Iiard International Journal Of Economics And Business Management E-ISSN 2489-0065
P-ISSN 2695-186X Vol 10. No. 10 2024 www.iiardjournals.org online version

Impact of OOP Expenses on NHIS Enrollee Satisfaction with Health Services in Bauchi State: An Analysis

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(A TETFund sponsored Institutional Based Research)
DOI 10.56201/ijebm.v10.no10.2024.pg61.83

Abstract
The research examined the impact of out of pocket (OOP) and its implications on satisfaction with health services in Bauchi state. with a coverage period between 2018 and 2023, with focus on primary healthcare services. The problems are the inconsistent outcomes of preceding works on out of pocket (OOP) expenses for enrollees of national health insurance scheme (NHIS) and its implications on consumer satisfaction with health services. Focus is on the formal sector. The objectives were to investigate the impact of out of pocket (OOP) and its implications on satisfaction with health services in Bauchi state. The variables were arrived at after a literature review exercise. The study adopted quantitative method of data collection via survey questionnaire, from relevant establishments and individuals. Structural functionalism was used as the theoretical framework for the research. Data was analyzed using statistical packages for social sciences (SPSS). The analysis was performed on the data collected which covers the formal sector within the primary health care centers in Bauchi State. Part of the findings indicate that Out of pocket expenses have significant impact on consumer satisfaction with health services among hospitals in Bauchi State.

Key words*: Bauchi State, Enrollee Satisfaction, Health Care, and Out of Pocket Expenses.*

INTRODUCTION

The background of health insurance has advanced internationally with provision of medical care for the most part in industrialized countries operating beyond primary care as progressive health technologies handle complex, life-threatening ailments, and serious conditions as well as wounds that were once seen as fatal or disabling. Whereas the advancement of new treatments that could bring back functioning and even prolong life is welcomed, the costs of these advanced care and the usual hospital bed admissions can be excessively high for a lot of people (Anita, & Yong, 2015). The World Health Organization, WHO (2013) estimations shows 150 million persons globally suffer financial ruin each year for the simple reason of out-of-pocket (OOP) payments for their healthcare needs.

Many countries have been operating numerous models of insurance cover and funding schemes to pay for health services founded on their individual socio-economic situations as well as cultural environments. These cover plans whether public or private, have various mechanisms and payment rules reliant upon the type of the insurance cover and the facilities actually covered.

Some of the insurance cover/plans need beneficiaries to pay premium charges for registering into the programme as well as having many levels of out-of-pocket expenses like deductibles, or coinsurance. The programme may also need prior approval from the insurance companies to start coverage for certain medical procedures or may create coverage boundaries for the enrolees. Some insurance companies will also apply payment levy for healthcare providers to regulate costs through motivating providers to deliver simply the required services and at the lowest cost possible (Anita, & Yong, 2015).

National or Social Health Insurance (NHI/SHI) is one method for raising and bringing together funds to fund healthcare services for the population of a country, usually in relation to what is considered medically essential. In the later part of the 1880s, Germany's Social Health Insurance ideal was advanced being part of the efforts at building and unifying the nation and also to manage health related challenges due to industrialization. Example, alcoholism, sexually transmitted diseases and tuberculosis etc. The model was dependent upon household premiums and payroll taxes. The employers and their employees together contribute to these ill health funds and is essential in providing a comprehensive benefit package. In the beginning of the early twentieth century, Beveridge National Health Service ideal in United Kingdom (UK) depended upon common taxes, a national risk pool, and publicly delivered services (Lagomarsino, Garabrant, Adyas, Muga, & Otoo, 2012). These two basic models/ideals have continued today and even adopted by many other systems that endeavour to deliver healthcare coverage for their societies.

STATEMENT OF PROBLEM

A number of developing nations lean towards new or expanded function for several kinds of social health insurance (SHI) Wagstaff, (2010), in their search for universal healthcare as promoted by World Health Organisation (WHO) (WHO, 2010) with the primary goal of

decreasing the huge dependence on the out-of-pocket (OOP) payments. Health insurance stands as one of many ways people in several states finance their medical care. It is appraised that out-of-pocket spending of 15–20 % of overall health spending or 40 % of family net earnings of subsistence needs could lead to financial devastation. Once persons on little earnings and having no fiscal risk safety fall sick, they face a predicament: use health services and suffers additional destitution in paying for such, or sacrifice services, stay sick, and risk remaining incapable to function or work. Anita & Yong, (2015).

Government has responded to these health services predicaments of OOP, Poor Access, by coming up with the national health insurance scheme which is a health financing machinery expected to meet the people's expectations. This is by providing access (equity and quality access) to affordable healthcare through a pre-payment method (NHIS, 2012).

The statement of the problem are the inconsistent outcomes of preceding works on out of pocket (oop) expenses for enrolees of national health insurance scheme (nhis) and its implications on consumer satisfaction with health services in Bauchi state. This has made it problematic in terms of generalization.

There is a problem of not knowing the out of pocket expenses on health services and how it affects consumer satisfaction in NHIS primary healthcare facilities in Bauchi state.

RESEARCH QUESTION

i. What are the out of pocket (OOP) medical expenses for NHI consumers under primary healthcare facilities in Bauchi state?

OBJECTIVES OF THE STUDY

The broad objective of the study is to examine the impact of OOP medical expenses of consumers on satisfaction with NHIS under primary healthcare facilities in Bauchi state. The specific objectives are to:

i. Determine the implications of NHIS on Out of Pocket (OOP) medical expenses of consumers under primary healthcare facilities in Bauchi state.

RESEARCH HYPOTHESIS

i. Out of Pocket expenses have significant influence on consumer satisfaction with NHIS under primary healthcare facilities in Bauchi state.

METHODOLOGY

The research is designed based on the quantitative approach; utilizing survey design of Likert five scale questionnaire. The survey design adopted was opted for because the design uncovers, interprets and integrates data, as well as points to their implication in interrelationships (Cohen & Manion, 1986). It allows for random sampling and the use of questionnaires. It is also used to study people's attitude, feelings and opinions (Babbie, 1985). The survey approach using questionnaire is believed to be the most appropriate technique in collecting the primary data as

noted by Olakunle (2004), Sekaran (2000) and Yang (2010). Thus, the quantitative aspect of the research design is based on a structured questionnaire.

The methodology is structured in such a way that registered consumers/person with NHIS for primary care will be given a likert five scale questionnaire to fill. The response or data will then be analysed using quantitative approach (regression) through the statistical packeges for social sciences (SPSS).

Sample size from the population will be determined by Krejcie and Morgan, (1970) formula for determining of sample size. Simple random sampling will be implemented as the sampling technique. Which will give each member of the subset has an equal chance of being chosen. The method of data collection will be through Likert 5 scale (1 strongly agree – 5 strongly disagree) administered structured (close ended) questionnaire for the respondents. This will allow the gathering of primary data for quantitative analysis. According to Leung (2011), Likert Scale is very widely held, and measures among other things; item-item correlations, item-total correlations, and others.
The study population consists of all registered NHIS consumers in Bauchi state, which is a total of 66,405 persons as at August, 2019 (NHIS, Bauchi office, 2019):

Sample size from the population is 382 persons based on the Krejcie and Morgan, (1970) formula for determining sample size. Simple random sampling will be adopted as the sampling technique because a simple random sample is a subset of a statistical population in which each member of the subset has an equal probability of being chosen.
The method of data collection will be through Likert 5 scale (1 strongly agree – 5 strongly disagree) administered structured (close ended) questionnaire for the respondents. This will enable the collection of primary data for an effective quantitative analysis. According to Leung (2011), Likert Scale is very widely held, and measures among other things; item-item correlations, item-total correlations, and others.

EMPIRICAL REVIEW

In a cross-sectional survey research carried out at Ahmadu Bello University Zaria using the university staff registered with the NHIS, (Mohammed, Sambo & Dong, 2011) determined “a high satisfaction rate with the health insurance scheme was observed (42.1%).” However, the findings were based mainly on the consumers/enrollees general knowledge of NHIS, awareness on the contributions deducted from consumers and how these factors affect consumer satisfaction.
Furthermore, the awareness and or general knowledge of NHIS research would have been better appreciated at pre-implementation stages of the policy. Variables for examining practical experiences of consumers in the course of implementation of the policy should have been the priority. Because generally speaking, registered consumers with or without much general knowledge of NHIS operations will still be allowed access to health services when they approach their chosen healthcare provider.
To evaluate consumer satisfaction with services under the National Health Insurance Scheme at a tertiary health facility in North central, Nigeria. A cross-sectional study with a sample size of 421 NHIS enrollees between ages 18 to 60 years was undertaken from December 2015 to January 2016

at Federal Medical-Centre, Keffi, Nasarawa-State, Nigeria by Daramola, Maduka, Adeniran, and Akande, (2017). Consumers were carefully chosen through Systematic random sampling. Information was collected using pretested, anonymous, self-administered, structured questionnaires, with each satisfaction area scored in a five-point Likert scale ordinal response. The dimensions of health services evaluated were based on the typical complaints received from NHIS enrollees such as; hospital accessibility, reception and patient registration process, waiting time, doctors' consultations, availability of prescribed drugs, hospital staff attitudes and hospital facilities.

The overall average satisfaction score was 63.1%. The respondents expressed satisfaction with various aspects of services; reception/registration (65.3%), waiting time (57.4%), doctors' consultation (70.5%), prescribed drugs (55.3%), laboratory services (71.6%), condition of hospital facilities (60.3%) and staff attitude (61.0%). This study showed that the overall patients' satisfaction with services accessed was good.
However, a study of one healthcare facility is grossly inadequate as a basis for generalization for Nasarawa state (or any other state). To have a true reflection of the feelings of consumers, the researchers should have at least covered one facility/hospital per senatorial zones of the state. The study also lacks focus as there was no coverage period for analysis.
In his Doctoral thesis Oparah (2018), - "Service Quality: An Empirical Study of Expectations versus Perception of National Health Insurance Scheme Enrollees in Federal Universities in South East, Nigeria," which relates service quality to the expectations of consumers versus the perceptions of Healthcare Providers in the delivery of healthcare services of National Health Insurance Scheme (NHIS). Using a questionnaire based upon a 22-question modified version of SERVQUAL was designed to obtain information about expected versus perceived levels of service quality from consumers. A second 22-question instrument seeking healthcare providers' perceptions of expectations of the consumers was also devised. The data collected were then contrasted and concludes that consumers perceived inferior quality of service from Healthcare Providers, who are the gate keepers of NHIS.
The work of Oparah (2018) shows the link between consumer expectations, and quality of service towards attaining satisfaction or otherwise by consumers. However, being a marketing student the research dwelled more on marketing lapses of the policy between HMOs and HCPs (marketing and supply of drugs etc). The study was also limited to the "Expectations versus Perception of National Health Insurance Scheme Enrollees in Federal Universities in South East, Nigeria."

Kurfi and Aliero (2017) in their "A Study on Clients' Satisfaction on the National Health Insurance Scheme among Staff of Usmanu Danfodiyo University Sokoto", the key objective of their work was to determine the satisfaction or otherwise of NHIS clients in Usmanu Danfodio university. After analyzing the generated data in the cause of this study, the findings revealed significant percentage of NHIS clients in Usmanu Danfodio University were not satisfied with the scheme.
A Chi-square was used to test the null hypothesis which states the clients of NHIS in Usmanu Danfodio University are not satisfied with the scheme. The null hypothesis was accepted after testing the result. The chi-Square stood at (1.499), with 1 degree of freedom and an Asymp significance value of (0.221).

This finding conforms to the findings of Mohammed et'al (2011), of a closely related study in Ahmadu Bello University Zaria which revealed low satisfaction of NHIS clients. It is also in conformity with the findings of AbdulQadir (2012), on same problem in Niger state which equally arrived at very low clients' satisfaction. Moreover a study in Plateau state by Onyedibe et al (2012) equally reported clients' dissatisfaction with NHIS.

However, the result contrasts with the submissions of Gup et. al. (2012) who studied clients' satisfaction in Enugu a city in South Eastern Nigeria, Akande, Salaudeen, Babatunde, Durowade, Agbana, & Olomofe, (2012) of a study in Kwara State as well as a study by Jadoo, Sharifa, Zafar, & Ammar, (2012) on the problem in Turkey. All the three studies held that clients are relatively satisfied with National Health Insurance Scheme. Sequel to the above, one important point that we need to take into consideration is that all those that said clients are not satisfied were studies conducted in Northern parts of Nigeria while most of those that presented relative satisfaction were all from southern part of the country or outside Nigeria. It is also noteworthy that none of the studies was conducted in the North-East of Nigeria not even Bauchi as a state.

In another study by Daramola, Adeniran, and Akande, (2018), they assessed patient satisfaction with services accessed under the National Health Insurance Scheme at a tertiary health facility in FCT Abuja, Nigeria. A cross-sectional study was conducted among NHIS patients attending the General Outpatient Department at the National Hospital FCT Abuja, Nigeria between April and September 2017. Data was collected from 388 patients selected by systematic random sampling; using pretested, anonymous, self-administered, structured questionnaires, with each satisfaction area scored on a five-point Likert scale ordinal response.

Evaluation was done from the typical complaints received from NHIS enrollees such as: hospital reception and patient registration process, waiting time, doctors' consultations, laboratory services, availability of prescribed drugs and hospital facilities. Data analysis was done using IBM SPSS Statistics 20.0. The overall average satisfaction score was 58.1%. The satisfaction score with various aspects of services were: doctors' consultation (69.9%), laboratory services (66.5%), hospital facilities (62.2%), hospital services (60.4%), reception/registration (59.8%), waiting time (59%) and prescribed drugs (54.2%).

The patient's overall satisfaction was good. However, unavailability of prescribed drugs, long registration processes and waiting time were found to be the major causes of dissatisfaction. Again as with their study at Keffi in 2017, the study limitation remains primarily of restricting the study to a single facility (National Hospital FCT, Abuja) which will affect generalization of findings.

Okoro, Nmeka, and Erah (2017), carried out a study to investigate the drug use practices and overall prescribing pattern in the NHIS at a Tertiary Hospital in Nigeria. Retrospectively, randomly sampled 1200 out-patient's NHIS prescriptions were evaluated using WHO core drug use indicators. Prospectively, a conveniently sampled 120 patients each at General Out-Patient Department (GOPD) clinic, NHIS, and GOPD dispensing pharmacy outlets were observed during consultations and interviewed before leaving pharmacy to assess the patient care indicators. Data were analyzed using descriptive statistics and independent samples test.

The average number of drugs per prescription encounters with an antibiotic, and drug prescribed by generic name and from NHIS essential drug list were 4.2±1.8, 31.6%, 52.8% and 66.1% respectively. In NHIS and GOPD dispensing pharmacy outlets, the pharmacists' average prescriptions assessment time were 9.24 seconds and 64.03 seconds with significant difference

($P < 0.05$), whereas the average medication counselling time were 15.6 seconds and 34.7 seconds respectively with significant difference also ($P < 0.05$). Dispensed drugs that were properly labeled were higher in NHIS than in GOPD (62.0% vs 20.4%). Patients' correct drug dosage knowledge was also higher in NHIS than in GOPD (37.5% vs 23.3%).

Poor drug use practices including poly-pharmacy, overuse of antibiotics, lack of adherence to generic prescribing, poor conformity to NHIS essential drug policy, inadequate prescription assessment, inadequate patients' medication counselling, incomplete labelling of drugs, and inadequate patients' knowledge of correct drug dosage were apparent.

Antihypertensive drug class was the most prescribed drug class. The findings of this study have provided first time evidence of irrational drug use in NHIS in the South East Nigeria.

On the positive side the research was able to determine that an "irrational drug use in NHIS" exists in that tertiary health facility. However, the findings of one facility cannot be the basis for categorizing the South-East of Nigeria as having the same problem or challenge. The study also failed to determine in clear terms if OOP expenses of consumers in that facility was significantly reduced or not.

Adewole, and Osungbade (2016), undertook a study of an assessment of the three dimensions of universal health coverage in the South West geo-political zone of Nigeria as being essential to determine the gaps in these areas which will be of assistance for policy makers in efforts to expand the scheme. Secondary data on health indices such as life expectancy at birth, infant and under – 5 mortality rates, maternal mortality ratio and infectious diseases prevalence, were accessed from the World Bank website. The premium paid per enrollee was obtained from the Strategic Review of Nigeria's National Health Insurance Scheme Population figures was obtained from the Nigerian population census from the National Population Commission website, while data on the number of enrollees, accredited facilities and the distribution of these by State in the South West geo-political zone was obtained from the NHIS South West Zonal Office in Ibadan, Oyo State Nigeria. The available data were manually analyzed with the aid of the MicroSoft – Excel. Appropriate tables to align with the study objectives were generated. Poor health indices exemplified by low life expectancy at 54 years, high infant and under 5 mortality rates of 88 and 143 per 1000 live births respectively. Maternal mortality ratio was 630 per 100,000 live births. Estimated percentage of enrollees of the population was 1.7. At an annual growth rate of 2.7%, the estimated population of the southwest zone in 2016 is over 35 million people of which only 1.7% was enrollees under the scheme. Seventy-five per cent or above of enrollees in the zone were registered with just over 10% of all the accredited health facilities.

Funding of the scheme was solely limited to contributions from the federal government while beneficiaries contribution was nil, with a resultant shortfall of about one-third of the expected total fund. The population coverage of the scheme in the southwest zone was poor, the, distribution of the enrollees across accredited health facilities was grossly skewed, and funding of the scheme was inadequate. These findings have negative implications on efficiency of service delivery, and equitable access to quality health care services. Stakeholders must address these gaps if universal health coverage is to be achieved.

The study was able to capture the situation in the South-West but, relying only on secondary data or qualitative data is not sufficient to conclude on the quality of care, perception of consumers, equity for those with access, and consumer position regarding OOP expenses. There is need for a

broad quantitative study to determine these concepts. Looking at the title of the research one cannot but feel the bias of the researcher has taken the front seat in this exercise for the truth; "Nigeria National Health Insurance Scheme: A Highly Subsidized Health Care Program for a Privileged Few".

The thrust of the study by Onuoha (2014) was to evaluate the co-operatives effect on the adoption of health care insurance using the National Health Insurance Scheme (NHIS). 66 cooperative members were randomly selected from each of the 5 states In the South eastern part of the Nigeria. The data collected were analyzed using both descriptive statistics (mean, standard deviation) and inferential statistics (regression and Ttest).

The result of the study revealed that co-operative membership status has significantly increased awareness and adoption of the National Health Insurance Scheme (NHIS) by co-operative members and the adoption of NHIS have a significant effect on National Health Development. The study recommended among other things that Co-operative societies should properly inform new members of the existence of the scheme and speed up the enlightenment process among members and Co-operative societies should nominate individuals among the members who will act as intermediaries between the cooperative members and the Health Management Organizations (HMOs) in order to fast track the process of adoption. Though, the findings could be generalized for the East, it however, failed to determine or gauge consumer satisfaction with NHIS services at health facilities in the Eastern part of Nigeria.

Onyedibe, Goyit, and Nnadi, (2012) in their study with the objective of determining the proportion of Nigerian adults enrolled in the scheme, their satisfaction with the quality and availability of services within the scheme and the factors responsible for the dismal health indices in the country despite the scheme, prepared questionnaires which were administered randomly to 200 adult respondents in Jos metropolis. The findings show that only 24% of adults were enrolled in the scheme. Notably, 82% of enrolled respondents were aware of NHIS and prefer it to the fee for service system. There was some level of dissatisfaction in the scheme (26% of enrollees). Sources of dissatisfaction included poor registration services, poor referral system, delays in receiving required services and unavailability or non-coverage of some required services. It was statistically determined by the Chi Square tool of analysis that there was a direct relationship between the percentage of enrollees and the poor health indices of the populace.

Looking at the study by Onyedibe, Goyit, and Nnadi, (2012), it could be seen that several limitations exits in the following aspects of the study: 200 questionnaires were administered without any sampling technic adopted, a study with 200 respondents in Jos metropolis alone will not result in findings that could be validated for the whole country as sought by the researchers.

Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, (2013) research was aimed at evaluating the impact of National Health Insurance Scheme (NHIS) on healthcare consumers in Calabar metropolis, southern Nigeria. A pre-tested, 43 itemed questionnaires were designed and administered to 200 respondents using the household survey and patient exit survey methods. The result of this study showed that respondents were predominantly males (58.0%), Christians (94.5%), married (56.0%), civil servants (39.5%), had tertiary level of education (60.5%) and aged 30-34 years (27.5%). A reasonable proportion of the respondents 89.0% were aware of the scheme but enrolment into the scheme was only 37%. Inadequate information on the scheme, deficient delivery of health care services and lack of trust on scheme management were significant barriers

to enrolment into the scheme. The scheme has a positive impact on health seeking behavior, utilization of maternal health services and reducing out-of-pocket expenditure for health services. About 72% of the respondents expressed their satisfaction with the performance of the scheme, whereas those who were dissatisfied with the scheme's performance suggested it should be reformed.
However, this study was limited to respondents' knowledge and membership of the scheme, health seeking behavior and utilization of health services among respondents (insured and uninsured), utilization of maternal health services by female respondents, perception of consumers (insured and uninsured) towards the scheme and services delivered.
Consumers in Cross Rivers State believe that the quality of healthcare has better-quality due to NHIS, but then again it is not considerably dissimilar with preceding healthcare services. On consumer views of the reasons that encourage their using of NHIS services, data shows that a large number of consumers carefully chose it because it reduced their out-of-pocket spending on healthcare (Eyong, Agada, Asukwo, Irene 2016; Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013).
If consumers feel that quality health care improved due to NHIS as the case in Cross River, then why do they still feel there is no real difference between the NHIS and previous healthcare arrangements? The researchers failed to fill the gap between quality service and consumer satisfaction. This is further buttressed by the consumers when they indicated reduced out of pocket cost only as their reason for choosing and or maintaining the NHIS.

A substantial number of consumers of NHIS in studies carried out in Osun and Oyo states admitted that NHIS made them get better speedily after treatment, better their health status, made treatment efficient and ensures availability of drugs (Apeloko, 2017; Owumi, Omorogbe, & Raphael, 2013). In contrast, the results from the research of (Ele, Brian, Uche, & Valentine, 2017; and Mgbe & Kevin, 2014), covering South-Eastern Nigeria points to the fact that regardless of NHIS, drug accessibility is very low and non NHIS consumers have better access to treatment than consumers.

Looking at these findings (South-West & South-East), one cannot but wonder why the disparity? Is every sub-region or even state unique in terms of implementation and its implications?

A study by *Oladipupo, Lanre, & Oluwatosin (2017)* to determine consumer satisfaction with Health maintenance organizations (HMOs) services, and determine the readiness of non-insured persons to take part in the national health insurance scheme in Abuja Metropolis. The research showed low satisfaction of consumers with services provided by the HMOs as only 54.8% of participants said they were satisfied with the services received.

The critique of this study is it concentrated on HMOs, non-insured and consumers rather than the providers instead of HMOs. The providers are in direct contact with consumers and the level of satisfaction of consumers is vital to enrolling other (non-compulsory/non-insured) members of the public. This further shows the need for a research on the implementation of NHIS and its implications, with focus on consumer satisfaction.

A study carried out in Kano, evaluated satisfaction and utilization for healthcare services on consumers of Aminu Kano Teaching Hospital, Kano (AKTHK). It was a study of consumers registered with the NHIS clinic. Most consumers were satisfied with the easy access to care, waiting time, and hospital facilities. Most of them were also satisfied with their interactions with Doctors, nurses, laboratory personnel, and other hospital staff. Overall, 80.5% of consumers were satisfied with the Aminu Kano Teaching hospital's services (Yusuf, Jibo, Sunusi, Bukar, Auwal, Godpower, 2018).

The Kano study is indeed a good attempt at evaluating satisfaction and utilization for healthcare services on consumers. However, limiting the study to Aminu Kano Teaching Hospital makes the findings not strong enough for generalization with respect to NHIS satisfaction in kano state or outside of the state.

NHIS affordable premium is one of the benefits consumers are enjoying. 7 studies show the impact (implication) of national health insurance on OOP/Financial Protection (Adewole, Bolarinwa, Dairo, 2016; Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Eyong, Agada, Asukwo, Irene, 2016; Apeloko, 2017; Adewole, Osungbade, 2016; Ele, Ochu, Odili, Okechukwu, Ogbonna, 2016; Owumi, Omorogbe, Raphael, 2013). In the Southern part of Nigeria (Calabar), people registered with the NHIS due to lower premium charges (Apeloko, 2017). These do not however assert that OOP has reduced. In Osun state (Obafemi Awolowo University) consumers assert that services provided under national health insurance are indeed affordable and that pressure from private healthcare service providers has eased (Apeloko, 2017). This is however, not in agreement with the study of (Eyong, Agada, Asukwo, Irene, 2016) which showed substantial number of consumers still feel NHIS healthcare premiums were high.

THEORETICAL FRAMEWORK

Structural Functionalism

The American sociologist Talcott Parsons introduced structural–functional approach. Talcott Parsons began writing in the 1930s and contributed to sociology, political science, anthropology, and psychology. Any process or set of conditions that does not contribute to the maintenance or development of the system is said to be dysfunctional. In particular, there is a focus on the conditions of stability, integration, and effectiveness of the system.

As a structural theory, Functionalism sees social structure or the organization of society as more important than the individual. Functionalism is a top down theory. Individuals are born into society and become the product of all the social influences around them as they are socialized by various institutions such as the family, education, media and religion.

Functionalism sees society as a system; a set of interconnected parts which together form a whole. There is a relationship between all these parts and agents of socialization and together they all contribute to the maintenance of society as a whole. Social consensus, order and integration are key beliefs of functionalism as this allows society to continue and progress because there are shared norms and values that mean all individuals have a common goal and have a vested interest in conforming and thus conflict is minimal.

Talcott Parsons viewed society as a system. He argued that any social system has four basic functional prerequisites: adaptation, goal attainment, integration and pattern maintenance. These can be seen as problems that society must solve if it is to survive. The function of any part of the social system is understood as its contribution to meeting the functional prerequisites.

Adaptation refers to the relationship between the system and its environment. In order to survive, social systems must have some degree of control over their environment. Food and shelter must be provided to meet the physical needs of members. The economy is the institution primarily concerned with this function.

Goal attainment refers to the need for all societies to set goals towards which social activity is directed. Procedures for establishing goals and deciding on priorities between goals are institutionalized in the form of political systems. Governments not only set goals but also allocate resources to achieve them. Even in a so-called free enterprise system, the economy is regulated and directed by laws passed by governments. Integration refers primarily to the ‘adjustment of conflict’. It is concerned with the coordination and mutual adjustment of the parts of the social system. Legal norms define and standardize relations between individuals and between institutions, and so reduce the potential for conflict. When conflict does arise, it is settled by the judicial system and does not therefore lead to the disintegration of the social system. Pattern maintenance refers to the ‘maintenance of the basic pattern of values, institutionalized in the society’.

Parsons claims that society is the way it is as social structures are interconnected and dependent on each other. Functionalists therefore see change as evolutionary – change in one part of society will eventually occur in another. Social ills e.g. crime and deviance, have disabling effects on society and gradually effect other parts. They recognise interconnections between various parts of society occur due to a value consensus. Parsons believes that as society changes, it develops and the pattern variables within it will become more complex. Change, therefore, trickles throughout society. Parsons summed this up as the 'Organic Analogy'.

Relevance of the Theory to the work

The theory is relevant to the work as it supports NHIS as a public health policy. Because Structural-Functionalism contributes to the maintenance or development of the system, without which the system would be dysfunctional. Specifically, there is a focus on the conditions of stability, integration, and effectiveness of the system. These are in line with the ideals of a public health policy such as the national health insurance.

As a structural theory, Functionalism sees social structure or the organization of society as more important than the individual. This is in line with the NHIS being a policy for societal (public) health.

Functionalism sees society as a system; a set of interconnected parts which together form a whole. There is a relationship between all these parts and agents of socialization and together they all contribute to the maintenance of society as a whole. The NHIS policy is one geared towards maintenance of society as a whole. Because if the segment of society that cannot afford health care (and they are in the majority) are left to cater for themselves out of pocket the system would eventually suffer the consequences.

DATA PRESENTATION AND ANALYSIS

Correlation Analysis

The correlation matrix seeks to determine the relationships that exist between variables used in the research. Table 1 indicates the relationship that exists between implementation of NHIS and its implications on health Service in Bauchi State. The relationship between COMSU and OOPEXP (coefficients of -0.516). The negative relationship implies an inverse relationship indicating an increase in one variable will lead to a decrease in the other variable.

In conclusion, from the computed result, the correlation coefficient between Out of pocket Expenses and Consumer Satisfaction is negative and significance at 5% level.

Table 1 Correlations Analysis

		COMSU	OOPEXP
Pearson Correlation	COMSU	1.000	-.516
	OOPEXP	-.516	1.000

Source: Author's Computation using SPSS, 2024

Regression Analysis

Regression Result (Model Summary) of Out-of-Pocket Expenses on Consumer Satisfaction with Health Services

Out of Pocket Expenses (Independent variables) and dependent variable - is Consumer Satisfaction with Health Services.

From Table 2, result revealed that the coefficient of multiple correlation, R = 0. 871 between Out of Pocket Expenses relationship with Consumer Satisfaction on Health Services. An examination of the table shows that the R square = 0.759 which implies that Out of Pocket Expenses accounts for approximately 75.9% of the total was explained by changes in the independent variables. In other words Out of Pocket Expenses explained Consumer Satisfaction on Health Services by 75.9% and the remaining 24.1% account for other variables not included in this study.

Table 2: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.871	.759	.732	.24932	1.805

Source: Author's Computation using SPSS, 2024

Regression Result (*Coefficients*) of Out of Pocket Expenses on Consumer Satisfaction with Health Services

The table 3 revealed the degree of influence of Out of Pocket Expenses relationship with Consumer Satisfaction with Health Services and its level of significance.

The predictor (Out of Pocket Expenses) yielded significant beta weights with $\beta_4 = 0.175$ respectively with the varied t – values which is statistically significant and positive, while the respective P- value at less than 0.05 ($P < 0.05$) in each case. This implies that there is significant effect of the proxy-variable on the customers' satisfaction on health services in Bauchi state. Therefore, the null hypotheses formulated is rejected, in view of the positive and significant relationship being established from the statistical analysis made thereof.

The individual hypotheses were tested below:

Table 3: Table of Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.255	.239		13.634	.962
	OOPEXP	-.175	.073	.135	3.567	.041

Source: Author's Computation using SPSS, 2024

Test of Hypotheses

Out of Pocket Expenses and Consumer Satisfaction with Health Services

Hypothesis 1

$H_{1:}$ Out of Pocket expenses has significant influence on consumer satisfaction with NHIS under primary healthcare facilities in Bauchi State. The regression result shows a coefficient of $\beta_1 = -0.175; p = 0.041$. This indicated a negative and significant relationship between Out of Pocket expenses and consumer satisfaction with NHIS under primary healthcare facilities in Bauchi State. Since p - value = 0.091, which is less than 0.05, the model fits the hypothesis and therefore the result of this support Alternative (H_4) that Out of Pocket expenses has significant influence on consumer satisfaction with NHIS under primary healthcare facilities in Bauchi State. The Alternative hypothesis (H_4) is accepted and the Null hypothesis (H_{04}) which states Out of Pocket expenses has no significant influence on consumer satisfaction with NHIS under primary healthcare facilities in Bauchi State is here by rejected. This implied that there is significant relationship between Out of Pocket expenses and consumer satisfactions under NHIS primary healthcare facilities in Bauchi State

Discussion of Findings

Out of Pocket Expenses and Consumer Satisfaction with Health Services

The findings from the analysis reveal that the Out of pocket expenses has a negative and significant impact on consumer satisfaction under NHIS primary healthcare facilities in Bauchi State. This suggests that there is an inverse between OOP and consumer expectation. This effect depends on the health care process and quality of care for consumers of the NHIS primary healthcare facilities in Bauchi State.

Conclusively, this result implies Out of pocket expenses significantly influenced consumer satisfaction with NHIS health services in Bauchi State. The result is in line with the findings of previous studies like (Oparah, 2018, Kurfi and Aliro, 2017: Mohammed *et al*, 2011: Abdulqadir 2012: onyedibe *et al.*, 2012).

CONCLUSION AND RECOMMENDATION

Conclusion

The study used a sample of 382 respondents with 373 as the valid returns from the three senatorial zones in Bauchi State for the period 2013 -2018. The analysis was performed on the data collected which covers the formal sector within the primary health care centers in Bauchi State.

The finding indicates that Consumer expectation and Out of pocket expenses have significant impact on consumer satisfaction with health services among hospitals in Bauchi State. This means the level of expectations is high and yet the consumers were dissatisfied with the health services under this platform. Equally, evidence has shown that on the average consumers under the NHIS primary health care facilities are forced to incur some cost resulting from lack of medical accessories or consumables needed for their medications. While sometimes as a result of low quality of prescribed drugs.

The finding indicated that if these services were to be adequately provided and managed the way they were advertised, consumer satisfaction will be enhanced significantly.

Recommendations

A key aim of NHIS is to solve the problem of out of pocket expenses for millions of Nigerians, most of whom cannot afford to pay out of pocket. Thus, hospitals must always have adequate stock of basic qualitative drugs and other relevant equipment's with a standard computerized healthcare delivery system.

Acknowledgement: We wish to acknowledge TETFund for sponsoring this study

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