PERCEPTION AND SATISFACTION OF EMPLOYEES WITH NATIONAL HEALTH INSURANCE SCHEME SERVICES: A DESCRIPTIVE STUDY AT UNIVERSITY COLLEGE HOSPITAL,IBADAN, NIGERIA

GBADAMOSI IYABODE ADETORO 1[1*], FAMUTIMI ESTHER OLUWATOYIN 2[2]

ABSTRACT

Aim: To assess perception and satisfaction of employeeswith National Health Insurance Scheme (NHIS) Services to ensure quality NHIS services for all employees in health institutions in Nigeria.

Study Design: Descriptive cross-sectional design.

Place and Duration of Study: Department of Clinical Nursing,Department of Physiotherapy, Department of Health Information Management, Department of Medicine, Department of Medical Laboratory, Department of Administration Services, Department of Accounting, Department of Engineering, Department of Public Relation, Department of Social Work and Department of Radiography, at University College Hospital (UCH), Ibadan Nigeria between February, 2016 and March, 2016.

Methodology: Respondents included 350 employees (162 males, 188 females; mean age 34.6±1.7) with or without fullregistration with NHIS.Knowledge of respondents with NHIS; problems encountered by respondents during registration with NHIS;respondents' perceptionof NHIS services; factors hindering effective utilization of NHIS services by respondents and satisfaction of respondents with NHIS services were assessed.Self-administered questionnaire was used for data collection.

Results: Out of calculated 426 sample size, 350 questionnaires were fit for analysis giving rise to 82% response rate. *P*-valueof the study was set at =.05.Out of 350 respondents, 51.4%had good knowledge while 48.6% had poor knowledge about NHIS program. Forty-two percentand 20% ofrespondents rated NHIS services as good and excellent respectively. Only 48.6%respondents were satisfied with the services of the scheme.Chi-Square analysis revealed that respondents' ethnicity was not significant with their perceptionof NHIS services and gender was also not significant with their level of satisfaction with NHIS services.

Conclusion: Satisfaction with NHIS services was low at UCH, Ibadan, Nigeria. This may result to under utilization of the scheme, poor health status and low productivity among the employees

of health institutions.However, further study needs to be done among employees of other sectors.

Keywords: *Employees, Insurance, Perception, Satisfaction, Scheme*

1. INTRODUCTION

Sustainability and viability of a country's economic and social growth depend largely on vibrant healthcare sector of that nation. While health care needs is increasing, government expenditure on health in developing countries mostly in Africa, Asia and Latin America is declining, and government expenditure on health in sub-Saharan Africa has severally been described as being inadequate, insufficient, inequitable and unsustainable. Hence, health service facilities at all levels are dilapidated, poorly equipped or dysfunctional.[1,] ECOsuorji, College of Medicine, University of Nigeria, Nigeria. Unpublished thesis Appreciating the central role of health as a necessary ingredient for socio-economic development, the government of these countries and others reviewed their policies on healthcare financing and health sector reform in order to put in place more realistic, efficient and sustainable sources of funds for the health sector among which is National Health Insurance Scheme (NHIS). SA Salawudeen, BarauDikko Specialist Hospital Kaduna, Kaduna State, Nigeria, Unpublished thesis The principal aim is to reduce the high dependency on out-of-pocket (OOP) payments in form of user charges and co-payments, which are regressive as they disproportionately, affect the poorest in society, and therefore challenge the underlying tenets of equity within healthcare systems.[2,3,4] Majority of Nigerians cannot afford and access healthcare services because it is beyond their reach, due to the fact that 70.2% of Nigerians as living below the poverty line of USD of 1.00 per day which encourages the vicious cycle of poverty, ignorance and disease. SA Salawudeen, BarauDikko Specialist Hospital Kaduna, Kaduna State, Nigeria, Unpublished thesis Despite the introduction of NHIS in Nigeria over eight years ago, current coverage is below 20% of the intended population.[5] Unsatisfactory experiences of enrollees in the NHISare enormous and on the increase.[6] The continued stagnating healthcare system in Nigeria is of great social, economic and health consequencesto all including the work-force.[1] Lack of access to quality health care will lead to poor health status, absenteeism at work, reduced productivity, financial drain/burden, and psychological problem just to mention a few among work-force and reduced national income as well as reduced national socio-economic development in general.Urgent need for a sustainable and equitable strategy to eliminate all barriers to healthcare services cannot be over-emphasized.Government, policy-makers and other stakeholders such as Health Maintenance Organizations, health institutions including healthcare providers must ensure proper implementation of quality and accessible NHIS services to health workers in Nigeria.

Findings from a survey on perception of dentists in Lagos state revealed that 61% had only a fair knowledge of the NHIS but 76.6% believed it would expand access to dental care by improving affordability and availability of services.[7] A survey on the knowledge and attitude of civil servants in Osun State, Southwestern Nigeria towards the NHIS documented that none had good knowledge of the components of NHIS, 26.7% knew about its objectives, and 30% knew about who ideally should benefit from the scheme.[1] An assessment of awareness level of NHIS among health care consumers in Oyo State, Nigeria revealed that 72% of respondents claimed that they were not promptly attended to by their providers and hence wanted the program discontinued.[8] Another study which addressed the issue of access constraints for government employees in Abakaliki, Ebonyi State, found that NHIS enrollees had little difficulty in accessing health care compared with those relying on OOP payments.[9] A study to assess the impact of the NHIS in promoting access to healthcare identified the ineffectiveness of the scheme.[10] Another study to evaluate the impact of NHIS on healthcare consumers among 200 participants in Calabar metropolis, Southern Nigeria, documented that 108 (54.0%) respondents agreed that the quality of health care services rendered was better than before while, 77 (38.5%) respondents felt the quality of health services was the same as before. Only 15 (7.5%) respondents said that health services rendered is worse than before.[11]

A survey on users' satisfaction with services provided under NHIS in SouthwesternNigeria, showed that 60% of respondents encountered problems with their healthcare providers. These include long-queues,

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poor reception from unfriendly health workers, inefficient treatment, and unclean environment.[12] In another study on perception and experiences of healthcare providers and clients in two districts in Ghana revealed that most of the insured experienced long waiting times, verbal abuse, not being physically examined and discrimination in favor of the affluent and uninsured.[13]In a study on users' satisfaction with services provided under NHIS in South Western Nigeria 55.6% of participants were satisfied with drug services, 56.2% with healthcare provider services, 77.8% with waiting time, 51.7% with staff attitude, 45.3% participants were satisfied with the process of enrollment, while 49.5% with range of services covered by NHIS.[12]Study to evaluate the impact of NHIS on healthcare consumers among 200 participants in Calabar metropolis, Southern Nigeria, affirmed that 72.0% of respondents were either very satisfied or satisfied with the performance of the scheme; while, 28.0% were very dissatisfied or dissatisfied with the performance of the scheme.[11] A study among staff of Ahmadu Bello University (ABU) Zaria to assess client's satisfaction with the NHIS in Nigeria reported low satisfaction which is attributed with longer duration of enrollment.[14]

Scope of the Study

Study was carried out: to assess knowledge of the employees with NHIS;to determine problems encountered by employeesduring registration process with NHIS; to determine perception of employees on NHIS services; to determine factors hindering effective utilization of NHIS services by employees;and to assess level of satisfaction of employees on NHIS services.

Justification of the Study

Challenges of NHIS experienced by the enrollees as identified in the previous studies called for a continuous assessment of perception and satisfaction of its enrollees to ensure universal coverage and overall success of the scheme.Findings from such assessment would serve as a guide for the institution and Nigerian Government in policy formulation and implementation in areas related to NHIS services in ensuring effective, wholesome and accessible NHIS services for employees in Nigeria. Furthermore, the study would also add to the body of knowledge on NHIS services and would guide future researchers on NHIS services in Nigeria.

Research Questions

1. What is the level of knowledge of respondents onNHIS?
2. What are the problems encountered by respondents during registration with NHIS?
3. What is the respondents' perception of NHIS services?
4. What are the factors hindering effective utilization of NHIS services by respondents?
5. What is the level of satisfaction of respondents about NHIS services?

2. MATERIALS AND METHODS

Study Design: Descriptive cross-sectional design.

Target Population: This consisted of employees of UCH, Ibadan, Nigeria. Inclusion criteria were the employees who were fully registered with NHIS and those who were yet to complete their registration process with the scheme. While, those employees who have not commenced registration process with NHIS were excluded from the study.

Sample Size Calculation: Formula: $n = Z\alpha^2pq/d^2$

Where, n = Minimum sample size, $Z\alpha = 1.96$

p = 51.7% (Proportion of enrollees who were satisfied withattitude of NHIS staff in a study on users' satisfaction).[12]

q = 1-p

d = Degree of precision (5% = 0. 05)

Therefore, n (minimum sample size) = 3.842 x 0.517x 0.483/0.0025 = 383.76

Allowance for 10% Attrition (Non-response) Rate[15]

Formula, N = n/1-NR

Where, N = new sample size

n = old sample size

NR = Non-response Rate = 10% = o.1

Therefore, N (new sample size) = 383.76/1-0.1= 426.39. Approximately to 426 respondents

Sampling Technique: A multi-stage sampling technique was used to choose eleven out of sixty-six departments in the study setting.

Stage 1: eleven out of sixty-six departments were chosen using simple random technique through balloting system.

Stage 2: questionnaires were administered toemployees in the chosen departments who were met on duty and consented to participate in the study until the calculated sample size was achieved.

Study Instrument: Semi-structured questionnaire was used for data collection. Language of the study tool was English; because the study was carried out among employees of a health facility who were literates and could read, understand and write English. Hence, there was no need for interpretation to any other language.

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Data Collection Procedure: Data collection was carried out daily until the anticipated sample size of 426 respondents was achieved through a semi-structuredself-administered questionnaire which comprised of multiple choice, open-ended and Likert-scale questions.

Validation of Study Instrument: The instrument was carefully structured by the researchers in relevance to the objectives of the study. Content of the tool was compared with available literatures on the topic. Items in the questionnaire, appropriateness of language and instructions to the respondents were reviewed and corrected.

Reliability of Study Instrument: Instrument was pre-tested among 43 employees from Obstetrics and Gynecology department of the research setting. CronbachAlpha test was carried out on the data collected during the pre-test (0.83) before final administration of the study instrument.

Statistical Analysis: Data were analyzed using Statistical Packages for Social Sciences (SPSS) version 21.0. Descriptive statistics were used to summarize data; findings were presented in frequency tables, percentages, and figures.Hypotheses were tested using Chi-Square test. Level of Significance was set at$p$ =.05.

Ethical Considerations: Ethical approval was obtained from the ethical committee of the research setting. Study was carried out in accordance with ethical standards. Informed consent was obtained from individual respondent before administration of the study instrument. Instrument was pre-coded and the information obtained was kept confidential and used for research purpose only. There was no harm or risk to the participants since the study did not involve any invasive procedure.

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3. RESULTS

Four hundred and twenty-six questionnaireswere taken to the field,392 were retrieved out of which 350 were fit for analysis giving rise to 82% response rate. Results were presented in frequency tables, percentages, figures and charts. Research questions were also answered.

Socio-demographic Characteristics of Respondents

Modal age group of respondents was 31-35years, followed by 26-30 years and the least age group was 51 and above.More than half of the respondents were females as compared with their male counterparts. Majority was Christians andlarger percentage of the respondents was from Yoruba tribe. An appreciable percentage of the respondents possessed first degree and masters whilePh.Dholders were very few.Many respondents possessed National Diploma (ND) and Higher National Diploma (HND) certificates while only few respondents did not go beyond senior secondary schools and technical colleges(Table 1).

Table 1: Socio-Demographic Characteristics of the Respondents

Socio- Demographic Characteristics	n= 350	(%)
Age (Years)		
≤ 25 years	41	11.7
26-30	84	24.0
31-35	91	26.0
36-40	49	14.0
41-45	39	11.1
46-50	37	10.6
51 & above	9	2.6
Sex		
Male	162	46.3
Female	188	53.7
Marital Status		
Single	88	25.1
Married	258	73.7
Widow	2	0.6
Separated	2	0.6

Religion		
Islam	73	20.8
Christianity	275	78.6
Traditional	2	0.6
Ethnicity		
Yoruba	318	98.9
Igbo	28	8.6
Hausa	4	1.2
Educational Qualification		
Secondary	12	3.4
Technical School	13	3.7
OND	66	18.9
HND	60	17.1
General Nursing/Midwifery	28	8.0
First Degree	114	32.6
Masters	50	14.3
PH.D	7	2.0
Others	3	0.9

Respondents' Knowledge about National Health Insurance Scheme

Quite a larger percentage of the respondents were knowledgeable about NHIS as a social insurance to improve quality healthcare as against few who had contrary opinion. Furthermore, majority of respondents admitted that NHIS ensures equitable distribution of healthcare costs among different income groups in Nigeria. Also,more respondents knew that NHIS covers out-patients cares including consumables, preventive care, consultation with specialist and that employees have right to change primary healthcare provider if dissatisfied (Table2).

Table 2: Respondents' knowledge about National Health Insurance Scheme

n= 350

Knowledge about NHIS	**Yes (%)**	**No (%)**
Social insurance to improve quality	343 (98)	7 (2)
Employees have the right to change PHC provider	285 (81.4)	65 (18.6)
Covers consultation with specialist	285 (81.4)	65 (18.6)

Focus is to ensure equitable distribution of services	261 (74.6)	89 (25.4)
Covers out-patient care including consumables	261 (74.6)	89 (25.4)
Covers preventive care	261 (74.6)	89 (25.4)

Overall Respondents' Knowledge about NHIS

In overall,an average of the respondents had good knowledge about NHIS program (Table3).

Table 3: Overall Respondents' Knowledge about NHIS

Respondents' Knowledge about NHIS	n=350 %	
Good Knowledge	180	51.4
Poor Knowledge	170	48.6

Problems Encountered by Respondents during NHIS Registration Process

Commonest challenges encountered by respondents during registration processin highest ranking order were delay in registration, delay in getting NHIS card, non-availability of expected services from healthcare providers, long-queue at NHIS offices and unfriendly attitude of workers. However,few respondents encountered nil problem throughout their registration processes (Table4).

Table 4:Problems Encountered by Respondents during Registration with NHIS

Problems Encountered by Respondents	n=350%	
Delay in registration	162	46.3
Delay in getting NHIS card	109	31.1
None availability of expected services	19	5.4
Long queue at NHIS offices		133.7
Unfriendly attitude of NHIS staff	8	2.3
Nil problem experience	39	11.1

Perception of Respondents towards NHIS Services

Almost half of the respondents perceived NHIS as a means to improve their health, some of them perceived NHIS as being capable of providing prescibed drugs. However, some preferred medical allowance to NHIS sevices. While, few preferred NHIS programme to be stopped (Table5).

Table 5: Perception of Respondents towards NHIS Services

Respondents' Perception towards NHIS	n=350	%
Preferred medical allowance to NHIS services	149	42.6
Viewed NHIS as means to improve quality care	170	48.5
NHIS is capable of providing prescribed drugs	133	38.0
Preferred NHIS to be stopped	40	11.4

Overall Perception of NHIS Services by Respondents

Majority of the respondents rated NHIS services as good. However, NHIS services were poor according to some (Figure 1).

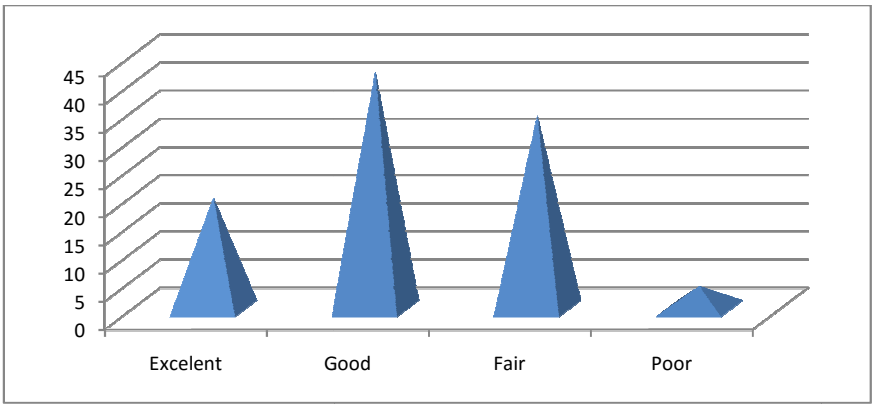

Figure 1: Overall Perception of NHIS Services by Respondents

Factors Hindering Effective Utilization of NHIS Services by the Respondents

Commonest factors hindering effective utilization of NHIS services in highest ranking order included non-availability of prescribed drugs, non-coverage of some investigations by NHIS, cumbersomeness of NHIS registration process, expensive drugs, and poor attitude/reception of NHIS staff (Table 6).

Table 6: Factors Hindering Effective Utilization of NHIS Services by the Respondents

	N=350

Factors Hindering Effective NHIS Services	Yes (%)	No (%)
Non-availability of prescribed drugs	283 (80.9)	67 (19.1)
Non-coverage of investigations	295 (84.3)	55 (17.7)
Cumbersome registration process	204 (58.3)	146 (41.7)
Delay in referral to the appropriate specialist(s)	174(49.7)	176 (50.3)
Poor attitude/reception of NHIS staff	144(41.1)	206 (58.9)

Respondents' Satisfaction on NHIS Services

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Major areas were respondents expressed satisfaction in NHIS services included process of NHIS enrolment/registration, attitude of NHIS staff and NHIS referral system to appropriate specialist(s)/ clinic(s). While, the respondents were dissatisfied mostly in waiting time at NHIS offices, non-coverage of some drugs and non-coverage of some investigations by NHIS (Table 7).

Table 7: Respondents' Satisfaction on NHIS Services

Domains of Satisfaction on NHIS Services	Yes (%)	No (%)
	n= 350	
Process of enrolment/registration with NHIS	244 (69.7)	106 (30.3)
Waiting time at NHIS offices	92 (26.3)	258 (73.7)
Attitude of NHIS staff	247 (70.6)	103 (29.4)
NHIS referral system	253 (72.3)	97 (27.7)
Non-coverage of some drugs by NHIS	69 (19.7)	281 (80.3)
Non-coverage of some investigations by NHIS	71 (20.3)	279 (79.7)
Emergency services under NHIS	180 (51.4)	170 (48.6)
Bureaucracy in the entire NHIS system	203 (58.0)	147 (42.0)

Overall Respondents' Level of Satisfaction with NHIS Services

Above average 51.4% of respondents indicated low level satisfaction with NHIS services.

Hypotheses

H_o1: There is no significant relationship between respondents' gender and their level of satisfaction with NHIS services.

H_o 2: There is no significant relationship between respondents' ethnicity and their perception with NHIS services.

Chi-Square analysis (Table 8) showed that the association between respondent's level of satisfaction with NHIS services and their gender was not significant (p = .08, Level of Significance = .05, Chi-Square value = 11.95).Therefore, the null hypothesis was not rejected. Furthermore, association between respondents' ethnicity and their level of perception with NHIS services was not significant (p-value = .43, Level of Significance = .05, df= 3, X=2.768).Therefore, the null hypothesis was not rejected.

Table 8: Significance of Respondents' Gender to their Satisfaction with NHIS Services and Ethnicity to their Perception towards NHIS Services

Respondents' Gender	**Level of Satisfaction**		X^2	**Df**	***p*-value**
	HighSatisfaction	**Low Satisfaction**			
Male	98	65	11.95	3	.08
Female	82	105			
Total	**180**	**170**			
Respondents Ethnicity	**Level of Perception**				
Yoruba	**Negative**	**Positive**			
Igbo	131	187	2.768	3	.43
Hausa	16	12			
Total	2	2			
	149	**201**			

H_o3: There is no significant relationship between respondents' marital status and their perception of NHIS services.

Chi-Square analysis (Table 9) showed that the association between respondent's marital status and their perception of NHIS services was not significant (p = .34, Level of Significance = .05, Chi-Square value = 3.375). Therefore, the null hypothesis was not rejected.

Table 9: Significance of Respondents' Marital Status to their Perception of NHIS Services

Respondents' Marital Status	Perception Level		X^2	df	P-value
	Negative	Positive			
Single	34	54	**3.375**	3	.34
Married	112	146			
Widow	2	0			
Separated	1	1			
Total	**149**	**201**			

H_o4: There is no significant relationship between respondents' marital status and their satisfaction with NHIS services.

Chi-Square analysis (Table 10) showed that the association between respondent's marital status and their satisfaction with NHIS services was significant (p = .01, Level of Significance = .05, Chi-Square value = 16.187). Therefore, the null hypothesis was rejected.

Table 10: Significance of Respondents' Marital Status to their Satisfaction with NHIS Services

Respondents' Marital Status	Satisfaction Level		X^2	df	P-value
	Low Satisfaction	High Satisfaction			
Single	59	29	16.187	3	.01
Married	117	141			
Widow	2	0			
Separated	2	0			
Total	**180**	**170**			

DISCUSSION

Modal age of respondents was 31-35year, while the mean age was 34.6±1.7.This falls within the work-force years.Majority of respondents were Christians, followed by Islam becausethese were the two major religions in the study area. Also respondentswere predominantly Yorubas. Study setting was located in the Yoruba region of the country which was mostly Yoruba. Furthermore, findings revealed that NHIS program would be well populated as majority of respondents were married whose family members are equally expected to register as well with the scheme. High knowledge of NHIS by the respondents in this study might be due to the fact that almost half of respondents had tertiary education coupled with their working environment which might make them to be conversant with any National health policy such as NHIS in the country. This will enhance their awareness of the benefits of scheme such as access to quality healthcare, prompt and adequate treatment of their ailments. Finding from this study isin line with a survey on perception of dentists with NHIS in Lagos state which revealed good knowledge of the NHIS.[7]However; this is at variance with the related study in which small proportion had good knowledge of the NHIS.[1]

Poor funding of health sector was identified as the major bane of NHIS in Nigeria.[3]The study therefore, observed that adequate funding alone cannot ameliorate the challenges facing NHIS as enrollees in the study setting faced other challenges during registration with NHIS. Hence, government alone should not be expected to provide a fix-all-solution to NHIS problems; instead, NHIS staff shouldalways ensure a friendly and conducive atmosphere in their schedule of assignments. Training and re-training of NHIS stafffor capacity building can yield huge success in this regard. Failure to do these will hinder smooth registration of health workers with NHIS program.Findings from the study were in tandem with findings in an assessment of awareness level of NHIS among health care consumersfrom the list of health organizations in Ibadan, Oyo State, Nigeria in whichmajority of respondents claimed that they were not promptly attended to by their providers and hence wanted the program discontinued.[8]But, contradict the findings from anotherstudy which addressed the issue of access constraints for government employees in Abakaliki, Ebonyi State, which revealed that NHIS enrollees had little difficulty in accessing health care compared with those relying on OOP payments.[9]Good perception of NHIS services among the respondents as revealed by the current study might help the respondents to view the health insurance as option of quality healthcare provisioning. This will foster their continuing engagement in the scheme and if it is well managed, its benefits will be tremendous on the work-force of all sectors including healthcare sector.The findings of this study support the assertion of similar studies where the respondents rated NHIS services as better.[11]However, it is contrary with the findings ofa related study which identified ineffectiveness of the scheme.[10]

Health-related behaviors are influenced by perceived barriers/challenges to taking health-related actions such as effective utilization of NHIS services among the enrollees of NHIS services. Perceived benefits of NHIS services by respondents should outweigh its challenges. Barriers to effective utilization of the scheme among the respondents in this study were enormous in which if they are not promptly reversed may lead to under utilization of the scheme.Consequently, self-medication and usage of over-the-counter drugs among the work-force may be inevitable which will limit their access to quality healthcare. Findings from this study were in line with the findings of some similar studieswhere numerous factors hindering effective utilization of NHIS among users were identified which consequently limit their access to quality NHIS services.[12],L. Zhang, Huazhong University of Science and Technology, Wuhan, China.Low satisfaction with NHIS is contrary to the intention of the government to ensure equitable distribution of health care costs among different income groups. Low level satisfaction of NHIS services among the respondents of this study will have negative impact on the employees as it would be simply judged to be ineffective.NHIS could serve as a source of motivation for employees if properly managed. It will ensure availability and affordable of quality healthcare to employees which tends to ginger their morale and commitments to their duties. It will also affect all sectors of the economy positively because good health is an asset and it promotes productivity.Self-efficacy is the final outcome of a health-promoting program such as NHIS. Its effectiveness in producing the results it was intended such as meeting the health needs of the entire population including the health workers will promote their confidence and satisfaction in the scheme. Contrary to this will result to lack of confidence and dissatisfaction among the enrollees of the scheme. This will further lead to under utilization of the scheme, poor health status of health workers, increased absenteeism/excuse duty, low productivity, increased financial burden, poverty, reduced ability to perform

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other social roles/functions in the family and society, reduced national income and poor national socio-economic development.

Study Limitations

Lack of generalizability: The results of the study may not be generalized because the study was conducted on a small portion of the study populationand the analyzed data was from number of respondents below the calculated minimum sample size.

Hypotheses of the Study

Chi-Square analysis showed that the association between respondents' level of satisfaction with NHIS services and their gender was not significant. This means that NHIS services are not gender bias and its non-responsiveness to workers was not determined by gender factor. Being a man or woman was not a determinant of how such would be attended to which indicated that other factors were attributed to the challenges respondents faced with NHIS.Furthermore, the association between respondents' ethnicity and their level of perception with NHIS services was not significant. This indicates that tribalism was not a determinant of respondents' perception of NHIS services at the study setting. Also, association between respondent's marital status and their perception of NHIS services was not significant. This means that being single, married, widow or separated did not affect individual's perception of NHIS services. Rather, the quality of services being enjoyed under NHIS determined the perception of the scheme by the enrollees. However, the association between respondent's marital status and their satisfaction with NHIS services was significant. This indicates that married respondents tend to enjoy NHIS services than other enrollees in the scheme. This is not unconnected to the fact that the premium being deducted from their salaries as monthly contribution towards NHIS also covers their dependantsto an extent whenever healthcare services are required.

4. CONCLUSION

In this study, the perception of employees with NHIS services was good; however the satisfaction was low at UCH, Ibadan, Nigeria.This is contraryto the objectives of NHIS programwhich include: to ensure that every Nigerian has access to good healthcare services; to protect families from financial hardship of huge medical bills; to limit the rise in the cost of health care services; to ensure equitable distribution of health care costs among different income groups; to maintain high standard of health care delivery services within the scheme; and to ensure efficiency in health care services.[15,16]This calls for a public health concern because consequences of which may have health and economic implications on employees of all sectors in the country including health care sectors.Improvement in the areas of deficiencies of NHIS services could help in achieving excellent provision of quality NHIS services to employees at UCH, Ibadan, Nigeria.Provision of quality NHIS services for health workers cannot be over-emphasized.Therefore, it is high time the Nigerian government, management of the study setting and other stakeholders of NHIS program re-visit policies regarding NHIS implementation and ensure provision of quality NHIS services to the employees who are the work-force and economic life-wire of the nation.This will also promote the achievement of "Health for All" by the year 2030 as the main goal of the Primary Health Care which is a program of the World Health Organization.

Implications of the Findings

NHIS is about National Health Policy targeted at every citizen of the country including employees of health institutions. Therefore, this study has health promotion, health restoration and illness prevention implications. Health of the employees is paramount to national economic development, increase productivity, and achievement of organizational objectives/goals. Health workers who are not healthy or do not have access to quality healthcare will not function well in their various capacities and consequently will affect their duties and responsibilities in terms of provision of healthcare services to their clients/patients which will consequently jeopardize the health of their clients/patients. Furthermore, sub-optimal health of such employees will lead to increase in absenteeism, lateness to work, increase sick-off, increase admissions, increase excuse duty, low productivity and so on.Hence, the government and other stakeholders need to put every strategy in place to correct some lapses about NHIS identified by this

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study. So that all employees can always have access to quality healthcare services and be in good state of health always which will make them to specifically provide their quota to the health of the populace and national development in general.

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ACKNOWLEDGEMENTS

We express our profound gratitude to the employees of all the departments of the study setting for their co-operation during data collection. We also appreciate all authors whose works were used as reference materials for this study.

COMPETING INTERESTS

This study was self-sponsored.The authors hereby declare that no competing interests exist.

AUTHORS' CONTRIBUTIONS

Author A designed the study, wrote the protocol, managed the literature searches and wrote the first draft of the manuscript. Author B performed the statistical analysis and managed the analyses of the study. All authors read and approved the final manuscript.

ETHICAL APPROVAL

All authors hereby declare that the study protocol was examined and approved by theappropriate ethics committee and has therefore been conducted in accordance with theethical standards laid down in the 1964 Declaration of Helsinki.Approval was sought and obtained from the University of Ibadan/ University College Hospital(UI/UCH) ethical review board**.**

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ABBREVIATIONS

HMO: Health Maintenance Organization

NHIS: National Health Insurance Scheme

OOP: Out-of -Pocket

PIN: Personal Identification Number

UCH: University College Hospital

WHO: World Health Organization