

Preferences for Public and Private Healthcare Providers among Enrollees of Gombe State Contributory Healthcare Scheme

Umar SHUAIBU^{1*}, Abdullahi M. ADAMU², Hassan F. HASSAN¹, Sulaiman ABDUL³, Mohammed IDRIS³, Fauziyya ABUBAKAR³, Hadiza I. LADU⁴, Hassan N. MOHAMMED⁵, Abdulrahman B. MALAMI⁶, Yahya S. SODANGI¹

¹Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria

²Department of Economics, Bayero University Kano, Kano State, Nigeria

³Zainab Bulkachuwa Women and Children Hospital Gombe, Gombe State, Nigeria

⁴Department of Ophthalmology, University of Maiduguri Teaching Hospital, Borno State, Nigeria

⁵Department of Business Administration, Federal University of Kashere, Gombe State, Nigeria

⁶Department of Child Dental Health, Bayero University Kano, Kano State, Nigeria

*Corresponding Author

DOI: <https://doi.org/10.51244/IJRSI.2024.1107052>

Received: 19 July 2024; Accepted: 23 July 2024; Published: 09 August 2024

ABSTRACT

Any nation's healthcare system consists of private and public healthcare outlets with a network of health facilities providing primary, secondary, and tertiary services to satisfy customers' needs and wants. Gombe State Government established the Gombe State Contributory Healthcare Management Agency popularly called (GoHealth) through a law in 2019, it was established in line with the decentralization of the National Health Insurance Agency (NHIA) that paved the way for the establishment of State Social Health Insurance Schemes (SSHIS) in the country to provide an affordable care. This study determined the preferences of public and private healthcare providers among enrollees of the Gombe State Contributory Healthcare Scheme. Questionnaires were used to collect data from 330 enrollees by multistage sampling. The age of the respondents ranges from 21 to 60 years with a mean of 41.0 ± 4.2 years. Most enrollees (233, 70.6 %) had good knowledge of the services offered by GoHealth. The preferred facility of choice was public for most enrollees (216, 65.5 %). Educational level of the enrollees, grade level, short waiting time during consultation, proximity of health facility to home, and drug availability at the health facility were the factors that were significantly associated with the choice of health care provider. Strict monitoring by the agency (GoHealth), provision of quality drugs at the healthcare facility, and registration of enrollees to the nearest health facilities (HF) by GoHealth could improve healthcare delivery and achieve Universal Health Coverage (UHC).

Keywords: Contributory Healthcare Scheme, Preference, Private Hospital, Public Hospital, Universal Health Coverage.

INTRODUCTION

“Health is Wealth” and good health of the population is the “Wealth of the Nation”.¹ The healthcare system of any nation consists of a combination of private and public healthcare providers with networks of facilities providing primary, secondary, and tertiary services², aimed at providing quality services to satisfy customers’ needs and wants.³ In Nigeria, clients are becoming more aware of preferred healthcare providers for quality healthcare services.⁴ Various healthcare organizations monitor client’s experiences to evaluate the effectiveness of services and improve the quality of healthcare delivery.⁵ Patient preferences and choice during care are major factors in patient-centered medicine and may improve health outcomes in everyday clinical practices.⁶ Patient satisfaction is an essential multidirectional that forms a vital component of many policy-level decisions such as the number and capability of the physician among others.⁷

Therefore, this study aimed to assess the level of knowledge of enrollees about contributory healthcare schemes, their preference of healthcare provider, and factors that determine the choice of healthcare provider that can help identify and provide information useful to policymakers, health planners, and other stakeholders with an overall aim of improving healthcare delivery and achieving UHC.

CONCEPTUAL FRAMEWORK

Adapted Kroeger’s determinant model⁸ was used to explain healthcare providers’ choices during care based on certain attributes. Based on this model, the client’s choice of treatment depends on the patient/ household characteristics, health services, and the nature of the illness.⁸

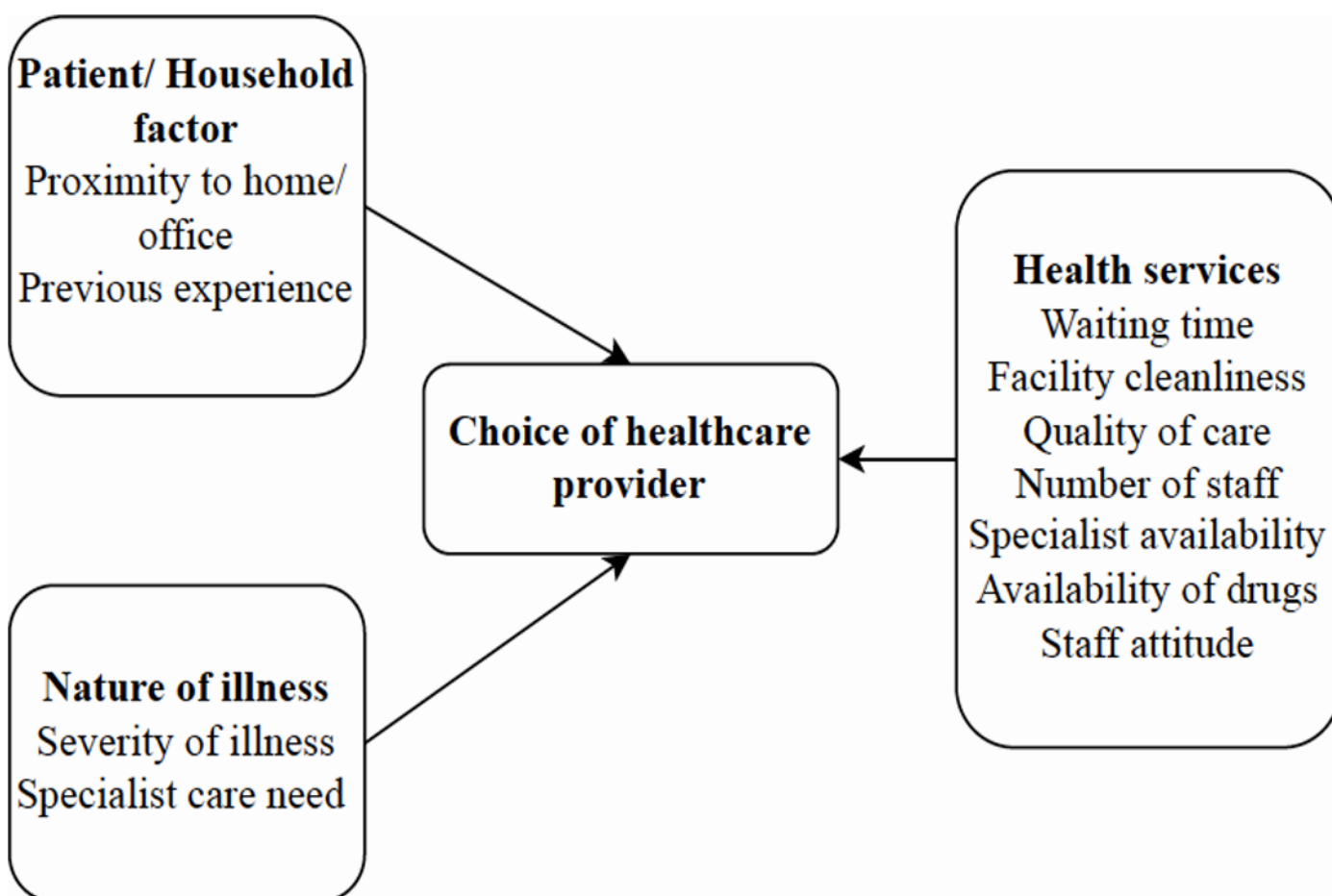


Figure 1: Conceptual framework adapted from previous study.⁸

METHODOLOGY

Study Design

This study used a descriptive cross-sectional study.

Study Population

The principal enrollees of the Gombe State Contributory Healthcare Scheme who choose private or public healthcare providers were used as the study population for this research.

Sample Size Determination

The minimum number of Gombe State contributory healthcare scheme enrollees to answer the questionnaires was calculated using the Fisher's formula for minimum sample size estimation in health studies with $z = 1.96$ from the cumulative standard normal distribution Table, $p = 73\%$ (0.73) from previous research, $q = 1 - p$ (complementary probability to p) = 0.27 and $d = 5\%$ (0.05, precision desired).⁹

$$n = z^2 pq / d^2$$

$$n = (1.96)^2 \times 0.73 \times 0.27 / 0.05^2.$$

$$n = 0.75717936 / 0.0025$$

$$n = 303.$$

An additional 10% non-response rate from previous literature was used for sample size adjustment to account for possible non-responses.

$$10\% \text{ non-response} = (10 \times 303) / 100 = 30.3$$

$$n = 303 + 30.3 = 333.3$$

Approximation to the nearest 10 gives 340. This is the estimated sample size used for the study.

Sampling Technique

A two-stage sampling technique was used to select the enrollees for this study. Stage 1 involved the selection of the Ministries where five (5) out of the 21 Ministries in Gombe State were selected by simple random sampling (balloting). The selected Ministries included Ministries of Education, Information, works, Agriculture, and Health. Stage 2 involved the selection of enrollees. The lists of all staff at the Ministries were collected and proportionately allocated by the number of junior and senior staff. Each Ministry had 68 respondents selected making a total of 340 questionnaires distributed.

Data Collection Instrument

Data were collected using a semi-structured, self-administered primary data collection tool (questionnaire) adapted from a previous study.¹⁰ The questionnaire sought information about socio-demographic characteristics, knowledge of the available healthcare packages offered at different health facilities, the preferences of healthcare providers, and factors affecting the healthcare providers' choice.

Data analysis

The data generated from the research was analyzed using the IBM SPSS version 26. Simple frequencies and percentages were used to describe categorical variables. Continuous variables were summarized using mean and standard deviation. The chi-square test of independence was used to test for the association between the outcome variable (preferred provider) and the socio-demographics and other variables. All tests were considered significant at $p < 0.05$.

Ethical consideration

Ethical approval for this study was obtained from the Health Research Ethics Committee of the Gombe State Ministry of Health (ref. MOH/ADM/621/V.1/380). Informed consent was obtained from the enrollees before conducting any part of the study.

RESULTS

The study indicated a response rate of 97.1 % out of the 340 questionnaires administered.

The bivariate analysis showed that the educational level and grade level of the enrollees were significantly associated with the choice of healthcare provider (Table 1).

Table 1: Bivariate Analysis Between Socio-demographic Characteristics and Healthcare Providers' Choice among Enrollees in Gombe State

Socio-demographic characteristics		Health Providers' Choice		χ^2	p-value
		Public (%)	Private (%)		
Gender	Male	199 (69.1)	17 (40.5)	0.89	0.31
	Female	89 (30.9)	25 (59.5)		
Age group (Years)	21 – 30	11 (4.4)	7 (9.0)	0.57	0.34
	31 – 40	131 (52.4)	25 (32.1)		
	41 – 50	84 (33.6)	26 (33.3)		
	51 – 60	24 (9.6)	20 (25.6)		
Religion	Islam	177 (63.9)	32 (60.4)	2.5	0.51
	Christian	100 (36.1)	21 (39.6)		
Tribe	Fulani	99 (37.2)	20 (31.3)	0.89	0.77
	Others	167 (62.8)	44 (68.8)		
Marital status	Married	233 (70.6)	97 (29.4)	3.6	0.56
Number of children alive	< 5	76 (28.0)	22 (37.3)	2.43	0.56
	≥ 5	195 (72.0)	37 (62.7)		
Husbands' occupation	Civil servant	157 (58.6)	43 (69.4)	5.32	0.86
	Others	111 (41.4)	19 (30.6)		
Highest educational level	Secondary	30 (11.7)	14 (18.9)	6.52	0.01*
	Tertiary	176 (68.8)	44 (59.5)		
	Postgraduate	50 (19.5)	16 (21.6)		
Spouse educational level	Secondary	61 (22.0)	24 (45.3)	1.51	0.90
	Tertiary	169 (61.0)	12 (22.6)		

		Postgraduate	47 (17.0)	17 (32.1)		
Ministry		Health	61 (24.5)	7 (8.6)	4.32	0.64
		Education	50 (20.1)	16 (19.8)		
		Works	48 (19.3)	16 (19.8)		
		Information	51 (20.5)	16 (19.8)		
		Agriculture	39 (15.7)	26 (32.1)		
Grade level		< 7	45 (17.6)	26 (34.7)	4.12	0.013*
		≥ 7	210 (82.4)	49 (65.3)		
Average monthly income (#)		< 30, 000	20 (7.0)	12 (26.7)	3.41	0.14
		≥ 30, 000	265 (93.0)	33 (73.3)		

Values are frequencies (percent), n = 330, Other tribes = Bolawa, Tangale, Tera and Waja, Other husbands' occupations = Drivers, Farmers and Traders, * = Statistically significant, # = Naira

Of the enrollees, 233 (70.6%) had good knowledge about the services offered by the GSCHMA, and only 97 (29.4%) had poor knowledge.

Table 2 indicated that 330 (100%) of the enrollees had heard of GSCHMA and were enrolled in the scheme, and 232 (70.3%) knew the maximum number of children enrolled through the scheme. Most of them (209, 63.3%) received a form of care, through the scheme. Also, 241 (73%) knew the percentage of prescribed drugs paid during care.

Table 2: Distribution of Knowledge of Healthcare services provision among enrollees of GSCHMA

Knowledge of services	Frequency	Percent
Heard of GSCHMA		
Yes	330	100
Enrollment in GSCHMA		
Yes	330	100
Maximum number of children enrolled		
Yes	232	70.3
No	98	29.7
Number of children Enrolled		
4	259	78.5
5	32	9.7
Not sure	39	11.8
Received any care from GSCHMA		
Yes	209	63.3
No	121	36.7
Type of services received		
Primary	278	84.2
Secondary	52	15.8
Referred to another facility		
Yes	52	15.8
No	278	84.2

Percentage of prescribed drugs paid		
10%	241	73
Not sure	89	27

Values are frequencies and percent, n = 330, **GSCHMA** = Gombe State Contributory Health Management Agency

Table 3: Bivariate Analysis of the Factors Influencing the Choice of Healthcare Providers among Enrollees

Variable (s)	Health Providers' Choice		χ^2	p-value
	Public (%)	Private (%)		
Cheaper cost of services				
Yes	204 (87.2)	84 (87.5)	2.6	0.11
No	30 (12.8)	12 (12.5)		
Short waiting time				
Yes	210 (77.5)	32 (54.2)	10.24	< 0.001*
No	61 (22.5)	27 (45.8)		
Proximity to residence				
Close	164 (58.4)	33 (67.3)	1.78	0.011*
Far	117 (41.6)	16 (32.7)		
Attitude of provider				
Pleasant	250 (89.0)	26 (53.1)	5.56	0.45
No	31 (11.0)	23 (46.9)		
Effectiveness of treatment				
Effective	290 (87.9)	40 (12.1)	1.5	0.40
Payment mechanism				
Insurance	285 (86.4)	45 (13.6)	2.61	0.21
Availability of specialists				
Yes	201 (78.2)	48 (65.8)	4.83	0.60
No	56 (21.8)	25 (34.2)		
Drug availability				
Yes	164 (62.4)	39 (58.2)	5.31	0.021*
No	99 (37.6)	28 (41.8)		

Values are frequencies (percent), n = 330, * = Statistically significant

The bivariate analysis for the association between several independent variables and the choice of healthcare provider in the scheme indicated that short waiting time during consultation, proximity of healthcare provider to the residence, and drug availability in the facility were found to be significantly associated with the choice of health provider during enrollment (Table 3).

DISCUSSION

The study revealed that, the knowledge of the respondents is good as all the enrollees of GSCHMA were aware of the program. (84.2%), (73%) knew the forms of services offered by the scheme, and the percentage payment of drugs at service points for secondary services. The finding of this study slightly differed from a

study conducted in South West Nigeria that assessed the awareness and utilization of the national health insurance scheme by healthcare workers, their knowledge of the range of services offered by their healthcare providers was found to be fair,¹¹ also different from another study done which determined the factors influencing the uptake of health insurance schemes among low-income earners in Kibera informal settlement, Nairobi City County of Kenya, the study found out that the uptake was low and was hampered by low levels of knowledge about the scheme.¹² However, this finding is similar to a cross-sectional study on the levels of awareness of the health insurance scheme and the ranges of services provided by the scheme among patients attending a tertiary care hospital in coastal South India, the study showed that 74.4% of the patients were aware of health insurance and form of services provided by the scheme.¹³

The finding of this study also revealed that, majority of the enrollees had chosen public healthcare facility as their preferred provider which is contrary to a cross-sectional survey conducted in South Western Nigeria where their preferred choice is a private facility, the respondents who described the quality with ease of getting care/short waiting times as being good are more likely to have private facilities as their chosen healthcare providing facility.⁴ The finding of this study is similar to a study that examines how the existence of multiple health insurance funds affects healthcare-seeking behaviour and utilization among members of the community health fund, the national health insurance fund, and non-members in two districts in Tanzania, the study found out that the most common choice of provider was the public health facilities.¹⁴

This study found that the choice of healthcare provider in the Gombe State Contributory Healthcare scheme was significantly associated with the educational level of the enrollees, grade level, a short waiting time during consultation, the proximity of healthcare provider to the residence, and drug availability at health facility. These findings were similar to the study conducted in Kano State, Nigeria, where 284 principal enrollees were randomly selected from patients attending the National Health Insurance Scheme (NHIS) clinic of Aminu Kano Teaching Hospital. Among the various factors influencing their choice were better functioning equipment (83.5% of respondents), more specialists/trained health workers (78.5%), ease of receiving specialist care (69.4%), and better overall quality of care (78.9%)¹⁵. A similar study in Sagamu, South-West, Nigeria was also carried out on the determinants of the choice of healthcare facility for national health insurance, the choice of healthcare facility is not as straightforward as it usually seems. The assumption is that patients want high-quality care at the cheapest rates and choose centers that best fit their needs and preferences. The majority, (59.9%) of the respondents; felt that the Teaching Hospital provides the best healthcare services. Other important determinants are cost, friendliness or hostility of health personnel, incessant strike action by health personnel, and proximity of facilities to the homes. However, the most important determinants of the choice of health facility are waiting time and perception of the quality of care.¹⁶

RECOMMENDATIONS

Monitoring of the Health Facility (HF) by the agency (GoHealth), registering the beneficiaries to the nearest HF, and providing quality drugs improve healthcare delivery and achieve Universal Health Coverage (UHC). Further research exploring the reasons for client choice of health care providers to address the qualitative component of this study will be needed to enhance policy decisions.

CONCLUSION

This study assessed the knowledge of enrollees about the services offered by the Gombe State Contributory Health Care Agency where their knowledge was found to be good, most of the enrollees preferred public health facilities for their enrollment. Their educational level, short waiting time, proximity of health facilities to home, and drug availability were found to be significantly associated with the choice of the healthcare provider. Strick monitoring by the agency (GoHealth), provision of quality drugs, and supportive

environment by the healthcare provider contribute to improved healthcare delivery and achieving UHC.

FUNDING

No funding received.

CONFLICT OF INTEREST

Authors declared no conflict of interest.

AUTHORS' CONTRIBUTIONS

U.S., A.M.A., H.F.H., S.A., M.I., F.A., H.I.L., and Y.S.S. designed the research study,

U.S., A.M.A., H.F.H., S.A., F.A., H.N.M., and A.B.M. collected the research data,

U.S., A.M.A., H.F.H., M.I., H.I.L., H.N.M., and Y.S.S. conducted the data analysis,

U.S., H.F.H., S.A., M.I., H.I.L., and A.B.M. wrote, and interpreted the results,

U.S., S.A., M.I., F.A., H.I.L., H.N.M., A.B.M. and Y.S.S. wrote the discussion component,

U.S., A.M.A., H.F.H., F.A., H.N.M., A.B.M., and Y.S.S. critically reviewed the final draft of the paper.

All the authors have read and approved the final manuscript.

REFERENCES

1. Rathee AK, Nemuri S, Varma J, Kuchana P. Patient Preference between Private and Government Hospital in Hyderabad Region. 2020.
2. Rani NE, Seilan A. Preference of Hospitals by the Rural Households and the Factors Determining it—A Study in Kanyakumari District. 2019.
3. Krishna GD. A Study On Consumer Preference of Private Hospitals Over Public Hospitals in India. 2020.
4. Uchendu O, Ilesanmi O, Olumide A. Factors influencing the choice of health care providing facility among workers in a local government secretariat in Southwestern Nigeria. *Ann Ib Postgrad Me*; 11(2):87-95, 2013.
5. Kieft RAMM, de Brouwer BBJM, Francke AL, Delnoij DMJ. How nurses and their work environment affect patient experiences of the quality of care: a qualitative study. *BMC Health Services Research*;14(1):249, 2014.
6. Sacristán JA. Patient-centered medicine and patient-oriented research: improving health outcomes for individual patients. *BMC Medical Informatics and Decision Making*; 13(1):6, 2013.
7. Taga AA, Mustajab Ahmad RN. Analysing Patients Satisfaction about Services Delivery in Government Hospitals of Lahore. *Asian journal of management sciences & education*; 6(3):60-68, 2017.
8. Baker JB, Liu L. The determinants of primary health care utilization: a comparison of three rural clinics in Southern Honduras. *GeoJournal*; 66(4):295-310, 2006.
9. Kaoje A, Raji M, Aliyu A, Mainasara A, Aghedo M, Raji I. Household characteristics and food insecurity and their association with nutritional outcome of under-five children of a rural farming community of Sokoto State, Nigeria. *J Pub Health Catalog*, 2(3):173-81, 2019.
10. Oredola A, Odusanya O. A survey of the perception of the quality of and preference of healthcare

- services amongst residents of Abeokuta South Local Government, Ogun State, Nigeria. *Nigerian journal of clinical practice*; 20(9):1088-1097, 2017.
11. Ilochonwu N, Adedigba M. Awareness and utilization of national health insurance scheme by healthcare workers in southwest Nigeria. *African Journal of Oral Health*; 7(1):24-33, 2017.
 12. Mutinda D. *Factors Influencing The Uptake Of Health Insurance Schemes Among Low Income Earners In Kibera Informal Settlement, Nairobi City County* 2015.
 13. Unnikrishnan B, Pandey A, Gayatri Saran JS, et al. Health insurance schemes: a cross-sectional study on levels of awareness by patients attending a tertiary care hospital of coastal south India. *International Journal of Healthcare Management*; 14(2):412-418, 2021.
 14. Chomi EN, Mujinja PGM, Enemark U, Hansen K, Kiwara AD. Health care seeking behaviour and utilisation in a multiple health insurance system: does insurance affiliation matter? *International Journal for Equity in Health*; 13(1):25, 2014.
 15. Michael GC, Aliyu I, Grema BA, Suleiman AK. Perception of factors influencing primary health-care facility choice among National health insurance enrollees of a northwest Nigerian Hospital. *Journal of Patient Experience*; 6(3):247-252, 2019.
 16. Abiodun OA, Olu-Abiodun OO. The determinants of choice of health facility in Sagamu, South-west, Nigeria. *Sch J App Med Sci*; 2(1C):274-282, 2014.