WebLog Journal of Family Medicine

Research Article
Published: 28 Aug, 2026

Utilization of the National Health Insurance Authority Scheme Among Civil Servants at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria

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Abstract

The financial hurdles are still very much there and represent a big hurdle to access to health care in Nigeria. The National Health Insurance Authority (NHIA), originally the National Health Insurance Scheme (NHIS), was created to offer financial risk protection to enhance access to quality healthcare. While there has been an increase in enrolment of the formal sector personnel, little is known about the use and satisfaction with NHIA services by civil servants in the mission operated health facilities. The study investigated the use of the National Health Insurance Authority Scheme by public servants who are health care users at Mater Misericordiae Hospital, Afikpo, Ebonyi State. A descriptive cross-sectional study approach was used. The sample size of 150 respondents was picked using convenience sampling and set by the Taro Yamane formula. Data were acquired by a semi-structured questionnaire prepared by the researcher. Descriptive statistics such as frequencies and percentages were employed to analyse the data. The results suggest that 135 (90.0%) of the respondents attended healthcare within one to four days of the onset of illness, indicating a high level of healthcare utilisation. Regarding out-of-pocket expenditure, 72 (48.0%) of the respondents paid between ₦1,001 and ₦2,000 on drugs during their last healthcare visit. Generally, the respondents were satisfied with the health care services they received from the NHIA and 70 (46.7%) responded that they had satisfactory experiences. However, 102 (68.0%) of the respondents were of the opinion that the plan needs improvement especially in waiting time (53.3%), staff attitude (46.7%) and supply of vital drugs (28.0%). The study showed that health care utilisation was high and the experiences of the insured civil officials were generally favourable. However, there is a need for improving service delivery including reduction of waiting time, better staff-patient interactions and constant supply of key medicines to maximise the benefits of the initiative.

Keywords: National Health Insurance Authority; Health Insurance; Healthcare Use; Patient Satisfaction; Public Servants; Nigeria

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

Citation:
Egondu OH, Francis EI. Utilization of the National Health Insurance Authority Scheme Among Civil Servants at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria. WebLog J Fam Med. wjfm.2026.h2803. https://doi.org/10.5281/zenodo.22162624

Introduction

Universal Health Coverage (UHC) is about making sure everyone can get the health care they need, at a quality they can afford, without facing financial ruin. Health insurance remains one of the best ways to reach this aim, by lowering out-of-pocket expenditure, promoting fair access to health care and providing financial protection against catastrophic health spending [1]. However, poor health insurance coverage still limits access to health care, especially in low- and middle-income countries [2].

Yet billions of people worldwide still do not have access to vital health services, and many households suffer financial hardship because of health care costs. Some two billion people are unable to obtain affordable healthcare and some 2 million people are forced into poverty each year because of out-of-pocket payments [3]. Strengthening national health insurance systems has therefore become a global public health priority and an important measure to achieve the Sustainable Development Goal. In 2005, Nigeria created the National Health Insurance Scheme (NHIS) to enhance the funding of health care and to expand access to excellent health services. In 2022, the system was reformed into the National Health Insurance Authority (NHIA) with the passage of the National Health Insurance Authority Act, with a wider purpose to achieve mandatory health insurance coverage for all Nigerians. The NHIA aspires to eliminate financial barriers to health care by means of risk pooling, equitable funding and strategic purchase of health services [4].

Under the formal sector plan, healthcare financing is through contributory health insurance with companies and employees jointly paying premiums which offer healthcare coverage for employees, their spouses and eligible dependants. Government backed programmes and state health insurance plans are also increasingly incorporating vulnerable groups like pregnant women, children, the elderly and poor populations [5].

Despite these measures, the coverage of health insurance in Nigeria remains very low by worldwide standards. Enrolment has improved among public sector employees but many Nigerians, particularly in the informal sector, remain uninsured and still depend on direct out-of-pocket payments. This scenario is responsible for a considerable proportion of delay in seeking health care, poor adherence to treatment and bad health outcomes [6].

Healthcare utilisation is a common measure of health system performance as it represents the extent to which individuals utilise the healthcare services available to them. Appropriate use of health care services results in early diagnosis, prompt treatment, illness prevention, and better health outcomes. Conversely, budgetary limitations, lengthy waiting periods, poor service quality, negative staff attitudes, absence of needed drugs, and little awareness of available services might contribute to underutilization [7].

Previous research have showed that health insurance generally enhances healthcare utilisation by removing financial obstacles and increasing timely health-seeking behaviour. Patient satisfaction, however, remains a significant factor of continuing utilisation. Satisfaction is determined by many aspects such as quality of health care services, waiting time, availability of prescribed medication, competence of provider, communication and interpersonal contact between health care workers and patients [8].

While studies have investigated the performance of the NHIS/NHIA in tertiary and public hospitals in Nigeria, there is limited empirical evidence on the use and effectiveness of the NHIS/NHIA for civil officials seeking care in mission-owned health facilities. The Mater Misericordiae Hospital, Afikpo is a leading faith-based health institution and it caters for insured civil servants and other citizens of Ebonyi State. Understanding the pattern of utilisation and the level of satisfaction of its insured clients is important to identify the strengths and correct the gaps in service delivery [9].

In addition, while the NHIA has made progress in facilitating access to healthcare, challenges persist around waiting times, access to vital drugs, administrative efficiency and quality of patient-provider interactions.

These problems may impact on the perception and use of the scheme by the beneficiaries [10].

It is in this background that the present study was undertaken to investigate the utilisation of National Health Insurance Authority Scheme by government personnel using health care services at Mater Misericordiae Hospital, Afikpo, Ebonyi State. The study focused on the pattern of healthcare utilisation, assessed the level of satisfaction of beneficiaries with the services received, analysed healthcare-related cost and highlighted areas for improvement. The findings will provide evidence to inform policy makers, healthcare management and the National Health Insurance Authority in their efforts to better service delivery and enhance the effectiveness of health insurance systems in Nigeria.

Materials and Methods

Study design

This study employed a descriptive cross-sectional survey design to assess the utilization of the National Health Insurance Scheme (NHIS) among civil servants working at Mater Misericordiae Hospital, Afikpo, Ebonyi State. The design was considered appropriate because it allows the collection of data at a single point in time, enabling the description of respondents' healthcare utilization patterns, level of satisfaction with NHIS services, and perceived areas requiring improvement. Similar study designs have been successfully used in previous studies investigating healthcare utilization among insured populations.

Study setting

The study was conducted at Mater Misericordiae Hospital, Afikpo, Ebonyi State, Nigeria. The hospital is a mission-owned tertiary healthcare facility located in the New Site area of Afikpo. It serves as a major referral centre for residents of Ebonyi South Senatorial District and neighbouring communities in Cross River State.

The hospital comprises two major divisions: the General Hospital and the Maternity Hospital. Clinical departments include the male and female medical wards, male and female surgical wards, paediatric ward, accident and emergency unit, operating theatre, radiology department, medical laboratory, maternity services, and the School of Nursing. The hospital provides comprehensive preventive, promotive, curative, and rehabilitative healthcare services, making it an appropriate setting for assessing NHIS utilization among civil servants.

Ethical considerations

Ethical approval for the study was obtained from the Ethical Committee of Mater Misericordiae Hospital, Afikpo. Administrative permission was also secured from the Personnel Department before data collection commenced.

Participation was entirely voluntary, and informed consent was obtained from each respondent before enrolment. Respondents were assured of anonymity and confidentiality, and no identifying information was collected. Participants were informed of their right to decline participation or withdraw from the study at any stage without any adverse consequences. All information obtained during the study was treated with strict confidentiality and used solely for research purposes.

Study population

The target population comprised all eligible civil servants employed at Mater Misericordiae Hospital, Afikpo. According to records obtained from the Personnel Department of the hospital, there were 150 staff members at the time of the study.

Sampling technique

A convenience sampling technique was employed to recruit eligible participants. Civil servants who were available during the period of data collection and who consented to participate were included in the study. Inclusion criteria were being a current employee of Mater Misericordiae Hospital and willingness to participate voluntarily.

Instrument for data collection

Data were collected using a researcher-developed structured questionnaire designed after an extensive review of relevant literature.

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

The questionnaire consisted of two sections:

• Section A contained items on respondents' socio-demographic characteristics, including age, sex, marital status, educational qualification, cadre, and years of service.

• Section B assessed healthcare utilization under the NHIS, respondents' level of satisfaction with services received, out-of-pocket expenditure on medications, and perceived areas requiring improvement within the scheme.

Most items were close-ended, while satisfaction with healthcare services was assessed 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 from the School of Nursing, Mater Misericordiae Hospital, Afikpo. They evaluated the instrument for clarity, relevance, appropriateness, content coverage, and logical sequence of questions. Their observations and recommendations were incorporated into the final version of the questionnaire before data collection.

Reliability of the instrument

The reliability of the questionnaire was established through a pilot study involving 30 staff members who possessed similar characteristics to the study population but were not included in the final study.

The split-half reliability method was employed, and the two sets of responses were analysed using the Pearson Product-Moment Correlation Coefficient. A reliability coefficient of r=0.76 was obtained, indicating acceptable internal consistency and confirming that the instrument was reliable for the study.

Data collection procedure

Ethical approval and administrative permission were obtained from the management of Mater Misericordiae Hospital before commencement of the study.

The researcher personally administered the questionnaires to eligible respondents during working hours after explaining the purpose of the study and obtaining informed consent. Respondents completed the questionnaires independently, and completed copies were retrieved immediately or at an agreed later time to maximize the response rate.

Data analysis

Completed questionnaires were checked for completeness and coded before analysis. Data were entered into the Statistical Package for the Social Sciences (SPSS) version 25.0.

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' socio-demographic characteristics, utilization of NHIS services, healthcare expenditure, satisfaction levels, and perceived areas requiring improvement. Results were presented using tables and charts where appropriate.

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.

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: 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%)

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 100-1000naira 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 1000naria,21(14%) spent between 2001-3000naria 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 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 enrollee 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%) disagreed.

Based on the amount paid for treatment, 100% strongly agreed that it should be subsidized.80% of the enrollee agreed that NHIS staffs are very consistent to their duty while 20%disagree. The findings further portrayed that 80% of NHIS enrollee 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 readily available, 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 study evaluated the utilisation of the National Health Insurance Scheme (NHIS) among civil officials at Mater Misericordiae Hospital, Afikpo, Ebonyi State in relation to healthcare utilisation, satisfaction with services and areas of improvement. The data generally show that the NHIS enrolees have high health care utilisation, moderate satisfaction with selected areas of service delivery and considerable concerns about waiting time, accessibility and availability of important medicines [11].

Most of the respondents were aged between 27 and 32 years (40.0%), were female (62.0%), were married (63.3%) and had at least secondary education. This is expected since civil service work in Nigeria is predominantly concentrated among the youth and middle-aged adults, and thus, a large proportion of responders in the economically productive age group is expected. The increased number of female respondents may reflect the nature of the workforce in mission hospitals where women predominate in the nursing and other allied health professions [12].

The relatively high level of education among respondents is also consistent with the education requirements for work in the formal sector and may have helped to their awareness and use of NHIS services. The study revealed that NHIS registrants were heavy users of health care services as 90% of respondents or their household members had visited a health facility in the previous year. This data indicates that the NHIS has significantly enhanced the access of civil officials to healthcare services by eliminating the financial barrier to care. The conclusion supports the finding of [13] which stated that insured people are more likely to use the healthcare services as compared to the uninsured population because health insurance reduces the out-of-pocket spending and encourages early healthcare seeking behaviour.

While a substantial number of the respondents received treatment services, routine preventive health care use was relatively low, with nearly three-quarters reporting no routine medical check-up in the last year. This study reveals that the major reason for using NHIS is disease and not preventive health care activities. Similar observations have been recorded in Nigeria and other low- and middle-income countries where preventive health interventions are nevertheless underutilised despite insurance coverage [14]. This underlines the significance of stepped-up health promotion campaigns stressing the need for regular medical check-ups for early diagnosis and prevention of diseases.

It was also revealed that most of the respondents still paid between ₦1,001 and ₦2,000 for drugs and diagnostic services even when they were enrolled in the NHIS. Additionally, 80% of respondents paid co-payments and 20% paid out of pocket without reimbursement. While these expenses are nowhere near the full cost of healthcare, they show that financial protection under NHIS is not complete by a long shot. Similar findings were reported by [15] who noticed that beneficiaries of Nigeria's health insurance system still spend large amounts out-of-pocket as many important medicines and investigations are either unavailable or excluded from the benefit package.

Indeed, the respondents were moderately satisfied with health care services under the NHIS. Staff attitude was rated positively, with about two-thirds of respondents saying they were satisfied. This data implies that, generally, healthcare providers have professional ties with insured customers and this may positively influence healthcare utilisation and continuity of care [16]. Previous Nigerian research assessing NHIS functioning have revealed comparable patient satisfaction rates with the interpersonal interactions of healthcare personnel.

In contrast, the waiting time was one of the main sources of unhappiness. Nearly three-quarters of respondents were unhappy with the time they had to wait before they could receive health care services. Long waiting time is one of the most identified concerns affecting patient satisfaction in Nigerian healthcare institutions. Inadequate personnel, ineffective appointment scheduling, poor patient flow management, and rising patient numbers can lead to long waiting periods. This finding is consistent with the findings of [17] that showed that high waiting times were a major factor of discontent among the NHIS beneficiaries.

The respondents were usually quite positive about the amount paid for health care services, with more than two-thirds reporting strong satisfaction with the amount. The finding corroborates the argument that the NHIS has been effective in reducing the direct cost burden of healthcare on the registered public officials. This has been documented similarly in various studies in Nigeria where insured patients consistently reported lower healthcare spending than uninsured people [18]. Lowering financial barriers promotes

early healthcare seeking and improves continuity of care, therefore promoting the overarching goal of Universal Health Coverage (UHC).

Nevertheless, there was also unhappiness with the way people could obtain healthcare services. Administrative procedures were seen as onerous and inefficient by large numbers of respondents. Administrative obstacles may slow down timely use of healthcare despite insurance coverage and affect overall confidence in the scheme.

The major outcome of this study is that most of the respondents agreed that the NHIS needs to be improved substantially. Over two-thirds strongly agreed that the system needed strengthening while almost all respondents requested increased subsidy of treatment expenses. These data suggest that NHIS has enhanced healthcare access but there are still considerable gaps in service delivery to beneficiaries.

One of the most serious operating issues was waiting time. About 80% of those polled agreed that too much time passes before they receive healthcare treatments. This finding is in line with the discontent indicated over a waiting time and further highlights the need for institutional reforms to improve clinic efficiency, patient scheduling systems and staffing levels.

Another important worry identified was the availability of vital drugs. The majority of the respondents disagreed that all the prescription medications were available under NHIS. The constant stock-outs of important drugs are a key constraint of the health insurance plan in Nigeria, and often force patients to buy medicines outside the certified facilities, thus raising the out-of-pocket cost [19]. Another major worry raised was the accessibility of NHIS recognised health institutions where majority of the respondents indicated that healthcare facilities were not easily accessible. This image may be exacerbated by limited geographical spread of approved facilities, issues with travel, and inadequate infrastructure, particularly in semi-urban and rural locations. Better geographical access to recognised healthcare facilities could improve utilisation and equity in healthcare delivery.

It is interesting to note that respondents indicated that the performance of NHIS workers was generally consistent suggesting that the issues reported are more likely to be structural and organisational rather than staff-related.

Conclusion

The study adds to current evidence that NHIS has contributed positively to the utilisation of health care services by formal sector employees, however, continual policy reforms and quality improvement activities are necessary to maximise its efficacy and sustainability.

References

1. Ogaboh AM, 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.
2. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. 11th edn. Wolters Kluwer. 2021.
3. World Bank. World Development Indicators: Health expenditure. 2019.
4. Spaan E, Mathijssen J, Tromp N, McBain F, ten Have A, Baltussen R. The impact of health insurance in Africa and Asia: A systematic review. Bul World Health Organ. 2012; 90(9): 685-692.
5. Agency for Healthcare Research and Quality. Questions and answers about health insurance: A consumer guide. 2018.
6. Dalinjong PA, Laar AS. The National Health Insurance Scheme: Perceptions and experiences of healthcare providers and clients in two districts of Ghana. Health Econ Rev. 2012; 2: 13.
7. Akande TM, Salaudeen AG. The effects of National Health Insurance Scheme on utilization of health services at the University of Ilorin Teaching Hospital Staff Clinic, Ilorin, Nigeria. Health Sci J. 2011; 5(2): 98-106.
8. Ujunwa FA, Onwujekwe OE, Chinawa JM. Health service utilization and costs of the insured and uninsured under the Formal Sector Social Health Insurance Programme in Enugu Metropolis, Southeast Nigeria. Niger J Clin Pract. 2014; 17(3): 331-335.
9. World Health Organization. Universal Health Coverage. 2020.
10. Ansah EK, Narh-Bana S, Asiamah S, Dzordzordzi V, Biantey K, Dickson K, et al. Effect of removing direct payment for health care on utilisation and health outcomes in Ghanaian children: A randomised controlled trial. PLoS Med. 2009; 6(1): e1000007.
11. Health Quality Council of Alberta. Satisfaction and Experience with Healthcare Services: A Survey of Albertans 2014.
12. Ajzen I, Albarracín D, Hornik R. Prediction and Change of Health Behavior: Applying the Reasoned Action Approach. Routledge. 2018.
13. Bleich SN, Özaltin E, Murray CJL. How does satisfaction with the health-care system relate to patient experience? Bull World Health Organ. 2009; 87(4): 271-278.
14. Metiboba S. Nigeria's National Health Insurance Scheme: The need for beneficiary participation. Res J Int Stud. 2011; 22: 51-56.
15. Nguyen H, Rajkotia Y, Wang H. The financial protection effect of Ghana National Health Insurance Scheme: Evidence from two rural districts. Int J Equity Health. 2011; 10: 4.
16. Mohammed S, Sambo MN, Dong H. Understanding client satisfaction with the National Health Insurance Scheme in Nigeria: Factors and enrollees' experiences in Ahmadu Bello University Teaching Hospital, Zaria. Health Res Policy Syst. 2011; 9: 20.
17. Naidu A. Factors affecting patient satisfaction and healthcare quality. Int J Health Care Qual Assur. 2009; 22(4): 366-381.
18. Cassedy A, Fairbrother G, Newacheck PW. The impact of insurance instability on children's access, utilization and satisfaction with health care. Ambul Pediatr. 2008; 8(5): 321-328.
19. Iliyasu Z, Abubakar IS, Abubakar S, Lawan UM, Gajida AU. 'Patients' satisfaction with services obtained from Aminu Kano Teaching Hospital, Kano, Nigeria. Niger J Clin Pract. 2010; 13(4): 371-378.