Perception of National Health Insurance Fund Beneficiaries towards Quality of Health Services in Moshi District, Tanzania

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Abstract
This study was conducted to assess the perception of National Health Insurance Fund (NHIF) beneficiaries towards the quality of health services in Moshi District, Tanzania. A cross-sectional survey design was adopted whereby150 NHIF beneficiaries were involved. Simple random sampling was used to make it possible for every member in the study population to be selected randomly without bias. Questionnaire and interview guides were used to collect information from the NHIF members and officials who helped to clarify some information that was obtained from the beneficiaries. Descriptive statistics (mean, standard deviation, and percentages) and inferential statistics (chi-square test and Mann-Whitney test) techniques were used to infer the whole population. The study findings revealed that the level of NHIF beneficiaries' satisfaction differs depending on the department where the patient was served, time spent at the hospital waiting for the service, and hospital visiting frequency. Additionally, the study found that NHIF beneficiaries were highly satisfied with health workers appealing to the services and appreciated the priority provided to the seriously ill persons. It is concluded that the department in which patient is served either outpatient or inpatient, time spent at the hospital waiting for the service, and hospital visiting frequency, influence the satisfaction level to a higher extent. The study recommends medical facilities to have equality in health service provision regardless of patient type either insured or not insured

Keywords: Perception, NHIF beneficiaries, Health Service, Satisfaction, Tanzania

1. Introduction

Health insurance is a worldwide concern; it is relevant in either nation with industrialized or developing economies (Barnes & Hanoch, 2017). This is because human wellbeing is both a fundamental human right and a vital element for the neighbourhood and the country's economic growth (Gergeliynik, 2019). Health insurance is a form of insurance covering medical expenses for accredited people through accredited facilities (Barnes & Hanoch, 2017). Once happened that the insured covered the expense from his/her pocket then such an amount has to be reimbursed later (Ranabhat et al., 2020). Regarding the health insurance system, the hospital, clinic, or pharmacy, as well as laboratory, is referred to as a "health provider" while the "insured" is the one who has healthcare benefits (Liu et al., 2020). That is to say, the insured is the beneficiary of a health insurance policy in the respective country.

Despite the great benefits brought by NHIF, there is a problem with medications and the affordability of medicines. The reviewed literature findings (Amani et al., 2020; Embrey et al., 2021; Kiyoya, 2019; Loth & Godwin, 2018), indicated that there are not enough medications and medical supplies for the NHIF beneficiaries. For instance, when the hospital pharmacy is out of stock, the NHIF beneficiaries are required to go and buy medicines in other pharmacies or to fill out the NHIF forms and purchase the appropriate medication from approved pharmacies. It has also revealed that some accredited pharmacies refuse to sell the drugs to the NHIF client due to prolonged disbursement processes. NHIF tried to adopt several measurements to resolve the issues like procurement of licensed health facilities and private clinics to address the problems of supply of drugs/medicine, and the issuance of loans to medical facilities to fix the concerns of accessibility of clinical laboratories. Moreover, NHIF ensured the availability of health equipment likes X-ray machines, MRI Machine, CT Scan Machine, Beds. Further financed reconstruction of houses of health care institutions (NHIF 2012).

Generally, satisfaction occurs when perception meets its expectations (Abrokwah et al., 2019). The literature reviews revealed that most of the beneficiaries are blaming for poor customer care offered by the health providers to the NHIF beneficiaries in their facilities ((Ayanore et al., 2019; Christmals & Aidam, 2020). Regarding those efforts taken there is a limited study conducted to assess the satisfaction of the NHIF beneficiaries with the health services offered from the accredited health facilities. The findings of the current study will be essential tools to the facilities management team, government of the United Republic of Tanzania through the Ministry of health, policymaker, and other health service and insurance stakeholders. Moreover, the recommendations will enable the management of the hospital and other facilities to assess themselves and make some improvements for better health service provision. Nevertheless, the study will be essential to the patients who receive health services through health insurance and to other researchers and academicians who in the future, they will use the findings as a reference source.

It should be noted that NHIF has played a significant role in offering health services to community members in Tanzania. Despite the mandatory registration system for public officials, the Fund has increased its scope to include various communities such as councillors, private firms, educational institutions, private persons, children under the age of 18, cooperative peasants, along with recognized associations such as Machinga and Bodaboda (Kiyoya, 2019). However, until December 2019, the existing member coverage of the NHIF was 4,856,062

members which are equivalent to 9 percent of the whole population of Tanzania. Moreover, the formulation of new health policies done by the ministry of health (health sector strategic plan III in July 2009 and health sector strategic plan IV in July 2015), that insists on good health service provision and eradication of discrimination in the health service provision, health facilities (Linnenkamp et al., 2020).

Health insurance is continually paying attention both to its overall funding aspect including its commitment to promoting the delivery of health care. Recently, different strategies have been taken such as the provision of NHIF desks in most of the public hospitals and medicine vouchers. All these attempted to ensure that health services offered to its beneficiaries are improved. However, due to the existence of several challenges encountered and strategies adopted to overcome those remedies. There were great demands for the current study to be carried out to examine the level of satisfaction of NHIF beneficiaries with the quality of health services that are currently provided by NHIF accredited health facilities.

2. Conventional Theory of Insurance

The conventional theory of insurance was propagated by Nyman (1998). According to this theory, there are no risks involved in terms of transfer which gives people a reason to buy premiums. None of the proposed theories conventionally, however, has gained widespread support. Hence, regardless of risk distresses, people are most expected to buy insurance since the premium is low compared to the importance of the policy to the buyer. Adverse selection and moral hazard both raise the subscription fee whereby, the existence of either reduces the likelihood of purchasing insurance. Ultimately, because we put such a high priority on our wellbeing, we want access to a wide variety of medical services. The only appropriate way to solve this problem is health insurance covers which spread the burden of the costs for users.

As for consumers of health services, other scholarly works indicate that the new theory concerning uncertainty for consumers favours the risk of a big loss to suffering a smaller loss with confidence. For that case, if consumers buy insurance, the new theory proposes that beneficiaries pay a premium for healthy in exchange for a claim on additional income (realized when insurance pays for the medical care) if they become ill and not because they desire to avoid risk. It is hence sensible to say that; Health insurance is substantially valuable to the consumer under the new theory. Moreover, the new theory suggests that co-payments and managed care central health policies of the last 30 years were focused on resolving complications that largely did not exist. This is because they may have done more damage than better policies either reduced the amount of income transferred to ill persons or limited access to valuable health care. Therefore, solid theoretical justification for insuring the uninsured and for implementing national health insurance is more explained better by the new theory.

According to the theory, the difference between an unknown loss that happens with a chance when uninsured and a guaranteed loss, such as paying a premium, is known as an insurance claim. People are risk-averse, according to the hypothesis, and must choose between taking a risk with unpredictable financial moments. Insurance beneficiaries are uncertain whether they would become sick or not at the time of purchase, as well as the financial inferences. Consumers will spread their profits between two lines, sick and not ill, with premiums, making the overall result

more anticipated. In the occasion of sickness, this confidence causes the insured to have a greater utility than others that do not have an insurance cover. As a result, insurance demand signifies people's risk patience and need for precision, meaning that the less risk-averse people are, the more insurance coverage they can buy. Under this particular study, reliance was on the distribution of risks, economic protections, and dependence exclusion as the essential inputs of premiums for health insurance.

This is used to infirm this study because as much as it is true that the most common reason for buying insurance is to pass risk, however, psychologists have established that no real actions relate to this theory. It is discovered that consumers of health services prefer the probability of no cost to the assurance of a smaller repayment equal loss, which is the opposite of the situation pronounced by insurance purchasing. This means that an insurer's premiums and funds are planned to cover the claims of its policyholders, not to be used to bond out a failed partner within the same firm. This is a beneficiary policy that is also dedicated to a personal insurance scheme exchanged by an autonomously leveraged insurer for a specific period, with rates enforced dependent on the issuer's creditworthiness status and the liability expected under the agreement at a point in time.

3. Empirical review

Ruwaichi (2018) conducted a study on the role of the National Health Insurance Fund (NHIF) in enhancing public secondary school Teachers' health in the Moshi district. The study showed that the NHIF had less effectiveness in harnessing the wellbeing of teachers to boost teachers' work performance. The study suggested that NHIF provide education on NHIF Programs and the value of the services given to teachers so that they recognize the deference of services provided by membership cards. Subsequently, the literature findings indicated a lack of inadequate funding to ensure proper quality services for the beneficiaries. This study revealed that there is still a need for further studies on expanding the awareness of the contribution of NHIF to workers of sectors other than students.

Bhaisare and Rangari, (2019) carried out a survey in Maharashtra to assess health insurance beneficiaries' understanding and their experience with the state health insurance system. Because of the inadequate care rendered by the agency, insurance members used more costly hospital services, according to the report. These results suggest that a mandatory insurance program will increase the efficiency of government health professionals to keep its clients. However, compared to the current situation in Tanzania, most government hospitals have better services than in previous years. In addition, health care through NHIF insurance in Tanzania is accepted in many governments and private health facilities hence, giving the member a wider range of access to quality care from any facility of his choice.

Tandwa and Dhai, (2020) researched the factors that influence the quality of health insurance. Considering South Africa's solid economic position, the standard of its health insurance system still seems to be poor compared to health insurance systems in other nations of comparable economic standing. In this research, we discovered that beneficiaries were not well involved in the design of healthcare policies. As a result, insurance recipients are important consumers that should be involved in policy development. This study will help you to determine how much

health care providers understand correctly about the services they are entitled to from health facilities based on the type of packages they are given.

In a study conducted in the United States of America by Douthit et al., (2019) a case study design to evaluate patients' views of health coverage, it was discovered that 75 % were reasonably pleased with the efficiency of health insurance programs. Even so, before the availability of civil rights, the challenge in America was unfair insurance service to racially and ethnically mixed populations, with white citizens being particularly affluent, Before the Civil Rights Act of 1965, which made several reforms. NHIF has different health packages that are offered to beneficiaries (najaliafya, wekezaafya, and timizaafyapremium). Indicated packages have different costs and that is why most of the time lead to conflict between NHIF beneficiaries and accredited health facilities.

The conducted study by Tromp and Spaan, (2020)In Asia and Africa, using a survey design to determine consumer views of health services, it was discovered that employee donations are a liability to low-income civil servants because they do not enjoy the same degree of service as higher-ranking workers. These facilities are available to the latter at every hospital at any moment. Conversely, the research shows that many rural and semi-urban regions experience a shortage of medical experts, while the charges for insurance facilities are the same. Reflecting this to Tanzania, though the challenge of poor health services in peripheral areas is inevitable, at least the government under late president Dr. Magufulihas done a great job of strengthening the infrastructure and health facilities and thus facilitated access to such services in areas outside the country.

Tungu et al., (2020) carried out a study in Mbeya on patients' views of the quality of health care services in public healthcare facilities. According to the results, 56.8 % of respondents agreed that public hospitals offer inadequate services, with the primary reasons being a lack of new facilities, general behavior of healthcare workers, operating hours, a shortage of skilled health staff, and inadequate communication networks. The results of this study were largely influenced by the participant's condition at the time because the participants in this study were patients at various health facilities in Mbeya. This has contributed to this study not using patients instead, using beneficiaries who by the time participating in the study will be healthier to prevent the possible emotional responses.

4. Methodology

4.1 The Study Area

The study was conducted in Moshi District, Kilimanjaro Tanzania. The reason for the choice of the study area is that it has a regional NHIF office, there is a KCMC referral hospital with a designated section to deal with NHIF beneficiaries coming almost all around the country but also several approved facilities offering services to NHIF beneficiaries. Therefore, beneficiaries such as college students and public workers in the district were considered as the targeted population. The study adopted simple random sampling because it enables every member in the study population to be selected randomly without bias. Across-sectional research design was employed

because it is easier to collect data once at a particular point in time but also perceptions do change over time.

The sample size of the study was 150 determined by a mathematical formula developed by Yamane (1967), from the targeted population of 18,104 NHIF beneficiaries in Moshi District. Questionnaires were used to collect data from the participants as it helped to obtain data that describe the nature of the relationship existing between different variables in the study, while interview guides were used to collect information from the NHIF officials who to make some clarification of the information that was obtained from the beneficiaries. The validity of the instruments was assessed by consulting research experts from MWECAU who crosschecked the instruments and assess the relevance of the research questions, language clarity, and whether the items were appropriately constructed. The reliability of instruments was estimated by using a split-half method to find the internal consistency of items administered in questionnaires.

Systematic sampling was used to select 150 beneficiaries from different locations in Moshi District such as universities namely MWECAU, MOCU, and KCMCo, and hospitals namely KCMC, Mawenzi, and Kibosho Hospital. To obtain the sample size of students, a list of the entire NHIF student beneficiaries was obtained and an i^{th} number was obtained in every interval in the list sequentially. Similarly, to obtain patients attending at the hospitals mentioned, convenience sampling was used.

4.2 Data Analysis

Data collected were entered in Statistical Package for Social Sciences (SPSS) computer software. Testing for external consistency of the instrument, a Cronbach alpha of 0.770 was obtained indicating an acceptable reliability measure of the tool. The responses were analysed through descriptive statistics based on frequencies, percentages, means, and standard deviations. The context analysis approach was also used to understand respondents' views, interpret them, and put them in writing, and then matched the explanations and observations with the literature (Williamson et al., 2018).

5. Findings and Discussion

5.1 Demographic Information

This subsection covers demographic characteristics of the study participants, the characters covered in this study involves age category, gender, marital status, education level, and hospital

Table 1: Participants Demographic Characteristics

Variable	Attributes	Frequency	Percent
Gender	Male	43	28.7
	Female	107	71.3
Age	Below 21	25	16.7
	21 to 30	53	35.3
	31 to 40	24	16.0
	41 to 50	16	10.7
	Above 50	32	21.3

Marital Status	Single	53	35.3
	Married	95	63.3
	Separated	2	5.3
Education Level	Primary	8	1.3
	Secondary	68	45.3
	Diploma	54	36.0
	Higher Education	20	13.3
Hospital Visiting Frequency	Once	114	76.0
	More Than Once	36	24.0

Source: Field data (2021)

The results addressed in Table 1 revealed that female beneficiaries who were involved in this study were 107 equivalents to 71.3% out of 150 and the rest 28.7% were males. The findings on marital status show that married NHIF beneficiaries were more than 60%. While only 2(1.3%) NHIF beneficiaries reported being separated or divorced, 53 (35.3%) were single and 92 (63.3%) were married. The study sample was found to comprises beneficiaries who had secondary and diploma education levels than higher education levels. About 68 (45.3%) out of sampled NHIF beneficiaries were found to have secondary education qualifications while 54 (36%) had a diploma. Concerning familiarity with the hospital environment, the study findings have shown that about 114 sample participants have been attended the health facilities more than once. This is equivalent to 76% of involved participants.

5.2 Factor Influencing NHIF Beneficiaries Satisfaction Level

The objective sought to find out, factors that determine the factors that influence the satisfaction level of NHIF beneficiaries. The study employed a chi-square ($\chi 2$) test to examine the significant determinants by looks at the association between clients' satisfaction categories (satisfied and unsatisfied) versus several independent variables at a 95% level of significance. The study findings as summarised in table 4.3 indicated significant variables such as those found with a p-value of less than 0.05. The significant determinants discovered were gender ($p < 0.0001$), Serving department ($p = 0.004$), service waiting time ($p = 0.007$), client's attitude towards service providers ($p < 0.0001$), modality of admission ($p < 0.001$), and patients income level ($p = 0.002$). Additionally, variables like; client age ($p = 0.611$), marital status ($p = 0.878$) and Education level ($p = 0.54$) were not statistically significant ($p>0.05$) the study results have been summarized in the Table 2.

Table 2: Determinants of Patients Satisfaction with Health Services at MRRH

Variables	Attributes	Not Satisfied f(%)	Satisfied f (%)	Total f (%)	P - Value
Gender	Male	17 (39.5)	26 (60.5)	43 (28.7)	0.001**
	Female	78 (72.9)	29 (27.1)	107 (71.3)	
Client Age	Below 40	66 (64.7)	36 (35.3)	102 (68)	0.611
	Above 40	29 (60.4)	19 (39.6)	48 (32)	
Marital Status	Single	34 (64.2)	19 (35.8)	53 (35.3)	0.878

	Married	61 (62.9)	36 (37.1)	97 (64.7)	
Education Level	Primary Level	37 (68.5)	17 (31.5)	54 (36)	0.54
	Secondary Level	40 (58.8)	28 (41.2)	68 (45.3)	
	Advanced Level	18 (64.3)	10 (35.7)	28 (18.7)	
Waiting time before offered service	Below an hour	19 (39.6)	29 (60.4)	48 (32)	0.001**
	More than an hour	76 (74.5)	26 (25.5)	102 (68)	
Hospital Visiting Frequency	Once	79 (69.3)	35 (30.7)	114 (76)	0.007*
	More Than Once	16 (44.4)	20 (55.6)	36 (24)	
Clients Attitude	Positive Attitude	41 (45.1)	50 (54.9)	91 (60.7)	0.001**
	Negative Attitude	54 (91.5)	5 (8.5)	59 (39.3)	
Modality of Admission	Referred	56 (84.8)	10 (15.2)	66 (44)	0.001**
	Un-Referred	39 (46.4)	45 (53.6)	84 (56)	

Source: Field (2021) χ^2-test at 95% significance level ** strongly significant, *Significant

5.2.1 Gender

The study findings addressed in Table 2 revealed that the association of the NHIF beneficiaries' genders and satisfaction have shown that females were highly dissatisfied with the service than males. Out of 43 males, only 26 (60.5%) were satisfied with the service offered at accredited health care facilities whereby the rest 17 (39.5%) respond negatively. Concerning females, 78 which is equivalent to 72.9% were satisfied while 29 (27.1%) didn't satisfied. The chi-square results revealed that the difference in satisfaction concerning gender was statistically significant with $p < 0.0001$. This revealed that the service offered had a gender effect on the NHIF beneficiaries which have been attributed to several factors amongst wards environment, cleanliness of the hospital environment, and time spent at the hospital, play a great role in different levels of satisfaction attained by the health service NHIF beneficiaries.

5.2.2 Waiting time before Offered Service

The study findings still portrayed that the waiting time for the service is a significant determinant of the NHIF beneficiaries' satisfaction in health services. The researcher classified the health service NHIF beneficiaries at accredited health care facilities into two major categories includes, those served below 60 minutes and those served beyond 60 minutes of waiting time. The results indicated that out of 48 who claim to be served within 60 minutes time interval, 29 (60.4%) were satisfied. Whereas, 76(74.5%) of those who waited for the service for more than 60 minutes didn't satisfied with the service offered. Despite this, the researcher collected different claims from the NHIF beneficiaries concerns the nature of services and departments which shows to have great problems in offering quick responses to client's requests.

5.2.3 Hospital Visiting Frequency

The study findings also show that the rate of NHIF beneficiaries' recurrence to the health service particularly in public hospitals observed to have a significant impact in determining the NHIF beneficiaries' satisfaction level. That is to say, the NHIF beneficiaries can easily compare the state of service during the last visitation and the latest situation. Concerning the study findings, it is merely noted that 69.3% out of 114 NHIF beneficiaries who argued to attend the accredited health care facilities once were not satisfied. On the other side, 55.6% of NHIF beneficiaries who

entailed to attend the accredited health care facilities several times show to be satisfied with the service offered. Most of them argued that things have greatly changed compared to previous times.

5.3 NHIF beneficiaries Attitude toward the Service Providers

The study findings likewise indicated that beneficiary's attitude towards service providers has a significant influence in determining the level of NHIF beneficiaries' satisfaction. The study results show 91.5% of 59 patients who portrayed negative perception towards the health attendants consequently didn't satisfy while the rate of satisfaction among 91 NHIF beneficiaries who had positive attitude differed only by 3.8 compare to 41 (45.1%) unsatisfied against 50 (54.9%) satisfied NHIF beneficiaries.

5.3.1 Modality of Admission

The modality of admission was similarly found to be a strong statistically significant determinant of the NHIF beneficiaries' satisfaction at accredited health care facilities with $p < 0.0001$. The Referred NHIF beneficiaries were highly likely to be unsatisfied than un-referred beneficiaries. The findings indicated that 84.8% of the referred NHIF beneficiaries were not satisfied whereas, only 46.4% of un-referred beneficiaries were found to be unsatisfied with the quality of service offered at accredited health care facilities. During the interview, the researcher discovered that the majority of referred NHIF beneficiaries didn't likely to be referred to accredited health care facilities and consequently they were affected psychologically.

5.4 The extent to which NHIF Beneficiaries have been satisfied with Health Service Offered

The contingency for categorical data and Mann Whitney test were performed to examine the perception of the NHIF beneficiaries on the level of satisfaction for health services offered to them by the accredited health facilities by considering the difference ins satisfaction between outpatients and inpatients clients. This merely relied on five major components of the SERQUAL model such as Tangibility, Reliability, Responsiveness, Assurance, and Empathy

5.4.1 NHIF beneficiaries Satisfaction concerning Service Tangibility

The researcher investigated the extent to which the NHIF beneficiaries have been satisfied with the appearance of physical facilities and equipment layouts available in different wards and units at accredited health facilities. The research considered and compared the satisfaction level of inpatient and outpatient NHIF beneficiaries as summarized in table 3. The responses on the appearance of hospital buildings and room's cleanliness ($p = 0.421$); appealing of equipment's that associated directly to service provisions like computers and wheelchairs ($p = 0.875$); and OPD's reception layout ($p = 0.237$) were found to be a not statistically significant difference in the level of satisfaction among outpatient and inpatients. The satisfaction level in the rest two variables includes equipment found in OPDs reception ($p < 0.001$); and sufficiency and appealing of toilets in OPD and wards ($p = 0.021$) were significant differences among outpatients and inpatient NHIF beneficiaries as their p-value found to fall below 0.05.

Table 3: Satisfaction concerning Service Tangibility

	Outpatients (n = 78)			Inpatients (n = 72)			
	Med	Mod	M.R	Med	Mod	M.R	P - Value
Reception is equipped with up to date facilities	2	2	61.53	4	4	90.63	0.001**
Reception layout are comfortable for patients to interact with hospital attendants	3	4	79.07	4	4	71.63	0.237
Ward'sand toilets are sufficient, clean and interesting	2	2	69.38	3	4	82.13	0.021*
Types of equipment associated with service delivery are visually appealing	4	4	75.05	4	4	75.99	0.875
The appearance of hospital buildings and room's cleanliness is appealing	4	4	73.62	4	4	77.53	0.421

Source (Field, 2021)

Mann Whitney Test at 95% significance level, ** strongly significant, *Significant Med=Median; Mod=Mode; M. R= Mean Rank
Key of median, mode, and M.R values: the highest value shows a high satisfaction level as 1 = very dissatisfied and 5 = very satisfied

The study findings have shown that outpatients were not satisfied appearance of receptions in some of the accredited health facilities (Hospitals) includes facilities and equipment installed such as television/radio, benches/chairs, wall clock (med=mod=2) this is different from their counterpart inpatients who shown to be satisfied with s reception appearance (med=mod=4). According to researcher observation, the reception area has no attractive seats. There are only tall wooden chairs that seem to be shorter and a single bench not able to carry more than five people sitting together on average. Swere, (2016) also reported the existence of inadequate facilities in public health institutions such as wall watches, insufficient seats, and poor means of communication between health attendants and patients to inform about treatment procedures such as usage of speakers, or flowing display that can be used to show who is next to see doctors. Based on these findings it is clear the hospital has a deficit of reception chairs at the department and their improvement of the existing benches.

On the other hand, the findings also revealed that outpatient NHIF beneficiaries had neither satisfied nor unsatisfied with the reception layout of equipment and furniture to give a comfortable atmosphere for patients to interact with hospital attendants (med=3, mod=4). The hospital has a satisfactory space and the layout is not complicated to the extent of being unable to support patients and medical attendant interaction. The NHIF beneficiaries were satisfied with the availability of equipment associated with service providers such as computers, wheelchairs, hospital manual birds are visually appealing (med=mod=4). The study findings show that outpatients' toilets environments were not appealing compare to inpatients. This leads to dissatisfaction among outpatients (med=mod=2) whereby a majority of inpatients NHIF beneficiaries were satisfied with wards toilets (med=3, mod=4). The researcher noted that the hygiene in some wards was heavily complained by patients especially in male wards and s where

most patients were found to be dissatisfied with sanitation. The researcher has further noted that the condition is still worth to NHIF beneficiaries who use health insurance cards (NHIF) for treatments. In some of the hospital, the researcher revealed that the reception for NHIF patients it is too small with poor infrastructures. The reception area of the insured people is very small and inadequate to accommodate all. Some patients are forced to sit aside to wait for their answers for more than an hour due to network problems and thus lead to overcrowding in the reception area of the NHIF patients.

5.4.2 NHIF beneficiaries Satisfaction concerning Service Reliability

The researcher had also assessed the extent to which the NHIF beneficiaries have been satisfied with the accurateness of service offered and to see the extent to which health attendants were able to perform their duties as promised. The study findings show that only one variable (sufficiency of wards) had a significant difference in the level of satisfaction among inpatient and outpatient ($p < 0.001$). This means that the level of satisfaction concerning service reliability was absolute alike to both inpatients and outpatients as summarized in table 4.5.

Table 4: Satisfaction concerning Service Reliability

	Outpatients (n = 78)			Inpatients (n = 72)			
	Med	**Mod**	**M.R**	**Med**	**Mod**	**M.R**	**P – Value**
Wards are sufficient to meet with patient demands	3	4	86.35	2	2	63.74	0.001**
The nurses treat with courtesy	4	4	72.83	4	4	78.39	0.369
Time spent at AFH is reasonable for patient treatment	2	2	72.60	2	4	78.65	0.361
The doctors treat with courtesy and respect	4	4	77.55	4	4	73.28	0.414
There is no problem aroused due to doctor's/nurse's fault	4	4	72.82	4	4	78.40	0.069
All drugs prescribed by a doctor are available in hospital pharmacy	2	2	75.52	2	2	75.48	0.995
The patients received successfully diagnosis services as prescribed by doctors	4	4	71.12	4	4	80.24	0.135

Mann Whitney Test at 95% significance level, ** strongly significant, *Significant Med=Median; Mod=Mode; M. R= Mean Rank

Key of median, mode, and M.R values: the highest value shows a high satisfaction level as 1 = very dissatisfied and 5 = very satisfied

Source (Field, 2021)

While outpatient looks like there are neither sufficient nor insufficient wards at accredited health facilities (med=3, mod=4), inpatients revealed that they have not been satisfied with the size of wards (med=mod=2), and therefore it doesn't satisfy NHIF beneficiaries demands. The NHIF beneficiaries have been gratified with the politeness of medical attendants include both nurses

and doctors (med=mod=4). The majority of patients responded to be satisfied with the way doctors and nurses treat them with courtesy and respect. NHIF beneficiaries were not satisfied with the time spent waiting for services. The majority of outpatients (med=mod=2) were discouraged with the time they spent waiting for the medical attendant to respond to their problems which too long time to finish the whole treatment routine and consequently delay returning to their living place. While the highest number of inpatients were found to be satisfied with waiting time for the service, the median value portrayed dissatisfaction and therefore the is a great possibility that the observed difference between median and mode value observed have occurred by chance.

These responses revealed that the delay in responding to patients in demand for services is greatly affected by the poor communications system being used and so the hospital board should look at how they can improve the communication system quickly to help the patient get information on time and more quickly without interruption. The study findings revealed that the NHIF beneficiaries were highly agreed that the doctors and nurses were effectively performed their duties as stipulated and therefore there is no problem aroused due to doctors' or nurses' faults (med=mod=4). The study discovered that the patients were not satisfied with drugs availability at accredited health facilities (med=mod=2). The majority of the patients claimed to be sent to buy medicines in peripheral medical shops. This is considered as a great disturbance by most NHIF beneficiaries due to lack of familiarity with prices and assurance of the quality of out-shops medicine guarantees.

5.4.3 NHIF Beneficiaries Satisfaction concerning Service Providers Responsiveness

Responsiveness refers to the willingness to help the client and to provide prompt service. With regards to the responses summarised in Table 5, it is revealed that identification of the seriously ill patients for priority treatments, Features in the hospital, provides prompt service, timely response to promising and time spent by the doctors to listen to the patients' problems were statistically significant ($p<0.05$).

Table 5. Satisfaction concerning Service Providers Responsiveness

	Outpatients (n = 78)			**Inpatients (n = 72)**			
	Med	**Mod**	**M.R**	**Med**	**Mod**	**M.R**	**P - Value**
Attendants identify very ill patients for priority treatments	3	4	66.76	4	4	84.97	0.003*
Features in the hospital, provides prompt service	4	4	67.99	4	4	83.64	0.007*
When a nurse promises a patient, she/he does it timely	3	2	63.54	3.5	4	88.46	0.001**
The number of available doctors' correlate with patients' requirement	3	4	73.15	3	2	78.04	0.468
Doctors spent enough time to listen patients' problems	4	4	88.86	2	2	61.03	0.001*

Mann Whitney Test at 95% significance level, ** strongly significant, *Significant Med=Median; Mod=Mode; M. R= Mean Rank
Key of median, mode, and M.R values: the highest value shows a high satisfaction level as 1 = very dissatisfied and 5 = very satisfied

Source (Field, 2021)

The study findings revealed that the inpatient NHIF beneficiaries recognized and were satisfied with the way attendants give high priority to very ill patients by offering them priority treatment (med=mod=4). On the other side the outpatient NHIF beneficiaries had neutral responses (med=3) though the majority seems to be satisfied (mod=4) compare to other response categories. The responses had also revealed that inpatient NHIF beneficiaries were highly satisfied with the way nurses fulfill their promises to patients (M.R = 88.46) than outpatient NHIF beneficiaries (M.R = 63.54). The majority of outpatient NHIF beneficiaries were not satisfied with the way nurses obliged their promises to the NHIF beneficiaries (mod = 2). The study findings exposed that, the NHIF beneficiaries had neither agreed nor disagreed to be satisfied with some doctors in the accredited health facilities concerning their requirements. The median value for both inpatients and outpatients was 3, while mode values were 4 to outpatients and 2 to inpatients. The study findings show that the difference observed was not statistically significant (p=0.468). That is to say, though the deficiency of doctors in the accredited health facilities exists, none of the inpatient or outpatient know exactly if the number of doctors is sufficient or not. The responses revealed that most doctors in the accredited health facilities spent most of their time to listen outpatient (M.R = 88.86) than inpatient NHIF beneficiaries (M.R = 61.03). Consequently, the outpatient was found to be satisfied with the way doctors listen to their problem (med=mod=4), whereby the inpatients were not satisfied (med=mod=2).

4. Conclusion

With regards to the findings addressed in this report, it has been revealed that the level of NHIF beneficiaries' satisfaction differs concerning gender. The demographics factors like age, marital status, and education level had no significant impact in determining the satisfaction level. Moreover, the study revealed that other factors like; department in which patient is served either outpatient or inpatient, time spent at the hospital waiting for the service, and hospital visiting frequency, influence the satisfaction level to a higher extent

5. Recommendation

Service quality with regards to the dimensions investigated under this study revealed different aspects of the healthcare organization (the accredited health care facilities) in terms of service delivery and the direction of satisfaction by the beneficiaries. Hence, it is recommended that: Accredited health facilities need to fully utilize service quality dimensions to improve their performance towards service delivery. So that consumers are satisfied, service providers should feature competence and courtesy, be receptive and be ready to support, divulge assurance and trust from recipients. As the study findings discovered inefficiencies in quality improvement strategies, the study recommends medical facilities to have equality in health service provision regardless of patient type (insured or not insured).

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