WebLog Journal of Community Medicine

Research Article
Published: 28 Aug, 2026

Satisfaction with the National Health Insurance Authority (NHIA) Scheme Among Civil Servants at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria

Oti Henrietta Egondu and Eberendu Izuchukwu Francis*

Department of Public Health, Faculty of Health Sciences, Imo State University, Owerri, Nigeria

Abstract

Financial hardship is still one of the biggest hurdles to getting health care in low- and middle-income countries. The National Health Insurance Scheme (NHIS), now the National Health Insurance Authority (NHIA) with the enactment of the NHIA Act 2022, was founded in Nigeria to promote access to quality healthcare through financial risk protection. While the enrolment of public sector workers has increased, questions remain about how satisfied beneficiaries are with the quality of healthcare services provided. The study determined the level of healthcare utilisation and satisfaction with NHIA services among civil servants attending Mater Misericordiae Hospital, Afikpo, Ebonyi State and suggested areas for service improvement. Descriptive cross-sectional research was undertaken on 150 insured civil servants selected by convenience sampling. Data were acquired by a semi-structured questionnaire devised by the researcher. The data were analysed by using descriptive statistics like frequencies and percentages. Results showed a satisfactory healthcare utilisation with 135 (90.0%) respondents visiting a healthcare institution within one to four days of onset of illness. Close to half of the respondents (72; 48.0%) reported spending between ₦1,001 and ₦2,000 on drugs at their last healthcare visit. Overall, the respondents were fairly satisfied with the services of NHIA. Those satisfied were 70 respondents (46.7%). However, 102 (68.0%) agreed that the plan needs to be improved. The main areas suggested for improvement were shorter waiting time (80; 53.3%), better attitude of the staff (70; 46.7%) and more availability of the recommended medications (42; 28.0%). The survey showed that there was adequate utilisation of healthcare services among insured public officials. However, overall satisfaction with NHIA services is modest. There is the need to improve service quality, especially in terms of waiting time, contact between staff and patients and availability of drugs, to boost enrolled satisfaction and build confidence in the NHIA programme.

Keywords: National Health Insurance Authority (NHIA); Health Care Utilisation; Patients' Satisfaction; Civil Servants; Nigeria

OPEN ACCESS

Correspondence:
Oti Henrietta Egondu, Department of Public Health, Faculty of Health Sciences, Imo State University, Owerri, Nigeria,
E-mail: johnkennedy23@yahoo.com

Received Date: *15 Jul 2026*
Accepted Date: *26 Aug 2026*
Published Date: *28 Aug 2026*

Citation:
Egondu OH, Francis EI. Satisfaction with the National Health Insurance Authority (NHIA) Scheme Among Civil Servants at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria. WebLog J Community Med. wjcm.2026.h2802. https://doi.org/10.5281/zenodo.22162457

Introduction

Universal Health Coverage (UHC) is still one of the main health priorities globally and is included in the Sustainable Development Goal 3 which aims to "ensure healthy lives and promote well-being for all at all ages". At the heart of UHC is the idea that people get the health services they need of good quality when they need them, without suffering financial hardship. Thus, health insurance is one of the most effective tools to protect households from catastrophic health spending and to promote equal access to health-care services [1].

The World Health Organization (WHO) estimates that 4.5 billion people globally do not have access to vital health services and nearly two billion people suffer financial hardship from out-of-pocket expenses for healthcare. The issues are particularly acute in low- and middle-income countries where out-of-pocket expenditure is the main source of health finance. In sub-Saharan Africa, out-of-pocket spending is still a large share of all health spending, leaving a big contribution to poverty and delayed healthcare utilization [2].

Historically, out-of-pocket healthcare spending has accounted for over 70% of overall health expenditure in many years in Nigeria. This financing arrangement has led to catastrophic health expenditure for millions of households and reduced health care utilisation for disadvantaged groups. To address these issues, the Federal Government launched the National Health Insurance Scheme

(NHIS) in 2005 to improve financial risk protection and promote access to quality health care services [3].

The National Health Insurance Scheme was replaced with the National Health Insurance Authority (NHIA) in May, 2022, when the NHIA Act was passed. The new legislation has turned health insurance from a voluntary scheme to a compulsory national health insurance system to fast-track progress towards Universal Health Coverage. The NHIA Act extended coverage to workers in the informal sector, vulnerable groups, pregnant women, children, the elderly and persons living with disabilities through a range of health insurance schemes [4].

The Formal Sector Social Health Insurance Programme provides an opportunity for companies and employees to pool payments so as to enable beneficiaries to access a comprehensive package of healthcare services from licensed healthcare providers. The benefits package covers outpatient consultations, inpatient treatment, maternity and child health, diagnostic tests, surgical operations, emergency care and critical drugs. The initiative is designed to minimise financial obstacles to healthcare and improve health outcomes and overall quality of life [5].

Use of health care is among the most important markers of the effectiveness of health insurance systems. The level of appropriate use is a measure of how quickly insured persons can get medical treatment when they need it. But higher use does not necessarily mean that the program is successful. Beneficiaries should also be satisfied with the quality of the health care services they receive. As it reflects patient's experience in terms of accessibility, waiting time, competency of the provider, communication, availability of medicines, responsiveness and overall quality of care, patient satisfaction has been a globally accepted indicator of quality of healthcare [6].

Several studies have found that enrolment in health insurance considerably promotes healthcare utilisation among public officials and other formal sector employees in Nigeria. However, beneficiaries continue to experience issues such as extended waiting time, non-availability of vital drugs, poor attitude of providers, delays in laboratory investigations, administrative bottlenecks and limited coverage of various medical illnesses. These deficiencies might adversely effect the patient satisfaction and eventually undermine the confidence in the health insurance system [7].

Many studies have analysed the functioning of the National Health Insurance Scheme (NHIS) in tertiary hospitals in Nigeria but few have evaluated the satisfaction of beneficiaries in faith-based healthcare institutions especially in the south-east of Nigeria. Mater Misericordiae Hospital, Afikpo is one of the approved health care providers providing NHIA services to civil servants and other insured populations [8]. Understanding the experiences and satisfaction of beneficiaries getting care in this facility is vital for identifying service gaps and informing quality improvement measures.

Assessing beneficiary satisfaction gives useful information to policy makers, health administrators and the National Health Insurance Authority on areas that require improvement. Greater use of health care services, better adherence to treatment, continuity of care and improved health outcomes have been connected with higher patient satisfaction. In contrast, discontent may discourage continued participation and undermine public faith in the programme [9].

There is scanty documentation on the satisfaction of beneficiaries with services in many licensed mission hospitals notwithstanding the revisions of the NHIA Act 2022. Thus, the need to assess health care utilisation, patient satisfaction and areas considered as needing improvement among insured civil personnel attending Mater Misericordiae Hospital Afikpo, Ebonyi State.

The findings of this study will add to the increasing evidence of the performance of Nigeria's health insurance programme and provide valuable information to healthcare providers, hospital administrators, policymakers and the National Health Insurance Authority for strengthening service delivery and promoting Universal Health Coverage in Nigeria.

Materials and Methods

Study design

This study employed a descriptive cross-sectional analytical survey design. This design was considered appropriate because it allows for the systematic collection, description, and analysis of data on healthcare utilization and satisfaction among National Health Insurance Authority (NHIA) beneficiaries at a single point in time. Cross-sectional surveys are widely used in health services research to assess participants' perceptions, experiences, and satisfaction with healthcare services.

Study setting

The study was conducted at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria. The hospital is a faith-based tertiary healthcare institution located in New Site, Afikpo, and serves as one of the major referral hospitals in Ebonyi South Senatorial District, while also providing healthcare services to residents of neighbouring communities in Cross River State.

The hospital comprises two major sections: the General Hospital and the Maternity Unit. The General Hospital includes the Male Medical Ward, Female Medical Ward, Male Surgical Ward, Female Surgical Ward, Children's Ward, Accident and Emergency Unit, Main Operating Theatre, Radiology Department, Medical Laboratory Department, Pharmacy Unit, and the School of Nursing. The hospital is accredited by the National Health Insurance Authority (NHIA) to provide healthcare services to insured beneficiaries.

Afikpo is located in the southeastern region of Nigeria at approximately latitude 6°20′N and longitude 8°06′E.

Ethical considerations

Ethical approval for the study was obtained from the ethical committee of Mater Misericordiae Hospital, Afikpo, Ebonyi State. Administrative permission to conduct the study was obtained from the Personnel Department before commencement of data collection.

Participation in the study was entirely voluntary. Written informed consent was obtained from all respondents after explaining the objectives and procedures of the study. Participants were assured that their responses would be treated with strict confidentiality and used solely for research purposes. No identifying information, such as names or staff numbers, was collected, thereby ensuring anonymity. Participants were informed of their right to decline participation or withdraw from the study at any stage without any consequences.

Study population

The target population comprised all civil servants employed at Mater Misericordiae Hospital, Afikpo, who were enrolled in the National Health Insurance Authority (NHIA) programme. According

to records obtained from the Hospital Personnel Department, the total number of eligible staff at the time of the study was 382.

Sampling technique

A convenience sampling technique was used to recruit eligible participants. Civil servants who met the inclusion criteria and were available during the data collection period were invited to participate.

Inclusion criteria

Participants were eligible if they:

• Were permanent staff of Mater Misericordiae Hospital, Afikpo;

• Were enrolled in the National Health Insurance Authority (NHIA) programme;

• Consented voluntarily to participate in the study.

Exclusion criteria

Staff who were absent during the study period, not enrolled in the NHIA programme, or declined participation were excluded.

Instrument for data collection

Data were collected using a researcher-developed structured questionnaire based on an extensive review of relevant literature on health insurance utilization and patient satisfaction.

The questionnaire consisted of 22 items divided into two sections:

• Section A (Items 1–7): Socio-demographic characteristics of respondents, including age, gender, marital status, educational qualification, occupation, years of service, and cadre.

• Section B (Items 8–22):

o Items 8-11 assessed healthcare utilization under the NHIA.

o Items 12-18 assessed respondents' perceptions of areas requiring improvement in NHIA services.

o Items 19-22 measured respondents' level of satisfaction with healthcare services using a five-point Likert scale ranging from 1=Not satisfied at all to 5=Very satisfied.

Validity of the instrument

The questionnaire was subjected to face and content validity by the research supervisor and two experts in nursing and public health research from the School of Nursing, Mater Misericordiae Hospital, Afikpo. The experts evaluated the instrument for clarity, relevance, appropriateness, and adequacy in addressing the study objectives. Their recommendations were incorporated into the final version of the questionnaire before data collection.

Reliability of the instrument

The reliability of the instrument was established through a pilot study involving 30 civil servants who possessed characteristics similar to those of the study population but were not included in the main study.

The split-half reliability method was adopted, and the responses from the two halves of the questionnaire were analyzed using the Pearson Product Moment Correlation Coefficient. A reliability coefficient of r=0.76 was obtained, indicating that the instrument had acceptable internal consistency for data collection.

Data collection procedure

Following approval from the hospital management and the Personnel Department, eligible respondents were approached individually and informed about the purpose of the study. Written informed consent was obtained from participants before administering the questionnaire.

The questionnaires were administered personally by the researcher during official working hours and retrieved immediately after completion to minimize non-response and incomplete questionnaires. Data collection was conducted over a period of 22 days.

"A total of 150 questionnaires were distributed, all of which were completed and returned, giving a response rate of 100%."

Statistical analysis

Completed questionnaires were checked for completeness, coded, and entered into the Statistical Package for the Social Sciences (SPSS) version 23.0 for analysis.

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the data. Results were presented using tables and charts where appropriate. Statistical significance was considered at $p<0.05$, where applicable.

Results

Socio-demographic characteristics of respondents

Table 1 revealed that 25 (16.67%) respondents are within the age range of 15-20 years,30 (20%) are within the age range of 21-26 years, 60(40%) fall within 27-32 years while 32 (2.33%) fall within 32 years and above.

Majority 93 (62%) of the respondents are females while 57 (38%) are male. This means that more males are enrolled in the NHIS. Greater number 95 (63.33%o) of the respondents are married, 40 (26.67) are single and 15 (10%) are divorced. Majority 63 (42%) of the respondents had senior secondary education, 41 (27%) went to tertiary institution, 25 (16.67%) went to junior secondary education and 21 (14%) went to primary school.

Utilization of services of NHIS

This section presents data on the utilization of NHIS by respondents as presented in Table 2.

Table 2 dwelt on utilization of NHIS services. From the data gathered 135 (90%) of the households had at least a member that visited the hospital although 15 (10%) never visited the hospital last year. Majority 115 (76.66%) of the respondents have visited the hospital once twice for routine medical checkup, 28 (18.66%) have visited once, 2 (1.33%) more than twice and 5 (3.33%) never visited the hospital.

Within the last 1 year,52.33% respondents reported to have paid an estimate of 100-1000 naira per visit while 47.32% paid 600-1000 naira. Majority 72(48%) of the respondents spent about 1001-2000 naira on drugs, 49 (32.67%) spent below 1000 naira, 21(14%) spent between 2001-3000 naira and 8(5.33%) spend above 3000 on drugs within last 1 year and mode of payment was by copayment and 20% was by out of pocket without reimbursement.

Satisfaction with healthcare services by the insured civil servants

This section presents data on the satisfaction of NHIS by respondents as presented in Table 3.

Table 1: Demographic Characteristics of Respondents, N=150.

Item	Variable		Category	Frequency	Percentage %
1	Age		15-20 years	25	16.66
			21-26 years	30	20.00
			27-32 years	60	40.00
			32+	35	23.33
			Total	150	100
2	Gender		Male	57	38.00
			Female	93	62.00
			Total	150	100
3	Marital status		Single	40	26.66
			Married	95	63.33
			Divorced	15	10.00
			Total	150	100
4	Highest Qualification	Educational	Primary	21	14.00
			Junior secondary	25	16.66
			Senior secondary	63	42.00
			Tertiary	41	27.33
			Total	150	100

Table 2: Utilization of services of NHIS, n=150.

No	Questionnaire item	Response	F	%
5	Did you or any member for your family go for treatment?	Yes	135	90
		No	10	10
		Total	**150**	**100**
6	How many times did you visit the hospital for routine checkup care in the past 1 year?	None	115	76.66
		Once	28	16.66
		Twice	5	3.33
		More than two times	2	1.33
		Total	**150**	**100**
7	How much did you pay in naira per visit?	100-500naira	29	19.00
		600-1000	50	33.33
		1001-2000	61	40.66
		Above 2000	10	6.66
		Total	**150**	**100**
8	Please estimate how much you have spent on medicine/drugs within the past 1 year?	Below 1000naira	49	32.66
		1001-2000	72	48
		2001-3000	21	14
		Above 3000	6	4
		Total	**150**	**100**
9	Please estimate how much you have spent on diagnostic test within the past 1 year?	Below 1000naira	58	38.66
		1001-2000	61	40.66
		2001-3000	31	20.66
		Above 3000	0	0
		Total	**150**	**100**
10	How do you pay for medical treatment obtained by you and members of your household?	Total insurance	0	0
		Copayment	120	80
		Out of pocket without reimbursement	30	20
		Total	**150**	**100**

Table 3 shows the satisfaction with healthcare services by the insured civil servants. From the table 70(46.66%) of NHIS enrolees were satisfied with the attitude of NHIS staff, 38(25.33%) were strongly satisfied, 31(20.66%) were unsatisfied while 11(7.33%) were strongly unsatisfied. Based on the waiting time, 65(.33%) were unsatisfied, 43(28.66%) were strongly unsatisfied, 21(14%) were satisfied with the waiting time while 18(12%) were strongly satisfied. Majority 80(53.33%) of NHIS enrolees were strongly satisfied with the availability of medications, 42(28%) were satisfied, 18(12%) were unsatisfied and 10(6.66%) were strongly unsatisfied. The process of accessing healthcare was unsatisfactory as 64(42.66%) of the respondents (NHIS enrolees) were unsatisfied, 21(14%) were strongly unsatisfied and 17(11.33%) were strongly satisfied and almost all the respondents 100(66.66%) were strongly satisfied the amount they pay as an enrolee, 28.66% were satisfied while 4.66% were unsatisfied.

Areas of the NHIS that needs improvement

This section presents data on the areas of NHIS by respondents as presented in Table 4.

NHIS enrolee strongly agreed that the scheme needs improvement. Also, 90(60%) strongly agreed that the needed improvement affect their utilization and satisfaction, 50(33.33%) agreed and 10(67%)

Table 3: Satisfaction with healthcare services by the insured civil servants, N=150.

No	Satisfaction with …	Strongly satisfied	Satisfied	Unsatisfied	Strongly unsatisfied
1	Staff attitude	29 (19.33%)	70 (46.66%)	31 (20.66%)	11 (7.33%)
2	Waiting time	18 (12%)	21 (14%)	68 (45.33%)	43 (28.66%)
3	Availability of medication	80 (53.33%)	42 (28%)	18 (12%)	43 (28.66%)
4	Process of accessing healthcare	17 (11.33%)	48 (32%)	64 (42.66%)	10 (6.66%)
5	Are you satisfied with the amount paid	100 (66.66%)	43 (28.66%)	7 (4.66%)	21 (14%)

Table 4: Areas of the NHIS that needs improvement.

No	Areas of NHIS that need improvement	Strongly agree	Agree	disagree	Strongly disagree
6	Do you agree that NHIS needs improvement	102 (68%)	48 (32%)	-	-
7	Does this needed improvement affect NHIS utilization and satisfaction?	90 (60%)	50 (33.33%)	10 (6.67%)	-
8	Do you agree that the amount paid for treatment should be further subsidized?	140 (93.33%)	10 6.67%)	-	-
9	NHIS staffs are very consistent?	50 (33.33%)	70 (46.67%)	20 (13.33%)	10 (6.67%)
10	Do you agree that time is wasted in our visit to health facility?	80 (53.33%)	40 (26.67%)	30(20%)	-
11	Services is based on first come first serve approach	9 (6%)	15 (10%)	46 (30.67%)	80 (53.33%)
12	All drugs were readily available	5 (3.33%)	25 (16.67%)	50 (33.33%)	70 (46.67%)
13	Do you agree that NHIS health facility is easy to access?	-	12 (8%)	18 (12%)	120 (80%)

disagreed.

Based on the amount paid for treatment, 100% strongly agreed that it should be subsidized.80% of the enrolee agreed that NHIS staffs are very consistent to their duty while 20%disagree. The findings further portrayed that 80% of NHIS enrolee strongly agreed that time is wasted on their visit to health facility while 20% disagree.

To support this, 84% strongly disagree that NHIS is not based on first come, first serve approach, 16% agree. 70(46.67%) strongly disagree that all drugs were readilyavailable,33.33% disagree to the notion while 25(16.67%) agreed and 5(3.33%) strongly agree. Finally,92% of the respondents strongly disagree that NHIS based health facilities is easy to access while 8% 8% agree that NHIS facility does not waste time.

Discussion

The present study investigated healthcare utilisation and satisfaction with the National Health Insurance Authority (NHIA) scheme among civil officials in Mater Misericordiae Hospital, Afikpo, Ebonyi State.

Results showed that respondents had high healthcare utilisation. About 90% of the respondents have visited a healthcare facility in the last year while only 10% have not accessed any healthcare services in the past year. Furthermore, majority of the respondents sought medical care immediately after the onset of illness implying that enrolment in the NHIA plan enables patients to obtain health care services in a timely manner. The minimal out-of-pocket cost on healthcare also indicates the financial protection given by the system.

These results are similar to those reported in [10] where insured government servants reported significantly higher healthcare utilisation than uninsured civil servants. Similarly, health insurance was found to lower financial obstacles to healthcare thereby promoting timely access to health services [11]. The present findings support the basic purpose of the NHIA in improving access to quality healthcare and shielding beneficiaries from catastrophic health spending.

On their satisfaction with NHIA services, the study indicated that the respondents had positive judgements about the quality of care received. Most of the respondents were satisfied with the attitude of health care providers, availability of prescribed medications and the relatively inexpensive cost of health care services [12]. These data imply that NHIA has had a major role in the improvement of the experience of clients in licensed health care facilities.

The findings also corroborate with [13] who showed high levels of beneficiary satisfaction with attitude of health professionals, availability of health resources and affordability of services among NHIS members. Similarly, moderate to high satisfaction was recorded among participants of the National Health Insurance Scheme in Nigeria which suggests that health insurance contributes positively to the clients' opinion of the quality of health care [14]. However, the results differ with [15] who observed no statistically significant difference in satisfaction between insured and uninsured patients in Ghana. This variation could be due to the differences in the health care financing models, service delivery systems, health insurance benefit packages and organisational structures between Ghana and Nigeria.

Although the level of service reported was generally excellent, survey respondents indicated some areas for improvement. A large number of participants suggested the NHIA should improve on waiting time before consultation, staff responsiveness and interpersonal attitude and the consistent supply of vital drugs. These results indicate that despite progress in financial access to health care, the beneficiaries' overall experience is still affected by operational obstacles in service delivery.

The above findings are consistent with [16] who found that long waiting time, poor availability of the medicines, administrative processes and poor accessibility are the key impediments influencing the satisfaction and utilisation of health insurance services by the beneficiaries. Similar problems have also been found in various Nigerian studies evaluating the operation of the NHIA, suggesting that changes in service delivery are necessary to retain enrollee

confidence and encourage continuous participation in the scheme [17].

The study reveals that NHIA scheme enrolment has increased healthcare utilisation and resulted in a satisfactory level of beneficiary satisfaction among civil personnel attending Mater Misericordiae Hospital. However, there is a need to improve the quality of service, especially in terms of reducing waiting time, improving provider–patient communication and ensuring uninterrupted availability of essential medicines, to maximise the benefits of the scheme and support Nigeria's progress towards Universal Health Coverage [18].

The results of this study have significant consequences for nursing practice. Nurses comprise the largest group of health care providers and have a crucial role in shaping patients' experiences of health insurance programmes. Improving communication skills and professional attitudes, showing empathy, and minimising needless delays in patient service delivery will considerably boost beneficiaries' satisfaction with the NHIA services. Also, nurses can advocate for effective patient flow, availability of necessary medicines and continual quality improvement programmes within health care facilities [19, 20].

The findings have substantial implications for health policy as well. Policymakers and the National Health Insurance Authority must increase monitoring and quality assurance processes in authorised healthcare institutions to ensure compliance with set service standards. The efforts should aim at lowering waiting time, enhancing the supply chain for vital drugs, expanding the benefit package when appropriate and strengthening the capacity of the health care work force. Such initiatives would increase the satisfaction of the beneficiaries, stimulate continuous enrolment and speed up progress towards obtaining Universal Health Coverage in Nigeria.

Conclusion

High level of health care utilisation and overall good level of satisfaction with services given under National Health Insurance Authority (NHIA) among civil officials attending Mater Misericordiae Hospital, Afikpo, Ebonyi State were observed in this study. The results show that the NHIA has had a major role in enhancing the access and reducing the cost of access to health care services.

However, the study also pointed out critical gaps in services that need to be addressed, including the high waiting time, the irregular supply of key medicines, and issues of staff attitude and service delivery. Resolving these issues through continuous quality improvement, improved healthcare workforce training and improved health system support will improve beneficiary satisfaction, increase confidence in the NHIA programme and contribute to the achievement of Universal Health Coverage in Nigeria.

References

1. Adewole DA, Osungbade KO. Nigeria National Health Insurance Scheme: A highly subsidized health care programme for a privileged few. Int J Tropical Dis Health. 2016; 19(3): 1-11.
2. World Health Organization. World Health Statistics 2023: Monitoring Health for the SDGs. 2023.
3. World Health Organization. Annual Report 2024.
4. National Health Insurance Authority. Operational Guidelines for the National Health Insurance Authority. 2023.
5. National Health Insurance Authority. Annual Report 2024.
6. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. 11th ed. Wolters Kluwer. 2021.
7. Sanogo NA, Fantaye AW, Yaya S. Universal health coverage and facilitation of equitable access to care in Africa. Front Public Health. 2019; 7: 102.
8. Ujah IAO, Awa MJ, Meshak DJ, Garba RM, Ajibola S, Onyekwelu J, et al. 'Assessment of patients' satisfaction with healthcare services provided under the Nigeria National Health Insurance Authority. Niger Med J. 2024; 65(5): 621-631.
9. Agba AMO, Ushie EM, Osuchukwu NC. 'National Health Insurance Scheme (NHIS) and employees' access to healthcare services in Cross River State, Nigeria. Glob J Human Soc Sci. 2010; 10(7): 9-16.
10. Ogungbemi AO, Afolabi BA, Adeleke AA, Olayemi O, Olagunju FA, Ogungbemi OA, et al. 'Evaluation of patients' satisfaction with healthcare services provided at the National Health Insurance Authority clinic of a tertiary hospital in South-West Nigeria. West Afr J Med. 2024; 41(9): 950-958.
11. Federal Government of Nigeria. National Health Insurance Authority Act, 2022.
12. Parasuraman A, Zeithaml VA, Berry LL. SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. J Retail. 1988; 64(1): 12-40.
13. Uzochukwu BSC, Ughasoro MD, Etiaba E, Okwuosa C, Envuladu E, Onwujekwe OE. Health care financing in Nigeria: Implications for achieving universal health coverage. Niger J Clin Pract. 2015; 18(4): 437-444.
14. Hall JA, Dorman MC. Patient socio-demographic characteristics as predictors of satisfaction with medical care: A meta-analysis. Soc Sci Med. 1990; 30(7): 811-818.
15. Ogundeji YK, Akomolafe B, Ohiri K, Butawa NN. Factors influencing willingness and ability to pay for social health insurance in Nigeria. PLoS One. 2019; 14(8): e0220558.
16. Iloh GUP, Ofoedu JN, Njoku PU, Odu FU, Ifedigbo CV, Iwuamanam KD. 'Evaluation of patients' satisfaction with quality of care provided at the National Health Insurance Scheme clinic of a tertiary hospital in South-Eastern Nigeria. Niger J Clin Pract. 2012; 15(4): 469-474.
17. Mohammed S, Bermejo JL, Souares A, Sauerborn R, Dong H. Assessing responsiveness of health care services within a health insurance scheme in Nigeria: Users' perspectives. BMC Health Ser Res. 2013; 13: 502.
18. Onoka CA, Hanson K, Mills A. Growth of health maintenance organisations in Nigeria and the potential for health system strengthening. Soc Sci Med. 2016; 153: 11-20.
19. Dalinjong PA, Laar AS. The National Health Insurance Scheme: Perceptions and experiences of health care providers and clients in two districts of Ghana. Health Econ Rev. 2012; 2(13): 1-13.
20. Iliyasu Z, Abubakar IS, Kabir M, Aliyu MH, Galadanci HS. 'Patients' satisfaction with services obtained from Aminu Kano Teaching Hospital, Kano, Northern Nigeria. Niger J Clin Pract. 2010; 13(4): 371-378.