



Evaluation of Patients' Satisfaction with Services Accessed under the National Health Insurance Scheme at a Tertiary Health Facility in North Central, Nigeria.

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Key words:

Patient;
Satisfaction;
health insurance;
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ABSTRACT

Background: The evaluation of patient satisfaction provides an indicator of quality of care and contributes to strategies towards improvement of healthcare delivery.

Objective: To assess patient satisfaction with services accessed under the National Health Insurance Scheme at a tertiary health facility in North central, Nigeria.

Methodology: A cross-sectional study with a sample size of 421 NHIS enrollees between ages 18 to 60 years was done from December 2015 to January 2016 at Federal Medical-Centre, Keffi, Nasarawa-State, Nigeria. Patients were selected by Systematic random sampling.

Data was collected using pretested, anonymous, self-administered, structured questionnaires, with each satisfaction area scored in a five-point Likert scale ordinal response. The dimensions of health services evaluated were based on the typical complaints received from NHIS enrollees such as; hospital accessibility, reception and patient registration process, waiting time, doctors' consultations, availability of prescribed drugs, hospital staff attitudes and hospital facilities. Analysis was done using EPIINFO version 3.5.4.

Results: The overall average satisfaction score was 63.1%. The respondents expressed satisfaction with various aspects of services; reception/registration (65.3%), waiting time (57.4%), doctors' consultation (70.5%), prescribed drugs (55.3%), laboratory services (71.6%), condition of hospital facilities (60.3%) and staff attitude (61.0%).

Conclusion: This study showed that the overall patients' satisfaction with services accessed was good. However, there is the need for the NHIS and healthcare facilities to continuously improve on the provision of healthcare services and address areas of dissatisfaction.

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INTRODUCTION

The NHIS was officially launched on June 2005 by the Federal government of Nigeria with the objective of providing accessible, affordable and qualitative healthcare for all Nigerians.¹ It kicked off with the formal sector (Federal Government) employees and their dependants. The enrollees are the focal point of the scheme and evaluating their

level of satisfaction with the services accessed is of importance and cannot be overemphasized.

Patient satisfaction is one of the main parameters in the assessment of healthcare quality, becoming increasingly important as an indicator of the quality of care^{2,3} and can contribute to strategies for the improvement of healthcare services delivery.⁴ 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.

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.

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 the extent to which patients feel that their needs and expectations are being met by the service provider.⁵

The National Health Insurance Scheme and Health Maintenance Organizations receive complaints frequently from enrollees. Many NHIS enrollees complain about the services accessed under the scheme and such include long waiting time, staff attitudes, unavailability of prescribed drugs, poor services and denial of services;^{2,6} with patient dissatisfaction being one of the main reasons for enrollees calling the NHIS, their HMOs or wanting to change their health services providers.

The NHIS Formal Sector Social Health Insurance Programme has been implemented for more than a decade,¹ and the numbers of published research works on the satisfaction of the NHIS enrollee are still growing. This study evaluated patients' satisfaction with the services accessed under the National Health Insurance Scheme in a tertiary healthcare facility in North Central, Nigeria.

The information and results from this study will contribute to the body of knowledge on the satisfaction of NHIS patients and also chart a course on areas of NHIS operations and policies that need to be improved, strengthened or adjusted towards addressing patients' dissatisfaction.

METHODOLOGY

Study Area and Population

FMC-Keffi is a federal government hospital, located

in Keffi, Nasarawa State, Nigeria and it is one of the foremost hospitals in North central Nigeria. It is a 200-bed hospital providing primary, secondary and tertiary care services, and attending to about four thousand (4,000) patients monthly including NHIS enrollees. It is a NHIS accredited healthcare facility since the inception of the scheme and the study population is the NHIS patients attending the facility.

Study Design, Sample Size and Selection

This is a descriptive cross-sectional study. Patients were selected by systematic random sampling. An estimated sample size of 421 patients were recruited into the study over a period of 6 weeks from December 2015 to January 2016.

Eligibility Criteria

Inclusion criteria: NHIS patients between the age of 18 to 60 years, who have accessed care in the hospital not less than four different occasions and gave informed verbal and written consent.

Acutely ill looking patients and those requiring urgent attention including paediatric/adolescent patients and patients' relations were excluded from the study.

Data Collection

Data was collected using pretested, anonymous, self-administered, structured questionnaires, with each satisfaction area scored in a five-point Likert scale ordinal response which was converted to percentage scale response, using an evaluation system developed by the researcher based on the typical complaints received from NHIS enrollees.

The first section of the questionnaire assessed the socio-demographic characteristics of the respondents, the second section assessed the respondent's source/s of information on NHIS and the third section assessed the dimensions of health services such as; reception/registration process, waiting time, doctors' consultation, laboratory services, availability of prescribed drugs, condition of hospital facilities and hospital staff attitudes.

Data Analysis

Data analysis was done using EPI INFO version 3.5.4; and frequency tables and cross tabulations was generated. Chi-square test was used to determine statistical significance of observed differences in cross tabulated variables. Level of significance was set at $P < 0.05$.

Scoring and Grading was done using the following operational percentage range definitions: excellent (90%-100%), very good (70%-89%), good (50%-69%), fair (30%-49%), and poor (0%-29%).²

Ethical Consideration

The study proposal was approved by the Ethical committee of FMC-Keffi.

Confidentiality, anonymity and patients' right to/not to participate in the study were assured.

Limitations of the Study

The study was conducted in only one facility and therefore might be difficult to generalize findings to other health care facilities and areas in the country.

RESULTS

The age range of the respondents was 18-60 years. Majority (76.7%) of the respondents were in the 18 - 39 years age range. There were 240(57%) males and 181 (43%) females; with a male-to-female ratio of 1.3:1. Those married were 235 (55.8%) and 208 (49.4%) had secondary education, closely followed by those with tertiary education, 185 (43.9%). [Table I]

Patients choose hospitals due to different reasons. About half (47.7%) of the respondents chose the healthcare facility due to the expectation of receiving excellent services, while (34.2%) selected it because of easy accessibility, (25.9%) accounted for availability of specialist doctors and 11.2% registered in the hospital because it provides various services. [Table II]

Table I: Socio-demographic Characteristics of Respondents

Variables N= 421	Frequency	Percentage (%)
Age (Years)		
18-29	158	37.5
30-39	165	39.2
40-49	53	12.6
50-60	45	10.7
Gender		
Male	240	57.0
Female	181	43.0
Marital Status		
Single	162	38.5
Married	235	55.8
Divorced	12	2.9
Widowed	8	1.9
Separated	4	1.0
Religion		
Christianity	220	52.3
Islam	192	45.6
Traditional	5	1.2
Others	4	1.0
Educational Qualification		
Tertiary	185	43.9
Secondary	208	49.4
Primary School	16	3.8
Others	12	2.9

Table II: Respondents reasons for the choice of hospital

Reasons for Choice of Hospital	Frequency	Percentage (%)
<i>N=421</i>		
Easy Accessibility	144	34.2
Expectation of Excellent Services	201	47.7
Availability of Specialist doctors	109	25.9
Provision of various services	47	11.2
Others	24	5.7

Table III: Average level of satisfaction with various aspects of services

VARIABLE	AVERAGE SCORE (%)
Reception/ registration processes	65.3
Waiting time	57.4
Doctor's Consultation	70.5
Prescribed drugs.	55.3
Laboratory Services	71.6
Hospital facilities	60.3
Staff Attitude	61.0
Overall Average Score	63.1

Table IV: Chi-Square of overall satisfaction with hospital services.

Variable	Fair	High	X ²	P-value
Age				
18-29	99(62.7)	59(37.3)	23.2	0.000
30-39	78(48.4)	83(51.6)		
40-49	45(84.9)	8(15.1)		
50-60	28(62.2)	17(37.8)		
Total	250(60.0)	167(40.0)		
Gender				
Male	119(50.4)	117(49.6)	20.6	0.000*
Female	13(72.4)	50(27.6)		
Total	250(60.0)	167(40.0)		
Marital Status				
Single	101(62.3)	61(37.7)	15.3	0.004
Married	137(59.3)	94(40.7)		
Divorced	4(33.3)	8(66.7)		
Widowed	8(100.0)	0(0.0)		
Separated	0(0.0)	4(100.0)		
Total	250(60.0)	167(40.0)		
Education				
Degree	103(56.9)	78(43.1)	15.5	0.004
Secondary	136(65.4)	72(34.6)		
Primary School	7(43.8)	9(56.3)		
Others	4(33.3)	8(66.7)		
Total	250(60.0)	167(40.0)		

The overall average satisfaction score was 63.1%. The levels of satisfaction of the areas evaluated were: reception/registration process (65.3%), waiting time (57.4%), doctors' consultation (70.5%), prescribed drugs (55.3%), laboratory services (71.6%), hospital facilities (60.3%) and staff attitude (61.0%). [Table III]

Younger people (44.5%) reported high level of satisfaction than older people (26.5%); P value (0.000), a higher proportion of males (49.6%) had high level of satisfaction than the females (27.6%); P value (0.000) and those married had higher level of satisfaction (40.7%) than the single (37.7%); P value (0.004). [Table IV]

Also, enrollees with no formal education had a higher level of satisfaction (66.7%), primary education (34.6%), secondary education (34.6%) and then tertiary (43.1%); P value (0.004) [Table IV]

All these had statistically significant associations.

DISCUSSION

Majority (76.7%) of the respondents were in the 18-39 years age range, this means the majority of the respondents were in active working class of the population, which is expected in the formal sector.

Most of the respondents in this study were male (57%), with male: female ratio of 1.3:1, this is in line with the study of Sanusi et al.⁷ 55.8% of were married, 49.4% had secondary education and 43.9% had tertiary education, this is in contrast with the study of Iloh et al.² and also in contrast with Salaudeen⁸ who reported a tertiary education level of about 70%. This result may be attributed to the widespread distribution of the enrollees using this facility.

Enrollees had several reasons for choosing a healthcare facility. The findings in this study showed that 47.7% of the respondents chose the hospital because of the expectation of excellent services, 34.2% selected it on account of easy accessibility, 25.9% chose it due to availability of different specialties and 11.2% registered there because of the provision of various services. [Table II] This is in line with a study by Iloh in Umuahia,² Salaudeen in Kaduna⁸ and Adamu in Kano.⁹

Respondents expressed high level of satisfaction of 71.6% with the laboratory services and 70.5% satisfaction with doctors' consultation. The high level of satisfaction with doctors' consultation is similar to a study by Ofili and Ofovwe in Benin City.¹⁰ The high satisfaction level with the laboratory may be attributed to laboratory staff attitude and the timeliness of receiving the results.

The level of satisfaction with waiting time was 57.4% [Table III]. Although the actual patient waiting time at the assessed service points was not measured quantitatively, patients' perception of the waiting time showed a high level of dissatisfaction when subjectively and qualitatively assessed. Dissatisfaction with waiting time by patients has also been reported in Kano, Northern Nigeria,¹¹ Benin City, (South-South)¹² and Ibadan (South-West)¹³

The long waiting time could be attributed to the large number of patients accessing care in the hospital as it serves as a primary, secondary and tertiary healthcare provider, attending to numerous patients from far and near including referrals from neighbouring towns and states due to its strategic location and easy accessibility.¹⁴

The availability of prescribed drugs is generally valued by patients as one of the hallmarks of healthcare quality and many studies have indicated that patients equate availability of drugs with high quality services.^{14,15,16} The study revealed a satisfaction level of 55.3% with prescribed drugs [Table 3]. Similar studies in Ethiopia^{17,18} also showed high levels of dissatisfaction with prescribed drugs.

Unavailability of prescribed drugs from the hospital's pharmacy was also reported from a study conducted in Manica, Mozambique where it was found to be the most complaints associated with lower satisfaction.¹⁹ Another study conducted in South Africa also revealed that access to drugs was one of the most suggested priorities for improvement of public health services.²⁰

The condition of hospital facilities has significant influence on patient satisfaction. This study showed a level of satisfaction of 60.3% with hospital facilities. This finding is at disparity with the report from Kano, where majority (87%) of the respondents were satisfied with the hospital environment²¹ and also contrary to the findings of a study in Eastern Ethiopia.²² However, this is not unexpected as this study looked wholly at the hospital facilities; including structures, environment and equipments, and not just the cleanliness of the environment.

Respondents expressed a satisfaction level of 60.1% with hospital staff attitudes. Previous studies^{23,24} have indicated that the attitudes of health workers strongly influence the satisfaction of the patients. Patients always want humane treatment and value promptness, courtesy and empathy; the findings in this study are consistent this.

The average level of the overall satisfaction of NHIS enrollees with the services accessed under the NHIS

was 63.1%. This is lower compared to the findings of Iloh et al in Umuhia who reported a satisfaction level of 66.8%² and better compared to the findings of Salawudeen in Kaduna who reported a satisfaction level of 43%,⁸ Sanusi et al in Ibadan who reported a satisfaction level of 58.9%,⁶ and Shafiu et al in Zaria who reported a satisfaction level of 42.1%.⁷

Younger people (44.5%) reported a high level of satisfaction than older ones (26.5%), also a higher proportion of males (49.6%) had high level of satisfaction than the females (27.6%). These are in contrast with the findings of Shafiu et al in Zaria⁷ who reported more satisfaction for older people and no significant difference in satisfaction between the genders. Those married had higher level of satisfaction (40.7%) than the single (37.7%) and respondents with no formal education had a higher level of satisfaction (66.7%) than those with formal education; these are in line with similar studies by Sanusi et al in Ibadan,⁶ and Shafiu et al in Zaria⁷

CONCLUSION

The National Health Insurance Scheme is a crucial step toward the achievement of universal Health Coverage in Nigeria.

The study revealed a high level of satisfaction with services accessed under the National Health Insurance Scheme, having being implemented for more than a decade now. NHIS procedure and complaints resolution processes are evolving, but there is still much to do to improve the quality of service delivered to the enrollees.

The management of the NHIS should ensure compliance with the provision of quality health services as contained in the NHIS operational guideline. It is also essential for healthcare facilities to improve the provision of services, particularly addressing areas of dissatisfaction.

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