

A Study on Clients' Satisfaction on the National Health Insurance Scheme among Staff of Usmanu Danfodiyo University Sokoto

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Abstracts: *The objectives of this study are: to examine the extent of the satisfaction of the clients of National Health Insurance Scheme in Usmanu Danfodiyo University Sokoto and to determine the factors that influence the client's satisfaction of the scheme. The study was a cross sectional survey. It uses questionnaire to generate required information from a sample of 535 respondents all drawn from the university's faculties. Chi Square and logit regression model were used to analyse the data generated therefrom. The study revealed low rate of satisfaction with the scheme among respondents. It also indicates that general knowledge of the scheme; educational level, knowledge of financial contribution, marital style and occupational level of the clients have positive and significant influence on client's satisfaction. It recommends that every provider should strive to provide the best of services to their clients with the view of having to meet their expectations and satisfaction.*

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I. Introduction

Health Insurance is a social security that guarantees the provision of needed health services to persons on the payment of token contribution at regular intervals. Experts also conceptualized health insurance as insurance against the risk of incurring huge and unaffordable medical expenses among citizens of a nation. By assessing the overall risk of health care expenses among a targeted group, an Insurer can develop a routine finance structure, such as a monthly premium or pay roll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement Pan-African Capital Research, (2012).

Health insurance schemes are increasingly recognized as a tool to finance health care provision in developing countries and has the potential to increase utilization and better protect people against (catastrophic) health expenses and address issues of equity, WHO (2000). Health financing systems through general taxation or through the development of social health insurance are generally recognized to be powerful methods to achieve universal coverage with adequate financial protection for all against healthcare costs Carrin, G. Waelkens M-P, Criel, B. (2005).

Till recently, some scholars such as Adebimpe, and Adebimpe, (2010), Adeniyi and Onajole (2010), Agba, Ogaboh; Ushie and Osuchukwu (2010) Akande et al (2012), Mohammed et al. (2011), Onyedibe, Goyit and Nnadi, (2012), Sanusi and Awe (2009), Shafiu (2011) etc. have made their contributions to this sphere of knowledge. Despite the fact that all these studies were done in Nigeria, none was done in Sokoto State. As far as the finding of the Researcher, a study of this nature (Clients' Satisfaction, on-going National Health Insurance Scheme) was never conducted in Sokoto and more precisely in Usmanu Danfodio University for either information, feedback or for policy direction.

Despite the statutory mandate of ensuring that the Health Management Organisation (HMOs) deliver qualitative services that meet the need and requirements of the clients. The ever increasing number of NHIS clients should not be taken as a yardstick of adjudging the scheme to be satisfying the needs and expectations of the clients until empirically tested and validated. Because in Nigeria the scheme was made compulsory to federal workers by Decree 35, of 1999 (now Act 35). To this effect, the employees of Usmanu Danfodio University were made to register in the schemewithout any option.

Various studies have been carried out in relation to client's satisfaction on NHIS services. Notably, among these are studies by Mohammed, Sambo and Dong (2011), Abdulqadir (2012) and Onyedibe et. al (2012). All these studies investigate the satisfaction of clients on NHIS services using primary data and employed Logit regression as a method of analysis. However all these studies mentioned above, none was carried out in Usmanu Danfodio University Sokoto. This study seeks to carry further and investigate the satisfaction of clients on NHIS services in the University.

The broad objective of this work is to empirically investigate the clients' satisfaction and knowledge on NHIS services in Usmanu Danfodio University. Specifically, this study seeks to pursue the following specific objectives: to examine the extent of clients satisfaction on National Health Insurance Scheme in Usmanu

Danfodio University, to determine the factors that influence the clients' satisfaction or otherwise of the on-going National Health Insurance Scheme and to assess the clients understanding of the operations and cost of National Health Insurance Scheme.

The study is expected to provide vital information on clients' satisfaction on NHIS services within the staff of Usmanu Danfodio University Sokoto. The research work is motivated by the passion for advancement of the health sector and the effectiveness of the NHIS programmes in the study area and the desire to make scholarly contribution to the search for a more viable and workable approach to NHIS programmes. The work also intends to examine Clients' satisfaction and knowledge on the scheme, so as to serve as a source of information to the public and an independent feedback to NHIS and its HMOs on the quality of services they render as well as the understanding of the clients on the operations of the scheme so as to help in policy direction and managerial decisions.

The study is divided into five sections. Section one is this introduction, section two is the literature review, section three is the methodology of the study, section four presents and analyses the results and section five concludes the study.

II. Review of Related Literature.

This section reviews the concept of client satisfaction, factors influencing client's satisfaction, knowledge and perceptions of the clients, factors influencing clients' attitudes towards the Providers and finally effects of age and family setting on satisfaction with Health Insurance schemes

2.1 Client/Consumer Satisfaction.

In the dialogue about patient satisfaction, it is often described as a measure rather than a distinct phenomenon. For example, the Robert Wood Johnson Foundation (2011) defines patient satisfaction as a measurement designed to obtain reports or ratings from patients about services received from an organization, hospital, physician or healthcare provider. <http://www.significancemagazine.org>. It is opined that patients' satisfaction with an encounter with healthcare service is mainly dependent on the duration and efficiency of care, how empathetic and communicable the healthcare providers are and also, the patients that are well informed of the necessary procedures in a clinical encounter, and the time it is expected to take, are generally more satisfied even if there is a longer waiting time. <http://en.wikipedia.org/wiki/Patient>. Oliver (1997) examines the concept of consumer satisfaction from three perspectives; Firstly, He sees satisfaction as the consumer's fulfillment response. It is a judgment that a product or service feature, or the product of service itself, provided (or is providing) a pleasurable level of consumption related fulfillment, including levels of under- or over-fulfillment. Second, satisfaction is a feeling. It is a short-term attitude that can readily change given a constellation of circumstances. It resides in the user's mind and is different from observable behaviour such as product choice, complaining, and repurchase. And finally, that satisfaction commonly has thresholds at both a lower level (insufficiency or under fulfillment) and an upper level (excess or over-fulfillment). This means that a consumer's satisfaction may drop if she/he "gets too much of a good thing." Many people focus upon the lower threshold and neglect the potential for an upper threshold. These explanations of the concept of satisfaction guide the understanding of client's satisfaction in this study.

2.2 Clients 'Satisfaction with Health Insurance and its Influencing Factors.

Several scholars have made contributions on clients' satisfaction on health insurance. In particular reference to northern Nigeria, Mohammed et. al (2011) conducted a study in Ahmadu Bello University Zaria and found that 42% of the enrolled clients were satisfied with the services of the Health Insurance. The study also further revealed that, clients with more knowledge about the scheme and those that are aware of their financial contributions are more satisfied than those with low knowledge and those that are not aware of their financial contributions. They further highlighted the factors that significantly influenced satisfaction as; marital status, general knowledge of Health Insurance, and awareness of financial contributions. However, they claimed that other factors that slightly influenced satisfaction was; length of employment, salary income, hospital visits and length of duration of enrolment into health insurance. Abdulqadir (2012) equally discovered low level of satisfaction among NHIS enrollee. According them, 48.9% of the total respondents were satisfied with the services of the scheme. Onyedibe et. al. (2012) equally arrived at same findings; they found the satisfaction of NHIS clients to be as low as 34%. According to them, poor registration system, poor referral system, and delay in receiving services were the factors that influenced dissatisfaction with the NHIS scheme. While contributing to the debate, Mohammed et al (2011) examined family coverage of NHIS as a proxy to clients' satisfaction of the scheme. They found that at the initial point, enrollees have viewed the NHIS as a favour. But later consistently express dissatisfaction over the term of coverage. This was so because the scheme covers only the primary insured persons, spouse and only four biological children that are less than Eighteen years in a setting where extended family is very common and welcomed practice. They further highlighted the dissatisfaction of

clients as a result of exclusion of some members of their families. And they opined that, it will affect the willingness of some potential clients in participating in the insurance scheme.

On the contrary, Gup Iloh, Ofoedu, Njoku, Odu, Ifedigbo and Iwuamanam(2012) find higher satisfaction with NHIS in their study. The client's satisfaction was 68.8% of the 400 respondents. The proxies used in the study as determinants of clients' satisfaction were; accessibility of the health facility, waiting time, patients-provider communication, patients-provider relationships, hospital bureaucracy and hospital environment. In the same line, Jadoo, Sharifa, Zafar and Ammar(2012) while contributing to the debate, conducted a cross sectional study in Istanbul, Turkey with the aim of determining the level of patients' satisfaction and the factors that influence the satisfaction. The study revealed 53.3% of the respondents were satisfied with the services of the National health Insurance. The satisfaction was assessed using domains of; access to care, availability of resources, technical quality, overall satisfaction, continuity of care and humaneness of the personnel. The bivariate analysis of the variables indicated Eight (8) factors were significantly associated with the level of satisfaction. These factors were; age, gender, marital status, education, occupation, self-perceived health status, area of residency and type of household plan. Further analysis using Logistic regression indicated that the eight factors are also significant predictors to the level of satisfaction. Reinforcing the argument, Akande, Salaudeen, Babatunde, Durowade, Agbana and Olomofe (2012) studied the clients' satisfaction on the on-going NHIS scheme for the University of Ilorin Teaching Hospital Staff. They found that among the junior staff 77.3% were satisfied with NHIS while only 22.7% were not satisfied, however among the senior staff 49.3% were satisfied and 50.7% were not satisfied. The main reason for dissatisfaction with the NHIS according to respondents include non-dispensing of expensive drugs (60.9%), non-availability of NHIS forms (24.5%), poor attitude of health workers (10.4%) and inadequate coverage (4.2%). Akande et al (2011) while contributing to the factors that influence the clients' satisfaction holds that "satisfaction with outpatient care under NHIS is largely determined by the knowledge of the rudimentary principles of the operation of the scheme". Additional contribution by Mohammed et. al (2011) on the factors influencing clients' dissatisfaction with NHIS among staff of Ahmadu Bello University (A.B.U.) were non availability of drugs in the hospital and poor attitudes of health personnel.

On the high sight, a study of Mutual Health Insurance Scheme in Northern Ghana by Alatinga and Nicholas (2011) revealed that 88% of the insured were very satisfied. On the other hand, 12% of the insured indicated that they were somewhat satisfied. The Researchers enrolled 100 respondent for the survey and used both qualitative and quantitative method of analysis STATA and SPSS were used for data analysis (using t-test in hypotheses testing, correlation analysis). The study examines the Impact of Mutual Health Insurance on Access and Quality of Healthcare for the rural poor in Northern Ghana. The study establishes that Mutual Health Insurance improves the poor access to health care as the insured use nearly 3 times of health facilities more than the uninsured. The insured equally pay relatively lower out-of-pocket fees than the uninsured at the point of demanding health care. Households with higher incomes generally enroll in health insurance while the poorest segment of the community risk being excluded because they cannot afford the insurance premiums.

In agreement with the findings of Alatinga and Nicholas (2011) another study by Adei, Osei Kwadwo and Diko. (2012) on District Mutual Health Insurance Scheme revealed that 31% were very satisfied, 43.2% were satisfied, 12.8% were not satisfied and 12.5% remained indifferent. Four factors were studied as the determinants of satisfaction namely, premium paid, mode of payment, services provided and staff attitudes. Statistical Package for Social Sciences version 16 (SPSS) software was used for processing the data. These could indicate that Mutual Health Insurance satisfies clients more than the National Health Insurance Scheme

2.3 Knowledge Attitude and Perception of Health Insurance Clients.

The clients' knowledge, attitude and perception contribute greatly in forming a judgement about a product or services. It is based on this the studies on clients' perception, attitudes and knowledge were reviewed. Abdulqadir(2012) found that there is 100% awareness level among the NHIS clients, but only 40.7% had good knowledge of the various aspects of the scheme and 34.8% felt that the clients-provider relationship was good. Arguing to the claim, Onyedibe et al. (2012) found the awareness level to be 58%. Despite this submission, they further provided that 41% prefer the NHIS than the usual pay-for-services system. Lawan, Iliyasu, Abubakar, Abubakar and Gajida (2012) while contributing in the study of the Public knowledge and opinion about the National Health Insurance Scheme, generated data and analyzed it using Epi-info. They found that 52% had poor knowledge of NHIS. However, despite the good perception found in the study, 31% believed it was a good arrangement but impracticable in Nigeria and 28% felt the scheme was designed for only the rich families. It further revealed that, 82% had heard about the NHIS but less than their half knew the objectives and how the scheme operates. Equally contributing to the debate, Adebimpe and Adebimpe (2010) attempted to assess the knowledge and attitudes of civil servants in Osun state in south-western part of Nigeria about the NHIS. They provide that there was low awareness of the scheme among the civil servants in the state. They hold that, summation of 40% of the respondents knew about the scheme out of which only 26.7% knew the objectives of

the NHIS and only 30% knew the beneficiaries covered by the scheme. They further discovered that, none of the respondents had good knowledge of the components of the NHIS scheme. The study further revealed that most of the respondents with knowledge about the scheme got to know about it through Television and Billboards. Despite the low awareness of the respondents, 52% agree to participate in the programme. Still on the subject, Asenso-Okeyere, Osei-Akoto, Anum and Appiah(1997) revealed that, in term of awareness, 49.10% were aware of the scheme but 63.21% of the respondents were having high expectation on the scheme thinking it will meet their expectation. They provide that willingness to pay for the health insurance significantly decreased with household age and frequency of falling sick at 90% degree of confidence, but significantly increased with the awareness, expected workability and household preference for pre-paid system.

Consequent upon the previous findings, Sanusi and Awe (2009) equally studied Employees of Federal State and Local Governments. Using a descriptive study and a Chi-square, the result indicated 87% of the respondents were aware of the scheme and 83% were enrolled into the scheme. They further revealed that employment level was a significant factor ($p < 0.01$) affecting the level of awareness of the programme. It equally indicated that gender, income, family size, marital status and educational level do not significantly influence the awareness of the respondents about the scheme. While studying Nigerian rural populace on their willingness to pay and participate in a social health Insurance, Osungbade et al. (2010) submitted that, there is 16.1% awareness of an existing social health insurance, but there was about 83.9% who are willing to participate, and 76.6% were willing to pay their premiums. Those who had at least secondary education were 2.1 times more likely to be aware than those who had either no formal or at most primary education. In summary, the authors claim that awareness of a social health insurance among the study population was generally low, though willingness to participate and pay a premium was high. The authors also provide that there is enthusiasm for the scheme but is however threatened by the poor-resource setting characteristic of the study area.

From the Service Providers viewpoints, Adeniyi and Onajole (2010) assesses the knowledge and perceptions of Nigerian Dentists about the National Health Insurance scheme. They discovered that 61.1% had a fair knowledge of the NHIS, while 10.2% and 28.7% had poor and good knowledge respectively. The study further revealed that 70.4% viewed the NHIS as a good idea that will succeed if properly implemented. Making his contribution on the perception from Health Care providers and Health Managers' perspective, Akande et al (2011) assessed the Knowledge of the NHIS clients, health providers and health managers under the scheme at Barau Dikko Specialist Hospital Kaduna. Five years after the commencement of the scheme, it was discovered that only 41.7% of the NHIS enrollees, 48.6% of the healthcare providers and 55.6% of the healthcare managers of the facility were knowledgeable on various aspects and operations of NHIS. Investigating the perceptions of formal-sector employees on the health insurance scheme in Nigeria, Mohammed et. al. (2011) revealed that; Age, place of residence as well as religious and cultural norms were identified as important determinants influencing the perceptions of enrolled employees about the health insurance scheme. They found that only 48.7% knew the basic benefit package of the scheme. Equally contributing on perception, Mohammed et al (2011) submits that "at the initial point enrollees have viewed the NHIS as a favour to them. But later consistently express dissatisfaction over the term of coverage". In making a case, Jehu-Appiah, Aryeetey, Spaan, Hoop, Agyepong and Baltussen (2011a) conducted a study on the household perception and its implication on National Health Insurance Scheme. They revealed that households had positive perceptions with regards to technical quality of care, benefits of NHIS, convenience of NHIS administration and had appropriate community health beliefs and attitudes. However they were negative about the price/premium of NHIS, provider attitudes and peer pressure.

III. Methodology Of The Study

This section explains the methodology of the study. It starts by describing the study area, population of the study, sample size and sampling methods. It also explains how satisfaction is measured and specifies the model used for the data analysis.

3.1 Study Area and Population

Usmanu Danfodio University Sokoto is located in Sokoto, the capital city of Sokoto State. The University formally known as University of Sokoto is one of the four Universities established by the Federal Government of Nigeria in September 1975. The Institutions has ten faculties and a Postgraduate School. The faculties are: Agriculture, Arts and Islamic Studies, College of Health Sciences, Education and Extension Services, Law, Management Sciences, Social Sciences, Pharmaceutical Sciences, Sciences, and Veterinary Medicine.

The population for this study consists of the entire subscribers of NHIS in Usmanu Danfodio, which impliedly means the total staff in the University, since the enrolment is automatic upon employment based on the National Health Insurance Act. As at March 2014 Usmanu Danfodio University has Three Thousand and

Fourteen (3014) staff strength. This includes, 1943 senior staff and 1071 total staff, and by gender; there were 2734 male and 280 female respectively. Source; Establishment Office UDUS (2013).

However, because of the practical impossibility of studying the entire population, the Researchers decided to limit the study to 535 sample which was determined using the Sample size determination formula. The sampling technique used in drawing the sample size is Probability Sampling Technique, specifically Simple Random Sampling. However, the study sample was drawn from the two clusters of Academic and non-Academic staff of the university. A structured pre-tested questionnaire was used as an instrument of data collection. The questionnaire was divided into five broad sections; section one (tagged as A) contained Socio-demographic information of the respondents while the other four sections contained questions relating to the NHIS programme.

3.2 Measurement of Satisfaction

Clients' satisfaction was assessed using six composite index which comprise of (i) Access to healthcare (ii) Waiting Time (iii) Patient-provider relationship (iv) Qualitative care and medication, (v) Availability of Doctors and Nurses during visit, and (vi) Family Coverage of the Scheme, as used by Mohammed (2011), Jadoo et al (2012) and Gup et al (2012). Each satisfaction item was scored in a five points Likert scale ordinal response, which was converted to percentage scale response as follows: excellent = 5 points (100%), very good = 4 points (80%), fair = 3 points (60%), Bad = 2 points (40%), and very bad = 1 point (20%) with the following operational percentage range definitions: excellent (90%–100%), very good (70%–89%), fair (50%–69%), Bad (30%–49%), and very bad (29%--0%).

The satisfaction is operationally divided into two groups of either satisfied or not satisfied. Firstly, the enrollee who had positive response on any of the four or more of the six criteria, which forms the composite index measure, were defined as satisfied. Secondly, those with zero to three positive responses were defined as not satisfied as adopted from the Mohammed et al (2011).

3.3 Method of Data Analysis

Logit Regression Model was used to assess the influence of the independent variables on the dependent variable and Chi square was used in determining the level of clients' satisfaction. The model is adapted from the work of Mohammed et. al. (2011) and Jadoo et al (2012).:

$$\text{comsatis} = \beta_0 + \beta_1 \text{relign} + \beta_2 \text{educ} + \beta_3 \text{ocupl} + \beta_4 \text{mstus} + \beta_5 \text{mstyl} + \beta_6 \text{nchild} + \beta_7 \text{hospvt} + \beta_8 \text{genknow} + \beta_9 \text{finctr} + \mu \dots \text{eq} \dots \dots \dots (1)$$

where;	β_1 relig	=	religion of the respondent
	β_2 educ	=	educational level of the respondent
	β_3 ocupl	=	occupational level of the respondent
	β_4 mstus	=	marital status of the respondent
	β_5 mstyl	=	marital style of the respondent
	β_6 nchild	=	number of children of the respondent
	β_7 hospvt	=	hospital visit during the last quarter by the respondent
	β_8 genknow	=	general knowledge of the NHIS of the respondent
	β_9 finctr	=	knowledge of financial contribution to the scheme.
	μ	=	error term
	Comsatis	=	consumer satisfaction

In an effort to come up with some inferential results, Chi-square and logistic regression analyses were employed. The former was used to test the 1st hypotheses of the study which say; **Clients of National Health Insurance Scheme in Usmanu Danfodio University are not satisfied with the scheme** and the latter is used to test the 2nd hypothesis that says; **There is no significant relationship between, Religion, Educational level, Occupation status, Marital status, Marriage style, Number of children, Hospital Visit in the past 1quarter, General knowledge on insurance and Awareness of money contribution to clients' satisfaction of the National Health Insurance Scheme.**

3.4 Results and Analyses

This section presents analyses and discusses the results of the study. Chi Square and logit regression are used in the analysis. The analysis starts with table 1 on clients' satisfaction. Table 1 tests the first hypothesis; Clients of National Health Insurance Scheme in Usmanu Danfodio University are not satisfied with the scheme.

Table 1: Clients Satisfaction on the National Health Insurance Scheme.

Variables	Frequency	Percentage	Cumulative percentage
Satisfied	165	46.7	46.7
Not Satisfied	188	53.3	100
Total	353	100	
Chi2 (1) = 1.499			
Asymp = 0.221			

Source: Field work 2014.

From the table 1, the total number of responses is 353 out of which the respondents are either satisfied with the National Health Insurance Scheme or not. The table showed that 165 of the respondents indicated that they are satisfied with the scheme and this represents 46.7%. On the other hand, 188 of the clients indicated dissatisfied with the scheme which also gives a total of 53.3% summing a total of 353 responses from clients. The chi-square result stood at (1.499), with 1 degree of freedom and an Asymp significance of (0.221) showed the result is not significant. Based on the significance value therefore, we accept the null hypotheses which states that Clients of National Health Insurance Scheme in Usmanu Danfodio University are not satisfied with the scheme, and reject the alternate which states that Clients of National Health Insurance Scheme in Usmanu Danfodio University are satisfied with the scheme.

Table 2 reveals the outcome of the relationship between dependent variable and the independent variables of the study with the aim of testing the second hypothesis of the study which states “Ho: There is no significant relationship between Religion, Educational level, Occupation status, Marital status, Marriage style, Number of children, Hospital visits in the past 1 quarter, General knowledge on insurance and Awareness of money contribution to clients’ satisfaction of the National Health Insurance Scheme”, and is presented as follows;

Table 2: Results of regression analysis of Dependent Variable with Independent Variables of the Model.

Dependent variable: Clients Satisfaction	
Independent variables	Coefficient estimates and t-ratios
Religion	0.025 (0.468)
Occupation level	0.141 (2.002)**
Marital Status	.012 (0.181)
Education qualification	0.145 (2.163)**
Marital style	0.170 (2.536)**
Number of Children	0.047 (0.766)
Hospital Visits	0.007 (0.134)
General Knowledge of NHIS	0.099 (1.947)*
Knowledge of financial contribution	0.101(1.975)**
Constant	(3.475)
R ²	0.57
F-value	5.999***
Significant at 1% (***), 5% (**) & 10% (*)	

Source: Computed by the Author from field Survey, October 2014.

According to the results in the table 2, most of the set of independent variables have positive influence on the regressand. As shown by the parameters in the table, the model fit very well and the results of the explanatory variables were relatively high and significant. The coefficient of determination R² is 0.57, it does explain the joint influence of the independent variables on the dependent variable, and the remaining 0.43 is explained by other factors not included in the model. This implies that a unit change in all the independent variables could bring about 57% changes in the dependent variable (consumer satisfaction).

The F value of 5.999 is significant even at 1% level; this shows that the model is adequate. Furthermore, some of the variables are significant while others are not. Variables such as Occupation level, Education qualification, marital style, General knowledge of NHIS and Knowledge of financial contribution are significant. The coefficient of Occupation level is (0.14) which implies that the higher the occupation level of the respondents the higher their satisfaction on the NHIS scheme by 14% and so also the lower the occupational level the lower the satisfaction. This revealed that senior staff are more satisfied with the scheme than junior staff.

The Educational qualification is also significant and positive 0.145 (2.163) and the interpretation of this is that those who have higher qualification tend to be more satisfied with the scheme than those with lower qualification. The positive relationship shows that people with higher qualification enjoy the scheme more. The

positive and significant value of the Marital style 0.170 (2.536) suggests that the marital style of the respondents is also a determining factor in the satisfaction of consumers on the scheme. In the same vein, the positive and significant value of General knowledge 0.099 (1.947) shows that General knowledge of the scheme also positively influence the consumer satisfaction on the NHIS scheme. Again, the positive and significant value of the knowledge of financial contribution 0.101(1.975) means that, it has a significant impact in determining the satisfaction of consumer on the NHIS scheme. Thus, based on these we reject the null hypothesis which states that There is no significant relationship between, Religion, Educational level, Occupation status, Marital status, Marriage style, Number of children, Hospital visit in the past 1quarter, General knowledge of insurance and Awareness of money contribution to clients' satisfaction of the National Health Insurance Scheme, and accept the alternative hypothesis which state that There is significant relationship between, Religion, Educational level, Occupation status, Marital status, Marriage style, Number of children, Hospital Visit in the past 1quarter, General knowledge on insurance and Awareness of money contribution to clients' satisfaction of the National Health Insurance Scheme. Because there is positively relationship between the dependent and independent variables and more importantly there is significant relationship between Occupational Level, Educational level, and marital style, General knowledge of the scheme and knowledge of financial contribution on the dependent variable

IV. Discussion Of Findings

4.1 NHIS clients' satisfaction with NHIS.

The cardinal objective of this work is to determine the satisfaction or otherwise of NHIS clients in Usmanu Danfodio university. Several studies were made on the problem under study. After analyzing the generated data on the cause of this work, the findings reveal that significant percentage of NHIS clients in Usmanu Danfodio University are not satisfied with the scheme. A Chi-square was used to test the null hypothesis which states the clients of NHIS in Usmanu Danfodio University are not satisfied with the scheme. The null hypothesis was accepted after testing the result. The chi-Square stood at (1.499), with 1 degree of freedom and an Asymp significance value of (0.221). This finding conforms to the findings of Mohammed et. al (2011), of a closely related study in Ahmadu Bello University Zaria which revealed low satisfaction of NHIS clients. It is also in conformity with the findings of Abdulqadir et. al. (2012), on same problem in Niger state which equally arrived at very low clients' satisfaction. Moreover a study in Plateau state by Onyedibe et al (2012) equally reported clients' dissatisfaction with NHIS.

However, the result contrasts with the submissions of Gup et. al. (2012) who studied clients' satisfaction in Enugu a city in South Eastern Nigeria, Akande et. al. (2012) of a study in Kwara State as well as a study by Jadoo et. al. (2012) on the problem in Turkey. All the three studies held that clients are relatively satisfied with National Health Insurance Scheme. Sequel to the above, one important point that we need to take into consideration is that all those that said clients are not satisfied were studies conducted in Northern parts of Nigeria while most of those that presented relative satisfaction were all from southern part of the country or outside Nigeria.

4.2 Factors influencing NHIS clients' satisfaction

Another very important and interesting area of this study is investigating the factors that influence the clients' satisfaction. Based on the results obtained from the regression analysis, it became clear that five variables have positive and significant relationship with the regressand. These variables are; general knowledge of the scheme, educational level, knowledge of financial contribution, marital style and occupational level of the client.

These findings are in line with the discovery of Jadoo et al (2012) in a related study in Istanbul of Turkey where they found that, education, occupation, and type of household plan influence the satisfaction of Health insurance clients. Akande et al (2012) in a related study in Ilorin of Kwara state also submitted that the factors that influence the clients' satisfaction are largely determined by the knowledge of the operation of the scheme. Furthermore, the result also conforms to the submission of Mohammed et. al (2011), Abdulqadir et. al.(2012) and Onyedibe et. al. (2012) all claimed that clients with more knowledge about the scheme and those that are aware of their financial contributions are more satisfied with the scheme.

Additionally, the study revealed that variables such as Occupation level, Education qualification, marital style, General knowledge of NHIS and Knowledge of financial contribution are significant and positively influence satisfaction. The coefficient of Occupation level which is (0.14) implied that the higher the occupation level of the respondents the higher their satisfaction with the scheme by 14%.

The Educational qualification is also significant and positive 0.145 (2.163) and this means that those who have higher educational qualification tend to be more satisfied with the scheme than those with lower qualification. The positive relationship shows that people with higher qualification tend to be more satisfied with the scheme. The positive and significant values of the marital style 0.170 (2.536) suggests that the marital style

of the respondents is also a determining factor in the satisfaction of clients. In the same vein, the positive and significant value of General knowledge of the operations of the scheme 0.099 (1.947) shows that General knowledge of the scheme also influence the consumer satisfaction. This implies that, the more aware the clients are on the scheme the more satisfied they become. This will also give the clients an insight into what are the client's rights and obligations in the scheme. Again, the positive and significant value of the knowledge of financial contribution into the scheme 0.101(1.975) means that this variable has a significant impact in influencing satisfaction of client. Thus, base on this we can say the clients that know what is being deducted from their earnings are better satisfied with the scheme than those that are not aware of their financial contribution.

On the other hand, Akande et. al. (2012) reported the main reason for clients' dissatisfaction with NHIS includes non-dispensing of expensive drugs, poor registration procedures, poor attitude of health workers and inadequate coverage. Additional contribution by Mohammed et. al (2011) on the factors influencing clients' dissatisfaction with NHIS among staff of Ahmadu Bello University (A.B.U.) were non availability of drugs in the hospital and poor attitudes of health personnel.

V. Conclusion

This study set out to analyse clients' satisfaction with the National Health Insurance Scheme in Usmanu Dan fodio University Sokoto. From the results of the hypotheses testing, number of findings emerged. It was noted that majority of NHIS clients are not satisfied with the scheme. It was also noted the all the independent variables of the study have positive relationship with the regressand but only five have significant relationship and these five are; Occupational level, Educational level, marital style, general knowledge of the scheme and knowledge of financial contribution. And finally the analyses indicated that the clients' are aware of the operations and what is being deducted from their earnings as contribution into the NHIS.

5.1 Study Implications

Sequel to the first research objectives that seeks to examines the extent of clients' satisfaction on the National Health Insurance Scheme in Usmanu Danfodiyo University, it's now established that the clients are not satisfied with the terms of the scheme. The implication of this is there is urgent need for the NHIS and other stakeholders of the scheme to take effective and efficient measures geared towards increasing the client satisfaction by whichever way possible. Based on the second objective which is to determine the factors that influence the clients' satisfaction on the NHIS, it now established that Educational qualification, occupational level, marital style, general knowledge of the operations of the scheme and knowledge of financial contribution positively and significantly influence the satisfaction of the NHIS clients. This implied that the aforementioned variables could be used in promoting the satisfaction of the clients.

5.2 Recommendations

The study finds out that the clients at Usmanu Danfodiyo University are not satisfied with the services provided by their NHIS service providers. Therefore, it is recommended that every provider strive to provide the best of services and the antennae in order to curb the menace of dissatisfaction which is fast becoming common place in the scheme. Since it is established that junior staff of the University are mostly not satisfied with the scheme and the some of the factors that significantly and positively influence satisfaction are; general knowledge of the operations of the scheme and awareness of financial contribution, there is a clear need for orienting the junior staff on these variable and doing so will help in addressing their dissatisfaction with the scheme.

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