



UTILIZATION OF NATIONAL HEALTH INSURANCE SCHEME AMONG HEALTHCARE PROFESSIONALS IN FEDERAL MEDICAL CENTRE ASABA DELTA STATE

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ABSTRACT: *The difficulties encountered in out of pocket financing of healthcare have compelled the introduction of prepaid health insurance in many countries, including Nigeria. This is borne out of a universal and equitable healthcare cover as a fundamental human right. This study assessed the utilization of the National Health Insurance Scheme among healthcare professionals in Federal Medical Centre Asaba. Descriptive cross sectional survey design was used. Three research questions and two hypotheses guided the study. A sample size of 271 respondents who met the inclusion criteria participated in the study. A structured questionnaire was used for data collection. A pilot study was carried out with a reliability index of 0.86 after face and content validation. Frequencies, percentages and chi-square were used for descriptive and inferential statistics for data analysis. Findings revealed that the majority of the respondents (92.3%) registered with NHIS. A greater proportion of the healthcare professionals have utilized the scheme. Higher level of education was found to be significantly associated with utilization of NHIS. Conversely, no association was found between healthcare professionals' gender and their utilization of NHIS. Findings revealed a high rate of utilization of the NHIS among respondents that were enrolled and a reduction in out of pocket payment for healthcare under the NHIS. Based on the above, healthcare providers should be subjected to seminars and workshops to enlighten them on the importance of enrolling with the scheme. Intensified campaigns should emphasize on the objective, and benefits of the scheme, using the mass media as a way of reaching a vast majority of the workforce.*

KEYWORDS: Utilization, National Health Insurance Scheme, Healthcare professional.



INTRODUCTION

Health care financing refers to the function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the healthcare system. The purpose of health care financing is to make funding available, as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care (World Health Organization, 2018). Globally, health care financing has become increasingly recognized as an area of major policy relevance to achieving Universal Health Coverage (UHC). The Universal Health Coverage (UHC), according to Oladimeji, Alabi and Adeniyi (2017), has emerged as a key reform for the health sector in order to provide access to quality and affordable health services for all. They further stated that the three dimensions of Universal Health Coverage include financial protection (what do people have to pay out of pocket), services (which services are covered) and population (who is covered). The World Health Organization (2017) therefore recommended the Universal Health Coverage (UHC) as a strategy aimed at bridging the gap of inequality of access to health care. This strategy would hopefully narrow the gaps in access to health care between the rich and the poor in both developed and resource poor countries.

In Nigeria, the rising cost of medical care, coupled with poor funding of the health care sector by government, in addition to severe downturn in the Nigerian economy in the 1980s and 1990s resulted in the abysmal patronage of the orthodox medical and other health care or health institutions (Afoloyan-Oloye, 2018). Most of these health institutions are either downsized or closed down completely and their health practitioners brain-drained for greener pastures. Majority of the people according to Afoloyan-Oloye (2018) resulted in patronizing alternative health care practitioners, such as the herbalists and the spiritualists. Mortality from common diseases became the order of the day and this resulted in the government implementing various health intervention designs which included the Bamako initiative, user-fee and Drug Revolving Fund (Agu, 2010). Following this trend, the National Health Insurance Scheme (NHIS) was approved by the Federal Government in 1989, after several committees and commissions, as a viable means of health care financing for the achievement of easy access to quality health care for the Nigerian people (Adeoye, 2015). However, since its inception, it is only the Formal Sector Social Health Insurance Programme of the NHIS that has comprehensively taken off (Agu, 2010).

The introduction of the National Health Insurance Scheme (NHIS) in Nigeria as a health care financing mechanism should be welcomed with enthusiasm and a sense of relief by all stakeholders in the healthcare industry, especially among the health care workers. Dogo (2008) opined that the National Health Insurance Scheme, which is a health care risk spreading mechanism, is probably what is required to solve the problem of inequality in the provision of health care services in Nigeria. Thus the scheme was proposed to help spread the risks and minimize the costs of healthcare. Regrettably the emergence of NHIS seems not to gain the much expected acceptance, support and cooperation from the health workers. There has been a lag in the expansion of NHIS to achieve considerable coverage since it became operational. The act that set up the NHIS makes it optional, and this has been pointed out to be one of the reasons many Nigerians are not benefiting from it.

Anecdotal records and personal experience as a health care worker with the NHIS have shown that many health care providers fail to access the NHIS services. Moreso, there seems



to be a dearth of literature on why many health care professionals who are expected to be aware of the services and the benefits do not access the service. This study is comely because it may help to assess the uptake of the scheme after some years of its inception. The utilization of the scheme among healthcare professionals may help in grading the success of the National Health Insurance Scheme in the State. The findings may also serve as a guide for future planning, monitoring and evaluation of the programme by the federal government. Future researchers may find data generated from the study very useful, as they could build on the findings in furthering research in this area of knowledge. This study may contribute to the literary world by adding to the existing literature in the field of health insurance. This may also serve as a baseline for further recommendations to stakeholders in the scheme and ultimately help in organizing and managing the scheme for better acceptability to the workforce.

Research Questions

1. How many healthcare professionals in Federal Medical Centre Asaba, Delta State are registered with NHIS?
2. Do healthcare professionals utilize the services under NHIS?
3. What are the challenges experienced by health care professionals in the use of the National Health Insurance Scheme?

Research Hypotheses

1. There is no significant difference in the utilization of services of the National Health Insurance Scheme among different health care professionals in Federal Medical Centre Asaba, Delta State based on gender.
2. There is no significant difference in the utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State based on their years of experience.

MATERIALS AND METHODS

The descriptive cross sectional survey design was employed in the study. This study was carried out in Federal Medical Centre (FMC) Asaba, Delta State South-South Nigeria among health care professionals. The sample size of 271 was determined using the sample size for cross sectional studies. The proportion of each profession was obtained. The convenience sampling technique was adopted but deliberate care was taken to include each profession and from all the departments and units of the hospital. The face and content validity of the researcher designed questionnaire was established by experts in Nursing Administration and Medical-Surgical Nursing. Split-half reliability method was used to determine the reliability of the instrument which yielded a coefficient reliability test result of 0.86. Informed consent was obtained from the respondents and confidentiality was maintained. Institutional Ethical Clearance was sought for and obtained from the research and ethical committee of the Federal Medical Centre Asaba, Delta State. With the help of four research assistants, information concerning the respondents' utilization of the National Health Insurance scheme



and the challenges encountered in the utilization of NHIS were collected. The respondents were approached in their duty posts and the consenting ones were administered the questionnaire and their responses were recorded accordingly. The data collection lasted for a period of twelve weeks at the end of which a total of 271 healthcare professionals were interviewed. Data from the survey were statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 20). The data were expressed using simple counts, mean, proportions and standard deviation while the Chi-square test was employed to highlight the associations between the variables at $P < 0.05$ level of significance.

RESULTS

Table 1: Demographic characteristics of the respondents

Variables	Frequency	Percentage (%)
Gender		
Male	73	26.9
Female	198	73.1
Age Category		
20 – 29 years	30	11.1
30 – 39 years	160	59.0
40 – 49 years	56	20.6
50 years and above	25	9.2
Marital Status		
Married	200	73.8
Single	63	23.2
Divorced	5	1.8
Separated	3	1.1
Highest Level of Education		
Diploma	52	19.2
Degree	110	40.6
Masters	59	21.7
PhD	50	18.5
Years of Experience		
0 – 3 years	30	11.1
4 – 6 years	54	19.6
7 – 9 years	115	42.4
10 years and above	72	26.6
Professional Status		
Doctors	31	11.4
Nurses	142	52.4
Medical laboratory scientists	50	18.5
Physiotherapists	21	7.7
Radiographers	15	5.5
Pharmacists	12	4.4
TOTAL	271	100



Table 1 shows that in terms of gender, males comprised 73 (26.9%) and females comprised 198 (73.1%). Most of the respondents aged between 30-39 years were 160 (59.0%), followed by 56 (20.6%) who were aged 40-49 years. Regarding the level of education, 110 (40.6%) had a first degree, 59 (21.7%) are Master's degree holders, 52(19.2%) had a diploma, and 50 (18.5%) had PhD. Regarding marital status, 200 (73.8%) representing the majority of the respondents are married, 63 (23.2%) are single, 5(1.8%) divorced and 3(1.1%) were separated. Sample was almost evenly constituted in terms of years of working experience: 30(11.1%) have worked for 0-3years, 54 (19.9%) have worked for 4-6 years, 115 (42.4%) have worked for 7-9 years and 72 (26.6%) have worked for 10 years and above. Concerning their profession, 142 (52.4%) were nurses, 50(18.5%) were medical laboratory scientists, 31(11.4%) were doctors, 21(7.7%) were physiotherapists, 15(5.5%) were radiographers while 12(4.4%) were pharmacists.

Research Question 1

How many health care professionals in Federal Medical Centre Asaba, Delta State are registered with NHIS?

Table 2: Health care professionals in Federal Medical Centre Asaba, Delta State registered with NHIS

Item	Responses	Frequency	Percentage
Registered with NHIS	n=271		
	Yes	250	92.3
	No	21	7.7
When registered	n=250		
	0 – 2 years	41	16.4
	3 – 5 years	45	18
	6 – 8 years	79	31.6
	9years and above	85	34
Registered with cards	n=250		
	Yes	240	96
	No	10	4
Length of time before obtaining cards	N=250		
	30 days	20	8
	60 days	27	10.8
	3months	44	17.6
	6months	50	20
	1year	66	26.4
	Above 1year	43	17.2

Table 2 showed that the majority of the respondents are registered with NHIS 250 (92.3%) while 21(7.7%) did not register. The distributions between the years of their registration are 9 years and above 85(34%), 6-8 years 79(31.6%), 3-5 years 45(18%) and 0-2 years 41 (16.4%). Almost all the respondents have obtained ID cards 240 (96%). Concerning the timing before



obtaining the ID, the majority of the respondents representing 66(26.6%) waited for one year before obtaining their ID cards.

Research Question 2

Do health care professionals in Federal Medical Centre Asaba, Delta State utilize the National Health Insurance Scheme?

Table 3: Utilization of National Health Insurance Scheme among health care professionals in FMC Asaba, Delta State

Variables	Frequency	Percentages
Have you been using NHIS N=250		
Yes	240	96
No	10	4
How many times have you visited the hospital in the past 1 year N=240		
Once	21	8.7
Twice	44	18.3
Thrice	103	42.9
More than thrice	62	25.8
Not visited in the past 1 year	10	4.1
Payment for hospital consultation bills N=240		
Covered by NHIS	172	71.6
Used personal savings	38	15.8
Others	20	8.3
No response	10	4.1
Services used under the scheme (multiple responses)		
Laboratory services	137	57
Radiological services	65	27
Dental services	48	20
Ophthalmology services	46	19.1
Medical services	119	49.5
Surgical services	102	42.5
Maternal and child health services	88	36.6
Others	31	12.9
Ever changed primary care provider N=240		
Yes	93	38.7
No	147	61.3
Reason for changing primary care provider N=93		
Unsatisfied service	26	27.9
Changed place of residence	37	39.7
Distance from place of residence	22	23.6
Others	7	7.5



Table 3 shows that 240 (96%) of the respondents utilized the services of the National Health Insurance Scheme while 10 (11.4%) do not utilize the services under the scheme. Out of those who utilized the services, 103(42.9%) have visited the hospital three times in the past one year, 62 (25.8%) have visited the hospital more than thrice, 44(18.3%) have visited the hospital twice, 21 (8.7) have visited the hospital once while 10 (4.1%) have not visited the hospital for the past one year. The result in Table 4.4 also shows that 172 (71.6%) of the respondents who utilized the services of the NHIS scheme reported that the cost of their services was covered by the scheme, 38(15.5%) reported that their expenses were covered personally by themselves, other payment options was represented by 20(8.3%) respondents while 10 (4.1%) showed no response. The respondents that utilized laboratory services under NHIS were 137(57%), 119(49.5%) utilized medical services, 102(42.5%) utilized surgical services, others were maternal and child health services 88(36.6%), radiological services 65 (27%), dental services 48 (20%), ophthalmology services 46(19.1%) and other services not mentioned were utilized by 31(12.9%). The results also show that 93(38.7%) have ever changed their primary care provider and the reason for this is mostly because of change of place of residence 37(39.7%), unsatisfied services 26(27.9%) and distance from place of residence (23.6%).

Research Question 3

What are the challenges experienced by health care professionals in Federal Medical Centre Asaba, Delta State in the use of the National Health Insurance Scheme?

Table 4: Challenges encountered by health care professionals in the use of NHIS n=240

Challenges encountered (multiple responses)	Frequency	Percentage
Delay or non-issuance of card	215	89.5
Delay or denial of health services	109	45.4
Provision of low quality drugs/services	98	40.8
Out of stock syndrome of most drugs	235	97.9
Non accessibility of services	129	53.7
Increase in out of pocket expenses	108	45

Table 4 is concerned with the challenges experienced by health care professionals in Federal Medical Centre Asaba, Delta State in the use of the National Health Insurance Scheme. Majority of the respondents 235 (97.9) stated that out of stock syndrome for most drugs was their major challenge, 215 (89.5%) stated that delay or non-issuance of cards was their major challenge. Some of the respondents 129 (53.7%) identified non-accessibility of services as their major challenge, 109 (45.4%) stated that delay or denial of health services was their challenge and 108 (45%) stated that increase in out of pocket expenses was their challenge while 98 (40.8) were of the opinion that provision of low quality drugs/services were the challenges they experience in the utilization of services under NHIS.



Research Hypotheses

Hypothesis 1

There is no significant difference in the utilization of services of the National Health Insurance Scheme among different health care professionals in Federal Medical Centre Asaba, Delta State based on gender.

Table 5: Influence of gender on the utilization of the National Health Insurance Scheme among healthcare professionals in FMC Asaba, Delta State n=250

Variable	Utilization of NHIS		χ^2	Df	P-value
	Yes (%)	No (%)			
Gender					
Male	80 (32)	3 (1.2)	.056	1	0.789
Female	160 (64)	7 (2.8)			
Total	240 (96)	10 (4)			

Table 5 shows the p-value (0.789) was higher than 0.05, which showed that there was no significant relationship between gender and the utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State. The null hypothesis which states that there is no significant relationship between the utilization of services of the National Health Insurance Scheme among different health care professionals in Federal Medical Centre Asaba, Delta State based on their gender was accepted.

Hypothesis 2

There is no significant difference in the utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State based on their years of experience.

Table 6: Utilization of the National Health Insurance Scheme among healthcare professionals in FMC Asaba, Delta State based on their years of experience

n=250

Variable	Utilization of NHIS		χ^2	df	P-value
	Yes (%)	No (%)			
Years of Experience					
0 - 3 years	13 (5.2)	6 (2.4)	0.824	2	0.003
4 – 6 years	46 (18.4)	2 (0.8)			
7 -9 years	112 (44.8)	1 (0.4)			
10 years and above	70 (28)	1(0.4)			
Total	240 (96)	10 (4)			



Table 6 shows the p -value (0.003) was less than 0.05, which showed that there was a significant relationship between years of experience and utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State. The null hypothesis which states that there is no significant relationship between the utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State based on their years of experience was rejected.

DISCUSSION

Health care professionals in FMC Asaba, Delta State registered with NHIS

The researcher sought to know the level of registration with NHIS by the respondents and the result showed that the majority of the respondents (92.3%) were registered with NHIS. This finding is not different from that of Olayemi (2017), where most of the respondents were registered. The fact that a greater number of respondents were registered with NHIS could be attributed to the fact that the enrolment in the scheme is mandatory for all government employees at the federal level and contributions to the scheme are earnings-related (Adewale et al., 2016). However the findings were in contrast with the study of Okaro et al. (2010) who found out in their study among radiographers that only 45.9% ($n=17$) have registered for the scheme as against 54.1% ($n=20$) not registered.

This study also found that the majority (96%) of those that are enrolled in the scheme have obtained their membership ID cards which agrees with the study of Njoku (2012) where majority of those that are enrolled in the scheme with their dependents have obtained their membership ID cards. This agrees with WHO (2017), which stated that universal coverage implies that everybody should be able to access health services without being subjected to financial hardship in the process. However, the long waiting period to collect the membership ID card was the dissatisfaction expressed by the respondents (26.4%) which also do not agree with Aderounmu (2020), who stated in his work that the waiting period should be a maximum of 30 days.

Utilization of health care services under the National Health Insurance Scheme

Utilization of services was found to be affected by the patient's satisfaction with the quality of health care received, more than half of the patients were satisfied with the services received. This is in agreement with the study by Ekwulugo et al. (2018) carried out in a Federal Medical Centre in Northern Nigeria which revealed a high level of satisfaction with services accessed under NHIS; these findings may be due to improvement in the management of the NHIS and services rendered by the health care professionals to their colleagues. This is in contrast to the findings of Nwankwo-Aneke et al. (2021) where the majority of the respondents (77.4%) were dissatisfied with the services provided under the scheme.

The findings of this study showed that about a quarter of the respondents have attended the health care services under the NHIS thrice or more for the past one year and a majority reported that their bills were taken care of by NHIS hence out-of-pocket payment was reduced. This is similar to reports from other studies (Abiola et al., 2019; Ekwulugo et al., 2018). However, this is in contrast to the finding of Ilochonwu and Adedigba (2017) who



reported that utilization of HNIS by health workers was not very encouraging. NHIS is a social insurance scheme and is expected to help reduce out of pocket spending. This also serves to prevent abuse of the scheme. A study in South-Eastern Nigeria found that insured civil servants have comparable average health care and total health care costs per visit compared with the non-insured civil servants, non-insured federal civil servants were found to spend catastrophically for health services as much as their insured counterparts, though health insurance is supposed to reduce catastrophic health expenditure for households. This is contrary to the aim of the scheme, which seeks to provide affordable health care to the citizens.

In this study, more than half of the respondents said that the health personnels were friendly, the attitude of healthcare professionals to the patients was found to be significant and affects utilization. This finding is similar to the studies carried out in the Northern part of Nigeria on the attitude of Nigerian civil servants towards the utilization of health care services under the National Health Insurance Scheme which showed under-utilization of services (Yusuf, et al., 2018).

Challenges that beneficiaries experience in the use of the scheme

The challenges encountered by beneficiaries of the scheme according to this study have not changed from the one from Murphy (2020), the delay in issuance of cards and the out-of-stock syndrome were identified as the greatest challenge the beneficiaries face. This results from the Health Management Organizations (HMOs) not being on their toes to carry out their duties to the latter. This is in agreement with Eyong, Isokon and Agada (2017), who opined that informal payment were rare before the introduction of NHIS, but recently has increased. Also, Govender and Mahomed (2020) opined that out of pocket expenditures and poor service delivery are the major challenges to implementation of NHIS. Other important challenges identified in this study are long waiting times before the beneficiaries could be attended to by their primary providers; this was also identified as dissatisfaction in the study of Godspower et al. (2020). These challenges can be attributed to mismanagement of the scheme as supported by Morphy (2020), who affirmed that there is anecdotal evidence of various types of fraud, which involve mis-billing due to lack of understanding of a new tariff, new provider-based payment system and so on. Furthermore, the WHO (2018) stated that an increase in accredited primary providers widens access, which is positive, but also has an impact on cash flow of the programme. All these challenges have defeated the aim of universal coverage, which according to WHO (2017), implies that everybody should be able to access quality health services without being subjected to financial hardship in the process. Furthermore, Sanusi and Awe (2009) opined that there is a lack of healthcare coverage and little equity. In the light of the foregoing, these challenges can be reduced by thorough and regular supervision of the HMOs and the primary providers to ensure that they are carrying out their duties to the latter. This is in the light of Murphy (2020), who opined that as NHIS is pushing up consumption of healthcare, it is obviously critical that measures are put in place to ensure that the healthcare provided is appropriate and effective.

The influence of gender on the utilization of the National Health Insurance Scheme among health care professionals in FMC Asaba, Delta State

The finding of this study revealed that females utilized healthcare services more than males. These findings can be attributed to the differences in the health needs between males and



females. This is in agreement with the studies of Nwankwo-Aneke et al. (2021) and; Ilochonwu and Adedigba (2017) done elsewhere in Nigeria which noted gender as one of the most influential variables affecting the use of the services of the Health Insurance Scheme, stating that women have higher levels of distress and therefore have greater need of healthcare services; hence they make more use of the health care services. Gender differences may not be surprising, considering the fact that the females are more sensitive, and pay more attention to health matters (Adebiyi & Adeniji, 2021). This may be attributed to the effect of campaigns for women education, enlightenment and participation, which are paying off handsomely.

The influence of years of experience on the utilization of the National Health Insurance Scheme among health care professionals in FMC Asaba, Delta State

The finding of this showed that the p-value (0.003) was less than 0.05, which showed that there was a significant relationship between years of experience and utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State. Therefore the null hypothesis which states that there is no significant relationship between the utilization of services of the National Health Insurance Scheme among health care professionals in Federal Medical Centre Asaba, Delta State based on their years of experience was rejected. This finding is similar to that of Adebiyi and Adeniji (2021) which assessed the factors affecting utilization of the National Health Insurance Scheme by Federal Civil Servants in Rivers State, Nigeria where a lot of challenges were identified. They include delay or denial of healthcare services, provision of low quality drugs, non-accessibility of Health Maintenance Organization (HMOs) and out-of-pocket expenditures.

This result showed that healthcare professionals will require the authorities in charge to invest time and resources to create awareness and the enabling environment to inform, re-educate and reinforce the baseline knowledge that they have. If the authorities are keen on achieving universal coverage at a future date, there is a need to embark on a massive awareness and enlightenment campaign. Since the study showed that the utilization of NHIS was not related to years of experience, it is expected that any intervention targeting the entire staff will be most effective in achieving the desired result. There will not be a need to design group-specific public health or enlightenment programmes. Good perception about the scheme will also promote higher patronage and usage.

CONCLUSION

Health care professionals have a positive perception towards the National Health Insurance Scheme. A greater proportion of the health care professionals have utilized the scheme and they all expressed satisfaction in terms of time spent waiting to see a doctor and cost of quality drugs. They were also satisfied with the payment structure for enrollee and the referral chain of the programme. Similarly, health care professionals with higher levels of education have a better understanding of the scheme. Higher levels of education were found to be significantly associated with good perception of NHIS. Conversely, no association was found between health care professionals' gender and their utilization of NHIS. There was no significant relationship between the utilization of services of the National Health Insurance



Scheme among healthcare professionals in Federal Medical Centre Asaba, Delta State based on their professional status with the p -value (0.019) and years of experience p -value (0.003). This study has revealed that there is a high rate of utilization of the NHIS among respondents that were enrolled and a reduction in out-of-pocket payment for health care under the NHIS. The perception of the healthcare providers, the possession of the NHIS registration card, and satisfaction with care received were found to significantly affect NHIS utilization. This high utilization reflects an acceptance of the scheme by the health care professionals. Policymakers should likewise encourage the uptake of the NHIS by other sectors of the society, encourage factors associated with utilization, since the NHIS serves to augment budgetary provision for health and reduce out of pocket payments. For low income workers, the government should enact policies that will provide incentives in the form of removal or reduction of point of access payments.

Implications of the Findings to Nursing

The findings of this study revealed that all the respondents are not registered with NHIS; some of the registered members do not have identity cards. The implication of this is that the card holders only access healthcare services, in the event of sickness or any need for healthcare services, they will be denied these healthcare services on the basis of non-payment for healthcare. This will lead to delay with its consequences. Based on the above, healthcare providers should be subjected to seminars and workshops to enlighten them on the importance of enrolling with the scheme. Furthermore, due to the fact that their employees' contribution is compulsory and collected at source, every employee must be mandated to register immediately after employment. The finding also revealed that the perception of health care professionals towards the scheme was positive. Furthermore, the healthcare providers being looked up to as technocrats in the health sector must be armed with sufficient information on the principles guiding NHIS. This will help them inform the general populace especially their clients appropriately on the importance of the scheme. Finally, healthcare providers' leaders as part of policy makers should be encouraged to protect the lives of their subordinates by suggesting better ways of rolling out all the benefit packages of NHIS.

RECOMMENDATIONS

The following recommendations were made based on the study:

- Government and other stakeholders in the scheme need to continue to organize awareness programmes that will enhance the interest among workers in the formal sector.
- Intensified campaigns should emphasize on the objective, and benefits of the scheme, using the mass media as a way of reaching a vast majority of the workforce.



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