

Patients' Perception and Utilization of National Health Insurance Authority in Abuja Municipal Area Council, Federal Capital Territory Abuja, Nigeria

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Abstract

Access to quality healthcare can often be expensive even in advanced countries. That is why governments all over the world have introduced one form of health insurance or the other. However, there seems to be below par utilization of the National Health Insurance Scheme (NHIS) in Nigeria. This study seeks to examine the influence of patients' perception on utilization of National health insurance services in three selected (District hospitals) in AMAC, FCT, Abuja. This study adopts the descriptive survey research design. The population of this study comprised the enrollees of AMAC District hospitals, FCT, Abuja. A sample of three hundred and eight five (385) enrollees of the three district hospitals were selected using simple random sampling. A structured questionnaire was used to collect quantitative data which was analyzed using both descriptive and inferential statistics. Response rate = 79% and about 56.6% of the respondents were Females, ages 25-35 with 72.5% being married. The majority of respondents were Christians with 66.8%, 30% were Muslims and the remaining 2.9% were others. Most respondents were BSc/HND holders with 58.9%, MSc 6.6%, ND 24.75, and the remaining 9.9% were school cert holders. About 53% of respondents enjoy the health insurance because they enjoy medical care from well trained personnel. More than 50% of the respondents feel that the Nurses and Doctors do not treat patients with respect and they considered the waiting time very high. The majority of respondents also feel that they are not being treated according to NHIA operational guidelines, and that the cash paying patients are treated better. There was a significant influence of patients' perception on utilization of health insurance services. The Perception of health insurance among the enrollees of AMAC district hospitals varied while the utilization was fair enough.

Keywords: NHIA, Perception of health insurance, Patients, utilization.

Introduction

The perspective of patients about NHIA service encompasses the accuracy of medical diagnoses and treatments, adherence to professional specifications, compliance with delivery standards, and the realization of expected advantages by patients. The proponents of the patients' approach advocate for the evaluation of healthcare quality from the perspective of users. Assessing user service contributes to the enhancement of service efficiency and effectiveness. There is a widely held belief that the viewpoints of service users regarding the quality of healthcare possess two distinct merits: serving as an indication for improved service delivery and facilitating performance monitoring. The achievement of universal healthcare coverage relies heavily on the provision of high-quality healthcare services through the National Health Insurance Authority (NHIA). This serves as an evaluative measure for both international and national governments to allocate supplementary resources in order to improve the quality of healthcare services.

In the contemporary globalized economy, the ability to provide high-quality services is of paramount importance for the achievement of success by service-oriented organizations. The evaluation of consumers' perception and understanding of an organization's service performance and delivery process is a valuable opportunity to critically analyze the quality of services obtained from such organization. This also holds relevance in the context of NHIA services, particularly when considering the aims of these services. There exist multiple indications that can be utilized to assess patients' perspective in the context of healthcare service delivery. The health sector pertains to patients' perspectives on the healthcare providers' capacity to execute healthcare-related tasks with precision, timeliness, and appropriateness. Consequently, the level of healthcare quality perceived by service users is contingent upon the extent to which services align with patients' expectations, thereby resulting in their satisfaction with the services received.

The measurement of patients' impression about service quality is of utmost importance, as derived from the Servqual Model. The anticipated level of excellence in healthcare services pertains to the extent to which the National Health Insurance Authority (NHIA) provides health services that enhance the probability of achieving quality of service involves the comparison between their expectations of services and the actual services provided by the service delivery facility. desirable health outcomes for both individuals and populations. The assessment of patients' perceived. The National Health Insurance Authority (NHIA) is an implemented idea of the Social Health Insurance Program (SHIP) which is targeted at reaching out to the poor,

especially in developing countries. The NHIA is aimed at providing health insurance to individuals by ensuring a clear access to good quality and affordable healthcare services. The NHIA which was established in 1999 as a significant factor in the National Poverty Eradication Efforts intends to improve the health situation in Nigeria. The scheme which was officially launched in 2005 has some of these objectives: to protect families from the financial hardship of huge medical bills, to ensure equitable distribution of healthcare costs among different income groups, to ensure high- standard and efficiency of healthcare delivery and services to Nigerians, and to ensure the availability of funds to the health sector for improved services. Indeed, with the advent of the NHIA in Nigeria, private involvement in healthcare service delivery is expected to grow which will in turn increase the level of competition. The private health insurance service providers are part of the Health Maintenance Organizations (HMOs) which has 76 accredited providers:

They are given the responsibility of ensuring that the goals of the NHIA are implemented by facilitating affordable and high-quality Medicare for Nigerians. From studies, it has been observed that the service providers deny the customers of their complete entitlements and charge them extra fees based on opinions that some other services were not included in the insurance plan. Apart from this problem, there have also been complaints that the service providers have poor or bad attitude towards the healthcare scheme. In view of the above discussion, this study intends to investigate the influence of campaign awareness and patients' perception on utilization of National Health Insurance Authority in AMAC District Hospitals, FCT, Abuja.

Methodology

A descriptive survey research was conducted. This study was conducted in Abuja Municipal Area Council, Federal Capital Territory. The AMAC has three District Hospitals namely; Asokoro, Wuse and Maitama District hospitals and some General hospitals. The sample size was three hundred and eighty five (385) enrollees of the selected hospitals. The sample size was gotten from Raosoft (2004) sample size table. The selection of respondents was through simple random sampling. A structured questionnaire was used to collect quantitative data which was analyzed using both descriptive and inferential statistics.

Reliability test findings

Reliability means the consistency of the research instrument the researcher intends to use for the study. It also means the consistency of a measure (whether the results can be reproduced under the same conditions). The reliability of the measuring instrument was done through a pilot study. The pilot study helps to ensure consistency and dependability of the scale and the ability to elicit data that answer the research question of the study. This was carried out by using 30 copies of the questionnaire which were administered to residence of Kwali Area Council who are outside the scope of the study.

Results and Discussion of Findings

This chapter dealt with data presentation, analysis and the interpretation of the results. The analysis is guided by the specific objectives and hypotheses that were formulated in the study. The first section shows the presentation of the descriptive analysis using tables showing percentages and interpretations below the tables. Section two presents inferential statistics and discussion of findings comes at the later end of the chapter. The results presented were based on the research questions and hypotheses, which the study set out to answer and understudy. The Decision rule: 1.0.-1.49 = very low, 1.50-2.49 – low, 2.50 -3.49 = High, 3.50-4.00 = Very high. Hypotheses were tested at 0.05 level of significance. Out of the 385-questionnaire administered, 304 were completed and returned. This represents 78.9% approximately 79 % return rate which is considered adequate for analysis and generalization.

Table 4.1: Demographic Distributions

DEMOGRAPHI	ITEMS	FREQUENCY	PERCENT
CS			
Gender	Male	132	43.4
	Female	172	56.6
	Total	304	100.0
Age	25-35	121	39.8
	36-45	102	33.6
	46-55	57	18.8
	56 And Above	24	7.9
	Total	304	100.0
Religion	Islam	92	30.3
	Christianity	203	66.8
	Traditional	9	2.9
	Total	304	100.
Educational Qualifications			
	SSCE	30	9.9
	ND	75	24.7
	HND/BSc.	179	58.9
	MSc.	20	6.6
	Total	304	100.0
Marital Status			
	Married	221	72.7
	Single	83	27.3
	Total	304	100

Source:

Fieldwork, 2023

The table 4.2 above presents a comprehensive overview of the demographics of a sample group consisting of 304 respondents. Firstly, when examining the gender distribution, it is evident that the sample is fairly balanced between males and females. Specifically, there are 132 males, accounting for 43.4% of the total, while females make up a slightly larger portion at 56.6%, with 172 respondents. Also, the Age distribution, shows that those within the 25-35 age group constitutes the largest segment with 121 respondents representing 39.8% of the total. The 36-45 Age Group follows closely behind, comprising 102 respondents or 33.6%. Meanwhile, the 46-55 Age Group consists of 57 respondents, making up 18.8% of the sample. Lastly, respondents

aged 56 and above are the smallest group, with 24 respondents, accounting for 7.9% of the total. In terms of religion, the majority of the sample identifies as Christian, with 203 respondents, making up a substantial 66.8% of the total. Islam is the second most common religion, with 92 respondents, constituting 30.3%. A smaller minority follows traditional beliefs, comprising just 2.9% of the sample, or 9 respondents. Educational qualifications are also a key aspect of the demographic profile. The data reveals that HND/BSc. is the most prevalent educational qualification among the respondents, with 179 respondents, accounting for 58.9% of the total. ND follows with 75 respondents, representing 24.7%. A smaller number, 30 respondents, hold an SSCE qualification, making up 9.9%. Finally, there are 20 respondents with an M.Sc. degree, constituting 6.6% of the sample. Lastly, the marital status of the respondents shows that a substantial majority are married, with 221 respondents, making up 72.7% of the total. On the other hand, 83 respondents are single, comprising 27.3% of the sample.

I do enjoy high level medical attention according to medical requirements and NHIA operational guidelines	109 (35.9%)	122 (40.1%)	62 (20.4%)	11 (3.6%)	3.08
ITEMS PERCEIVED QUALITY	very High	High	Low	Very Low	Mean
WEIGHTED MEAN					3.07
GRAND MEAN Doctors treated patients with dignity and respect.	110 (36.2%)	129 (42.4%)	58 (19.1%)	2 (2.3%)	3.04
I consider the time interval (that is, waiting time) between arrival and departure from the hospital acceptable	92 (30.3%)	27.6 (27.6%)	89 (29.3%)	39 (12.8%)	2.75
Health professionals in NHIA accredited hospitals carry patients along in their management	85 (27.9%)	134 (44.1%)	72 (23.7%)	13 (4.3%)	2.95
Weighted mean					2.9
Expected quality					
The quality of service i receive as NHIA enrollees equal to what others who are not using the scheme receive	92 (30.3%)	95 (31.3%)	100 (32.9%)	17 (5.6%)	2.86
I do enjoy medical care from well-educated and assigned personnel	114 (37.5%)	163 (53.6%)	23 (7.6%)	4 (1.3%)	3.27

What is the patients' perception on the use of National Health Insurance Authority in AMAC district hospital Abuja, Nigeria?

Field Work, 2023

The table 4.4 above is a summary of survey of responses related to the perceived and expected quality of healthcare services provided under the National Health Insurance Authority (NHIA). The first section focuses on perceived quality of health service. In this section, respondents were asked about their perceptions regarding the quality of healthcare services they have received under NHIA.

The first item assesses how nurses and doctors treat patients in terms of dignity and respect. Responses include 36.2% "Very High," 42.4% "High," 19.1% "Low," and 2.3% "Very Low." The weighted mean for this item is 3.14, indicating a moderate level of agreement that healthcare professionals treat patients with dignity and respect. The second item evaluates the acceptability of the time interval (waiting time) between arrival and departure from the hospital. Responses include 30.3% "Very High," 27.6% "High," 29.3% "Low," and 12.8% "Very Low." The weighted mean for this item is 2.75, suggesting that respondents have mixed opinions about waiting times. The third item assesses whether health professionals in NHIA accredited hospitals involve patients in their management. Responses include 27.9% "Very High," 44.1% "High," 23.7% "Low," and 4.3% "Very Low." The weighted mean for this item is 2.95, indicating a moderate level of agreement that health professionals involve patients in their management.

This next section explores respondents' expectations regarding the quality of healthcare services they should receive as NHIA enrollees. The first item asks whether the quality of service received as an NHIA enrollee is equal to what others who are not using the scheme receive. Responses include 30.3% "Very High," 31.3% "High," 32.9% "Low," and 5.6% "Very Low." The weighted mean for this item is 2.86, indicating a moderate level of agreement that NHIA service quality is comparable to that of non-enrollees. The second item in this section assesses whether respondents enjoy medical care from well-educated and assigned personnel. Responses include 37.5% "Very High," 53.6% "High," 7.6% "Low," and 1.3% "Very Low." The weighted mean for this item is 3.27, suggesting a strong level of agreement that respondents receive medical care from well-educated personnel. The third item evaluates whether respondents enjoy a high level of medical attention according to medical requirements and NHIA operational guidelines. Responses include 35.9% "Very High," 40.1% "High," 20.4% "Low," and 3.6%

"Very Low." The weighted mean for this item is 3.08, indicating a moderate level of agreement that respondents receive a high level of medical attention as per guidelines.

The Grand Mean in this table is provided as 3.0, suggesting that, on average, respondents hold moderately positive views regarding both the perceived and expected quality of NHIA healthcare services. This indicates a general belief that NHIA services meet or exceed expectations. In summary, the table provides insights into how respondents perceive the quality of healthcare services provided under NHIA and what they expect from these services. The weighted means suggest that respondents generally have moderate to positive views regarding both perceived and expected quality. The Grand Mean of 3.0 reinforces this, indicating an overall positive perception of NHIA healthcare services.

Table 4.6 a-c Influence of Patients' Perception on Utilization of National Health Insurance Authority in AMAC District Hospitals, FCT Abuja, Nigeria

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.621 ^a	.386	.384	.39338

a. Predictors: (Constant), Patients Perception

ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	29.377	1	29.377	189.843	.000 ^b
Residual	46.733	302	.155		
Total	76.110	303			

A. Dependent Variable: Utilization of NHIA

B. Predictors: (Constant), Patients Perception

Coefficients^a

Model	Unstandardized	Standardized	t	Sig.		
		Coefficients	Coefficients			
		B	Std. Error	Beta		
1	(Constant)	1.797	.106	16.997	.000	
	Patients Perception	.473	.034	.621	13.778	.000

a. Dependent Variable: Utilization Of NHIA

The tables 4.6 a-c above is the results of a regression analysis on the relationship between the Patients perception and the utilization of NHIA in AMAC District Hospitals, FCT Abuja, Nigeria

4.2.1. What is The Level of Utilization of National Health Insurance Authority in AMAC district hospitals, FCT, Abuja, Nigeria?

Table 4.2 Level of utilization of National Health Insurance Authority

Reuse Inclusion	Very High	High	Low	Very low	Mean
I have never been discriminated against by hospital workers who attend to NHIA enrollees.	129 (42.4%)	137 (45.1%)	30 (9.9%)	8 (2.6%)	3.27
All those known to me that use the NHIA are treated the same way	130 (42.8%)	144 (47.4%)	29 (9.5%)	1 (.3%)	3.33
Health insurance provides accessibility to quality health care	126 (41.4%)	133 (43.8%)	41 (13.5%)	4 (1.3%)	3.25
Health insurance is beneficial and should be sustained	145 (47.7%)	126 (41.4%)	20 (6.6%)	13 (4.3%)	3.33
Weighted Mean					3.30
Expectation	Very high	High	Low	Very low	Mean

I consider the scheme's benefit package adequate	114 (37.5%)	141 (46.4%)	37 (12.2%)	12 (3.9%)	3.17
Since i have been using NHIA services, my medical bills have reduced	150 (49.3%)	110 (36.2%)	39 (12.8%)	5 (1.6%)	3.33
I do enjoy the services of NHIA	138 (45.4%)	128 (42.1%)	28 (9.2%)	10 (3.3%)	3.30
I am never reluctant in making use of NHIA	133 (43.8%)	118 (38.8%)	40 (13.2%)	13 (4.3%)	3.22
NHIA services are of international standards	69 (22.7%)	128 (42.1%)	62 (20.4%)	45 (14.8%)	2.73
Weighted Mean					3.8
<hr/>					
Satisfaction					
I am highly satisfied with service providers' attitude towards explaining my health problem through the NHIA scheme	118 (38.8%)	139 (45.7%)	43 (14.1%)	4 (1.3%)	3.22
I am highly satisfied with the level of services i have enjoyed so far through NHIA services	105 (34.5%)	150 (49.3%)	46 (15.1%)	3 (1.0%)	3.17
I am very much satisfied with the behavior of hospital staff.	101 (33.2%)	167 (54.9%)	30 (9.9%)	6 (2.0%)	3.19
I prefer NHIA services than other forms of health services available in my country	152 (50.0%)	110 (36.2%)	28 (9.2%)	11 (3.6%)	3.34
Weighted Mean					3.2
Grand Mean					3.4

Source, 2023

The table 4.2.1 above is summary of survey responses, with respondents rating various aspects of the National Health Insurance Authority (NHIA) on a scale from "Very High" to "Very Low," with corresponding percentages and weighted means.

Reuse Inclusion: In this section, respondents are expressing their views on inclusion and discrimination within the NHIA. The first question relates to whether respondents have experienced discrimination by hospital staff when using NHIA services. It shows that 42.4% of respondents believe they have never been discriminated against (Very High), while 45.1% feel that discrimination is High, and smaller percentages believe it is Low (9.9%) or Very Low (2.6%). The second question asks if those known to the respondents who use NHIA are treated the same way. A similar pattern is observed, with 42.8% saying they are treated the same way (Very High), while 47.4% think it is high, and only 9.5% believe it's Low. Only a tiny fraction (0.3%) considers it Very Low. The third question addresses the accessibility of quality healthcare through health insurance. A substantial portion of respondents (43.8%) believes that health insurance provides such accessibility (High), while 41.4% think it is Very High. A smaller percentage considers it Low (13.5%), and only 1.3% consider it Very Low. The fourth question explores the perceived benefits and sustainability of health insurance. A majority (47.7%) believe that health insurance is beneficial and should be sustained (Very High), while 41.4% think it's High. Only 6.6% consider it Low, and 4.3% find it Very Low.

The next dimension focuses on the respondents' expectations and experiences with NHIA services. The first question examines whether respondents find the scheme's benefit package adequate. A significant portion (46.4%) thinks it is High, while 37.5% believe it is Very High. Smaller percentages consider it Low (12.2%) or Very Low (3.9%). The second question explores whether medical bills have reduced since using NHIA services. A majority (49.3%) believes their bills have reduced (Very High), while 36.2% think it's high. A smaller fraction sees it as Low (12.8%), and only 1.6% found it Very Low. The third and fourth questions gauge respondents' satisfaction and reluctance in using NHIA services. Generally, respondents' express satisfaction (High or Very High) with both the services and staff behavior. A majority of respondents (50.0%) prefer NHIA services to other healthcare options in their country (Very High), while smaller percentages think it is high (36.2%), Low (9.2%), or Very Low (3.6%).

On the level of respondents' satisfaction with NHIA services, the first question evaluates satisfaction with service providers' attitudes in explaining health problems. A substantial portion (45.7%) is highly satisfied (High), while 38.8% find it Very High. Smaller percentages consider it Low (14.1%) or Very Low (1.3%). The second question assesses overall satisfaction with the level of services provided through NHIA. A majority (49.3%) expresses high satisfaction (High), while 34.5% find it Very High. Some think it is Low (15.1%), and only

1.0% rate is Very Low. The third question examines satisfaction with the behavior of hospital staff, with 54.9% rating it as High and 33.2% as Very High. Fewer respondents find it Low (9.9%) or Very Low (2.0%). The final question asks about the preference for NHIA services over other forms of healthcare available in the country. A majority (50.0%) prefers NHIA services (Very High), while 36.2% think it is high. Some consider it Low (9.2%), and a small portion rate it as Very Low (3.6%).

The table concludes with a Grand Mean of 3.4, which represents the overall average rating of respondents' perceptions and experiences with NHIA services. A Grand Mean of 3.4 suggests that, on average, respondents hold positive views and experiences with the NHIA, as the mean score falls above the midpoint of decision rule.

Conclusion

Access to quality healthcare is a fundamental human right that every human being must enjoy irrespective of their status in life. However, the cost of quality healthcare has meant that many individuals may not have access to the kind of healthcare they need without insurance.

References

- Al-Daoar, R. M. A., & Munusamy, S. Effect of Personnel Care Quality of Private Healthcare Providers on Arab Patients' Satisfaction and Word-Of-Mouth Communication: An Empirical Research in India'. *International Journal of Engineering and Advanced Technology*, 9(1), 2019. 5374-5383.
- Amedari, M. I., & Ejidike, I. C. Improving Access, Quality and Efficiency in Health Care Delivery in Nigeria: A Perspective. *PAMJ-One Health*, 5(3). 2021. Anabila, P., Kumi, D. K., & Anome, J. Patients' Perceptions of Healthcare Quality in Ghana: A Review of Public and Private Hospitals. *International Journal of Health Care Quality Assurance*, 32(1), 2019. 176-190.
- Arshad, M. A., Omar, N., Amjad, Z., Bashir, K., Irfan, M., & Ullah, I. Perceptions and Practices Regarding the Process of Obtaining Informed Consent from Surgical Patients at a Tertiary Care Hospital. *Annals Of Medicine and Surgery*, 73, 2022.103195.
- Azeez, Y., Babatunde, Y., Babatunde, D., Olasupo, J., Alabi, E., Bakare, P., & Oluwakorede, A. Towards Universal Health Coverage: An Analysis of The Health Insurance Coverage in Nigeria. *International Journal of Health and Life Sciences*. 2021.
<https://doi.org/10.5812/IJHLS.108727>.
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M.M. & Amenta, P., Determinants of Patient Satisfaction: A Systematic Review. *Perspectives In Public Health*, 137(2), 2017. Pp.89-101.

M. A., Arshad, N., Omar, Z., Amjad, K., Bashir, M., Irfan, & I. Ullah, Perceptions and Practices Regarding the Process of Obtaining Informed Consent from Surgical Patients at a Tertiary Care Hospital. *Annals of Medicine and Surgery*, 73, 2022.103195.

A., Kader Mohiuddin, Patient Satisfaction with Healthcare Services: Bangladesh Perspective. *International Journal of Public Health*, 9(1), 2020. Pp.34-45.

A. Irene A. Mariam & D. A. Emelia, Assessing the Role of Quality Service Delivery in Client Choice for Healthcare: A Case Study of Bechem Government Hospital and Green Hill Hospital. *European Centre for Research Training and Development*, Vol.2, No.3, 2014. 1-23.

R. J., Febres-Ramos, & M. R. Mercado-Rey, Patient Satisfaction and Quality of Care of the Internal Medicine Service of Hospital Daniel Alcides Carrión. Huancayo-Perú. *Revista De La Facultad De Medicina Humana*, 20(3), 2020. 397-403. A., Singh, & A. Prasher, Measuring Healthcare Service Quality from Patients' Perspective: Using Fuzzy AHP Application. *Total Quality Management & Business Excellence*, 30(3-4), 2019. 284-300. P., Anabila, D. K., Kumi, & J. Anome, Patients' Perceptions of Healthcare Quality in Ghana: A Review of Public and Private Hospitals. *International Journal of Health Care Quality Assurance*, 32(1), 2019. 176-190.

M. A., Arshad, N., Omar, Z., Amjad, K., Bashir, M., Irfan, & I. Ullah, Perceptions and Practices Regarding the Process of Obtaining Informed Consent from Surgical Patients at a Tertiary Care Hospital. *Annals of Medicine and Surgery*, 73, 2022.103195.