


NATIONAL HEALTH INSURANCE SCHEME SERVICES AND PATIENT SATISFACTION: THE NIGERIAN EXPERIENCE

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Abstract: *Healthcare delivery in the present day involves not just treating the patient but also paying attention to the overall satisfaction the patient derives while obtaining the service. This has made satisfaction in healthcare services a top priority for both healthcare professionals and patients. However, the costs of healthcare services continue to be key sources of hardship for many households, hence the introduction of the National Health Insurance Scheme (NHIS) service in Nigeria to lessen the financial burden of accessing healthcare. The study investigated how patient satisfaction is impacted by NHIS service in a teaching hospital in Nigeria. The population consists of all enrollees of NHIS at the University of Benin Teaching Hospital (UBTH). Copies of the questionnaire used for the study were administered to NHIS enrollees seeking medical care in three departments of the hospital, namely: General out-patient, Maternity, and Dental. Out of the 200 questionnaires administered, 182 (General out-patient department – 79, Maternity department – 52, and Dental – 51) were found usable. To access the patients in the aforementioned departments of UBTH, convenience sampling, a form of non-probability sampling method, was applied. The method was chosen because it allows for simple access to and contact with target respondents. Multiple regression analysis was used to establish the statistical significance and relationship between patient satisfaction and NHIS services, such as accessibility, empathy, reliability, tangibility, responsiveness, and waiting time. The study found that accessibility, reliability, and waiting time have a significant impact on patient satisfaction with NHIS services. The study recommends that a more efficient and sustainable model should be designed and implemented in hospitals to minimise waiting time by engaging more health professionals and experts, as well as re-engineering the existing patient flow should be incorporated into the model. The study concludes that empirically investigating the quality of NHIS services and patient satisfaction in healthcare is important in several ways. First, it increases our understanding of service quality and patient satisfaction in particular, as well as service marketing in general, thereby laying the groundwork for future research. Secondly, the management of healthcare organisations will be able to spot any unsatisfactory service elements, which will serve as the basis for designing effective strategies to raise service quality in the healthcare industry.*

Keywords: hospital, National Health Insurance Scheme (NHIS), patient, satisfaction, service delivery.

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Introduction. The healthcare sector has a direct impact on the lives of people when they are at their most vulnerable stage. It is crucial to remember that patient perceptions of care are almost as crucial as patient care quality. Delivering health care in the present day involves not just treating the patient but also paying attention to the overall satisfaction the patient derives while obtaining the service (Deji-Dada et al., 2021). The evaluation of hospitals is becoming more and more influenced by patient satisfaction. Although many public health systems are not overly expensive and readily available, individuals were nevertheless dissatisfied with the quality of the medical care offered in some facilities. As a result, healthcare professionals and patients have made satisfaction with healthcare services a top priority (Caner and Cilasun, 2019). Patients have made a variety of concerns about the calibre of the services they receive and the degree of satisfaction they experience. There is a prevalent perception, especially in Nigeria, that many patients leave a clinic, pharmacy, or other healthcare service provider unsatisfied due to the poor care they received (Daramola et al., 2018).

Hospitals that do not recognise the value of providing high-quality care and patient happiness may be courting potential patient loss (Altuntas et al., 2020; Li et al., 2020). In this case, patient satisfaction has been identified as a key factor in maintaining a long-lasting relationship with patients (Athanasopoulos et al., 2001; Allan et al., 2019). Patients are also becoming more conscious of their legal rights. As argued by Agbonifoh et al. (2017), a knowledgeable consumer is better able to defend his rights in the marketplace. To ensure that patients receive the quality treatment and service possible, several healthcare professionals and hospital management have been working to improve their services. Several studies have been conducted to identify the parameters influencing service quality and ultimately patient satisfaction with healthcare services to reach the intended outcome. For instance, Parasuraman et al. (1998) established five characteristics of high-quality services: tangible, reliability, responsiveness, assurance, and empathy. Service quality was evaluated by Zyzanski et al. (1974) based on three criteria: personal relationship, convenience, and professional competence.

Globally, healthcare availability and cost continue to be key sources of hardship for households. The World Health Organization (WHO) reports that over 930 million people spend 10% or more of their household income on healthcare services and that approximately 100 million people are forced into extreme poverty as a result of medical debt. The WHO 2030 Sustainable Development Goals include Universal Health Coverage (UHC) as a result of the enormous burden associated with healthcare costs (Nwanaji-Enwerem et al., 2022). To decrease direct payments and user fees for health services, the WHO advised member states to implement either mandatory health insurance, more equal tax systems, or a mix of both. A large number of African countries such as Nigeria, Ghana, Kenya, Tanzania, and Uganda have started implementing these reforms (Christmals and Aidam, 2020).

Daramola et al. (2018) investigated the level of satisfaction derived by the patients of the NHIA scheme in Abuja, Nigeria, and found that several issues, particularly with the availability of prescription medications, the registration process, and the waiting times as major obstacles to efficient healthcare service delivery. In the study conducted by Adewole et al. (2020), it was also found that patient satisfaction with NHIS services is below expectation and more efforts are needed to render satisfactory services to enrollees. Nwanaji-Enwerem et al. (2022) observed that NHIS is an upgrade over previous insurance plans or being uninsured, especially in the Nigerian context. However, there are just as many people who think the plan can be significantly improved. The outcomes of their study show that improvement can be made by those seeking to make significant progress on NHIS services and Nigeria's overall healthcare system by concentrating on particular NHIS domains such as patient waiting time, laboratory, and pharmacy services. It is on this basis that this study seeks to investigate how NHIS service in terms of accessibility, empathy, reliability, tangibility, responsiveness, and waiting time impact patient satisfaction in a federal government-owned teaching hospital – the University of Benin Teaching Hospital (UBTH).

Investigating service quality and patient satisfaction in healthcare is important in several ways. First, it will increase our understanding of service quality and patient satisfaction in particular, as well as service marketing in general, laying the groundwork for future research. Secondly, the management of healthcare organisations will be able to spot any unsatisfactory service elements, which will serve as the basis for designing effective strategies to raise service quality in the healthcare industry. Finally, suggestions will be made to guide hospitals in developing lasting relationships with their patients by giving them a greater knowledge of how service quality affects patient satisfaction.

The remaining parts of the paper are divided into four. The first section is on the literature review that examines previous studies on the subject matter. This is followed by a methodology which discusses the step-by-step approach employed in gathering and analysing data. The third section contains the results emanating

from the data collected, while the final section addresses the conclusion and recommendation for policy implications and future studies.

Literature Review. The Federal Government of Nigeria established the NHIS as a corporation in accordance with Act 35 of the 1999 Constitution to improve affordably the health of all Nigerians. NHIS in Nigeria is a social health insurance programme that pays for contributors' medical expenses from a collective fund that Scheme members have contributed. Participants in the pre-payment plan pay a set regular sum. Health Maintenance Organizations (HMOs) can pay for those who require medical assistance since the money is pooled. It is a risk-sharing system that can increase equity and resource mobilisation. The NHIS oversees HMO-run private health insurance as well. The NHIS has created a number of programmes to cover various social groups to ensure that every Nigerian has access to high-quality healthcare services. These include the formal sector, informal sector, and vulnerable groups such as pregnant women, prison inmates, retirees, and the elderly.

The concept of patient satisfaction has become more crucial as the healthcare business becomes more competitive (Hawrysz et al., 2021; Mason, 2022). It is important to emphasise that patients are consumers in the healthcare industry; hence their satisfaction must be guaranteed. According to Strasser (1991), the patient's value assessment and subsequent response to the stimuli they sense in the healthcare environment before, during, and after the course of their clinical visit constitutes the patient's satisfaction.

As opined by Kotler (2003), satisfaction refers to a person's emotions of happiness or discontent as a result of comparing a product's results to his or her expectations. According to this perspective, patient satisfaction is the outcome of a cognitive and emotive evaluation in which some comparison benchmarks are established and contrasted with the performance that was experienced. Patients become unhappy if the actual performance falls short of what was anticipated. On the other hand, they tend to be content and happy if the perceived performance exceeds the expected performance. Patients are neither satisfied nor unsatisfied when the perceived performance meets expectations, creating what Kotler and Keller (2009) referred to as an indifferent or neutral stage.

Healthcare managers should concentrate on getting high or excellent ratings of patient satisfaction in the increasingly competitive healthcare market to enhance the quality of service delivery. Therefore, to evaluate the effectiveness of healthcare delivery, healthcare managers must define the factors affecting patient satisfaction. Researchers have looked into many aspects of perceived service quality as significant and crucial indicators of patient perception of healthcare quality to identify various elements affecting patient satisfaction. Some of these elements investigated in this study include accessibility, empathy, reliability, tangibility, responsiveness, and waiting time and how they impact patient satisfaction in a federal government-owned teaching hospital – the University of Benin Teaching Hospital (UBTH).

Daramola et al. (2018) evaluated patient satisfaction with services obtained under the National Health Insurance Scheme in a tertiary healthcare facility in the FCT of Abuja, Nigeria. Cross-sectional research of NHIS patients utilising the General Outpatient Department at the National Hospital FCT Abuja, Nigeria, was carried out to gather data from 388 patients. The evaluation was based on the typical grievances received from NHIS enrollees, including hospital reception and patient registration procedures, waiting times, doctor consultations, laboratory services, accessibility to prescribed medications, and hospital amenities. Findings showed that, on average, 58.1% of the participants were satisfied. Doctor consultations received the highest satisfaction rating (69.9%), followed by laboratory services (66.5%), hospital services (60.4%), hospital facilities (62.2%), waiting time (59.8%), and prescription drugs (54.2%). It was concluded that the main reasons for dissatisfaction were the lack of prescription drugs, lengthy registration procedures, and waiting times.

Adewole et al. (2020) evaluated participants' knowledge and satisfaction with NHIS services using University College Hospital as a case study. A descriptive cross-sectional survey was undertaken as part of the study among NHIS enrollees. A semi-structured questionnaire was utilised to collect data from participants, who made up a total of 373 people who were sequentially recruited for the study. Data obtained were analysed using descriptive statistics and the Chi-square test. Findings revealed that 60.9% of the participants have a good understanding of the NHIS services. 81.2% of the participants stated that they occasionally paid out of pocket for some of the costs associated with receiving services. Overall, 52.8% of the respondents reported being satisfied with the way the scheme delivered services. The satisfaction of female respondents with health care services was substantially higher.

Adebiyi and Adeniji (2021) investigated the determining factors of NHIS utilisation among federal employees in Rivers state. Data from 334 participants were analysed using descriptive statistics and regression analysis. The results show that 72.5% of the people that were enrolled in the NHIS used its services. Utilisation

was found to be strongly influenced by having an NHIS card, the attitude of healthcare professionals, and patient satisfaction. Age and income are predictors of NHIS use, according to the estimated regression model formulated for the study. The study concludes that laws should be developed to give low-income workers incentives by eliminating or reducing point-of-access payments for NHIS services.

Olamuyiwa and Adeniji (2021) investigated the NHIS clinic at the University of Port Harcourt Teaching Hospital and its ability to provide patients with high-quality care. Both questionnaire and interview schedule were used to gather data from the target respondents, which were descriptively analysed using percentages and mean. The association between patient satisfaction and treatment outcome was established using the Pearson correlation. The results show that 50.9% of the respondents were happy that the structure was available. The length of time (waiting time) that patients had to wait at the laboratory, pharmacy, accounts, and medical records areas was unsatisfactory. Overall, 286 respondents (75.5%) were happy with the results of the medical care received at the NHIS clinic. There was a positive correlation between patient satisfaction and treatment outcomes. The study concluded that the equipment availability and maintenance system, as well as the medicine list and procurement system, should be reviewed to enhance service delivery and promote patient satisfaction.

Adewole et al. (2022) assessed the factors that affect the quality of care received by participants in Nigeria's National Health Insurance Scheme (NHIS). The participants in the study were enrolled in particular NHIS facilities in Ibadan, Nigeria. A modified semi-structured World Health Organization United States Agency for International Development (WHO-USAID) interviewer-administered questionnaire was used to gather information on healthcare satisfaction among a sample of 432 enrollees. Chi-square and multiple logistic regression models were used to analyse the data. It was found that younger age, working in the private sector and information-seeking behaviour were the significant predictors of satisfaction with health care. The study concludes that targeted intervention should be implemented to increase satisfaction with the services provided.

Methodology and research methods. A survey research design was used for this study. Fuchs and Henne (2018) described a survey as a sociological method that primarily uses questions to gather data on people's attitudes and behaviours. The use of the survey research design is due to its highly flexible data collecting, ability to establish rapport, and a high degree of question variation to capture different respondent perceptions (Malhotra et al., 2013).

The study population consists of all enrollees of NHIS in UBTH. A sample of 200 NHIS enrollees was randomly selected. The basis for selecting NHIS enrollees in UBTH, a teaching hospital, was due to the popularity, availability of medical facilities and experts, and the high number of patients seeking medical care in the hospital. Copies of the questionnaire used for the study were administered to NHIS enrollees seeking medical care in three departments of the hospital, namely: General out-patient, Maternity, and Dental. Out of the 200 questionnaires administered, 182 (General out-patient department – 79, Maternity department – 52, and Dental – 51) were found usable. To access the patients in the aforementioned departments of UBTH, convenience sampling, a form of non-probability sampling method, was applied. The method was chosen because it allows for simple access to and contact with target respondents.

A questionnaire was used as a research instrument for collecting data from the patient. The questionnaire was sectionalised into two parts. The first part is concerned with the demographics of the respondents, such as gender, age, highest educational qualification, status, and income level. The second part contains 30 question items on the seven constructs used for the study. The reliability scores using Cronbach's Alpha method are 0.701, 0.723, 0.864, 0.732, 0.822, 0.872, and 0.886 for accessibility, empathy, reliability, tangibility, responsiveness, waiting time, and patient satisfaction, respectively. Data generated from the questionnaire administered were analysed using descriptive statistics such as frequency distribution, percentages, and mean. The relationship between patient satisfaction and the NHIS service dimensions investigated was established using regression analysis. Statistical Package for Social Sciences (SPSS) was used to analyse the data and hypotheses tested at a 5% level of significance.

Results. The data collected from the fieldwork are analysed and the results are presented in this section.

Table 1 shows that majority of the respondents are female, which are 118 accounting for 64.8% of the total respondents. The male respondents consist of 64 that accounts for 35.2% of the total respondents.

Table 1. Respondents' demographics

Variable	Category	Frequency (%)
Gender	Male	64 (35.2)
	Female	118 (64.8)

Continued Table 1

Variable	Category	Frequency (%)
Age	Under 20years	24 (13.2)
	21-30years	58 (31.9)
	31-40years	65 (35.7)
	41-50years	21 (11.5)
	51-60years	7 (3.8)
	Above 60years	7 (3.8)
Highest Educational Qualification	Primary	12 (6.6)
	SSCE/WAEC	32 (17.7)
	OND/NCE	34 (18.8)
	HND/BSc	84 (46.4)
	Postgraduate	19 (10.5)
Employment Status	Student	34 (18.7)
	Self-Employed	38 (20.9)
	Civil/Public Servant	86 (47.3)
	Private Sector Workers	21 (11.5)
	Others	3 (1.6)
Income Level (₦)	Below 20,000	17 (9.8)
	20,001-50,000	39 (22.4)
	50,001-100,000	61 (35.1)
	100,001-150,000	37 (21.3)
	150,001-200,000	13 (7.5)
	200,001-250,000	1 (0.6)
	250,001-300,000	5 (2.9)
Above 300,000	1 (0.6)	

Sources: developed by the authors.

The age distribution as shown in Table 1 revealed that the majority of the respondents (65, 35.7%) were between 31 and 40 years old. This is followed by respondents that are 21 - 30 years old (58, 31.9%). The age group below 21 years' accounts for 13.2%. Finally, respondents that are 41 years and above jointly accounted for 19.1%. Table 1 also shows that only 12 respondents indicated that they have Primary education as the highest qualification while 34 (17.7%) respondents have SSCE/WAEC as their highest educational qualification. 34 (18.8%) of the respondents have OND/Diploma/NCE while 84 (46.4%) of the respondents have a first degree (HND/BSc Degree). Respondents with postgraduate qualifications account for 10.5%. The employment status shows that 10.5% of the respondents were students. Self-employed, civil/public servants and staff of private sector workers account for 20.9%, 47.3%, and 11.5% respectively. Others account for only 1.6%. Finally, Table 1 shows that the respondents that earn ₦100,000 and below account for 67.3% while the remaining respondents that earn above ₦100,000 represent 32.7%.

The mean and standard deviation scores for patient satisfaction are 3.16 and 0.809. The mean scores for ACCES, EMPAT, RELIAB, TANG, RESP, and WTIME are 3.54, 3.76, 3.11, 2.93, 3.46, and 3.18 respectively. A normality test on the dataset was conducted using skewness and kurtosis. The absolute values for kurtosis ranged from 0.136 to 1.295, while the absolute values of skewness ranged from 0.194 to 0.766 respectively. The reported values are less than 3.0 and 8.0 for skewness and kurtosis respectively based on Kline's (2011) benchmark.

Table 2. Descriptive statistics of variable

Variable	Mean	Std. Deviation	Skewness		Kurtosis	
			Statistic	Std. Error	Statistic	Std. Error
Patient Satisfaction (PSAT)	3.16	0.809	-0.556	0.180	-0.521	0.358
Accessibility (ACCES)	3.54	0.539	-0.766	0.180	0.900	0.358
Empathy (EMPAT)	3.76	0.589	-0.603	0.180	1.295	0.358
Reliability (RELIAB)	3.11	0.921	-0.278	0.180	-0.596	0.358
Tangibility (TANG)	2.93	0.820	0.194	0.180	-0.239	0.358
Responsiveness (RESP)	3.46	0.817	-0.519	0.180	0.136	0.358
Waiting Time (WTIME)	3.18	0.737	-0.275	0.180	-0.166	0.358

Sources: developed by the authors.

The correlation coefficients in Table 3 revealed that patient satisfaction (PSAT) is positively and significantly related to ACCES ($r = 0.396, p < 0.01$), EMPAT ($r = 0.535, p < 0.01$), RELIAB ($r = 0.733, p < 0.01$), and RESP ($r = 0.547, p < 0.01$). Table 3 further shows that patient satisfaction (PSAT) is negatively but significantly related to WTIME ($r = -0.364, p < 0.01$).

Table 3. Correlation coefficients of the constructs

Variable	PSAT	ASSUR	EMPAT	RELIAB	TANG	RESP	WTIME
Patient Satisfaction (PSAT)	1.000						
Accessibility (ACCES)	0.396**	1.000					
Empathy (EMPAT)	0.535**	0.470**	1.000				
Reliability (RELIAB)	0.733**	0.253**	0.606**	1.000			
Tangibility (TANG)	-0.112	-0.106	-0.077	-0.131	1.000		
Responsiveness (RESP)	0.547**	0.353**	0.473**	0.605**	-0.056	1.000	
Waiting Time (WTIME)	-0.364**	0.004	-0.239**	-0.297**	0.178*	-0.232**	1.000

** . Correlation is significant at the 0.01 level (2-tailed).

Sources: developed by the authors.

However, the relationship between patient satisfaction (PSAT) and TANG ($r = -0.112, p > 0.01$) is negative and not statistically significant. In line with Bryman and Cramer’s (1997) benchmark of having a score of not more than 0.80, the results rule out the presence of multi-collinearity in the model as the correlation coefficients of all the constructs are less than 0.80.

Table 4 reveals that patient satisfaction is positively and significantly related to ACCESS ($\beta = 0.3380; p < 0.05$); and RELIAB ($\beta = 0.5072; p < 0.05$).

Table 4. Estimation of the relationship between NHIS service and patient satisfaction

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics		Decision on Hypotheses Testing
	B	Std. Error	Beta			Tolerance	VIF	
	(Constant)	0.6700	0.3839			-	1.7454	
Accessibility (ACCES)	0.3380	0.0828	0.2250	4.0810	0.0001	0.7172	1.3943	Reject Ho
Empathy (EMPAT)	0.0033	0.0895	0.0024	0.0366	0.9708	0.5146	1.9433	Do Not Reject Ho
Reliability (RELIAB)	0.5072	0.0593	0.5772	8.5574	0.0000	0.4794	2.0861	Reject Ho
Tangibility (TANG)	0.0236	0.0474	0.0239	0.4976	0.6194	0.9468	1.0562	Do Not Reject Ho
Responsiveness (RESP)	0.0766	0.0607	0.0773	1.2628	0.2083	0.5817	1.7192	Do Not Reject Ho
Waiting Time (WTIME)	-0.1972	0.0553	-0.1797	-3.5679	0.0005	0.8602	1.1626	Reject Ho

$R^2 = 0.618$; Adj $R^2 = 0.605$; F-Statistic = 47.258; F-Statistic (Prob) = 0.000
Durbin-Watson = 1.994; Number of Observation = 182
Dependent Variable: Patient Satisfaction

Sources: developed by the authors.

The relationship between patient satisfaction and waiting time ($\beta = -0.1972; p < 0.05$) is negative but statistically significant. However, the relationship between patient satisfaction and the remaining variables [EMPAT ($\beta = 0.0033; p > 0.05$); TANG ($\beta = 0.0236; p > 0.05$), and RESP ($\beta = 0.0766; p > 0.05$)] are not statistically significant. The coefficient of determination (R^2) value of 0.618 shows that the NHIS service constructs jointly explain 61.8% of the variation in patient satisfaction. The F-statistic of 47.258 is significant at $p < 0.05$ implying a statistically significant relationship between the dependent and the independent variables as a group. The results in Table 4 also show that the tolerance values ranged from 0.4794 to 0.9468. This demonstrates evidence of substantial scores above the minimum threshold of 0.10 (Hair et al., 2010). The variance inflation factors (VIFs) ranged from 1.0562 to 2.0861, which is below the maximum limit of

acceptability of 5 (Hair et al., 2010). Finally, the Durbin-Watson statistic of 1.994 validates the collinearity statistics (tolerance and VIF), thereby ruling out multicollinearity in the model.

Conclusions. The study reveals that a significant relationship exists between NHIS services (accessibility, reliability, and waiting time) and patient satisfaction with the healthcare services offered by the hospital. The results of this study support the findings of Alrubaiee and Akaa'ida (2011) and Ramez (2012) investigations, which found a significant and positive association between patient satisfaction and healthcare service quality. According to research by Daramola et al. (2018), Deji-Dada et al. (2021), and Li et al. (2020), the standard of care is crucial in fostering patient satisfaction. This is due to the fact that patient satisfaction reflects how patients feel about the value they received when seeking health care in a hospital. The findings also support research by Lim et al. (2010) that demonstrates how patient satisfaction is greatly impacted by customer value.

Patients are generally satisfied with the hospital's NHIS healthcare services. The study concluded that to increase the level of satisfaction patients derived from healthcare delivery in hospitals, there is an urgent need to improve on all aspects of service quality as investigated in the study. Therefore, to meet patients' expectations, it is necessary to improve the patient-provider relationship, the physical facilities' attractiveness, the accessibility of equipment and medications, and minimise waiting times.

For optimal satisfaction of NHIS enrollees, hospital management of the NHIS scheme should implement the objectives of the Scheme units for the full benefit of the patients. Also, based on the inverse relationship between waiting time and patient satisfaction, it is recommended that a more efficient and sustainable model should be designed and implemented in hospitals to minimise waiting time. The engagement of more health professionals and experts, as well as re-engineering the existing patient flow should be incorporated into the model.

Finally, this study focused on NHIS enrollees in UBTH only. Future studies should investigate and compare the level of satisfaction derived by NHIS enrollees in both private and public hospitals in different locations in Nigeria.

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Послуги Національної системи медичного страхування та задоволеність пацієнтів: досвід Нігерії

Надання медичних послуг нині передбачає не лише лікування пацієнта, але й означає необхідність звернути увагу на ступінь задоволеності пацієнтів під час отримання послуги. У зв'язку з цим задоволеність медичними послугами є головним пріоритетом як для медичних працівників, так і для пацієнтів. Однак витрати на медичні послуги продовжують залишатися основною причиною виникнення труднощів для багатьох домогосподарств, тому з метою полегшення фінансового тягаря доступу до медичної допомоги в Нігерії було запроваджено Національну систему медичного страхування (НСМС). У процесі дослідження вивчався вплив НСМС на ступінь задоволеності пацієнтів у навчально-лікувальному закладі в Нігерії. У дослідженні брали участь пацієнти-члени НСМС Університетської клініки Беніну. Копії анкети, що використовувалася для дослідження, були надані зареєстрованим членам НСМС, які зверталися за медичною допомогою до трьох відділень клініки, а саме: терапевтичного, пологового та стоматологічного. З 200 заповнених анкет 182 (терапевтичне відділення – 79, пологове відділення – 52, стоматологічне відділення – 51) були визнані придатними для використання у дослідженні. Для доступу до даних пацієнтів вищезазначених відділень Університетської клініки Беніну було застосовано метод зручної вибірки, яка є різновидом не випадкового методу вибірки. Вибір методу обумовлений тим, що він дозволяє легко отримати доступ до цільових респондентів та встановити з ними контакт. Для встановлення статистичної значущості та взаємозв'язку між ступенем задоволеності пацієнтів та такими послугами НСМС, як доступність, емпатія, надійність, практичність, своєчасність отримання та час очікування наданих послуг, використовувався множинний регресійний аналіз. Дослідження показало, що доступність, надійність та час очікування значно впливають на ступінь задоволеності пацієнтів послугами НСМС. Дослідження рекомендує розробити та впровадити в лікарнях більш ефективну та стійку модель для мінімізації часу очікування шляхом залучення більшої кількості медичних працівників та експертів, а також реінжинірингу існуючого потоку пацієнтів, що має бути включено в модель. У результаті проведеного дослідження дійшли висновку, що емпіричне дослідження якості послуг НСМС та задоволеності пацієнтів у сфері охорони здоров'я є важливим у кількох аспектах. По-перше, воно розширює наше розуміння якості послуг та задоволеності пацієнтів зокрема, а також маркетингу послуг в цілому, тим самим закладаючи основу для майбутніх досліджень. По-друге, керівництво медичних організацій зможе виявити будь-які незадовільні елементи системи обслуговування, що слугуватиме підґрунтям для розробки ефективних стратегій підвищення якості обслуговування в медичній галузі.

Ключові слова: клініка, Національна система медичного страхування (НСМС), пацієнт, задоволеність, надання послуг.