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SATISFACTION WITH NATIONAL HEALTH INSURANCE SCHEME SERVICES AMONG CIVIL SERVANTS IN NORTH CENTRAL ZONE OF NIGERIA

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Abstract
The purpose of the study was to assess satisfaction with National Health Insurance Scheme Services among Civil Servants in North Central Zone of Nigeria. To achieve this purpose, the ex-post facto research design was employed, the population for the study consisted of 966,852 Civil Servants who were registered with the National Health Insurance Scheme. A sample size of 398 was drawn from the population using a multi-stage sampling technique which involving stratified, simple random sampling and purposive sampling techniques. North Central Zone was stratified into three strata to select 3 States from the Zone. Consequently, Kogi, Benue and FCT Abuja were selected. A simple random sampling technique was used to select six (6) Local Government Areas from each of the selected States. Therefore, a total of 18 Local Government Areas were selected and used for the study. Data was collected using close-ended questionnaire. A total of 398 copies of the questionnaire were distributed to Civil Servants who registered with National Health Insurance Scheme using purposive sampling technique, out of which 384 (97.5%) were duly completed and returned for statistical analysis. The completed questionnaire was analysed using descriptive statistics of mean and standard deviations to answer the research question and One Sample t-testto test the null hypothesis on satisfaction with National Health Insurance Scheme Services among Civil Servants in North Central Zone of Nigeria. The results revealed that Civil Servants significantly satisfied with the National Health Insurance Scheme services. This is because the calculated t-value of 4.115 was greater than the t-critical value of 1.96 at 0.05 alpha level of significance (p=.0000). Based on the findings of this study, the study concluded that Civil Servants in North Central Zone of Nigeria were satisfied with National Health Insurance Scheme Services. And based on the conclusion drawn, it was recommended that: 1.Government should provide adequate health care services for satisfactory treatment, access and utilization of the National Health Insurance Scheme by the workers in order for them to participatefully in Scheme.
Keywords: Utilization, Civil Servants, National Health Insurance Scheme Services.

Introduction

Patient satisfaction is simply defined as patient's judgment on the quality and outcome of care. It is the level of satisfaction with the process and product of care. It is also, the extent

to which patients feel that their needs and expectations are being met by the service provider (Ware, Snyder, &Wright, 2019).Satisfaction is further seen as a fundamental indicator of success in any service delivery and is therefore a key component of quality of health care. According to National Health Insurance Scheme (2019), satisfaction is regarded as one of the ultimate goals that all health system should strive for, it reflects on the health system in their prospect. Yet public health care in developing countries have failed to achieve adequate level of services. In Nigeria for example, the level of satisfaction for public health care is considerably very low. To improve public participation, satisfaction and effectiveness of the undergoing health reform initiative in Nigeria, alongside the underlying factors that contribute to consumer's satisfaction for public health service must be fully understood.

Consumer's satisfaction with health care has in recent years gained a wide spread recognition as a measure of quality of care. This has risen partly because of the desire for greater involvement of the consumer in health care process and partly because of the link demonstrated to exist between satisfaction and compliance in areas such as appointment keeping, invention to comply with recommended treatment and medication use. Since quality clinical outcome is dependent on patient satisfaction, the later has come to be seen as a legitimate health care goal and therefore of quality care. Care cannot be of high quality unless the patient is satisfied. Then those who demanded care from other providers of service should get adequate satisfaction (National Health Insurance Scheme, 2019). According to Salawudeen (2018), clients' satisfaction with the health insurance scheme is very low. This is attributed to marital status especially to polygamous families and other hindering agents (factors) which include:

- Health care provider attitude towards their consumers.
- Proximity to the health care provider (distance).
- Provision of quality services/administration of substandard drugs.
- Government policy on administration, are workers well taken care of by the government as well as lack of proper evaluation of the policy makers by the government.
- Need to improve clients' satisfaction on National Health Insurance Scheme.
- Better attitude on the part of the health workers towards the clients decreased waiting time in the hospitals, provision of adequate drugs not substandard is very important.

Patient satisfaction therefore, is one of the main parameters in the assessment of health care quality, becoming increasingly important as an indicator of the quality of care and can contribute to strategies for the improvement of health care services delivery (Iloh, Ofoedu, Njoku, Odu, Ifedigbo, & Iwuamanam, 2018; Gadallah, Allam, Ahmed, & El-Shabrawy, 2017). Evaluation of patient satisfaction is an important method of assessing the quality of care as healthcare services considered to be excellent by other stakeholders may be adjudged poor if the patients are dissatisfied with it. Assessing the appropriateness of care and clients satisfaction is therefore, crucial to have assured the continuous attractiveness of the care contracted (Huber, 2019).

Dissatisfaction with the quality and quantity of curative services provided by public systems, along with growing inability of a substantial proportion of the populace to pay for private medical services led to the extension of social security programmes to health care. But despite the availability of services participants/beneficiaries in several rural communities of developing countries tend to under-utilize the services for various reasons some of which include: high rates of illiteracy among spouses of participants, and lack of understanding of National Health Insurance Scheme among health professionals and decision - makers resulting in poor quality services. Sule *et-al.,* (2018), reported that implementation of a National Health Insurance Scheme alone cannot guarantee improvement in the health status of people, it is their effective utilization of the health care services that can contribute to the health of the people.

A survey on users' satisfaction with services provided under National Health Insurance Scheme in South Western Nigeria shows that 60% of respondents encountered problems with their healthcare providers. These include long-queues, poor reception from unfriendly health workers, inefficient treatment, and unclean environment. The study further revealed that 55.6% of participants were satisfied with drug services, 56.2% with health care provider services, 77.8% with waiting time, 51.7% with staff attitude, 45.3% of participants were satisfied with the process of enrolment, while 49.5% with range of services covered by National Health Insurance Scheme (Osungbade, Obembe & Oludoyi, 2014). In another separate study by Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, and Offiong (2013) evaluated the impact of National Health Insurance Scheme on healthcare consumers among 200 participants in Calabar metropolis, Southern Nigeria, affirms that 72.0% of respondents were either very satisfied or satisfied with the performance of the scheme; while, 28.0% were very dissatisfied or dissatisfied with the performance of the scheme.

In the same manner, a study among staff of Ahmadu Bello University (ABU) Zaria to assess client's satisfaction with the National Health Insurance Scheme in Nigeria reported low satisfaction which is attributed with longer duration of enrolment (Shafiu & Sambo, 2019).

The importance of patient satisfaction with the quality of care received under any programme or facility cannot be overemphasized, and this is best done looking at it through the eyes of the patients. Patients (and their relatives) are the best source of data for information on how they are treated. The Health Insurance Scheme has over the years faced the problem of provider attitude and behaviour to the beneficiary in operating the programmes. The age-long rivalry between various professional groups in the health care industry has found its way into NHIS provider network. While some providers withhold care to enrol on flimsy excuses, others charge additional fees on the pretext of non-inclusion of the services in the benefit package (NHIS, 2019). This study therefore, purposed to assess satisfaction with National Health Insurance Scheme services among Civil Servants in North Central Zone of Nigeria.

Research Questions

What is the satisfaction with National Health Insurance Scheme Services among civil servants in North-Central States of Nigeria?

Hypothesis

Civil servants' satisfaction with National Health Insurance Scheme Services in North Central Zone of Nigeria is not significant.

Methodology

The ex-post-facto research design was used in this study. The use of this research design is because the information gathered already existed with the respondents and therefore, not under the control of the researcher. According to Simon and Goes (2013), ex-post facto research design means after the design which implies that it studies the fact that already existed. Ex-post facto research design is ideal for conducting a social research when it is not possible or acceptable to manipulate the variables under study.

The population for this study comprised of 966,852 Civil Servants who enrolled with National Health Insurance Scheme in North Central Zone of Nigeria (National Health Insurance Scheme, 2019).

Table 1: Population of Civil Servants in North Central Zone of Nigeria.

Sn	State	Number of civil servants
1	Kwara	91,469
2	Kogi	64,379
3	Federal Capital Territory (FCT), Abuja	405,756
4	Niger	115,697
5	Nasarawa	104,027
6	Plateau	115,619
7	Benue	69,906
	Total	966,852

Source: National Health Insurance Scheme (2021).

The sample size for this study was 398 respondents drawn from a population of 966,852, which according to Isaac and Michael (1981); Smith, (1983) revealed that for a population of 100,000-999,000, a sample size of 398 is adequate for generalization at 98.5% level of confidence.

A multi stage sampling techniques involving stratified sampling technique, simple random sampling technique and purposive sampling technique were used to arrive at the sample size of 398 respondents.

Stratified random sampling technique was used to divide the zone into three strata according to geopolitical distribution of North Central North (Kwara, Kogi), North Central East (Niger, Nasarawa, Benue), North Central West (Platea, FCT, Abuja). A

simple random sampling technique was used to select one (1) from each of the strata. Consequently, Kogi, Benue, and FCT Abuja were selected for the study.

Simple random sampling technique was employed to select six (6) local government areas each from the selected states. A total of eighteen (18) local government areas were picked and used for data collection. Thus; FCT Abuja: FCT Municipal, Abaji, Gwagwalada, Kuje, Kwali and Bwari area council. Benue State: Otukpo, Katsina-Ala, Agatu, Gboko, Makurdi, Ukum, and Ushongo Local government areas. Kogi State: Ajaokuta, Ankpa, Dekina, Lokoja, Okene, Ida and Bassa local government areas.

Purposive sampling was used to select civil servants out of the selected local government areas based on availability of the civil servants present at work. 22 copies of the questionnaire were distributed to each local government areas except for FCT Municipal which 24 copies of the questionnaire were administered to the civil servants at the various Departments as the researcher meets them in their offices and served the respondents with the copy of the questionnaire.

Table 2: showed the sample size selected for the study

S/N	State	L.G.A/ Areas Council	Sample Size
1.	Benue	Otukpo	22
		Agatu	22
		Gboko	22
		Makurdi	22
		Ushongo	22
		Katsina-Ala	22
2.	FCT	Municipal	23
		Abaji	22
		Gwagwalada	22
		Bwari	22
		Kuje	22
		Kwali	22
3.	Kogi	Ankpa	22
		Lokoja	23
		Ajaokuta	22
		Ida	22
		Bassa	22
		Okene	22
	Total	**18 LGAs**	**398**

Instrument for this study was a researcher-developed questionnaire contained 10 statements aimed at assessing satisfaction with scheme services provided by national insurance scheme among civil servants in North Central Zone, Nigeria on a four point modified Likert Scale of Strongly Satisfied (SS), Satisfied (S), Dissatisfied(D) Strongly Dissatisfied(SD) and were used to elicit information on satisfaction with of national health insurance scheme services.

In order to ascertain the reliability of the instrument and internal consistency of the instrument, a pilot study was conducted. To achieve this, names of states in the study area that were not selected for the study were written on pieces of paper folded and dropped into a container, shuffled and one (1) state, Niger was selected for pilot study.

Two local government areas in Niger were selected using simple random sampling technique by using fishbowl method. Consequently, Suleja and Lapai local government areas were selected. The researcher proceeded and administered 10 copies of the questionnaire for civil servants in each local government area through purposive sampling technique as the researchers meets them in their various offices. Consequently, a total of 20 copies of the questionnaire were administered and retrieved the same day with 100% recovery and were processed for reliability test using Split-Half method.

The 20 copies of the questionnaire were divided into two halves and were correlated to determine the reliability coefficient using Spearman Brown Rank Order and Gut-man Split Half. The result revealed that Spearman Brown Rank Order and Gut-man Split Half were 0.831 and 0.792 respectively.

This is a confirmation of test of reliability which according to Spiegel (1992) revealed that the reliability of the instruments lies between 0 and 1, and that the closer the instrument is to 0, the less reliable is the instrument and that the closer the instrument is to 1, the more reliable is the instrument. This therefore, shows that the instrument that was used for this study is reliable.

The researchers administered the questionnaire to the respondents using purposive sampling technique as they meets with the respondents in their various offices and served them with a copy of the questionnaire. The served copies of the questionnaire were retrieved on the same day in each of the local government area that was visited.

The retrieved copies of the questionnaire were subjected to statistical analysis to determine the knowledge of national health insurance scheme services among civil servants in North Central of Zone, Nigeria.

The data that was collected for this study was coded and subjected to Statistical package for Social Sciences (SPSS) version (20), for appropriate analysis. Mean and standard deviations was employed to answer the structured research questions on knowledge, of National Health Insurance Scheme among Civil Servants in North Central States of Nigeria.

A One sample t-test was used to test the hypothesis on knowledge of national health insurance scheme services among civil servants in North Central Zone of Nigeria.

Results

Assessment of satisfaction with National Health Insurance Scheme Services by civil servants in the North Central States.

The respond of the respondents on their satisfaction with the National Health Insurance Scheme Services in the study area are scored in means and standard deviations and presented in Table 3.

Table 3: Mean scores of respondents on satisfaction with National Health Insurance Scheme Services.

S/n	Satisfaction with National Health Insurance Scheme Services	Mean	Std. Dev.
	1. Maternal and child care services received in NHIS partner hospitals/clinics are adequate and satisfactory	2.62	0.856
	2. Specialised healthcare for medicals and gynaecology internal medicine services received in NHIS partner hospitals/clinics are effectively put into use	2.57	0.783
	3. Ophthalmology and management of HIV/AIDS services received from NHIS partner hospitals/clinics are of tremendous benefit to health seeking clients	2.44	0.939
	4. The essential drugs received from NHIS accredited pharmacies providers are adequate	2.38	0.885
	5. The services received from out-patient department of accident and emergency wards in NHIS partner hospitals/clinics are satisfactory	2.58	0.866
	6. The services health seeking clients received from the consultant and health personnel of NHIS partner hospitals/clinics are satisfactory	2.55	0.826
	7. Improvement of the services rendered to clients by NHIS partner hospitals/clinics are satisfactory	2.55	0.857
	8. General conduct of the doctors towards clients are satisfactory	2.67	0.750
	9. Medical bills provided to clients are justified	2.99	0.861
	10. The doctors treat the clients in a very friendly and courteous manner	2.89	0.863
	Aggregate mean	2.62	0.599

(Decision mean = 2.50)

From the mean scores in Table 3, it could be said that the civil servants were satisfied with the National Health Insurance Scheme Services in the study area. Those included their satisfaction with maternal and child care services, specialized healthcare for medicals and gynaecology internal medicine services received from the designated NHIS hospitals and clinics. Though the respondents did not satisfied with provision of ophthalmology and management of HIV/AIDS services received from the NHIS designated hospitals and clinics but they were satisfied with services received from out-patient department of accident and emergency wards along with services received from the consultant and health personnel in NHIS designated hospitals and clinics. On human relationship

between the NHIS clients and the health personnel of the designated units, respondents were satisfied and that doctors treat the clients in a very friendly and courteous manner along with medical bills provided by the designated health units which the respondents justified for services received. With the aggregate mean score of 2.62 and a standard deviation of 0.599 for the table, the civil servants could be said to be satisfied with the services provided by the National Health Insurance Scheme designated hospitals and clinics in the study area.

One sample t-test on satisfaction with National Health Insurance Scheme Services in North Central States, Nigeria

Variables	N	Mean	Std. Dev.	Std. Error	t-value	DF	p-value
Satisfaction	392	2.62	0.599	0.030	4.115	391	.000
Test mean	392	2.50	0.000	0.000			

(t-critical = 1.96, $p < 0.05$)

The mean score (2.62) expressed for satisfaction with the National Health Insurance Scheme services by the civil servants was significantly higher than the test mean (2.50). The observed t-value obtained at 391 degree of freedom (DF) for the test was 4.115 and the p-value obtained in the test was 0.000 ($P < 0.05$). These observations provided sufficient evidence for rejecting the null hypothesis. The implication here is that in spite of the low level of utilization, the civil servants were satisfied with the National Health Insurance Scheme services in the study area. The null hypothesis that Civil servants' satisfaction with National Health Insurance Scheme Services in North Central States, Nigeria is not significant is therefore rejected.

Discussion

It was found in this study that civil servants that patronized the services of the National Health Insurance Scheme were satisfied with their patronage (p=0.000). It was further found that the Civil Servants were of the view that they were satisfied with the maternal and child care services, specialized healthcare for medicals and gynaecology internal medicine services received from the designated NHIS hospitals and clinics. The civil servants were of the view that services received from out-patient Department of accident and emergency wards along with services received from the consultant and health personnel in NHIS designated hospitals and clinics were satisfactory. These also included human relationship between the NHIS clients and the health personnel of the designated units. In the test of the expressed responses in the related hypothesis, the result revealed that the satisfaction was significant. The finding here agreed with that of Adeoye (2019), from a study on the impact of the Formal Sector Social Health Insurance Programme, on household economy of beneficiaries in Abuja whose findings showed that the scheme had a significant satisfaction on household economy of beneficiaries in terms of their improved financial status, improved investment activities, increased household expenditures unrelated to health, and improved ability to receive health care services. The finding is also in line with Aderoumu (2016), who in relating the satisfaction of health care

services opined that provision of healthcare services has hitherto been a becomesatisfaction among clients that patronised the services.

Conclusion

The civil servants in North Central Zone of Nigeria were satisfied with the services received from the National Health Insurance Scheme.

Recommendations

Government should provide adequate health care services for satisfactory treatment, access and utilization of the National Health Insurance Scheme by the workers in order for them to participate fully in Scheme.

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