

Evaluation of Patients' Satisfaction on National Health Insurance Scheme among Private Hospitals in Ado-Ekiti, South West, Nigeria

Opeyemi Oladipupo Abioye^{1*}, Olusoji James Daniel², Tope Michael Ipinnimo¹, John Olujide Ojo^{1,3}, Kayode Rasaan Adewoye^{1,3}, Serifat Asabi Babalola³, Taofeek Adedayo Sanni^{1,3}, Jennifer Chimenka Nwosu⁴, Loizy Fana-Granville⁵

¹Department of Community Medicine, Federal Teaching Hospital, Ido-Ekiti, Nigeria

²Olabisi Onabanjo University, Ago-Iwoye, Nigeria

³Afe Babalola University, Ado-Ekiti, Nigeria

⁴Birmingham City University, Birmingham, United Kingdom

⁵Rivers State University Teaching Hospital, Port Harcourt, Nigeria

Abstract

Patient satisfaction is a useful measure in assessing the quality of health care service received by patients. Patient satisfaction may influence healthcare utilization and can be a predictor of subsequent health-related behaviour regarding patients' willingness to recommend their healthcare provider(s). This study therefore evaluated patient satisfaction with the National Health Insurance Scheme (NHIS) among accredited private hospitals in Ado-Ekiti, Ekiti state, South West Nigeria, as many earlier studies focused primarily on clients attending government-owned hospitals. A descriptive cross-sectional study among enrollees of NHIS-accredited private hospitals in Ado-Ekiti between July and September 2023 with the use of a semi-structured questionnaire. A multi-stage sampling technique was used to select respondents for the study. Data was analyzed using SPSS version 25. Both descriptive and inferential statistics were carried out and the level of significance was taken at $P < 0.05$. A total of 316 were included in the study. The majority were married (85.2%), in secondary education (48.1%), and registered on government-organized care (67.1%), female respondents (52.2%) were more than male respondents (47.8%). About 89.9% of respondents were willing to re-use the facility and recommend the health-care scheme to a friend. About 70.6% of respondents scored high (>60%) on patient satisfaction with mean satisfaction score \pm (SD) of 71.3 ± 16.4 . Identified predictors of patient satisfaction include female sex, having tertiary education, and belonging to government-organized care as a type of health insurance. The study concluded that the majority of the registered patients were satisfied with the services at NHIS-accredited private hospitals and were willing to recommend the health facility.

Keywords: Hospitals, Patient, Satisfaction.

Introduction

A condition of enjoyment or happiness with a deed, occasion, or service, particularly one that was previously wanted, is also referred to as satisfaction [1]. Satisfaction can be described as a patient's reaction to several aspects of their service experience [2]. Patients thereby evaluate the healthcare services as

well as the providers from their subjective point of view. There are several motivations for surveying patient satisfaction. It may influence healthcare utilization, and can be a predictor of subsequent health-related behavior and whether patients are willing or not to recommend their health-care provider to

others. Patient satisfaction is a useful measure in assessing patterns of communication.

Patients are the best source of accurate information regarding the clarity of explanations, the usefulness of the information patients are receiving, obstacles to receiving care, or the doctor's interpersonal behaviour, even though they may not be able to assess certain technical aspects [3].

Health insurance is a health social security system that guarantees the provision of needed health services to persons on the payment of token contributions at regular intervals [4].

Private hospitals in Nigeria are closer to the people living in any defined local community despite making up about 33% of health facilities in Nigeria, [5] to achieve universal health coverage, private hospitals are an important part of the health infrastructure having favourable geographical access to many of the grass root citizens in Nigeria. Nigeria's federal government established the National Health Insurance Scheme (NHIS) in 1999 by decree 35 of the 1999 constitution. However, the scheme did not go into effect until approximately six years later, on June 6, 2005, when it was formally launched and enrollment began in September of the same year. The NHIS, health maintenance organizations (HMOs), and the healthcare provider are the three primary stakeholders in this tripartite public-private partnership. [4]

Participation in NHIS is optional except for workers in the public and private sectors who will contribute 5% of their basic salary to the scheme while their employers pay 10% for each worker, which entitles a contributor, the spouse and four children to enjoy the benefit of the package (till the age of 18).

In Nigeria, with the introduction of NHIS, private involvement in health service delivery is expected to increase substantially, thereby increasing the level of competition. Despite the high level of out-of-pocket payment in Nigeria, [6] the NHIS is saddled with the duty of enhancing wider coverage of primary health

care by reducing the financial burden of health care cost and spreading the risk across the population at the state and the federal levels. The contextual paradigm of current healthcare service delivery globally has recognized the importance of patient satisfaction with the quality of care received in a health facility [7]. If satisfaction with the structure, process, and outcome of care are the critical elements of quality of care, then how care is delivered should be evaluated through the eyes of the patients. [8] Measurement of patient satisfaction is therefore one of the ways to learn more about these aspects of quality of care. Patient satisfaction has been observed as one of the reasons why some patients prefer to seek treatment from complementary and alternative medical practitioners. However, healthcare assessed to be of high quality according to the provider-defined criteria may be far from the ideal high quality if the patient is dissatisfied with it. The dissatisfied patient of one health facility may have received better care than the satisfied patient of another hospital. This study aimed to evaluate patient satisfaction with healthcare services offered by NHIS-accredited private hospitals in Ado-Ekiti. Many similar studies have been carried out on patient satisfaction among NHIS enrollees in many parts of the country, but the majority of such evaluations were in government-owned hospitals, hence the need to fill the knowledge gap on NHIS service delivery between private and public hospitals in Nigeria.

Methodology

Study Area

The whole territory of Ekiti State is tropical. It is situated between latitudes 70°151' and 80°51' north of the equator and longitudes 40°51' and 50°451' east of the Greenwich meridian. With a total land area of 5887.890 sq km, it is bordered by Ondo State in the east and south, Kwara and Kogi states to the south, and Osun states to the east. [9]

There are 16 Local Government Councils in Ekiti state, and according to the initial population estimate made on October 1st, 1996, the number is put at 1,750,000, including the capital. Since its inception, the capital has been located in Ado-Ekiti-the study area. Ekiti State is said to be the 30th most populous state in Nigeria having an approximate population of 3.3 million as of 2016 [10].

Study Population

The study population covered policy-holders of statutory health insurance in registered National Health Insurance Scheme (NHIS) accredited private hospitals in Ado-Ekiti, Ekiti State, Nigeria. In Ado-Ekiti, Ekiti State, there are twelve registered NHIS-accredited private hospitals; servicing about ten thousand (10,000) registered NHIS patients. These patients are Federal Government civil servants whose bio-data has been captured. They include Police men and women, members of the Nigerian Civil Defense Corps, Nigerian Immigration Service Corps members, and Federal Road Safety Corps. Others include Teachers from Federal Unity Schools, members of staff from Federal Polytechnic Ado-Ekiti and Federal University Oye-Ekiti. Besides, some patients whose bio-data has been captured under the private scheme from the private sector such as banks, industries and manufacturing companies were also included.

Study Design

A descriptive cross-sectional study was carried out to **evaluate the satisfaction of service** among registered clientele of accredited private hospitals in Ado-Ekiti, Ekiti state between July and September 2023.

Sample and Sample Size Calculation

A minimum sample size of 316 was derived from the Leslie Fisher formula: $[n=Z^2pq/d^2]$ for estimating sample size for descriptive population health studies [11] using 75% as an

approximate number of patients who were satisfied in a prior study on NHIS services in Lagos state, Nigeria.[12] Assuming a response rate of 90%, the sample size calculated was divided by the assumed response to compensate for the non-response among the subjects [11]

Sampling Procedure

Multi-stage sampling techniques were employed in this study. In the first stage, six (6) private hospitals were selected via simple random sampling using the balloting method from the list of private hospitals in Ado-Ekiti. These hospitals include Adelaide Hospital, St. Gregory Hospital, Olumirin Hospital, Supreme Faith Hospital, Erinfolami Hospital, and Orire Hospital. Secondly, all registered patients were stratified into five: law enforcement agents, tertiary institution workers, primary/secondary educational institution workers, private firm workers (e.g. bankers, manufacturers etc) and others which include members of staff in government parastatals and special agencies etc. In the third stage, ten to thirteen patients were selected through simple random sampling from each stratum in each selected private hospital till a total of 316 subjects were sampled.

Data Collection Methods

A pre-tested validated questionnaire was used to collect data from the respondents. The questionnaire was self-administered, and the investigator was available to provide clarification to respondents. The questionnaire comprises three (3) sections; with section "A" comprising eight (8) items seeking socio-demographic data such as age, sex, marital status, level of education etc. Section "B" consists of ten (10) main questions about factors influencing patients' satisfaction in the hospital. Section "C" seeks information on patients' satisfaction level using the 5-point Likert scale featuring: strongly satisfied,

satisfied, neutral, dissatisfied, and strongly dissatisfied.

Data Analysis

The analytical techniques that were used in the analysis of the data include descriptive statistical method and Chi-Square technique using Statistical Package for Social Sciences (SPSS) IBM version 25. The level of significance was taken at $P < 0.05$.

On the reliability of the patient satisfaction tool, **table 3** showed a total Cronbach's alpha score of 0.744 demonstrating that most of the items were reliable.

Ethical Consideration

The ethical clearance was issued by the Human Research and Ethics Committee, Federal Teaching Hospital, Ido-Ekiti before the commencement of the study. **The protocol number: ERC/2023/05/10/1033A.** Anonymity, confidentiality, right to participate or not to participate in the study were ensured throughout the study.

Results

Table 1 shows the socio-demographic characteristics of the respondents where just over a third (38.3%) of the respondents were in the age bracket of 30 – 39 years, the minority (9.2%) were within age 60 -69 years, the mean age \pm SD was 40.5 ± 11.5 years, while the range of age among the subjects was 20 to 69 years. Regarding marital status, about 81.5% were married, 9.5% were single, 4.1% were divorced, and 1.3% of the respondents were widowed. Less than half 48.1% belonged to the category of having secondary education as the highest level of education, while 31% had tertiary education, only 20.9% had primary education. A larger portion of the

subjects 67.1% reported their type of health insurance to be government organized care, while the remaining 32.9% belonged to private organized care.

Table 2 shows the spectrum of patient satisfaction concerning accessibility, service delivery time, hospital bureaucracy, hospital environment, hospital staff attitude, care provider communication, doctor's politeness, and patient-provider relationship against the Likert scale from strongly satisfied, satisfied, neutral dissatisfied, and strongly dissatisfied. On doctor's politeness, 38.9% of respondents were strongly satisfied, accessibility 37.3% were strongly satisfied, patient-provider relationship 36.7% were strongly satisfied, 22.5% were dissatisfied with the hospital environment, and 17.7% were dissatisfied with doctor's politeness during consultation. About service delivery time, around 7.3% were strongly dissatisfied, while just 2.2% were strongly dissatisfied on doctor's politeness.

Table 4 shows the overall assessment of patient's level of satisfaction with NHIS services where 70.6% had high score (greater than 60%), 29.4% had low score (less than 60%) with mean satisfaction score \pm SD(%) of 71.3 ± 16.4 , the patients' satisfaction score range was found to be 25% to 100%.

Figure 1 shows the patient's perceived factors that promote satisfaction on NHIS; hospital bureaucracy was found to be the highest promoter of satisfaction in private hospitals with 84.5% score, followed by hospital environment having 82.9%, staff attitude with 82%, facility accessibility 77.8%. Patient-provider relationship, care-provider communication, and doctor's politeness were the least factors promoting satisfaction scoring 69.9%, 69.0%, and 58.9% respectively.

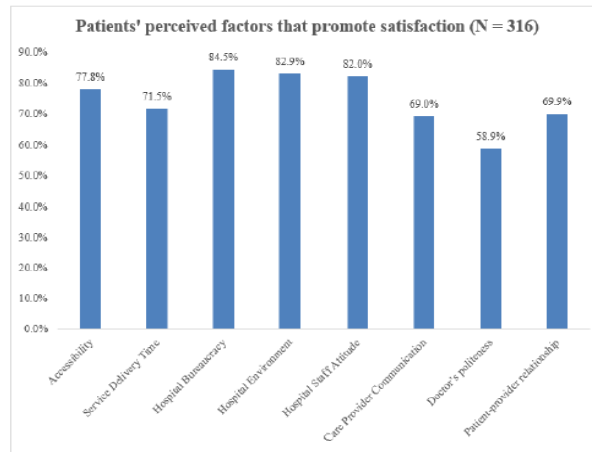


Figure 1. Patients' Perceived Factors Promoting Satisfaction.

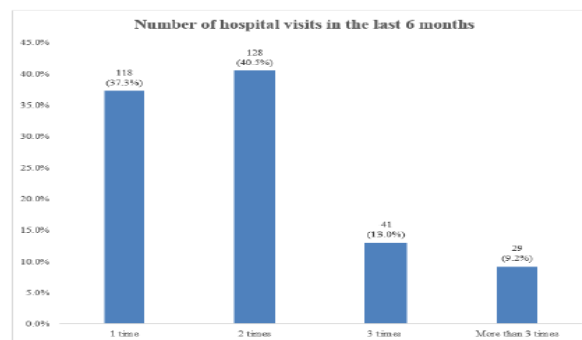


Figure 2. Number of Hospital Visits in the Last 6 Months Among Respondents.

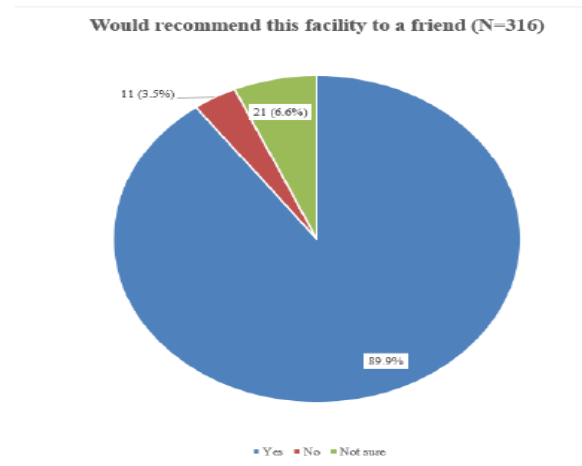


Figure 3. Likelihood of Recommending the NHIS Facility to a Friend.

Table 5 revealed factors associated with patient's satisfaction: being a male patient ($p=0.034$), having primary education ($p=0.012$), belonging to government organized care ($p=0.001$) were statistically significant using the Chi square test, while other factors like age, female sex, marital status, secondary education, tertiary education, and belonging to

private organized care were not statistically significant.

Table 6 shows predictors of patient's satisfaction: females were 1.6 times more likely to be satisfied on NHIS than their male counterparts (AOR=1.68, $p=0.043$, 95%CI: 1.017- 2.797), patients with tertiary education were 3 times more likely to be satisfied with

NHIS than patient with primary education (AOR=2.844, p=0.005, 95%CI: 1.366 – 5.924), and patients belonging to government-organized care as a type of health insurance package were 2.4 times more likely to be satisfied than their private organized care counterparts (AOR= 2.463, p= 0.001, 95%CI: 1.466 – 4.139).

Figure 2 shows that 40.5% visited the private hospital on at least 2 occasions in the

last 6 months, 13% visited the private hospital about 3 times during the same period, and 9.2% had visited the hospital more than 3times within the last 6months.

Figure 3 shows the response of the respondents on whether they would recommend the NHIS facility to a friend. A total of 89.9% said yes, 3.5% said no, 6.6% were not sure.

Table 1. Socio-demographic Characteristics of Respondents

Variable	Frequency N = 316	Percentage (%)
Age of respondent (in years)		
20 – 29	46	14.6
30 – 39	121	38.3
40 – 49	79	25.0
50 – 59	41	13.0
60 – 69	29	9.2
<i>Mean age ± SD</i>	<i>40.5 ± 11.5</i>	
<i>Age range</i>	<i>20 – 69</i>	
Sex		
Male	151	47.8
Female	165	52.2
Marital Status		
Married	269	85.1
Divorced/ Separated	13	4.1
Widowed	4	1.3
Single	30	9.5
Highest level of education		
Primary	66	20.9
Secondary	152	48.1
Tertiary	98	31.0
Type of health insurance package		
Government Organized care	212	67.1
Private Organized care	104	32.9

Table 2. Patients' Satisfaction with NHIS Services

Variable	Strongly Satisfied n (%)	Satisfied n (%)	Neutral n (%)	Dissatisfied n (%)	Strongly Dissatisfied n (%)
Accessibility	118 (37.3)	120 (38.0)	48 (15.2)	21 (6.6)	9 (2.8)
Service Delivery Time	100 (31.6)	111 (35.1)	43 (13.6)	39 (12.3)	23 (7.3)
Hospital Bureaucracy	92 (29.1)	163 (51.6)	14 (4.4)	34 (10.8)	13 (4.1)
Hospital Environment	49 (15.5)	144 (45.6)	33 (10.4)	71 (22.5)	19 (6.0)
Hospital Staff Attitude	84 (26.6)	170 (53.8)	30 (9.5)	15 (4.7)	17 (5.4)
Care Provider Communication	97 (30.7)	151 (47.9)	29 (9.2)	30 (9.5)	9 (2.8)
Doctor's politeness	123 (38.9)	115 (36.4)	15 (4.7)	56 (17.7)	7 (2.2)
Patient-provider relationship	116 (36.7)	130 (41.1)	30 (9.5)	29 (9.2)	11 (3.5)

Table 3. Assessment of Patients' Level of Satisfaction on NHIS Services

Variable	Frequency N = 316	Percentage (%)
Patients' Satisfaction		
High (>60%)	223	70.6
Low (\leq 60%)	93	29.4
Mean Satisfaction Score \pm SD (%)	71.3 \pm 16.4	
Range (%)	25.0 – 100.0	

Table 4. Factors Associated with Patients' Satisfaction in this Study

Variable	Patient's Satisfaction		Chi square	p-value
	High n (%)	Low n (%)		
Age of respondent (in years)				
20 – 29	25 (54.3)	21 (45.7)	8.153	0.086
30 – 39	92 (76.0)	29 (24.0)		
40 – 49	57 (72.2)	22 (27.8)		
50 – 59	30 (73.2)	11 (26.8)		
60 – 69	19 (65.5)	10 (34.5)		
Sex				
Male	98 (64.9)	53 (35.1)	4.475	0.034
Female	125 (75.8)	40 (24.2)		
Marital Status				
Married	191 (71.0)	78 (29.0)	0.855	0.836
Divorced/ Separated	9 (69.2)	4 (30.8)		
Widowed	2 (50.0)	2 (50.0)		

Single	21 (70.9)	9 (30.0)		
Highest level of education				
Primary	41 (62.1)	25 (37.9)	8.922	0.012
Secondary	102 (67.1)	50 (32.9)		
Tertiary	80 (81.6)	18 (18.4)		
Type of health insurance package				
Government Organized care	162 (76.4)	50 (23.6)	10.598	0.001
Private Organized care	61 (58.7)	43 (41.3)		

Table 5. Predictors of Patients' Satisfaction

Variable	AOR	95% Confidence Interval		p-value
		Lower	Upper	
Sex				
Male (ref)	1.000			
Female	1.686	1.017	2.797	0.043
Highest level of education				
Primary (ref)	1.000			
Secondary	1.272	0.686	2.359	0.444
Tertiary	2.844	1.366	5.924	0.005
Type of health insurance package				
Government Organized care	2.463	1.466	4.139	0.001
Private Organized care (ref)	1.000			

AOR – Adjusted Odd Ratio; ref – reference category

Discussion

The age range (20 -69 years) of this study is similar to a study in North Central Nigeria at the federal medical center Keffi where patients' satisfaction was similarly evaluated among patients under NHIS having age range 18 to 60 years [13]. Such age structure is characterized by people that do not belong to extremities of age group and could be very objective in their opinions on patient satisfaction with health services rendered in various health centers. The mean age of

respondents in a similar study on patient satisfaction in Aminu Kano Teaching Hospital was 31.9 ± 12.0 years, [14] which is close to that of the study in Ado-Ekiti having a mean age value of 40.5 ± 11.5 . The female (52.2%) respondents in this research slightly outnumbered their male (47.8%) counterparts (male:female ratio is 1:1.10) similar to the study in Kano with male: female ratio of 1:1.2. [14] Such similarity in sex ratio may attest to the fact that many female subjects tend to seek medical attention than their male counterparts

in this part of the world. The factors promoting satisfaction perceived by the patients in this study were: minimal hospital bureaucracy in private hospitals (84.5%) similar to a study among NHIS patients in Lagos University Teaching where 93.9% asserted they were able to access the clinic anytime they wanted with minimal wait [12]; attractive hospital environment (82.9% in this study) contrary to the study in Benin where patients rated the government hospital sanitation as being poor at 46% [15]; good hospital staffs' attitude towards patients (82%) similar to the study in Anambra where doctors attitude to patients were rated high (82.5%) [16].

The mean satisfaction score in the Ado-Ekiti study was $71\% \pm 16.4\%$ which in the same tone was high among Lagos University Teaching Hospital NHIS enrollees where 73.7% of the respondents were satisfied with the perceived quality of care [12], also in Keffi, the overall average satisfaction grade was 63.1% [13]. The average satisfaction score was slightly reduced among the NHIS patients attending a government tertiary hospital in the Federal capital territory, Abuja where the lower score recorded was 58.1% [17]. A higher overall satisfaction score was however recorded in the study in Northern Aminu Kano University Teaching Hospital where over 83% reported they were satisfied with the services received from the Kano Teaching Hospital [14]. The higher satisfaction in Kano can be attributed to the high literacy rate of the respondents who were more familiar with administrative architecture in hospitals and also belonged to the civil service sector and education sector as students. Differences in NHIS participants' cross-sectional comparative research in a few public and private health institutions in Oyo state revealed in both private and public healthcare institutions, the overall degree of satisfaction with the quality of health care was 40% and 60%, respectively [18], when compared to patients who visited private hospitals, those

who visited public health institutions expressed greater satisfaction with the NHIS care they got, this result is similar in public hospital arm (60% versus 83%, 63.1%, 73.7%) to the previous results from Kano, Keffi, Lagos respectively, but contradictory to the high satisfaction score in Ado-Ekiti (40% in Oyo versus 71% in Ado-Ekiti) among the private hospitals. Such high disparity can be attributed to the calibre of health services rendered in private hospitals in Oyo state which may be lower in quality among the selected private hospitals than the services rendered in selected private hospitals in Ado-Ekiti using the patient satisfaction tools.

On the predictors of patients' satisfaction, a study done among Federal Government Staff in Ibadan discovered that education and the facility type were associated with higher levels of satisfaction among NHIS enrollees, [19] this is in alignment with the study in Ado-Ekiti which showed that patients with tertiary education were three times more likely to be satisfied with NHIS services. Education is critical in being health literate, and health literacy is an important factor in patients' perception and expression of satisfaction with health care services rendered by the service providers. Educated patients are likely to give better and more objective judgement on the quality of health care services provided across different levels of care in Nigeria and yonder than uneducated recipients of health care services. In Ghana, waiting times and financial capacity have the largest correlation with overall patient satisfaction, according to a study on patient satisfaction predictors at Sunyani Municipal Hospital's ophthalmology services [20]. Though our study in Ado-Ekiti did not look at satisfaction from a financial status angle, future research in developing countries can further explore the relationship between patients' satisfaction on health care services and financial status.

Conclusion

This study, which evaluated patient satisfaction with National Health Insurance Scheme (NHIS) among accredited private hospitals in Ado-Ekiti, Ekiti State Nigeria, concludes that registered patients were satisfied with the effectiveness of NHIS service delivery among accredited private hospitals in Ekiti State concerning minimal hospital bureaucracy, attractive hospital environment, and good attitude of the hospital staffs. In addition, patients were not delayed unnecessarily, the hospital staff's attitude was good and care provider communication was polite, soothing and effective, but doctors' politeness was the least factor promoting satisfaction among the respondents. The level of efficiency of NHIS service delivery was

References

- [1] Noun Satisfaction Definition. Oxford Advanced Learners Dictionary. Available at: <https://www.oxfordlearnersdictionaries.com/definition/english/satisfaction?q=satisfaction>. Accessed May 5, 2024.
- [2] Deshwal, P., Ranjan, V., Mittal G., 2014, College clinic service quality and patient satisfaction. *Int J Health Care Qual Assur*, 27(6), 519–30.
- [3] Emelumadu, O.F., Ndulue, C.N., 2012, Patients characteristics and perception of quality of care in a teaching hospital in Anambra State, Nigeria, *Nigerian Journal of Medicine*. 21(1), 16-20.
- [4] National Health Insurance Scheme, 2005, Operational Guidelines.
- [5] Makinde, O.A., Sule, A., Ayankogbe O, Boone, D., 2018, Distribution of health facilities in Nigeria: Implications and options for Universal Health Coverage, *Int Journal of Health Planning Management*, 33(4), e1179–92, <https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.2603>.
- [6] Uzochukwu, B.S.C., Ughasoro, M.D., Etiaba, E., Okwuosa, C., Envuladu, E., Onwujekwe, O.E.,

high in the study area with a mean satisfaction score \pm SD (%) of 71.3 ± 16.4 . It is therefore recommended that NHIS should strive to expand the coverage of services to both workers in the formal and informal sectors in the state and yonder to avoid OR MINIMISE out-of-pocket payment for health services.

Conflict of Interest

There is no conflict of interest in the complete production of this original research work, the authors received no funding from any interfering organization or person.

Acknowledgement

The authors acknowledge the magnanimity of the medical directors and administrative staff members in the private hospitals selected for the research work in Ado-Ekiti.

- 2015, Health care financing in Nigeria: Implications for achieving universal health coverage, *Niger J Clin Pract*, 18(4), 437–44.
- [7] Iloh, G., Ofoedu, J., Njoku P., Odu, F., Ifedigbo, C., Iwuamanam, K., 2013, Evaluation of patients' satisfaction with the quality of care provided at the National Health Insurance Scheme clinic of a tertiary hospital in South-Eastern Nigeria. *Nigeria Journal of Clinical Practice*, 15(4), 469–74, <https://www.ajol.info/index.php/njcp/article/view/84294>
- [8] McCullough, K., Andrew, L., Genoni, A., Dunham, M., Whitehead, L., Porock, D., 2023, An examination of primary health care nursing service evaluation using the Donabedian model: A systematic review, *Research in nursing & health*, 46(1), 159-76.
- [9] Ekiti State Website, Official Website of the Government of Ekiti State, <https://www.ekitistate.gov.ng/>
- [10] National Bureau of Statistics, Population 2006 – 2016, nigerianstat.gov.ng/elibrary/read/474.
- [11] Bolarinwa, O.A., 2020, Sample size estimation for health and social science researchers: The principles and considerations for different study

designs, *Nigeria Postgraduate Med J*, 27(2),67–75, https://journals.lww.com/npmj/fulltext/2020/27020/sample_size_estimation_for_health_a

[12] Adebobola, A.Z., Olomofe, C.I., Akinwumi, A.A., Adebobola, O., 2023, Service Utilization and Client Satisfaction with Quality of Healthcare among Enrollees of Health Insurance Attending a Tertiary Hospital in South-Western Nigeria, *Asian Journal of Medical Principles and Clinical Practice*, 6(1), 12-25.

[13] Daramola, O.E., Maduka, W.E., Adeniran, A., Akande, T.M., 2017, Evaluation of Patients' Satisfaction with Services Accessed under the National Health Insurance Scheme at a Tertiary Health Facility in North Central, Nigeria, *Journal of Community Medicine and Primary Health Care*, 29(1), 11-7.

[14] Iliyasu, Z., Abubakar, I.S., Abubakar, S., Lawan, U.M., Gajida, A.U., 2010, Patients' satisfaction with services obtained from Aminu Kano Teaching Hospital, Kano, Northern Nigeria, *Nigerian journal of clinical practice*, 13(4).

[15] Ofili, A.N., Ofowwe, C.E., 2005, Patients' assessment of efficiency of services at a teaching hospital in a developing country, *Ann Afr Med*, 4(4), 150-3.

[16] Emelumadu, O.F., Ndulue, C.N., 2012,

Patients characteristics and perception of quality of care in a teaching hospital in Anambra State, Nigeria, *Nigerian Journal of Medicine*, 21(1), 16-20.

[17] Daramola, O.E., Adeniran, A., Akande, T.M., 2018, Patients' satisfaction with the quality of services accessed under the National Health Insurance Scheme at a Tertiary Health Facility in FCT Abuja, Nigeria. *Journal of Community Medicine and Primary Health Care* 30(2), 90-7.

[18] Akande, R.O., Abodunrin, O.L., Olarewaju, S.O., Adeomi, A.A., Akande, J.O., Faramade, I.O., 2022, Health insurance in private and public health facilities in Southwestern Nigeria: what determines clients satisfaction with the quality of service? *Pan African Medical Journal*, 41(1).

[19] Osungbade, K.O., Obembe, T.A., Oludoyi, A., 2014, Users' satisfaction with services provided under National Health Insurance Scheme in southwestern Nigeria, *International Journal of Tropical Disease & Health*, 4(5), 595-607.

[20] Oppong, K., Prince, A.O., Genevieve, A.C., Aikins, M., Sraku-Lartey, K., 2020, Predictors of Patient Satisfaction with Ophthalmic Services: A Case Study at Sunyani Municipal Hospital, Ghana, *Public Health Res*, 10(3), 103-9.