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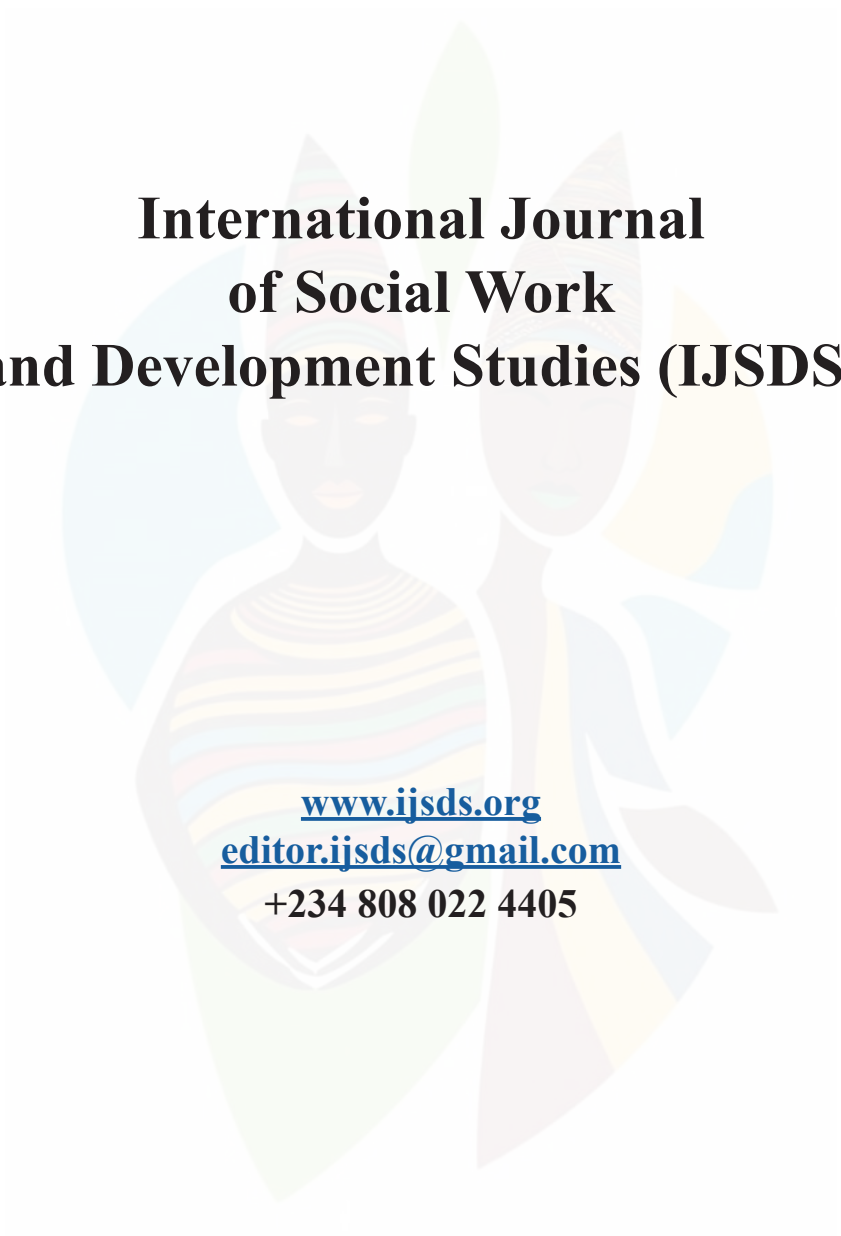


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QUANTITATIVE ANALYSIS OF ENROLLEES' SATISFACTION WITH NATIONAL HEALTH INSURANCE SCHEME AT RING-ROAD STATE HOSPITAL, ADEOYO, IBADAN

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ABSTRACT

This study investigates quantitative analysis of enrollees' satisfaction with National Health Insurance Scheme at Ring-Road State Hospital, Adeoyo, Ibadan. Addressing a gap in localized studies, the research is anchored on expectancy disconfirmation theory and economic theory theories to investigate enrollees' satisfaction. A mixed-methods design is adopted, combining quantitative and qualitative approaches. The population comprises 796 principal NHIS enrollees at Ring-Road State Hospital, Adeoyo, Ibadan. Using Slovin formula, 266 participants are selected through purposive sampling technique for the survey. Structured questionnaires are used to collect data. Accessibility is measured with Perceived Access to Healthcare Questionnaire (PAH-Q)- $\alpha=0.86$, Affordability is measured with Perceived Affordability Scale (PAS)- $\alpha=0.77$, and enrollee satisfaction is measured with Patient Satisfaction Questionnaire (PSQ-18)- average $\alpha=0.72$. Quantitative data are analyzed with descriptive and inferential statistics (including correlation and regression analysis). Results shows significant joint influence to the prediction of enrollees' satisfaction by accessibility and affordability ($F(2,263) = 129, p < .01; R^2 = 0.49$), with accessibility having the stronger significant independent influence to the prediction ($\beta = 1.06, t = 14.76, p < .01$). The study concludes that accessibility and affordability are strong determinants of enrollees' satisfaction. It recommends prompt and quality medical services, as well as reduction in out-of-pocket expenses during NHIS service consumption to improve enrollees' satisfaction in state hospitals.

Keywords: National Health Insurance Scheme (NHIS), Enrollees, Accessibility, Affordability, Enrollees' Satisfaction.

1.0 BACKGROUND TO THE STUDY

The escalating expenses associated with healthcare present a formidable obstacle for individuals across the globe, particularly in nations that are still developing. People and families frequently experience financial difficulty as a result of the ongoing rise in healthcare costs. There are different ways that high cost of medical treatment can cause problems. Part of this is financial burden; this is one of the most pressing issues caused by excessive medical expenses. It puts a great deal of financial strain on people and families. Many people are compelled to choose between basic necessities such as food, shelter and crucial medical treatment. A significant proportion of households in Nigeria report spending a large percentage of their income on healthcare, leading to increased poverty and financial instability (Nwankwo, et al., 2023; Eze, et al., 2023; Owoeye, et al., 2023).

To address these challenges, the National Health Insurance Scheme (NHIS) Act was established in 1999 by the Nigerian government but came into operation in 2005. The goal of this programme is to reduce costs of medical care for workers in the public sector, and by extension private sectors and general citizens in order to increase access to medical services. Thus, it was created to ensure that all Nigerians have access to affordable healthcare while reducing the financial burden of medical expenses. Some state governments also come up with state health insurance programmes to complement the effort of the Nigerian government. This has helped to improve the health insurance coverage in Nigeria. Furthermore, the Act establishing the programme was reviewed in 2022; thus, the programme's name was rebranded to National Health Insurance Authority (NHIA) with a view to improving the operations of the programme and enhancing its efficiency and effectiveness (Ogunyinka, et al., 2023).

Also, Tertiary Institution Social Health Insurance Programme (TISHIP) was introduced to cover students

of tertiary institutions in Nigeria on the Programme. Likewise, the Group Individual Family Social Health Insurance Programme (GIFSHIP) was introduced to increase the coverage of the citizens under the programme, especially those working in or belonging to the informal sector. Moreover, Group Individual Family Social Health Insurance Programme for National Youth Service Corps (GIFSHIP-n) was added to ensure that serving corps members are covered under the programme. The goal is to increase access to quality healthcare while making the cost affordable. Therefore, enrollees can obtain essential medical services without facing challenging costs due to health insurance, which acts as a financial safety net (Adejumo, et al., 2020).

Moreover, social workers are employed by insurance companies to provide case management, utilization review, and support to individuals, particularly those with serious mental illnesses. The role of social workers is to understand various health insurance types and their limitations to effectively assist enrollees. They assess service plans and discharge plans to ensure they are appropriate and effective. Similarly, part of what social workers need to understand are eligibility criteria, coverage details, and navigating complex systems. Also, social workers identify social needs that impact enrollees' ability to manage their health, such as affording medication. This will enable social workers to advocate for enrollees to ensure they receive prompt medical attention. They also help enrollees to navigate insurance systems, find healthcare providers, and access NHIS services.

Also, social workers address systemic issues, such as unequal access to healthcare services, lack of insurance coverage, and discrimination, that contribute to health disparities. Similarly, social workers possess the knowledge of healthcare reforms and policies which directly influence their interventions in ensuring that enrollees have unhindered access to NHIS services. Therefore, this will help promote social in-

clusion by extending coverage to vulnerable groups, ensuring they receive necessary medical benefits. Also, this helps to protect individuals and families from financial strain and potential poverty.

Despite the potential benefits of NHIS, there are concerns about the low coverage and utilization rates among enrollees, which may be linked to dissatisfaction with the services provided (Ogunfowokan, et al., 2022; Ogunleye, et al., 2023). Enrollees' satisfaction refers to the level of contentment or fulfillment that NHIS enrollees experienced with the healthcare services they received. It has gained international recognition as a critical success indicator for health insurance services. This has made it an important part of healthcare systems that could affect how well health insurance works generally. Enrollees' satisfaction is affected by multiple factors, with its attending consequences, including the quality of care received, the attitude of healthcare providers, accessibility of services, and the transparency of the insurance process (Adebisi & Adeniji, 2021; Awofeso, et al., 2020; Bai, et al., 2021).

Although the programme is essential for offering financial security against medical expenses in Nigeria, the nation is still facing difficulties because of coverage, accessibility, and affordability. These factors may not only affect the purpose of establishing health insurance in Nigeria, but also enrollees' satisfaction with the programme. Accessibility is the ease with which people can obtain and make use of resources, facilities, or information. Also, accessibility of health insurance services refers to the ease with which enrollees can obtain health insurance services. Factors such as geographical proximity, availability of healthcare facilities, and the complexity of insurance processes significantly influence accessibility (Chuma, et al., 2022; Osei, et al., 2021). Thus, accessibility is greatly impacted by multifaceted variables such as geographic location, availability of medical facilities, and the type of services provided to mention few.

In Nigeria, the National Health Insurance Scheme (NHIS) aims to provide universal coverage, yet many enrollees face barriers, including inadequate healthcare infrastructure and long wait times (Oyekale, et al., 2022). This in particular, remains a major concern. Many enrollees report that while healthcare services are theoretically available through NHIS, actual access is often hindered by factors such as long waiting times, geographical distance from accredited facilities, and bureaucratic delays (Uguru, et al., 2024; Ibeneme, et al., 2024). These barriers may greatly impact enrollees' satisfaction. Enrollees may become dissatisfied due to inadequate access if they do not receive timely or sufficient care.

Another important factor that could affect how satisfied enrollees are with their health insurance is affordability. Affordability refers to the capacity of people or households to make purchases without facing financial hardship. In healthcare, it may include all of the costs related to receiving medical care, such as insurance premiums, co-payments, deductibles, and out-of-pocket expenditures. Therefore, affordability may be referred to enrollees' ability to pay for health insurance premiums and other out-of-pocket charges associated with health insurance services. Also, it is the financial burden or ease with which NHIS enrollees can pay for healthcare services without facing economic strain. It may be influenced by a number of things, such as economic situations, income levels and type of health insurance plan (Ibeneme, et al., 2024).

Understanding how the important factors of accessibility and affordability determine enrollees' satisfaction is crucial to equipping the social workers the basic knowledge of the determinants of enrollees' satisfaction, improving health insurance policies, as well as upscaling medical services by the healthcare providers.

2.0 THEORETICAL FRAMEWORK

This study is anchored on two complementary theories; the expectancy disconfirmation theory (Boulding et al., 2021), and economic theory (Niu et al., 2004), to investigate enrollees' satisfaction.

The expectancy disconfirmation theory posits that patient satisfaction is determined by the comparison between expectations and actual service performance. With this theory, enrollees' satisfaction is determined by enrollees' expectation of medical services to be received and actual medical services received in the hospital. When service experienced/received exceeds expectations, satisfaction increases; when it falls short, dissatisfaction occurs.

Economic theory examines the relationship between the costs associated with healthcare services and patient satisfaction. It posits that higher costs may lead to lower satisfaction if patients feel that the value received does not justify the expenses incurred. It highlights the importance of cost transparency and perceived value of medical services in patient satisfaction. It is a framework that seeks to explain economies function in enrollees' decision-making regarding NHIS services.

With these theories, enrollees who perceived their medical experiences to be higher than expectation, and believed the medical services experienced justify the cost, will be satisfied. Together, these theories offer a robust framework for explaining the way enrollees' experiences determine satisfaction with health insurance scheme at Ring-Road State Hospital, Adeoyo, Ibadan.

2.1 Statement of the Problem

Satisfaction with the NHIS has been mixed, with some enrollees expressing frustration over long waiting times, poor service quality, and the unavailability of essential drugs (Opara, et al., 2023). Thus, there are different satisfaction levels with NHIS services

which may be due to reasons that bother around accessibility. Therefore, the focus of this study is to analyze enrollees' satisfaction as it relates to accessibility among NHIS enrollees in Ring-Road State Hospital, Adeoyo, Ibadan.

Moreover, the goal of NHIS is to increase access to quality healthcare while making the cost of medical services affordable. On the contrary, many patients, despite being enrolled on NHIS, report dissatisfaction due to unexpected costs at the point of care, which undermines the intended financial protection that health insurance is supposed to provide (Ogunbode, et al., 2023); this raises important question about the extent to which the NHIS is fulfilling its mandate in meeting the healthcare needs of its enrollees at a reduced cost. Thus, there is need for periodic assessment of enrollees' satisfaction for up-to-date review of the NHIS policy. At the same time, the focus of this study is to analyze enrollees' satisfaction as it relates to affordability among NHIS enrollees in Ring-Road State Hospital, Adeoyo, Ibadan.

Although some existing studies have investigated enrollees' satisfaction in Nigeria, however, many of them have done so while relating it with these important factors, accessibility and affordability, in isolation. Thus, the report lacks joint influence of these important factors that may inform critical policy review, and upscaling of medical services. This represents a critical gap in scholarly literature. Therefore, to fill this gap, this study seeks to provide quantitative analysis of enrollees' satisfaction for deeper understanding of enrollees' satisfaction, critical policy review, and upscaling of medical services. The aim is not only to generate scholarly insights but also to provide practical recommendations that will inform critical policy review and improve NHIS service quality and accessibility.

Moreover, previous studies on health insurance in Nigeria have mostly been conducted in Federal hospi-

tals (Adebiyi & Adeniji, 2021; Ibeneme, et al., 2024; Ogunleye, et al., 2023). This limits understanding of the experience in the state-owned hospitals. Therefore, it is necessary to examine the experience of health insurance enrollees in state-owned hospitals for a comprehensive understanding of the experience of health insurance enrollees in Nigeria.

2.2 Objectives of the Study

The aim of this study is to carry out quantitative analysis of enrollees' satisfaction with national health insurance scheme at Ring-Road State Hospital, Adeoyo, Ibadan, through:

- Establishing the relationship between accessibility and enrollees' satisfaction.
- Evaluating the relationship between affordability and enrollees' satisfaction.
- Accessing the joint and relative prediction of accessibility and affordability on enrollees' satisfaction.

2.3 Hypotheses

- NHIS accessibility will have a significant relationship with enrollees' satisfaction.
- NHIS affordability will have a significant relationship with enrollees' satisfaction.
- NHIS Accessibility and affordability will have significant joint and relative prediction on enrollees' satisfaction.

2.4.0 Methodology

2.4.1 Research Design

This study used a cross-sectional survey design.

2.4.2 Population of the Study

The study population is 796 principal enrollees on NHIS list in Ring-Road State Hospital, Adeoyo, Ibadan (NHIA-Oyo state, 2025 First Quarter NHIS Enrollees' List for Ring-Road State Hospital, Adeoyo,

Ibadan).

2.4.3 Sample and Sampling Technique

The sample size for this study was determined using the Slovin formula (Smith & Brown, 2021).

Slovin formula: $n = N \div (1 + Ne^2)$

Where:

n = Sample Size; N = Population; e = accepted margin of error (0.05)

Therefore, substituting the values into the formula:

$$n = 796 \div (1 + 796(0.052))$$

$$n = 796 \div (1 + 796(0.0025))$$

$$n = 796 \div (1 + 1.99)$$

$$n = 796 \div 2.99$$

$$n \approx 266$$

$$n = 266$$

Therefore, a sample size of 266 respondents was selected to participate in this study. Also, purposive sampling technique was used to select respondents in this study.

2.4.5 Instrument for Data Collection

The instrument used for this study is an adapted composite questionnaire made up of three standardized scales that measure the key variables of interest—accessibility, affordability, and enrollees' satisfaction. It consists of four sections:

Section A: Demographic Information

This section includes basic demographic questions on age, gender, current marital status, highest educational qualification, occupation, ethnicity, religion, and NHIS enrollee duration.

Section B: Accessibility

This section was adapted from the Perceived Access to Health Care Questionnaire (PAHQ) developed by Hoseini-Esfidarjani et al. (2021). This questionnaire includes 30 items with six subscales that cover various dimensions of access to healthcare. However, only two subscales, accessibility and acceptance, were used in this study to measure accessibility. Items were culturally modified to reflect the Nigerian rural context while retaining the core constructs. This questionnaire has a 5-point Likert scale ranging from Absolutely Disagree (1) to Absolutely Agree (5).

Section C: Affordability

This section was adopted from the Healthcare Affordability Scale (HAS) developed by Haggerty & Levesque (2015). This questionnaire includes 5 items that measure affordability of health care services. Items were culturally modified to reflect the Nigerian rural context while retaining the core constructs. This questionnaire has 3-point response option which are rarely (1), sometimes (2), and often (3).

Section D: Enrollees' satisfaction

This section was adapted from the Patient Satisfaction Questionnaire Short-Form (PSQ-18) developed by Marshall & Hays (1994). This questionnaire includes 18 items with seven subscales that cover various dimensions of enrollees' satisfaction, including general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility and convenience. Items were culturally modified to reflect the Nigerian rural context while retaining the core constructs. This questionnaire has 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5).

2.4.6 Validity and Reliability of the Instrument

The Perceived Access to Health Care Questionnaire (PAHQ) has content validity ratio (CVR) with a value greater than 0.78, and content validity index (CVI) value greater than 0.79. Also, the scale has an impact

score index (ISI) higher than 1.5. For the face validity, all items on the scale were approved by a panel of experts (Hoseini-Esfidarjani et al., 2021). Similarly, Healthcare Affordability Scale (HAS) has good construct validity, with exploratory factor analysis (EFA) loading ≥ 0.5 (Haggerty & Levesque, 2015). Moreover, the Patient Satisfaction Questionnaire Short-Form (PSQ-18) has shown to have good content, construct, and convergent validity in the various studies (Marshall & Hays, 1994).

The Perceived Access to Health Care Questionnaire (PAHQ) has Cronbach's alpha of 0.76 and 0.80 for accessibility and acceptance subscales respectively, with a Cronbach's alpha of 0.86 for the whole scale (Hoseini-Esfidarjani et al., 2021). Also, the Healthcare Affordability Scale (HAS) has a Cronbach's alpha of 0.77 (Haggerty & Levesque, 2015). Furthermore, the Patient Satisfaction Questionnaire Short-Form (PSQ-18) has robust Cronbach's alpha range from 0.64 to 0.77 (Marshall & Hays, 1994).

Prior to the full deployment of the questionnaire, a pilot test was conducted using forty (40) NHIS principal enrollees from the University of Ibadan Health Centre to assess the clarity, relevance, and usability of the instruments. In the pilot study, the Perceived Access to Health Care Questionnaire (PAHQ) (13-items) has Cronbach's alpha of 0.63 for the whole scale, the Healthcare Affordability Scale (HAS) (5-items) has Cronbach's alpha of 0.72, while the Patient Satisfaction Questionnaire Short-Form (PSQ-18) has Cronbach's alpha of 0.87 for the whole scale.

2.4.7 Method of Data Collection

The researcher and a trained research assistant administered the questionnaires. Questionnaires were distributed and retrieved on the same day (Monday to Thursday) to maximize response rate. The respondents were assured of confidentiality of data collection, anonymity of participants, and voluntary participation. To encourage honest responses, the

questionnaires did not require names or other identifying information.

2.4.8 Method of Data Analysis

The data collected was analysed using descriptive and inferential statistics with the Statistical Package for the Social Sciences (SPSS) version 25.0. The descriptive statistics, such as frequencies, mean, standard deviation, and percentage were used to summarize demographic characteristics and item responses. The Pearson Product-Moment Correlation was used to determine the relationship between accessibility and enrollees' satisfaction, as well as affordability and enrollees' satisfaction. Also, regression analysis was used to determine the predictive power of accessibility and affordability on enrollees' satisfaction. The significance level was set at 0.05 alpha level.

3.0 RESULT

Table 1: Demographic Characteristics of Respondents (N = 266)

VARIABLES	MEAN	SD
Age (years)	45.74	11.13
VARIABLES	FREQUENCY	PERCENTAGE
Gender		
Male	116	43.6
Female	150	56.4
Current Marital Status		
Single	78	29.3
Married	182	68.4
Separated/divorced	-	-
Widow	6	2.3
Highest Educational Qualification		
Primary	1	0.4
Secondary	20	7.5
Tertiary	245	92.1
Occupation		
Government worker	198	74.4
Private organization worker	38	14.3
Self-employed	3	1.1
Retiree	26	9.8
Unemployed	1	0.4
Ethnicity		
Yoruba	134	50.4
Igbo	76	28.6
Hausa	-	-
Others	56	21.1
Religion		
Christianity	117	44
Islam	149	56
Others	-	-

Variables	Mean	SD
NHIS Enrolment Duration (years)	7.11	3.98
Total	266	100

The respondents had an age range from 28 to 66 years; with the mean of 45.74 and standard deviation of 11.13 years. With regards to gender, 116 (43.6%) were males, while 150 (56.4%) were females. On current marital status, 78 (29.3%) were singles, 182 (68.4%) were married, 6 (2.3%) were widowed, but none was separated/divorced. For the highest educational qualification, 1 (0.4%) has primary school certificate, 20 (7.5%) have secondary school certificate, while 245 (92.1%) have tertiary certificate.

With regards to occupation, 198 (74.4%) were government workers, 38 (14.3%) were private organization workers, 3 (1.1%) were self-employed, 26 (9.8%) were retirees, and 1 (0.4%) was unemployed. For the ethnicity, 134 (50.4%) were Yoruba, 76 (28.6%) were Igbo, 56 (21.1%) were other tribes, while none was Hausa. With regards to religion, 117 (44%) practice Christianity, 149 (56%) practice Islam, while none of the study participants practices other religion. Also, on how long the enrollee has been using NHIS, the duration ranges from 1 to 15 years, with the mean of 7.11 and standard deviation of 3.98 years.

3.1 Hypothesis One

There is a significant relationship between NHIS accessibility and enrollees' satisfaction.

Table 2: Pearson Correlation Analysis Showing Relationship Between NHIS Accessibility and Enrollees' Satisfaction

Variables	N	df	r	p-value	Decision
Accessibility & Satisfaction	266	264	0.68	0.000*	significant
(*p < 0.05)					

Table 2 shows a significant strong positive relationship ($r(264) = 0.68, p < .05$) between NHIS accessibility and enrollees' satisfaction. This indicates that higher NHIS accessibility predicts higher enrollees' satisfaction. Therefore, the hypothesis one is accepted.

3.2 Hypothesis Two

There is a significant relationship between NHIS affordability and enrollees' satisfaction.

Table 3: Correlation Analysis Showing Relationship Between NHIS Affordability and Enrollees' Satisfaction

Variables	N	df	r	p-value	Decision
Accessibility & Satisfaction	266	264	-0.28	0.000*	significant
(*p < 0.05)					

Table 3 shows a significant weak inverse relationship ($r(264) = -0.28, p < .05$) between NHIS affordability and enrollees' satisfaction. This indicates that higher NHIS affordability predicts lower enrollees' satisfaction.

Therefore, the hypothesis two is accepted.

3.3 Hypothesis Three

NHIS Accessibility and affordability significantly jointly and relatively predict enrollees' satisfaction.

Table 4: Regression Analysis Showing Joint and Independent Predictions of NHIS Accessibility and Affordability on Enrollees' Satisfaction

Predictors	β	t	Sig	R	R ²	F	Sig
Constant	18.62	4.69	0.00				
NHIS Accessibility	1.06	14.76	0.00*	0.7	0.49	129	0.00*
NHIS Affordability	-0.77	-4.45	0.00*				
Dependent variable: Enrollees' satisfaction with NHIS services (*p < 0.05)							

Table 4 shows the joint and relative contributions of NHIS accessibility and affordability as predictors of enrollees' satisfaction with NHIS services. Specifically, the model shows significant joint influence to the prediction of enrollees' satisfaction by NHIS accessibility and affordability ($F(2,263) = 129, p < .05; R^2 = 0.49$). This indicates that NHIS accessibility and affordability jointly predict enrollees' satisfaction; significantly accounting for 49% of the variance in enrollees' satisfaction with NHIS services.

However, in terms of independent contributions, NHIS accessibility has stronger significant independent influence to the prediction of enrollees' satisfaction ($\beta = 1.06, t = 14.76, p < .05$). Also, NHIS affordability has significant independent influence to the prediction of enrollees' satisfaction ($\beta = -0.77, t = -4.45, p < .05$). Therefore, the hypothesis three is accepted.

4.0 DISCUSSION OF FINDINGS

The result showed a significant strong positive relationship between NHIS accessibility and enrollees' satisfaction with NHIS services. This connotes NHIS accessibility has a connection with enrollees' satisfaction. This indicates that as access to NHIS services increase, enrollees' satisfaction will also increase and vice versa. Other studies have reported a significant relationship of NHIS accessibility and enrollees' satisfaction with NHIS services (Olukemi & Adebisi, 2022).

Also, accessibility has been seen as a major determinant of enrollees satisfaction in many literatures as noted that patients who reported easier access to healthcare facilities, including shorter wait times and closer proximity to services, expressed higher satisfaction levels (Johnson et al., 2023). Similarly, individuals with comprehensive insurance plans reported significantly higher access to preventive services, which correlated positively with overall satisfaction in the United States (Thompson et al., 2021).

Likewise, the respondents might have perceived the service received to be higher than their expectation which makes them satisfied; thus, the result confirmed the expectancy disconfirmation theory that posits that patient satisfaction is determined by the comparison between expectations and actual service performance (Boulding et al., 2021).

Furthermore, the result showed a significant weak inverse relationship between NHIS affordability and enroll-

ees' satisfaction. This connotes NHIS affordability has a connection with enrollees' satisfaction. It indicates that the more the cost of NHIS services drops, with the same level of service quality, the more enrollees' satisfaction will increase and vice versa. Other studies have reported a significant relationship between NHIS affordability and enrollees' satisfaction with NHIS services (Owoeye et al., 2023).

Also, in a correlational study between out-of-pocket costs and patient satisfaction levels, higher out-of-pocket expenses significantly decrease patient satisfaction, particularly among low-income groups (Smith & Nguyen, 2022). Similarly, the respondents might have perceived the cost associated with the service received to be insignificant which makes them satisfied; thus, the result confirmed the economic theory that posits that lower cost leads to higher satisfaction when the quality of service is maintained (Niu et al., 2004).

Moreover, the result showed significant joint influence of NHIS accessibility and affordability to the prediction of enrollees' satisfaction. In the same vein, the result showed significant relative influence of NHIS accessibility to the prediction of enrollees' satisfaction. Likewise, the result showed significant relative influence of NHIS affordability to the prediction of enrollees' satisfaction. However, NHIS accessibility contributed more to the prediction of enrollees' satisfaction with NHIS services than NHIS affordability. This connotes NHIS accessibility and affordability significantly impact enrollees' satisfaction.

Therefore, this indicates that when there is better access to NHIS services and cost associated with it is affordable, enrollees' satisfaction will increase. On the contrary, when accessibility to NHIS services is low and cost associated with it is not affordable, enrollees' satisfaction will reduce. Other studies have reported significant prediction of enrollees' satisfaction by NHIS accessibility and affordability (Owoeye

et al., 2023).

Also, this view was supported in a study conducted to analyze patient satisfaction across various health insurance schemes in Nigeria, where factors such as the quality of service delivery, accessibility, and communication with healthcare providers significantly influenced overall satisfaction (Ali et al., 2024). Similarly, when linking healthcare quality with patient satisfaction in the context of insurance coverage, affordability directly impacts the quality of care received, which in turn affects patient satisfaction, with patients who reported affordable healthcare options also expressed higher levels of satisfaction with the quality of care they received (Jackson & Green, 2024). Also, in a study of affordability and quality of care, affordability is directly linked to perceptions of care quality as participants who reported lower costs associated with their health insurance expressed higher satisfaction levels (Adebisi & Adeniji, 2021).

5.0 CONCLUSION

It is concluded that NHIS accessibility has a strong positive relationship with enrollees' satisfaction with NHIS services. Also, NHIS affordability has a weak inverse relationship with enrollees' satisfaction with NHIS services. NHIS accessibility and affordability jointly predict enrollees' satisfaction with NHIS services. NHIS accessibility predicts enrollees' satisfaction with NHIS services more than NHIS affordability. Therefore, the study agrees that accessibility and affordability strongly impact enrollees' satisfaction in state-owned hospital in Oyo State.

RECOMMENDATIONS

Based on the findings and conclusions of this study, the following recommendations are made:

- Social workers should advocate for prompt and quality NHIS medical services to improve enrollees' satisfaction. Delays in receiving care, limited

availability of healthcare providers, low quality of medical services, and geographic barriers can adversely affect enrollee's satisfaction.

to influence policymakers to prioritize accessibility and affordability in the NHIS framework.

- Social workers should inform low-income families about available subsidies and financial assistance programs to ease the burden of NHIS out-of-pocket cost.
- Social workers should organize financial literacy workshops to educate enrollees on managing healthcare costs and understanding the benefits of the NHIS.
- Social workers should establish regular community forums where enrollees can voice their concerns and experiences with NHIS services. Social workers can facilitate these discussions to gather valuable feedback for improvement.
- Social workers should conduct surveys to assess enrollee satisfaction and identify specific areas for enhancement in accessibility and affordability.
- Social workers should collaborate with healthcare providers to implement training programs that focus on improving service delivery and ensuring that enrollees feel valued and satisfied with their care.
- Social workers should work with providers to establish quality assurance initiatives that can monitor and enhance the standards of care delivered under the NHIS.
- Social workers should develop targeted awareness campaigns that highlight the importance of NHIS accessibility and affordability, especially in communities with low enrollment rates.
- Social workers should utilize social media, community centers, and local events to distribute information about NHIS services and how to access them effectively.
- Social workers should engage in advocacy efforts

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