision of accessible and affordable health care services to all Nigerians but till date the coverage is still not encouraging. In 2010, the Jigawa State Government paid the sum of three hundred million naira (N300 million) to NHIS as its 50 percent contribution to improve maternal and child health services (Vanguard 2010). All this time there was no published study/Research on NHIS conducted in Jigawa State to evaluate the clients' satisfaction with NHIS in the state. The only literature available is unpublished study of Adamu and Mukhtar (2015) on understanding clients' satisfaction with NHIS in Gumel General Hospital of Jigawa State.

Consequently, the need to evaluate clients' satisfaction with National Health Insurance Scheme in Jigawa State Nigeria has become even more compelling. Findings of this study would help in improving the scheme.

Objective of the study

The objective of this study was to evaluate the extent to which clients are satisfied with National Health Insurance Scheme in Jigawa State. The present study was planned as given below:

- To assess the level of knowledge about NHIS among the enrollees in Jigawa State.
- To determine the level of satisfaction of NHIS clients' with National Health Insurance Scheme in Jigawa State.
- To explore the opinions of clients regarding improvement of NHIS in the state.
- To make recommendations using the research findings for the improvement of the scheme in the study area.

Review of literature

Although the NHIS was introduced with the aim of providing health insurance and making health services accessible and affordable to the average citizen in any country, sustainability is one of the big problems facing the scheme.

Challenges that hinder sustainability include:

- Inadequate human resources
- Adverse selection
- Delay in reimbursement of claims
- Lack of drugs & other supplies
- Corruption.

Tolu-Kusimo, 2013 (in Vonke and Sunday, 2014) identified problems in the Nigerian NHIS:

(i) Many corporate bodies are withdrawing from the scheme because their staff are not getting the required treatment from the NHIS facilities.
(ii) Doctors cannot be blamed for this programme because apart from the fact that HMOs do not pay capitation as and when due, the poor capitation and other incentives paid to these hospitals limit patients care.
(iii) Many hospitals complain of non-payment of the bills of patients that they have treated for HMOs.
(iv) Enrollees complain that many diseases are not covered and they are given substandard drugs.
(v) Many of the clients still spend out-of-pocket to finance their health bills.

Since from 2005 when NHIS was implemented, the coverage is still not encouraging. Kujenya, 2009 (in Agba 2010) pointed that over 4 million federal civil servants and their dependents were registered by the scheme as at February 2009. This means that only 3 percent of the Nigerian population are befitting from the scheme. He added that about 23 billion naira has been disbursed to all the 7850 accredited health facilities in the country for the scheme.

According to Chima (2010) as of 2010, despite efforts made to encourage enrolment across the country by various organizations only 4% of the populations (mainly federal government employees) have been enrolled in the scheme. Following the enrolment of federal civil servants, state governments were expected to adopt the program for all its employees and their dependents, an action which would have greatly expanded the coverage. However, 10 years after the launch of the program, two states Cross River State (in 2007) and Enugu State (June 2010) have adopted the scheme while the remaining 34 states of the federation have not.

This is not only in Nigeria, but in most countries especially the developing countries, the implementation of health insurance is not done overnight. It is a gradual process which needs patience and commitment from all parties involved.

Yusuf, Gbadamosi and Hamadu (2009) conducted a study in Lagos (a metropolitan city in Nigeria) with 500 respondents using structured questionnaire as a data collection tool. The aim of the study was to investigate the attitude of Nigerians towards NHIS. Findings of the study showed that age, marital and educational status, income, profession – all have impact on attitudes towards insurance. The study concluded that there is a negative attitude of Nigerians to insurance services.

Based on the reviewed literatures, there was no published study/research on NHIS conducted in Jigawa State to evaluate the clients' satisfaction with NHIS in the state. The only literature available is unpublished study of Adamu and Mukhtar (2016) on understanding clients' satisfaction with NHIS in Gumel General Hospital of Jigawa State. Consequently, the need to evaluate clients' satisfaction with National Health Insurance Scheme in Jigawa State Nigeria has become even more compelling.

Research methodology

Study site

The study was conducted in Dutse General Hospital which is located in Dutse LGA (the Jigawa State capital). It is the biggest general hospital in the state and serves as a referral hospital.

Study design

This study used a mixed method (both qualitative and quantitative designs) to explore clients' satisfaction with NHIS in Dutse General Hospital, Jigawa State.

A descriptive and cross-sectional design as a quantitative approach was used in this study. The research also used qualitative approach through the use of in-depth interview as a data collection tool. It is appropriate to the research question because it is holistic in nature and recognizes the role played by the participants. The qualitative aspect of the study used an open ended semi structured interview as a data collecting method. The interview involved audio taping and then transcribing the data and reviewed them at the end of the interview

Sample/ Sampling strategy

The target population for the study was determined using the sample size formula of the previous study conducted by Adamu and Mukhtar (2015) in Gumel General Hospital which revealed that proportion of clients satisfied with NHIS services offered in the hospital were 34.5 % (0.345) and those that were not satisfied were 65.5% (0.655) as shown below:

$$N=\frac{Z^2pq}{d^2}$$

Where:

N= sample size

Z= standard deviation at 95% confidence interval = 1.96

P= Proportion of clients satisfied with services = 0.345

q= 1 – p = 1 – 0.345 = 0.655

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d= degree of accuracy = 5% (0.05).

From the above formula:

$$N = \frac{(1.96)^2 \times 0.345 \times 0.655}{(0.05)^2}$$

N= 347

The sample size was determined to be 347. Ten percent (10%) was added in case of loss of questionnaire, not responding etc. which made the final sample size to fill the questionnaire to be 382.

Data collection tool and technique:

The instruments used for data collection were:

1. Questionnaire which contained open ended questions.
2. Use of tape recorder in data collection in face-to-face interview.

Before the commencement of the interviews, participants signed consent forms and conducive atmosphere was used for the interview so that participants could reflect on their experiences and audio taping could be conducted. Some of the interviews were conducted in the morning, some in the afternoon, while others in the evening depending on the choice of the participants. Interviews were then transcribed verbatim.

Ethical issues

The study was approved by Jigawa State Ministry of Health. All participants gave informed written consent to be interviewed.

Data analysis

Quantitative and qualitative data were generated from this study. The questionnaires were later analysed using Statistical Package for Social Science (SPSS) version 20 and descriptive statistics was used to summarize the quantitative data using means, proportions and frequencies. For qualitative data narrative was used to come up with themes as given by Miles and Huberman (1994). Data from the face to face interview was analyzed using themes i.e. by using the Calaizzi's, 1978 (in Beitz and Goldberg, 2005) suggested steps.

Trustworthiness

In this study trustworthiness was ensured by member checking. Member checking was done with the participants.

Results and discussion

Demographics characteristics of respondents

Age of the participants

The table 1 below shows the age of the respondents that participated in the study by filling questionnaire.

Table 1. Age of the respondents

Variables	Subcategory	Frequency	Percent (%)
Age of respondent	18 – 20	13	4.0
	21 – 30	81	25.2
	31 – 40	151	47.0
	41 – 50	64	20.0
	51 – 60	9	2.8
	Above 61	3	1.0
	Total	**321**	**100.0**

Source: Field survey 2017

Out of the 321 participants that filled the questionnaire, majority of the respondents (47%) fall between the ages of 31 – 40 years of age. This falls within the active working-class portion of the population and it is in lined with Agba (2010). This is followed by the respondents that are seen as newly employed youth (21 – 30 years) which constituted 25.2% of the participants. Least on the list is the participant greater than 60 years of age which constituted only 1% and this may be connected to the fact that this age group are normally few in our work force as they are about retirement age. Participants' ages for the face-to-face interview ranged from 34-53 years. In Nigeria, the retirement age for civil servants is 65 years or 35 years in service.

Sex of the participants

Table 2 below represent the sex of the participants in the study.

Table 2. Sex of the respondents

Variables	Subcategory	Frequency	Percent (%)
Sex of the respondent	Male	246	76.6
	Female	75	23.4
	Total		**100.0**

Source: Field survey 2017.

Table 2 above shows that majority of the respondents were males (76.6%). The ratio of male: female is 3:1. This is not surprising as number of males is more than that of females in the Nigerian work force. This might be due to social and religious influence in the area. This is in cognizance with Agba (2010) where the result of the study showed that most of the respondents were male i.e. 94% as against 6% female and in contrast with the study Abdulrasheed (2009).

Settlements of the participants

Table 3 below show the different settlements from which the respondents live. Participants came from different settlements of Dutse LGA.

Table 3. Place of residence of the respondents

Variables	Subcategory	Frequency	Percent (%)
Place of residence	Shuwarin	7	2.2
	Kwaimawa	13	4.0
	Katangare	2	0.6
	Kiyawa	15	4.7
	Gida dubu	17	5.3
	Zai	17	5.3
	Yalwawa	18	5.6
	Sakwaya	5	1.6
	Galadimawa	6	1.9
	Mopol base	7	2.2
	Limawa	6	1.9

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	Bokoto	6	1.9
	Galadanci	6	1.9
	Kachi	9	2.8
	Burtulan	7	2.2
	Takur	15	4.7
	Kudai	6	1.9
	Kargo	8	2.5
	Galamawa	10	3.1
	Sabuwar marunjuwa	13	4.0
	NIFOR Quarters	7	2.2
	Jigawar Sarki	3	0.9
	Kandi	3	0.9
	Bayan gidan radio	4	1.2
	NDLEA	4	1.2
	Danmasara	13	4.0
	Andaza	8	2.5
	Sabon gari	4	1.2
	Sabalari	1	0.3
	Fatara	2	0.6
	Jabewa	1	0.3
	Central mosque	2	0.6
	Katanga	4	1.2
	Laraba	1	0.3
	Godiya Myetti	4	1.2
	Katurje	1	0.3
	Hamma-yayi	3	0.9
	Kasarau yadi	2	0.6
	Yadi - Dutse	21	6.5
	Fagoji	15	4.7
	Hakimi Street	14	4.4
	Garu	11	3.4
	Total	**321**	**100.0**

Source: Field survey 2017.

Yadi settlement of Dutse LGA has the highest number of participants (6.5%) while Sabalari, Jabewa, Katurje, and Laraba settlements have the least number of participants (0.3%) each. This may be connected to the fact that Yadi settlement is very close to the Dutse General Hospital. Other places with a greater number of participants are Gida Dubu, Zai and Yalwawa which have 5.3%, 5.3% and 5.6% respectively. This also may be due to the fact that they are close to the hospital and majority of the government workers are living in these areas they are low cost areas and are close to social amenities in the state capital.

Religion of the participants

Table 4. Religion of the participants:

Variables	**Subcategory**	**Frequency**	**Percent (%)**
Religion of the respondent	Islam	273	85.0
	Christianity	48	15.0
	Other (specify)	0	0
	Total	**321**	**100.0**

Source: Field survey 2017.

Majority of the participants (85%) were Muslims. This could be explained by the fact that the LGA is predominantly Muslim inhabited. Even though the majority of our participants are Muslims, a few were Christians (15%) most of whom are federal government employees transferred from other parts of the country to Jigawa State.

Ethnicity of the participants

Table 5. Ethnic group of the respondents

Variables	Subcategory	Frequency	Percent (%)
Ethnic group	Hausa	243	75.7
	Yoruba	39	12.1
	Igbo	31	9.7
	Others (specify):	5	1.6
	Igala	1	0.3
	Gwari	1	0.3
	Kanuri	1	0.3
	Fulani		
	Total	**321**	**100.0**

Source: Field survey 2017.

In terms of ethnicity, Hausa constitutes 75.5% of the respondents. Majority of the Dutse indigenes are Hausa by tribe. This may be the reason why more Hausa people registered in the programme more than other ethnic group. Other major tribe like Yoruba and Igbo constituted reasonable percentages (12.1 and 9.7 respectively).

Marital status of the participants

Table 6. Marital status of the respondents:

Variables	Subcategory	Frequency	Percent (%)
Marital status	Single	42	13.1
	Married	273	85
	Divorced	3	0.9
	Widowed	3	0.9
	Total	**321**	**100.0**

Source: Field survey 2017.

Majority of the respondents are married (85%); 13.1 percent are single and divorce & widow 0.9 percent each. This may be due to the fact that majority of northerners normally got married early, mostly after securing employment. This is in line with Agba (2010) where 88% of the participants are married, 6% singles and 6% are either widows or widowers.

Type of marriage for the participants

Table 7. Type of marriage for the respondents:

Variables	Subcategory	Frequency	Percent (%)
Type of marriage	Monogamy	254	79.1
	Polygamy	19	5.9
	Others (specify): Single	48	15.0
	Total	**321**	**100.0**

Source: Field survey 2017.

High proportions of the participants (79.1%) are married with monogamous families. This is similar to the finding in Muhammed, Sambo and Dong (2011). This may be explained by the high proportions of government workers being in a monogamous type of marriage due to Western education. Another reason may be due to the hard-economic situation in the country. People realized that marrying many women means raising a lot of children which is very difficult in this economic recession in Nigeria.

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Education status of the participants

Table 8. Education status of the respondents:

Variables	Subcategory	Frequency	Percent (%)
Education status	Primary school	25	7.8
	Secondary school	104	32.4
	Higher education	192	59.8
	Total	**321**	**100.0**

Source: Field survey 2017.

About sixty percent (59.8%) of the participants had higher education certificates, with primary school certificate holders being least on the list (7.8%). This is in line with Muhammed, Sambo and Dong (2011). This may be connected to the fact that majority of the federal government workers have higher education either from the university or other higher education institutions. The ones with the primary or secondary education are few and mostly junior workers.

All the 8 participants of the face to face interview attended both primary and secondary school. Seven of them had higher educational levels either from university or polytechnics.

Number of dependents that registered with NHIS in the hospital

Table 9. Number of respondents' dependents that registered with NHIS

Variables	Subcategory	Frequency	Percent (%)
Number of dependents registered with NHIS in the hospital	Spouse only	50	15.6
	Spouse & one child	80	24.9
	Spouse & two children	48	15.0
	Spouse & three children	51	15.9
	Spouse & four children	89	27.7
	Others (specify): Self only	3	0.9
	Total	**321**	**100.0**

Source: Field survey 2017.

Similarly, if we look at number of dependents that registered with NHIS in the hospital from the table above, 27.7% of the participants registered spouse & four children. This is in line with the NHIS guidelines. It is maximum number one is allowed to register. Other enrollees that registered less than four children may be because those are the only children they have or the remaining children are more than 18 years of age. This is another stipulation in the NHIS. Other participants that registered only themselves constitute 0.9%, and might be that the participant does not have children or all their children are above 18 years of age.

Length of employment

Length of employment here refers to duration the participant has been employed as a civil servant. The table below show the length of employment of the participants.

Table 10. Length of employment

Variables	Subcategory	Frequency	Percent (%)
Length of employment	≤ 10 years	157	48.9
	10 – 30 years	163	50.8
	Above 30 years	1	0.3
	Total	**321**	**100.0**

Source: Field survey 2017.

Participants with length of employment ranging from 11-30 years formed the majority of the respondents (50.8%). While from the face to face interview, all the 8 participants have been working with government for between 11-30 years.

Occupational status

The table below represent occupational status in terms of employment grade, cadre, and rank. Participants were categorised as either junior or senior staff.

Table 11. Occupational status of the participants

Variables	Subcategory	Frequency	Percent (%)
Occupational status	Junior staff	188	58.6
	Senior staff	133	41.4
	Total	**321**	**100.0**

Source: Field survey 2017.

Majority of the participants (58.6%) are junior staff while senior staff constituted 41.4%. This may be because the senior staffs have more money (salary) to take care of their sick ones than the junior ones. Hence more junior staffs enrolled in the NHIS.

Length of enrolment in the NHIS

The table 12 below showed the length of enrolment of the participants with NHIS.

Table 12. Length of enrolment with NHIS

Variables	Subcategory	Frequency	Percent (%)
Length of enrolment with NHIS?	≤ 5 years	141	43.9
	6 – 10 years	147	45.8
	11- 20 years	33	10.3
	21 – 30 years	0	0.0
	Others	0	0.0
	Total	**321**	**100.0**

Source: Field survey 2017.

Participants with 6 – 10 years length of enrolment with NHIS constituted 45.8%. This might constitute mostly federal workers as NHIS has been in place at the federal level much longer than at the state level.

Prior knowledge on NHIS before enrolment

The figure 2 below shows the percentage of NHIS enrollees that have prior knowledge of NHIS before they were enrolled in the programme.

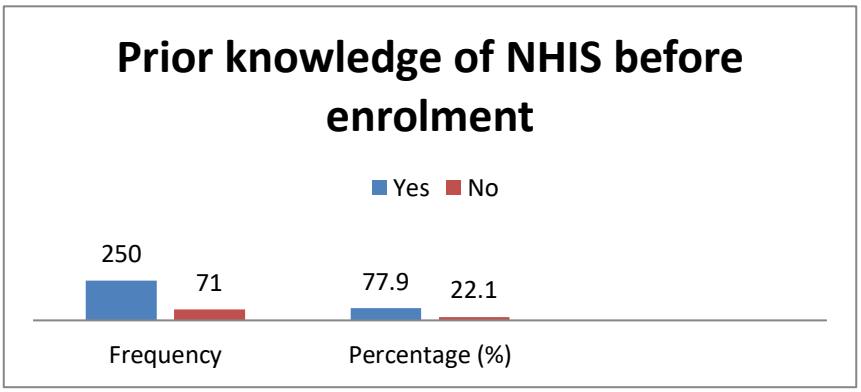

Figure 2. Proportion of participants that have prior knowledge of NHIS vs those without

Source: Researcher's computation using percentage

From the figure above, 77.9% of the clients had prior knowledge of the NHIS scheme before enrolment while 22.1% don't have prior knowledge of it. This is in line with Eboh (2008) where 90% of the participants revealed to have heard of NHIS prior to enrolling. Similarly, in the study of Owumi, Omorogbe and Raphael (2013) there is high level of awareness of NHIS among the enrollees and that they perceived their health status as good after using the health care services under

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the scheme. This is also in keeping with the study of Agba (2010) where 100 percent of the respondents indicated they are aware of the programme.

All the eight participants for the face-to-face interview proved to have prior knowledge of NHIS but different participants have different description of NHIS. In general, they all have a fair understanding of the scheme.

According to the interview conducted, one of the participants described NHIS as:

"NHIS is another programme which the government programmed in order to help the government workers. .... but this system assists us to get medicine very easy".

More so, one of the interviews opined that:

"National Health Insurance is a new system or new programme federal government introduced to assist civil servants…… when or somebody have problem or sickness, you can go to hospital to get treatment in subsidized or as low".

Awareness on money contribution

Awareness of the money contribution by enrollees and their employer is an area where something needs to be done to enlighten the NHIS clients. Majority of them do not know how much they are supposed to be contributing or is being deducted from their salary on a monthly basis. This can be seen from the result in the table below.

Table 13. Awareness on money contribution

Variables	Subcategory	Frequency	Percent (%)
How much is enrollee contributing to NHIS monthly from his/her salary?	[1]. The contribution is supposed to be 15% of total salary. [2]. The contribution is supposed to be 15% of basic salary. [3]. You are supposed to contribute 5% while your employer contribute 10% of your basic salary [4]. You are supposed to contribute 10% while your employer contributes 5% [5]. For now it is government that is only contributing 10% on your behalf while you are not contributing [6]. You pay 10% of the total cost of treatment [7]. You pay 10% of the total cost of drugs only. [8]. Unknown	78 31 56 12 5 6 2 131	24.3 9.7 17.4 3.7 1.6 1.9 0.6 40.8
	Total	**321**	**100.0**

Source: Field survey 2017.

The contribution of NHIS is that the enrolee is supposed to contribute 5% of his basic salary while his employer contributes 10% of the basic salary. This is option number 3 in the table above and it can be seen that only 17.4% are aware of the exact contribution of the scheme while the remaining were just guessing from the options given in the table.

Some years after implementation of the national health insurance scheme, you will still find that some workers (civil servants) still do not know much about the program. Some of the workers do not even know about its benefits, mode of payment, NHIS accredited centers (NHIS health facilities) etc. Some of the enrollees do not know how much is being deducted from their salary and how much government is contributing for them in the program. Chubike (2013) conducted a study on evaluation of National Health Insurance Scheme (NHIS) awareness by civil servants in Enugu and Abakaliki. The result of the study revealed that the level of awareness was very low with most of the respondents not knowing the mode of payment and benefits of the NHIS and were of the opinion that NHIS may not succeed in Nigeria.

Awareness on the area covered by NHIS

NHIS is supposed to cover enrolee, spouse and four children under the age of 18 years. The table below shows participants' responses in terms of NHIS coverage.

Table 14. Awareness on the area covered by NHIS

Variable	Subcategory	Frequency	Percent (%)
Which of the following is covered by NHIS?	1. You, your spouse and four children under the age of 18 years.	258	80.4
	2. You, your spouse and four children irrespective of age	45	14.0
	3. Your extra dependents	8	2.5
	4. Self-employed persons	0	0.0
	5. Nigerian residing abroad	0	0.0
	6. Foreigners residing in Nigeria	0	0.0
	7. Students of tertiary institution	1	0.3
	8. Rural dwellers	0	0.0
	9. Retirees/pensioners	0	0.0
	Others[ ] (specify):	6	1.9
	Spouse & 1 child	3	0.9
	Spouse & 3 children		

Source: Field survey 2017.

From the table above, it can be seen that more than eighty percent (80.4%) of the participants are aware of the NHIS coverage. This is contrary to the study of Owumi, Omorogbe and Raphael (2013) where only thirteen percent (13%) of the participants are aware of scope of coverage of the scheme.

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Satisfaction with NHIS services

The table below summarizes the level of the respondents' satisfaction with NHIS services.

Table 15. Satisfaction with NHIS services

Variable	Subcategory	Frequency	Percent (%)
I am very satisfied with the associated services (eg lab, radiology, pharmacy, maternity, emergency)	Strongly agree	81	25.2
	Agree	215	67.0
	Uncertain	22	6.9
	Disagree	3	0.9
	Strongly Disagree	0	0.0
	Total	**321**	**100.0**
I have easy access to the medical specialist I need	Strongly agree	70	21.8
	Agree	180	56.1
	Uncertain	62	19.3
	Disagree	9	2.8
	Strongly Disagree	0	0.0
	Total	**321**	**100.0**
I got all the drugs prescribed by the doctor in the hospital	Strongly agree	56	17.4
	Agree	182	56.7
	Uncertain	72	22.4
	Disagree	10	3.1
	Strongly Disagree	1	0.3
	Total	**321**	**100.0**
The amount I have to pay during each visit before I got my drugs is reasonable	Strongly agree	50	15.6
	Agree	225	70.1
	Uncertain	43	13.4
	Disagree	1	0.3
	Strongly Disagree	2	0.6
	Total	**321**	**100.0**
I am very satisfied with Surgical procedure under NHIS	Strongly agree	43	13.4
	Agree	181	56.4
	Uncertain	89	27.7
	Disagree	6	1.9
	Strongly Disagree	2	0.6
	Total	**321**	**100.0**
I am very satisfied with the referral arrangement	Strongly agree	58	18.1
	Agree	189	58.9
	Uncertain	66	20.6
	Disagree	6	1.9
	Strongly Disagree	2	0.6
	Total	**321**	**100.0**
I am very satisfied with the overall NHIS services in this hospital	Strongly agree	49	15.3
	Agree	231	72.0
	Uncertain	35	10.9
	Disagree	4	1.2
	Strongly Disagree	2	0.6
	Total	**321**	**100.0**

Source: Field survey 2017.

Sixty seven percent (67%) of the respondents agreed that they are satisfied with the associated services (e.g. lab, radiology, pharmacy, maternity and emergency) while 6.9% are uncertain whether they were satisfied with the associated services. This is in line with Onyedibe, Goyit and Nnadi

(2012) where more than sixty percent (61.5%) of the participants were satisfied with the associated services they received.

More than fifty percent (56.1%) agreed that they had easy access to the medical specialist they need while 19.3% were uncertain that they had easy access to the medical specialist they need. This is contrary to Adamu and Mukhtar (2015) where fifty four percent (54%) of the participants were uncertain that they had easy access to the medical specialist they need.

More than fifty percent (56.7%) of the respondents agreed that they got all the drugs prescribed by the doctor in the hospital. Finding of Blanchet, Fink and Osei-Akoto (2012) a study in Ghana perception of the effect of NHIS on quality of care revealed that respondents were satisfied with the drug availability under the scheme. Seventy percent (70.1%) of the respondents agreed that the amount they paid during each visit before they got drugs and this is in lined with Osungbade, Obembe and Oludoyi (2014) done in in South Western Nigeria.

More than fifty percent (56.4%) of the respondents agreed that they are very satisfied with surgical procedures under NHIS while 27.7% are uncertain that they were very satisfied with the surgical procedure. More than fifty eight percent (58.9%) of the respondents agreed that they were very satisfied with the referral arrangement while 20.6% uncertain that they were very satisfied with the referral arrangement. Seventy two percent (72%) of the participants were very satisfied with the overall NHIS services in the hospital while 10% were uncertain with this.

The table below (table 16) depicts the respondents satisfaction with NHIS services (Table 15 was collapsed). It represents the average where in the Likert scale the first 2 categories strongly agree and agree were collapsed and average was taken. Similarly on the same scale uncertain, disagree and strongly disagree were collapsed and the average was taken.

Table 16. Average satisfaction with services

Attribute	**Satisfied with NHIS services**	**Not satisfied with NHIS services**	**Total**
I am very satisfied with the associated services (eg lab, radiology, pharmacy, maternity, emergency)	296 (92.2%)	25 (7.8%)	321 (100%)
I have easy access to the medical specialist I need	250 (77.9%)	71 (%21.8)	321 (100%)
I got all the drugs prescribed by the doctor in the hospital	238 (74.1%)	83 (25.9%)	321 (100%)
The amount I have to pay during each visit before I got my drugs is reasonable	275 (85.7%)	46 (14.3%)	321 (100%)
I am very satisfied with Surgical procedure under NHIS	224 (69.8%)	97 (30.2%)	321 (100%)
I am very satisfied with the referral arrangement	247 (77%)	74 (23%)	321 (100%)
I am very satisfied with the overall NHIS services in this hospital	280 (87.3%)	41 (12.7%)	321 (100%)
Average	**258.6 (80.6%)**	**62.4 (19.4%)**	**321 (100%)**

Source: Field survey 2017.

From the table above it can be seen that clients are satisfied with the NHIS services in the hospital. Overall satisfaction with NHIS services in the hospital is 87.3% and average for all attributes is 80.6%. This is in line with Alabi et al. (2017) where 99.1% of the respondents were satisfied with the scheme but contrary to Agba (2010) where 48 percent of the respondents rated the services as poor due to absence of drugs, poor attention and prescriptions.

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From the table above it can be clearly seen that there is significant changes in clients' access to quality health services if one look at satisfaction with the associated services (e.g. lab, radiology, pharmacy, maternity, emergency) which is 92.2%; easy access to the medical specialist (77.9%); satisfaction with drugs prescribed by the doctor in the hospital (74.1%); satisfaction with Surgical procedure under NHIS (69.8%) and satisfaction with the referral arrangement (77%).

From the result of the face-to-face interview, participants revealed that NHIS is a very important programme and is beneficial to them but there are some challenges in its implementation in the hospital which are given below:

1. Long Waiting Time
2. Shortage of drugs
3. Overcharging for drugs
4. Non availability of NHIS services 24*7
5. Some services not included in the NHIS package.
6. No designated doctor for NHIS clients.

One of the participants revealed that there is long waiting time in the card room where NHIS enrollees collect their folder before going to see a doctor. Doctor's office is another area where the enrollees also spend time before they see a doctor. This is in line with study of Glory and Dr. Kevin (2014) where the enrollees perceived that delay in attending patient is the second biggest problem observed in the programme

"……when we went before we will receive our folder card, sometimes we use to spend more time before you get it".

Another alleged:

" You will go to hospital since 8' O clock….. you will not see any one of the doctor….. after 11 before you see the doctor".

He added that sometimes the drugs are not available in the health facility and they were asked to go and buy them outside and at that time they don't have money to buy the drugs:

"Sometimes they use to say we went out and buy another medicine…. by that time we don't have money".

It is not right for a facility to ask enrollees to buy drugs outside the facility especially towards the end of the months when the enrollees have almost spent their salary. Again, even if they have money, it is not proper for the facility to do so since government is deducting NHIS funds from enrollees' salary on monthly basis regardless of whether they use the services or not.

Another participant opined that service points such as pharmacy, laboratory and others in the facility do sometimes overcharged enrollees during payment:

"General hospital as I know Dutse, the problem is not from the doctors or management of the hospital. The problem is from those that are serving medicine (pharmacist) and cashiers and laboratory. …..when I go to the cashier or pharmacy on the way to calculate or to estimate the amount you are going to pay, they will double or tripled the amount".

One of the participants argued that drugs are sometimes available and sometimes not available in the facility:

"Our problem is that there is no drug and sometimes there are".

Another participant said:

"Also sometimes even with your NHIS, they will write a medicine to you maybe that cost more than N10, 000 or N20, 000 and definitely they will either tell you that they don't have that drugs, you will have to buy it outside. Instead of them to buy for you they will refuse. But anything N2, 000 down ward or N5, 000 downward sometimes if you are lucky, they will be able to give you the drug".

On the other hand, another participant asserted sometimes all the prescribed drugs are there available in the facility:

"The issue of drugs, sometimes if you come you can get the drugs. All of them without any problem".

The NHIS services in the facility are not 24 hours as revealed by one of the participants:

"So, we are only having this NHIS during working days from 7'O clock in the morning to maybe 4'O clock".

The NHIS services in any facility are supposed to be 24 hours services. In those facilities where the services are not 24 hours, enrollees sometimes find themselves in a very difficult situation because their folders are locked up in a room that is provided for safe keeping of NHIS folders. In this situation, the enrollee has to buy another folder or card before seeing a doctor and this cause them to spend more money as out of pocket expenditure.

Proportion of participants that indicated some services need improvement

From the figure below 77.6% of the clients revealed that some aspects of the NHIS services need improvement while 22.4% do not have any opinion on it.

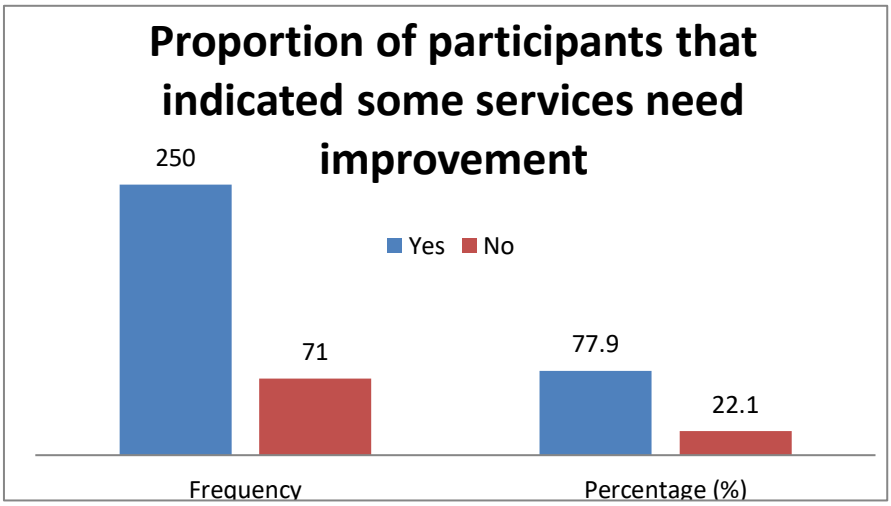

Figure 3. Proportion of participants that revealed that some services need improvement vs that think no improvement needed

Source: Researcher's computation using percentage

Aspects of the care that needs improvement

The table below showed that more than thirty percent of the participants indicated that having separate doctor for NHIS enrollees will improve the NHIS services in the hospital. This is followed by 27.2% which indicated the need for separate unit for NHIS enrollees. Then 18.8% emphasized on the need to have all drugs prescribed by the doctor to be available. Then 14.4% which advocated having 24hour doctor and the least are of the opinion that the government should employ more staff and make referral system easier (3.2% each).

Table 17. Aspect of care that needs improvement

Variable	Subcategory	Frequency	Percent (%)
What do you think can be done to improve NHIS services in this hospital?	Have separate Doctor for NHIS enrollee	83	33.2
	Have separate unit for NHIS enrollees	68	27.2
	Have all drugs prescribed by doctor available	47	18.8
	Employ more staff	8	3.2
	Make referral system easier	8	3.2
	Have 24 hours services	36	14.4
	Others (specify)……	0	0
	Total	**250**	**100.0**

Source: Field survey 2017

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Concerning the issue of what can be done to improve NHIS services in the hospital, all the participants of the face-to-face interview pointed out some aspect of the NHIS that needs improvement.

One of the participants said that:

"Government …have to assist doctors…. give them anything they want like working materials and medicine and if they want, give them some allowances to do their work effectively".

Another participant opined that:

"Put more effort to the management of all hospital to maintain rules and regulations governing the NHIS activities. To mention in front of each and every payment centre things that enrollees will pay".

Another participant contended that:

"If there is no drug to give to beneficiary, they give him money or to buy him at chemist to give him. If they do that, it will improve health insurance".

Another participant opined that:

"Government to put eyes on all that is happening in the hospital. Maybe to get another committee to check on it, what is going or happening in the hospital".

Another participant argued that:

"NHIS supposed to have permanent doctors so that they will be there 24 hours. You understand instead of maybe if you go there, they will say maybe the doctor is not around or the file or the in charge of the file are not around".

Another participant added that:

".....if we want to improve these services, at least there should be a doctor separately for the NHIS enrollees and this doctor should be 24 hours services not like after the working hours 4-5 you will come and not see the doctor". This is in line with Adamu and Mukhtar (2015).

Conclusion

Finding of the study reveals that more than three quarter (80.6%) of the clients are satisfied with healthcare services provided under NHIS in the hospital. The NHIS has improved client access to affordable and quality healthcare services in Nigeria.

Even though the level of satisfaction is high, there are some issues which need immediate attention of the hospital authority. Areas of concern include waiting time when receiving folder, drugs out of stock, over charging of some services and separate NHIS doctor & non-availability of 24 hours services. Resolving these issues will add colour to the programme and will result in more client registering with the hospital.

Recommendations

The following recommendations on NHIS services were given to the health facility based on the result of the findings:

1) Since the NHIS services in the facility is not available for 24 hours and there is no designated doctor specifically for NHIS clinic as indicated by the enrollees, there is need to appoint at least two doctors so that NHIS Unit will have at least one doctor for 24 hours.
2) The Hospital Management Committee should take measures that will ensure that no client is over charged in the pharmacy during billing.
3) Price list of all drugs and services should be pasted on wall in strategic places in the facility so as to reduce the issue of overcharging of services for the enrollees.
4) Ensure all drugs prescribed by doctor are available (especially the high value and expensive ones) in the facility pharmacy.
5) Efforts should be made by the government to capture more service to be delivered to the clients under NHIS.
6) There is also need for either suggestion box or complains channeling procedures to collect clients complains that may be used to improve the NHIS services.

Contribution to Knowledge

The author claims the following contributions to knowledge:

1) This study has contributed to the knowledge of NHIS services in Dutse General Hospital by understanding if clients are satisfied with services.
2) It has also helped in identifying barriers and expectations of clients related to the scheme so that more clients would enrol in the programme.

Limitations of study

There are some limitations to this study and therefore the findings should be used with caution. This is due to the fact that the study was conducted in only one general hospital and face-to-face interview. In future a similar research can be conducted in more general and teaching hospitals using a mixed method but this time around focus group discussion interview can be used in place of face-to-face interview. This is due to the fact that focus group interview is cheaper and not time consuming. A future research can also be conducted using only female enrollees (mothers) or more women as participants. This is because mothers frequently visit health facilities due to sickness or their children health than men.

Moreover, the perspective of health care personnel, hospital administrators should also be taken so that we can have a holistic view regarding the scheme for its improvement.

References

[1]. Abdulrasheed, S.S. (2009). "A study on clients' satisfaction and quality of outpatient care under the national health insurance scheme at Barau Dikko specialist hospital Kaduna, Kaduna state". Unpublished MPH Thesis, Ahmadu Bello University, Zaria Nigeria.

[2]. Adamu, U.H. and Mukhtar, M. (2015). "Understanding client satisfaction with national health insurance scheme in Nigeria: a case study of Gumel General Hospital, Jigawa State". Unpublished study.

[3]. Agba, A. M. O., Ushie, E. M., and Osuchukwu, N. C. (2010) National Health Insurance Scheme (NHIS) and Employees' Access to Healthcare Services in Cross River State, Nigeria. *Global Journal of Human Social Science*, **10** (7), pp.9-16.

[4]. Agba, M. S, (2010) Perceived Impact of the National Health Insurance Schemes (NHIS) Among Registered Staff in Federal Polytechnic, Idah, Kogi State Nigeria. *Studies in Sociology of Science*, **1** (1), pp. 44-49.

[5]. Alabi, A. N., Onuoha, F.M., Madaki A. J., Nwajei, A. I., Uwakwem, A. C., Alabi, K. M. (2017) Enrolees Perception of the Merits and Demerits of National Health Insurance Scheme in a Nigerian Tertiary Health Facility. *Journal of Medical Science and Clinical Research*, **5** (6), pp. 23595-23604.

[6]. Blanchet, N. J., Fink, G. and Osei-Akoto, I. (2012) The effect of Ghana's national Health Insurance Scheme on health care utilization. *Ghana Medical Journal*, **46** (2), pp. 76-84.

[7]. Chima, O. (2010) National health insurance scheme in Nigeria: an analysis of constraints and enabling factors to adoption: University of Nigeria: Nsukka-Nigeria.

[8]. Glory, M. C. and Dr. Kevin, E. M. (2014) Evaluation of National Health Insurance Scheme: Benefits and challenges in Eastern Nigeria. *South American Journal of Public Health*, **2** (4), pp. 491-506.

[9]. Mohammed, S., Sambo, N. M. and Dong, H. (2011) Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences. *Health Research Policy and Systems*, **9** (20).

[10]. (NHIS) National Health Insurance Scheme (2012) National Health Insurance Scheme Operational guideline: National Health Insurance Scheme: Abuja – Nigeria.

[11]. Onyedibe, K. I., Goyit, M. G., and Nnadi, N.E. (2012) An evaluation of the national health insurance scheme (NHIS) in Jos, a north-central Nigerian city. *Global Advanced Research Journal of Microbiology*,**1**(1), pp. 5-12.

[12]. Osungbade, K.O., Obembe, T. A. and Oludoyi, A. (2014) Users' satisfaction with services provided under National Health Insurance Scheme in South Western Nigeria. *International Journal of Tropical Disease & Health*, **4** (5), pp. 595 – 607.

[13]. Owumi, B. E, Omorogbe, C. E., and Raphael, S. C. (2013) Evaluation of the impacts of the National Health Insurance Scheme on the employees' health status at the University of Ibadan. *African Journal of Social Sciences*, **3** (3), pp. 40 -52.

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ISSN: 2520-3134

[14]. Shagaya, J. Y. (2015) Assessment of Student's Satisfaction and Quality of Patient Care under the Nigerian Tertiary institutions Social Health Insurance Programme (TISHIP). *European Journal of Business and Management*, **7** (6), pp. 20-31.
[15]. Vanguard (2010) *Jigawa State Pays NHIS N300m to reduce mortality*. Nigeria: Vanguard. Retrieved from http://www.vanguardngr.com/2010/12/jigawa-pays-nhis-n300m-to-reduce-mortality/.
[16]. Yusuf, T. O., Gbadamosi, A. and Hamadu, D. (2009) Attitudes of Nigerians towards Insurance services: An Empirical Study. *African Journal of Accounting, Economics, Finance and Banking Research*,**4**(4), pp. 34-46.