



# Enrollees' Satisfaction with Health Service Provision Under the Formal Sector Social Health Insurance Scheme in South Eastern Nigeria

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## Abstract

### INTRODUCTION

Healthcare financing is a critical global issue, particularly in low and middle-income countries (LMICs) grappling with underfunded health systems. Various financing approaches, such as fee-for-service, private insurance, general taxation, social insurance, community financing, loans, and grants, have been explored to bridge the funding gap. Health insurance, a mechanism involving resource pooling and risk sharing, plays a pivotal role in achieving Universal Health Coverage (UHC) and delivering quality healthcare. This study aimed to assess enrollees' satisfaction with the Formal Sector Social Health Insurance Scheme (FSSHIS) at the University of Nigeria Teaching Hospital (UNTH), with a focus on the registration process, waiting time, drug availability, and willingness to continue using the scheme.

### METHODS

A descriptive cross-sectional study was conducted at UNTH, Enugu, involving 470 enrollees. Data were collected using a pretested Patient Satisfaction Survey Questionnaire and analyzed using descriptive statistics. Enrollees' satisfaction was assessed on a 5-point Likert scale, a score of  $\geq 3$  signified enrollees' satisfaction.

### RESULTS

Respondents were satisfied with the processes of registration ( $4.10 \pm 0.95$ ), getting an identity card ( $3.50 \pm 0.72$ ) and interest shown by the providers ( $3.80 \pm 0.83$ ). They were dissatisfied with the referral process ( $2.7 \pm 0.41$ ), level of their involvement in decision making ( $2.8 \pm 0.44$ ), long waiting time ( $2.5 \pm 0.45$ ), non-availability of drugs ( $1.8 \pm 0.24$ ) and diagnostic facilities ( $1.5 \pm 0.22$ ). The overall satisfaction was poor (43%) while 59% would not recommend a health insurance scheme in the facility for family or friends.

### CONCLUSIONS

Enrollees' dissatisfaction with the FSSHIS suggests a need for immediate intervention and improvement in healthcare service delivery. Addressing these concerns can foster increased utilization of health services and contribute to the scheme's success in achieving its objectives.

**Keywords:** Enrollees' Satisfaction, Enugu, Health Services, Health Insurance Scheme, Nigeria

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### Introduction

Healthcare financing is a global topic of debate, particularly in low and middle-income countries (LMICs), as they grapple with the

challenge of underfunded health systems [1,2]. Various approaches to financing healthcare exist, encompassing fee-for-service, private insurance, general taxation, social insurance, community



financing, loans, and grants [3,4]. Health insurance involves resource pooling by individuals to address health needs, and sharing risks among contributors, where those with greater resources subsidize those with fewer, and individuals with low illness incidence subsidize those requiring frequent care [5].

The pursuit of Universal Health Coverage (UHC) and the promotion of healthy lives and well-being for all necessitate prioritizing the delivery of quality healthcare services. To assess healthcare service quality effectively, patient satisfaction surveys have proven to be valuable tools [6]. These surveys, from a patient's perspective, serve as performance audits of hospital services, offering insights into providers' ability to meet consumer expectations, thereby contributing to healthcare service quality management [7].

Patients' satisfaction encompasses their conclusions and reactions regarding the healthcare environment, healthcare providers' attitudes, promptness of care, waiting times for consultations and receiving medication, as well as the cost of services [8]. It can also be measured across domains like client access, technical quality, resource availability, continuity of care, and overall satisfaction [9,10]. When patients are dissatisfied with care, they may seek treatment elsewhere [11].

In 2005, Nigeria formally launched the Formal Sector Social Health Insurance Scheme (FSSHIS) as a means to reduce healthcare costs, provide accessible, high-quality services to all citizens, and address the health issues of workers in the country [12]. The scheme covered federal ministries, parastatals, agencies, the Nigerian police, armed forces, and organized private sectors [13]. After several years, opinions on the scheme's effectiveness became polarized among Nigerians [14, 15, 6]. Studies revealed that services provided at public health facilities were perceived as poor due to long waiting times, increased out-of-pocket expenses, and high

medication, X-ray, and transportation costs [5, 8, 16]. Even when healthcare providers delivered quality services, poor demand for services among enrollees hindered FSSHIS from achieving its objectives [17]. These issues impacted family standards of living as healthcare expenses consumed funds that could have been used for other needs, negatively affecting the achievement of UHC [4]. Enrollees' satisfaction with health service provision under health insurance schemes was often overlooked [13], and Nigeria's deteriorating health indices suggested potential shortcomings in FSSHIS services [18].

Prior studies assessing employees' evaluation of services under FSSHIS mainly focused on awareness and perception, with limited attention to enrollees' self-evaluation, particularly in Northern and Southern Nigeria [6,13,19]. In Enugu, one study explored service utilization under NHIS by both insured and uninsured individuals in the metropolis [20], while a recent study in the same teaching hospital focused on enrollees' knowledge and patterns of service utilization under FSSHIS [21]. However, in this study, researchers encountered staff in different departments of this setting expressing disappointment and frustration when attempting to access healthcare, laboratory services, drugs, or referrals under FSSHIS. Thus, the need to assess enrollees' satisfaction with access to quality care, healthcare provider performance, and the quality of healthcare received under FSSHIS. The survey's results will provide valuable feedback to hospital management and staff regarding service quality and inform policy and decision-makers in healthcare institutions on implementing health insurance schemes effectively.

This study aimed to assess enrollees' satisfaction with the registration process under the Formal Sector Social Health Insurance Scheme at the University of Nigeria Teaching Hospital (UNTH) in Enugu. Additionally, it examined waiting times before receiving



healthcare services, the availability of prescribed drugs, and enrollees' willingness to access further healthcare under the scheme. Moreover, it explored their readiness to introduce friends and relatives to the facility.

## Methods

### Design and setting

A descriptive cross-sectional study design was employed for this study. The study was conducted at the University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu State, Nigeria. The University of Nigeria Teaching Hospital (UNTH) is one of the four tertiary hospitals in Enugu State. The hospital serves as the biggest referral and teaching health institution in the Eastern part of Nigeria. It has outpatient clinics that are held throughout the week and inpatient facilities where medical, surgical, orthopaedic, paediatric, accident and emergency and other specialized care are provided throughout the week.

### Population of study

All the employed enrollees accessing health care services in the University of Nigeria Teaching Hospital (UNTH) under the Formal Sector Social Health Insurance Scheme formed the population of the study. The total population of enrollees from 2006 to 2014 was four thousand, two hundred and nineteen (4219) (NHIS data office UNTH, 2014).

### Sampling

A sample of four hundred and seventy (470) enrollees was derived using power analysis statistical formula [22]:  $q = n / 1 - f$  where  $q$  was the final sample;  $f$  the estimated non-response rate usually kept at a constant 10 (this makes for attrition);  $n$  was the total sample, thus the sample size  $q = 4219 / 1 - 10$ ,  $4219 / 9$  was 468. However, 470 employees were recruited.

A Systematic random sampling technique was used to select 470 UNTH employees who were enrollees and accessed

health services in all the clinics within the study period.

The participants must have been enrolled staff of FSSHIS for at least one year preceding the study, working at any department in UNTH Ituku- Ozalla Enugu, and willing to participate in the study. All the enrollees on admission and dependents of the FSSHIS principal beneficiaries were excluded.

### Data collection

The instrument for data collection was a pretested Patient Satisfaction Survey Questionnaire (P SSQ) adapted from the Patient Satisfaction Questionnaire Short form (PSQ 18) by Marshalls and Hays (1994) [23] and from World Health Organization Health System Responsiveness Survey version 70 (2002) [24]. The coefficient reliability of the two instruments was 0.89 and 0.91 respectively. The questionnaires were modified and adapted to accommodate the research objectives and the locality of the study. The adapted instrument was pilot-tested using 10% (47) of the staff enrollees from the State University Teaching Hospital in Enugu. The responses were subjected to Cronbach's alpha test which yielded a coefficient reliability of 0.84.

The instrument assessed the enrollees' satisfaction with staff attitude, waiting time, availability of drugs, the process of accessing health care and willingness of enrollees to access services whenever they are sick. Section A consisted of 7 items which elicited information on the demographic characteristics of the staff enrollees, section B (15 items) and C (3 items) obtained information on enrollees' satisfaction and their overall satisfaction with health care services received. Their satisfaction was assessed on a 5-point Likert scale graded as Grossly Dissatisfied, Dissatisfied, Satisfied, Very Satisfied, and Mostly Satisfied.

### Data analysis

Data were analyzed using frequency, percentages, mean and standard deviation for a



general description of study participants The 5 – Point Likert scale questions in Sections B and C were scored as grossly dissatisfied (1), Dissatisfied (2), Satisfied (3), Very Satisfied (4), and Mostly satisfied (5). The mean score was 3. Any item that scored  $\geq 3$  signified enrollees' satisfaction while any item that scored  $< 3$  signified enrollees' dissatisfaction.

## Results

The mean age of the respondents was  $39 \pm 2.1$  years; Majority 260(55%) of the respondents were females, 285(60%) were

married, 227(48%) attained secondary education while 223(47%) had tertiary education. The mean length of being in service was  $17.6 \pm 1.98$  years while 180(38%) of the respondents have been enrolled in the Scheme for 5 to 6 years. There were more of junior staff 286(61%) than senior staff 184(39%) who enrolled in NHIS. (Table 1).

### Satisfaction with access to care

The enrollees were satisfied with the process of registration into the Scheme ( $4.10 \pm 0.95$ ) and the process of getting the Identity Card ( $3.50 \pm 0.72$ ).

**Table 1:**  
Demographic characteristics of the respondents

Variable	Category	$\bar{x}$ SD	Frequency	Percentage %
Gender	Male		210	45
	Female		260	55
Age	20 – 30 years		158	34
	31-40 years		155	33
	41 – 50 years		85	18
	51- 59 years		72	15
Mean age		$39 \pm 2.1$		
Marital Status	Married		285	60
	Single		140	30
	Divorced		3	1
	Widower/Widowed		42	9
Level of Education	Primary		20	45
	Secondary		227	48
	Tertiary		223	47
Cadre of Staff	Junior		286	61
	Senior		184	39
Department	Clinical		181	39
	Non-clinical		289	61
Length of Service	2 – 5 years		56	12
	6 – 10 years		102	22
	11-15 years		87	19
	16 – 20 years		75	16
	21 – 25 years		59	12
	26 – 30 years		66	14
	31 – 35 years		55	5
The mean length of service		$17.6$ $1.98$		
Duration of enrollment with NIHS	1 – 2 years		101	22
	3 – 4 years		107	23
	5 – 6 years		180	38
	7 – 8 years		57	12
	9 – 10 years		25	5



They were equally satisfied with the respect and friendliness they received from the providers, the providers' explanation of the regimen as well and the interest the providers showed them ( $3.20\pm0.68$ ), ( $3.80\pm0.83$ ) and ( $3.7\pm0.81$ ) respectively.

However, they were not satisfied with the availability of healthcare providers as needed ( $2.70\pm0.41$ ), access to specialised care whenever needed ( $2.80\pm0.44$ ), their level of involvement in decision-making about their care ( $2.80\pm0.44$ ) and the referral process to another specialty when necessary ( $2.70\pm0.41$ ). (Table 2).

### Satisfaction with waiting time

The enrollees were not satisfied with the extent of promptness of attention given to them by healthcare providers ( $2.80\pm0.51$ ), length of time spent waiting to see the healthcare provider

( $2.50\pm0.45$ ), before accessing laboratory investigations ( $2.70\pm0.49$ ) and collection of prescribed drugs ( $2.40\pm0.40$ ). (Table 3).

### Satisfaction with the availability of drugs and diagnostic facilities

The enrollees were not satisfied with the availability of prescribed drugs in the Scheme's drug list ( $1.80\pm0.24$ ) and the non-availability of diagnostic facilities like X-ray and ultrasound ( $1.50\pm0.22$ ). (Table 4).

### Satisfaction and willingness to access healthcare Services under FSSHIS

204 (43%) of the respondents rated the overall health care they received as poor, 50 (11%) rated it very poor 39% rated it good and only 1% rated it as excellent.

**Table 2:**

Enrollees' satisfaction with the process of accessing healthcare under the Formal Sector Social Health Insurance Scheme

S/N	Items	Mean Score( $\bar{x}$ )	standard Deviation	Remark
1	Process of your registration into NHIS	4.1	0.95	Satisfied
2	Process of getting your NHIS ID Card	3.5	0.72	Satisfied
3	Availability of healthcare providers whenever you needed care	2.7	0.41	Not satisfied
4	Access to speciality care whenever needed.	2.8	0.44	Not satisfied
5	Providers being respectful and friendly to you.	3.2	0.68	Satisfied
6	Providers showed interest in your care.	3.7	0.81	Satisfied
7	Providers explain your regimen clearly.	3.8	0.83	Satisfied
8	Involved in decisions about your care.	2.8	0.44	Not satisfied
9	Being referred promptly to another speciality when needed.	2.7	0.41	Not satisfied

Mean  $<3.0$  indicates dissatisfaction while  $\geq 3.0$  indicates satisfaction

**Table 3:**

Enrollees' satisfaction with the waiting time before receiving health services under the Formal Sector Social Health Insurance Scheme in UNTH. n =470

S/N	Items	Mean Score( $\bar{x}$ )	Standard Deviation	Remark
1	Prompt attention is given by the healthcare providers.	2.8	0.51	Not Satisfied
2	Length of time spent waiting to see the healthcare providers	2.5	0.45	Not Satisfied
3	Waiting time before laboratory and other investigations could be accessed.	2.7	0.49	Not Satisfied
4	Waiting time before collecting prescribed drugs.	2.4	0.40	Not Satisfied

Mean  $<3.0$  indicates dissatisfaction while  $\geq 3.0$  indicates satisfaction



In addition, 191 (41%) were willing to access health care service under FSSHIS at the facility when next they fell sick while 279 (59%) indicated their unwillingness. On whether respondents would recommend the facility to family members and friends to access healthcare under FSSHIS, only 172 (37%) agreed that they would while the majority 298 (63%) declined to recommend the facility to family members and friends. (Table 5).

## Discussion

This study showed that the majority of the enrollees were satisfied with the registration process into the scheme. This might be because there were laid down procedures on how to enroll intending participants. The scheme's administrative protocol was adhered to by frontline administrators who met the clients first. A warm reception of clients into the scheme ensures that enrollees have a good impression

which will in turn make them explain to others the importance of the scheme. This may not also be unconnected with the satisfaction expressed by the enrollees with the process of getting the Schemes' ID cards. The finding of this study agrees with studies done in Turkey [10] Jigawa [1] and Nnewi [25] where users were satisfied with the accessibility, administration and technical qualities of FSSHIS. However, this finding disagreed with studies in Ghana [2], Jos [5], and Abuja [8] where enrollees were dissatisfied with the delay in the registration process, obtaining the ID cards and services of the Medical records.

The study also showed that the respondents were not satisfied with the availability of healthcare providers whenever needed especially the specialists. This finding may probably be due to a shortage of healthcare providers in the facility.

**Table 4:**

Enrollees satisfaction with the availability of prescribed drugs and diagnostic facilities under the Formal Sector Social Health Insurance Scheme at UNTH Enugu. (n=470)

S/N	Items	Mean Score( $\bar{x}$ )	Standard Deviation	Remark
1	Availability of prescribed drugs in FSSHIS drug list.	1.8	0.24	Not Satisfied
2	Availability of diagnostic facilities like X-ray, Ultra Sound etc in the FSSHIS list.	1.5	0.22	Not Satisfied

**Mean <3.0 indicates dissatisfaction while  $\geq 3.0$  indicates satisfaction.**

**Table 5:**

Enrollees willingness to access healthcare services and recommend friends to access care under the Formal Sector Social Health Insurance Scheme at UNTH Enugu whenever needed (n=470)

S/N	Category	Response	Frequency	Percentage (%)
1	Overall how would you rate the medical care received under FSSHIS at UNTH Enugu?	Very poor	50	11
		Poor	204	43
		Good	183	39
		Very Good	28	6
		Excellent	5	1
2	Would you like to access health care services provided in UNTH under FSSHIS when next you fall sick?	YES	191	41
		NO	279	59
3	Would you like to recommend UNTH Enugu to your family and friends to register for NHIS?	YES	172	37
		NO	298	63



When health care providers are not available whenever they are needed, continuity of care is disrupted and this may have a serious effect on the perception of the enrollees towards the effectiveness of the Scheme. This finding is similar to the study conducted in Jos [5] where availability of services and hospital personnel were major factors that affected the satisfaction of the enrollees. It has been reported that the availability of providers at all times will help improve healthcare services in the Insurance Scheme [5]. However, Adamu (2013) reported a contrary finding where the enrollees expressed satisfaction with the availability of healthcare providers and specialists.

The enrollees in this study were satisfied with the respect and friendliness shown by the healthcare providers as well as the interest providers showed in their care and the providers' clear explanation of the regimen. The importance of harmony between healthcare provider and client cannot be overemphasized. A cordial relationship cannot be achieved without respect, thus, the friendliness portrayed by the healthcare providers towards the enrollees brought positive relationships. Similarly, enrollees of NHIS in a study in Turkey [10] and Ibadan [3] as well as Abuja [8] expressed a positive relationship between their satisfaction with the scheme and the humane services they received from health care providers. Conversely, there were reports of unfriendly relationships between healthcare providers of NHIS and their enrollees in Ghana [2] and Kano [26] in Nigeria.

The study also showed that the enrollees were not satisfied with the extent of their involvement in the decision-making about their care. This problem does not apply to NHIS alone. In most public hospitals, patients and clients receive little or no information from healthcare providers about their care. Most often patients depend on the health care providers to make decisions for them believing the provider will make a better choice for them. Therefore,

allowing the enrollees to participate in the decisions about their care will give them a sense of belonging and a feeling of being partners in the Scheme. This finding agreed with findings at Kaduna Nigeria [17] where non-involvement in decisions and not giving time to ask providers questions led to dissatisfaction among enrollees.

The findings from this study also revealed that the enrollees were not satisfied with the waiting time before seeing the healthcare providers, accessing laboratory investigations as well and collecting prescribed drugs. This may be due to a shortage of healthcare providers which is seen in health care institutions in developing countries. The same healthcare providers who are responsible for the enrollees are also responsible for providing healthcare to non-enrollees. Shortage of personnel affects productivity. In addition, the study setting is a specialist and teaching hospital which should provide tertiary health care but is usually flooded with patients that could be seen at primary health centers making it tasking to attend to enrollees promptly. Other studies in Nigeria [3, 8, 26] and in Ghana [2] reported enrollees' dissatisfaction with the long waiting time they experienced before accessing healthcare. On the contrary, a study in Ibadan Nigeria [16] reported that 77.8% of the enrollees were satisfied with the waiting time.

The enrollees in this study were not satisfied with the extent of availability of prescribed drugs and diagnostic facilities such as X-ray and Ultrasound in the FSSHIS list. This can be attributed to the poor funding of the Scheme and the inability of the scheme to cover the health care needs of the populace in its entirety. This is a major flaw of the scheme because FSSHIS was adopted to be a financial risk protection option and should assist families when ill. Studies in Ghana [1], Turkey [10], Abuja [15] and Lagos [9] also reported dissatisfaction among enrollees which was connected to the extent of availability of resources like drugs, and diagnostic facilities



such as X-rays, Ultrasound etc. However, the study done at Ibadan [16] reported that 56.6% of the enrollees of the Scheme were satisfied with the drug services.

The study revealed that above average of the respondents (54%) were dissatisfied with the overall medical care received under FSSHIS while 46% were satisfied. The dissatisfaction was informed by the quality of actual health services such as availability of the health providers, time spent accessing health care, availability of prescribed drugs and other investigations like X-rays and patient-provider communication. This poor rating can discourage the public from utilizing the hospital or recommending it to friends and families. A recent study in the same study centre 21 recorded a high rate of dissatisfaction of up to 77.4%. This outcome is in line with the study in Oyo state [27] where 65% of their respondents wanted the NHIS to be discontinued because of the overall dissatisfaction they experienced with the Scheme. Conversely, two studies in Abuja [8, 15] and a study in Lagos [9] recorded lower percentages of enrollee dissatisfaction (22%, 21.20% and 12.6%) respectively which may be attributed to the fact that these are capital cities of Nigeria and health facilities there may have better infrastructure and manpower.

### **Implications of the study**

- Hospital management and staff should use periodic patient satisfaction surveys to get feedback on the quality of services offered under the Health Insurance Scheme.
- To ensure that the goals of the scheme are achieved and sustained, feedback from periodic evaluations of the quality of services offered by designated facilities should be reviewed frequently.
- Stakeholders in the provision of healthcare should improve the quality of healthcare rendered to enhance Universal Health Coverage.

- There is a need to increase the funding of health insurance schemes to ensure the availability of services.

### **What is currently known about the subject matter?**

- Healthcare financing remains a challenge to low-middle-income countries.
- The cost of accessing quality healthcare has been a mirage to most Nigerians.
- To alleviate this challenge, the Nigerian Federal Government introduced the National Health Insurance Scheme.
- The extent of enrollees' satisfaction afterwards has been understudied.

### **Contribution to knowledge**

- Patient satisfaction surveys are the best measure of success with health service provision under the Formal Sector Social Health Insurance Scheme.
- The study identified areas of enrollees' dissatisfaction with health service provision
- These areas should be addressed if the scheme is to meet its desired expectations.
- When clients are satisfied with the care received, there will be increased utilization of health services and willingness to introduce family and friends to the facility

### **Conclusions**

The majority rated the overall performance of the scheme as poor and would not access care under the Scheme if they fall sick nor recommend the facility to any of their family members or friends. Government in collaboration with hospital management should as a matter of urgency review the activities of the providers with emphasis on the problems identified to ensure that enrollees have access to all needed medical services. This will have a positive impact on patients' satisfaction with care; improve further utilization of health facilities and treatment outcomes, and realization of the objectives of the FSSHIS program.





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**Conflict of Interest:** None

## Author contributions

- Study conception and design was done by OI, OH, AC
- Data collection was done by OH, AC
- Data analysis and interpretation done by all authors
- Drafting of the article: done by OH, AC, NI
- Critical revision of the article: done by OI, OH, NI

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