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Knowledge of National Health Insurance Scheme among Healthcare Providers of Public Hospitals in Ibadan Metropolis, Oyo State, Nigeria

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Abstract

Introduction: The deplorable state of healthcare delivery in some nations across the world, particularly developing countries; has called for concerted effort of stakeholders in health sector. In Nigeria, there is a general consensus among healthcare providers that, integration of National Healthcare Insurance Scheme (NHIS) in the health care system and its effective operation are essential in improve the quality of healthcare delivery. Previous studies concentrated largely on population other than healthcare providers; and such studies were mostly carried out outside Oyo State. This study therefore, examined knowledge of national health insurance scheme among healthcare providers of public hospitals in Ibadan Metropolis, Oyo State, Nigeria.

Methods: A descriptive survey design was used to examine the knowledge of 100 health care providers from public owned hospitals in Ibadan Metropolis. The purposive, stratified and simple random sampling techniques were used to select the respondents. Data were collected using questionnaire as instrument, with a reliability coefficient of 0.70. Descriptive statistics of mean and standard deviation were used to analyse the collected data.

Results: The study revealed that healthcare providers of public hospitals in Ibadan Metropolis had extensive knowledge of formation (weighted $\bar{x} = 1.94$), operation (weighted $\bar{x} = 1.92$) and benefits of enrolling to the National Health Insurance Scheme (weighted $\bar{x} = 1.91$).

Conclusion: The study established that health care providers of public hospitals in Ibadan Metropolis; had broad understanding of formation, operation and benefits of enrolling to the National Health Insurance Scheme.

Recommendation: The Oyo State Hospital Management Board should intensify effort to organize periodic capacity building; to update the knowledge of health care providers specifically on provision of services to the contributors of the Scheme.

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Keywords: Healthcare providers; Public hospital; Ibadan Metropolis.

1.1 Introduction

The deplorable state of healthcare delivery in some nations across the world, particularly developing countries; has called for attention and concerted effort of stakeholders in health sector. In the most usual characteristics of such developing countries; general poor state of health care services, dwindling fund of healthcare, poor integration of health facilities into the central healthcare delivery system as well as a host of other prevailing factors are established to be prominent in their health sector. A typical country of such is Nigeria, whose its prevalent state of health system has constituted burden and still constituting same to its teeming population. In substantiating this, Kirigia and Barry (2008) revealed that Africa is confronted by a heavy burden of communicable and non-communicable diseases. Similarly, it was established that, the provision of quality, accessible and affordable healthcare remains a serious problem in most African countries, particularly Nigeria. On the other hand, it was opined that, cost-effective interventions could serve as preventive measure to the reduction of disease burden and improve the quality of healthcare delivery in the affected countries (Kirigia and Barry, 2008).

In Nigeria, there is a general consensus among healthcare providers that, integration of National Healthcare Insurance Scheme (NHIS) in the healthcare system and its effective operation are essential in improve the quality of healthcare delivery. National Health Insurance Scheme Handbook (2015) described NHIS as a health insurance programme that is established to improve the health of all Nigerians at an affordable cost. The scheme is a body corporate that was established under Act 35 of 1999 by the Federal Government of Nigeria. NHIS is aimed at ensuring that every Nigerian has access to good health care services. Consequently, sharing of the burden of health care services among government, private employers and enrolees is a predominant benefit of NHIS. Hence, the segments of society covered by NHIS programmes are broadly classified as vulnerable group, formal and informal sectors as well as others.

In the operation of NHIS, Health Management Organizations (HMOs) are responsible for collection and management of contributions, administration and quality oversight of providers, while Health Care Providers (HCPs) are responsible for providing covered services to contributors. HCPs are expected to render monthly reports to HMOs who render quarterly reports to the NHIS (National Health Insurance Scheme Handbook, 2015). In spite of the achievements of NHIS, it has been ascertained that, the scheme is facing some challenges. Agba (2010) asserted that, in more than four years of NHIS existence in Nigeria; there is a disheartening reports in the continual health situation based on the survey from World Bank that showed that the scheme covered only one million (0.8%) of the population. Also, Omar (2012) cited by Mgbe and Kelvin (2014) revealed that, dearth of knowledge about the scheme is a major reason for lack of confidence and negative attitude being exhibited by populace as far as the scheme is concerned.

Apart from low coverage of NHIS and lack of knowledge among the general populace, it was established that there was grossly inadequate knowledge on the operational principles of the scheme specifically among the health care providers; while the scheme is faced with mismanagement, lack of accountability and commitment on the part of government (Sabitu and James, 2005). Considering the challenges of lack of knowledge about NHIS and the need to checkmate it, Olugbenga-Bello and Adebimpe (2010) examined knowledge of objectives and mechanism of operation of the NHIS scheme among civil servants in Osun State, while Adibe, Udeogaranya and Ubaka (2011) studied awareness of NHIS activities among employees of University of Nigeria. In order to ensure that every Nigerian has access to good health care services, specifically in Oyo State; it is imperative to employ holistic measures, which include updating of knowledge and promotion of positive attitude towards the scheme in relation to the stakeholders, particularly, the healthcare workers. This study therefore, examined knowledge of national health insurance scheme among healthcare providers of public hospitals in Ibadan Metropolis, Oyo State, Nigeria.

1.2 Statement of the Problem

The problem of health financing has created the need for a solution through the inauguration of NHIS. Over the years, it has been noted that, there is inconsistency in the government's general expenditure on health. In the same vein, there seems to be a very low coverage of the programme, while a large proportion of the privileged few who have access to medical facilities cannot afford to pay for healthcare due to rapid escalating of cost (Sanusi and Awe, 2006; Lawumi, 2009). Moreover, there is lack of confidence on the part of Nigerians due to their experience with previous programmes in Nigeria (Mgbe and Kelvin, 2014).

In order to upturn the issue of lack of confidence among the populace and other problems that are associated with NHIS in Oyo State, particularly in Ibadan Metropolis; it is

important to emphasis on the understanding of the healthcare providers about the scheme's formation, operation and benefits of enrolling to the NHIS. Knowledge of insurance scheme among the healthcare providers is also pertinent considering the establishment of Oyo State Health Insurance Scheme, which is aimed at ensuring that quality healthcare is affordable and accessible to every resident of the state.

Consequently, a considerable number of studies on knowledge of NHIS concentrated on population other than healthcare providers, while most studies carried out on healthcare providers were done outside Oyo State. Moreover, such previous studies on healthcare providers placed little emphasis on staff of the state owned hospitals, particularly in Ibadan. This study therefore, examined knowledge of national health insurance scheme among healthcare providers of public hospitals in Ibadan Metropolis, Oyo State, Nigeria.

1.3 Objectives of the Study

The main objective of study was to investigate the understanding of the healthcare providers of public hospitals in Ibadan Metropolis about formation, operation and benefits of enrolling to the NHIS.

1.3.1 Specific Objectives

The specific objectives were to:

- i. Examine the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS formation.
- ii. Establish the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS operation.
- iii. Establish the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about benefits of enrolling to the NHIS.

1.4 Research Questions

This study sought answers to the following research questions:

- i. What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS formation?
- ii. What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS operation?
- iii. What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about benefits of enrolling to the NHIS?

2.1 Methodology

This section presents research methods and procedures that were used for the study. The methods and procedures are explained as follow;

2.2 Research Design

Descriptive survey design was used for the study. The design was considered appropriate due to its advantage to describe the existing phenomenon in relation to the variables being studied.

2.3 Sample and Sampling Techniques

The sample size was one hundred respondents. The purposive, stratified and simple random sampling techniques were used in the study. Purposive sampling technique was used to select two of the Oyo State owned hospitals in Ibadan, under the control of Oyo State Hospital Management Board. These include Jericho Specialist Hospital and Government Chest Hospital, Jericho, Ibadan. Purposive sampling technique was also used to choose healthcare providers in two of the selected hospitals in Ibadan as the population for the study. Stratified sampling technique was also used to divide the healthcare providers into strata according to their various professions. Simple random sampling technique was used

to give the respondents in each of the stratum from the selected hospitals an equal and independent chance of being included in the sample; with a total of one hundred health care providers as sample size.

2.4 Instrument

In order to examine knowledge of national health insurance scheme among healthcare providers of public hospitals in Ibadan Metropolis, Oyo State, Nigeria; a self developed questionnaire was used as instrument. The instrument was divided into four sections, namely, sections A, B, C and D. Section A covered socio-demographic characteristics of the respondents, which include sex, age and occupation. Section B, C and D were used to elicit information on formation, operation and benefits of enrolling to the NHIS. The responses in sections B, C and D were constructed in a 2-point format of Yes and No.

The instrument was validated and subjected to reliability test. In order to determine the reliability of the instrument, the validated version of sets of questionnaire were administered once on twenty healthcare providers at University College Hospital (UCH), Ibadan. The healthcare providers at UCH were not within the coverage of the study, but shared similar characteristics with the population of the study. The data collected was thereafter subjected to Cronbach Alpha to determine the reliability coefficient; which yielded 0.70.

2.5 Data Analysis

The filled copies of questionnaire were collated, coded and analysed using percentages, mean and standard deviation. Data were analyzed using the Statistical Package for Social Sciences program (SPSS) version 21. Descriptive statistics of frequency counts, percentages, mean and standard deviation were used to answer research questions 1, 2 and 3. The weighted mean of 1.5 was considered as the criteria for inferences for the research

questions respectively.

3.1 Results and Discussion:

Table 1: Socio-demographic characteristic of the respondents by sex, age and occupation

Variable	Frequency	Percent (%)
Sex:		
Male	34	34.0
Female	66	66.0
Total	100	100
Age:		
Less than 25 years	9	9.0
26-35 years	58	58.0
36-45 years	25	25.0
46 years and above	8	8.0
Total	100	100.0
Occupation:		
Doctor	17	17.0
Nurse	23	23.0
Pharmacist	12	12.0
Health Record Officer	16	16.0
Physiotherapist	7	7.0
Laboratory Scientist	18	18.0
Social Health Worker	7	7.0
Total	100	100.0

Table 1 revealed that 34 (34.0%) respondents were male, while 66 (66.0%) were female. This implied that most of the sampled respondents were female. In addition, 9 (9.0%) respondents were less than 25 years, 58 (58.0%) were between 26-35 years, 25 (25.0%) were in the age range of 36-45 years, while 8 (8.0%) respondents were 46 years and above. The implication was that majority of the respondents were between 26-35 years. Also, it was shown that 17 (17.0%) respondents were Medical Doctors, 23 (23.0%) were Nurses, 12 (12.0%) were Pharmacists, 16 (16.0%) were Health Record Officers, 7 (7.0%) were Physiotherapists, 18 (18.0%) were Laboratory Scientists, while 7 (7.0%) respondents were Social Workers. It implied that most of the sampled respondents were Nurses.

Research Question 1: What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS formation?

Table 2: Distribution of respondents' knowledge of NHIS formation

S/n	Question items	Yes	No	Mean	Std. Dev.
1	National Health Insurance Scheme (NHIS) is a health insurance programme that is established to improve the health of all Nigerians at an affordable cost.	99 99.0%	1 1.0%	1.99	0.10
2	NHIS is a body corporate established under Act 35 of 1999 by the Federal Government of Nigeria.	94 94.00%	6 6.0%	1.94	0.24
3	The prevailing factors that informed the formation of NHIS include general poor state of health services and dwindling funding of health care.	88 88.0%	12 12.0%	1.88	0.33
4	The main purpose of NHIS is to annihilate any socio-economic barriers, which may be an obstacle to attaining access to good health care services.	94 94.0%	6 6.00%	1.94	0.24
				Weighted Mean= 1.94 Criterion= 1.5	

As indicated in table 2, 99 (99.0%) respondents understood the meaning of NHIS, while 1(1.0%) did not. In addition, 94 (94.0%) respondents affirmed that the scheme was established under an Act 35 of 1999, while 6 (6.0%) did not. Moreover, the table revealed that 88 (88.0%) respondents were knowledgeable about the prevailing factors that informed the formation of NHIS, while 12 (12.0%) did not. Also, 94 (94.0%) respondents affirmed that, the main purpose of NHIS is to annihilate any socio-economic barriers, which may be an obstacle to attaining access to good health care services, while 6 (6.0%) did not. Table 2 further showed that the obtained weighted mean value of 1.94 was higher than the criterion of 1.50. Hence, it could be inferred that healthcare providers of public hospitals in Ibadan Metropolis had extensive knowledge NHIS formation. The outcome of this study was not in agreement with the finding of Sabitu and James (2005) that, there was grossly inadequate knowledge on the operational principles of the NHIS among the health care providers in Minna town, Niger State of Nigeria.

Research Question 2: What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about NHIS operation?

Table 3: Distribution of respondents' knowledge of NHIS operation

S/n	Question items	Yes	No	Mean	Std. Dev.
1.	The segments of society covered by NHIS programmes are broadly classified as vulnerable group, formal and informal sectors as well as others.	92 92.0%	8 8.0%	1.92	0.27
2.	The National Health Insurance Scheme (NHIS) functions under a prepayment system that is called capitation.	94 94.0%	6 6.0%	1.94	.024
3.	Every month, all registered members receive bills for the money that are owed.	91 91.0%	9 9.0%	1.91	0.29
4.	Registered member paying considerably less can receive the same level of care with someone who is even paying relatively more.	89 89.0%	11 11.0%	1.89	0.31
5.	In NHIS, former sector social health insurance programme deals with employees in the public sector and organized private sectors only.	93 93.0%	7 7.0%	1.93	0.26
6.	Under formal sector of NHIS, the contribution on behalf of a participant (employee) covers provision of health benefit for such participant, a spouse and four biological children below the age of 18 years.	95 95.0	5 5.0%	1.95	0.22
7.	A private organization must have ten staff and above, before it could be considered as organized private sector in NHIS.	92 92.0	8 8.0%	1.92	0.27
				Weighted Mean= 1.92 Criterion= 1.5	

As shown in table 3, 92 (92.0%) respondents affirmed that the segments of society covered by NHIS programmes are broadly classified as vulnerable group, formal and informal sectors as well as others, while 8 (8.0%) did not. In addition, 94 (94.0%) respondents understood that the National Health Insurance Scheme (NHIS) functions under a prepayment system that is called capitation, while 6 (6.0%) did not. Besides, 91 (91.0%) respondents established that every month, all registered members receive bills for the money that was owed, while 9 (9.0%) did not have knowledge. Moreover, 89 (89.0%) respondents had understanding that registered member paying considerably less can receive the same level of care with someone who is even paying relatively more, while 11 (11.0%)

did not. Furthermore, 93 (93.0%) respondents understood that in NHIS, former sector social health insurance programme deals with employees in the public sector and organized private sectors only, while 7 (7.0%) did not.

In the same vein, 95 (95.0%) respondents affirmed that under formal sector of NHIS, the contribution on behalf of a participant (employee) covers provision of health benefit for such participant, a spouse and four (4) biological children below the age of 18 years, while 5 (5.0%) did not. Also, 92 (92.0%) respondents understood that a private organization must have ten (10) staff and above, before it could be considered as organized private sector in NHIS, while 8 (8.0%) did not. Table 3 further showed that the obtained weighted mean value of 1.92 was higher than the criterion of 1.50. Hence, it could be inferred that healthcare providers of public hospitals in Ibadan Metropolis had extensive knowledge of NHIS operation. This outcome was in contrast to the finding of Olugbenga-Bello and Adebimpe (2010) that, civil servants in Osun State had poor knowledge of the objectives and mechanism of operation of the NHIS.

Research Question 3: What is the level of knowledge of healthcare providers of public hospitals in Ibadan Metropolis about benefits of enrolling to the NHIS?

Table 4: Distribution of respondents' knowledge of benefits of enrolling to the NHIS

S/n	Question items	Yes	No	Mean	Std. Dev.
1.	Sharing of the burden of health care services among government, private employers and enrollees is a predominant benefit of NHIS.	89 89.0%	11 11.0%	1.89	0.31
2.	Out-patient care (including consumables), prescribed drugs as contained in the NHIS Essential Drugs List, diagnostic tests as contained in the NHIS Diagnostic Tests List; are the health care benefits to be enjoyed under the programme.	92 92.0%	8 8.0%	1.92	0.27
3.	Benefits of NHIS include hospital care in a standard ward for a stay limited to cumulative of 21 days per year.	90 90.0%	10 10.0%	1.90	0.30
4.	Consultation with specialists such as physicians, paediatrics, gynecologists, surgeons, physiotherapists and so on, is a benefit of the scheme.	95 95.0%	5 5.0%	1.95	0.22
5.	Benefits of NHIS include maternity care for up to four (4) live births for every insured contributor.	86 86.0%	14 14.0%	1.86	0.35
6.	Health education, family planning (counselling), emergency first aid, antenatal and post natal care are in the benefit package of NHIS.	93 93.0%	7 7.0%	1.93	0.26
7.	Epidemics and injuries resulting from natural disasters like earthquakes, and landslides are excluded from the benefit package of NHIS.	91 91.0%	9 9.0%	1.91	0.29
8.	Injuries arising from extreme sports like car racing, boxing and so on are excluded from the benefit package of NHIS.	90 90.0%	10 10.0%	1.90	0.30
				Weighted Mean= 1.91 Criterion= 1.5	

As indicated in table 4, 89 (89.0%) respondents affirmed that sharing of the burden of health care services among government, private employers and enrollees is a predominant benefit of NHIS, while 11 (11.0%) did not. In addition, 92 (92.0%) respondents understood that out-patient care (including consumables), prescribed drugs as contained in the NHIS Essential Drugs List, diagnostic tests as contained in the NHIS Diagnostic Tests List are the health care benefits to be enjoyed under the programme, while 8 (8.0%) did not. Moreover,

90 (90.0%) respondents affirmed that benefits of NHIS include hospital care in a standard ward for a stay limited to cumulative of 21 days per year, while 10 (10.0%) did not. Also, 95 (95.0%) respondents understood that consultation with specialists such as physicians, paediatrics, gynaecologists, surgeons, physiotherapists and so on, is a benefit of the scheme, while 5 (5.0%) did not.

In the same vein, 86 (86.0%) respondents affirmed that benefits of NHIS include maternity care for up to four (4) live births for every insured contributor, while 14 (14.0%) did not. In addition, 93 (93.0%) respondents established that health education, family planning (counselling), emergency first aid, antenatal and post natal care are in the benefit package of NHIS, while 7 (7.0%) did not. Moreover, 91 (91.0%) respondents had the understanding that epidemics and injuries resulting from natural disasters like earthquakes, and landslides are excluded from the benefit package of NHIS, while 9 (9.0%) did not. Also, 90 (90.0%) respondents established that injuries arising from extreme sports like car racing, boxing and so on are excluded from the benefit package of NHIS, while 10(10.0%) did not. Table 4 further showed that the obtained weighted mean value of 1.91 was higher than the criterion of 1.50. Hence, it could be inferred that healthcare providers of public hospitals in Ibadan Metropolis had extensive knowledge of benefits of enrolling to the NHIS. The outcome of this study was not in consonance with the finding of Ibrahim, Aliyu and Shehu (2012) that, knowledge of clients on NHIS services was below average.

4.1 Conclusion and Recommendation

4.1.1 Conclusion

It was concluded that healthcare providers of public hospitals in Ibadan Metropolis had extensive knowledge of formation, operation and benefits of enrolling to the NHIS.

4.1.2 Recommendations

Based on the findings of this study, the following recommendations were made:

1. The Oyo State Hospital Management Board should intensify effort to organize periodic capacity building to update the knowledge of healthcare providers, specifically on provision of services to the contributors of National Health Insurance Scheme.
2. The Oyo State Hospital Management Board should also ensure that knowledge of healthcare providers of public hospitals in Ibadan Metropolis is updated on the current trend concerning National Health Insurance Scheme; with reference to its benefit package.

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