

ASSESSMENT OF STAFF PERCEPTION ON THE IMPLEMENTATION OF NATIONAL HEALTH INSURANCE SCHEME IN FEDERAL COLLEGE OF EDUCATION (TECHNICAL) POTISKUM.

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ABSTRACT

In recognition of the importance of health to men and nations of the world, the world health organization in conjunction with united nations children education fund held a convention in 1978 at Alam-ata in union of soviet socialist Republic (USSR), and made a declaration to forestall the current inequalities on the distribution of health facilities and services between the rich and the poor, the urban and the rural dwellers. The federal government of Nigeria established the National Health Insurance scheme by Act 35 of 1999 to ensure access to quality and affordable health care to all Nigerians. It is against this background that the study assesses the staff perception on the implementation of National Health Insurance Scheme in Federal College of Education (Technical) Potiskum. The approach adopted for this study was theory of social perception. This is because the study assesses beneficiaries' perception on the implementation of NHIS. In order to achieve this objective, structured questionnaires were administered on enrollees of the scheme in the study area. Information was also obtained from presentation at workshop and seminars, textbook, official publications and internet materials. Stratified and simple random sampling techniques were used to select respondents. Data collected were summarized using frequency distribution and chi-square was used to test the hypothesis at 0.05 level of significance. The findings revealed that enrollees in the study area were aware of the existence of NHIS, but the level of awareness on some aspects of the scheme is low. It also revealed lower extent enrollees participation in planning and decision making of the scheme. It was thus recommended that seminars should be organized by relevant bodies on the benefits of the packages provided by the scheme, so as to create awareness to the enrollees.

Background to the Study.

Health is wealth and therefore a key to a better society. The World Health Organization defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health according to Sanusi (2005) is the greatest of all possessions, spiritual difficulties arise from health, without good health, life will be difficult. Moreover, health is a blessing money cannot buy. The sustainability and inability of a country's economic and social growth depend largely on vibrant healthcare -sector of the nation.

The ways and means through which and in which individuals and society around the whole world cared, cured ailments, and took care of their sick ones kept on changing so as to accommodate the contemporary trends, illness and disease as well as to suit the existence of time. Society came to understand that health care was not only everyone's right but everyone's responsibility. This then made various governments of different societies, communities and countries all over the world to start formulating, designing and putting up various health care service as well as related activities that would ensure that basic health care needs were not only delivered to the people but also encouraged.

In recognition of the importance of health and health care to men and nations of the world, the World Health Organization in conjunction with United Nations Children Education Fund held a convention in 1978 at Alma-ata in USSR, and made a declaration to forestall the current inequalities on the distribution of health facilities and services between the rich and the poor, the Urban and the Rural dwellers. This convention saw the participation of the government of various nations of the world. In Alma-ata declaration, a goal of Health for All by the year 2000 was set. Nigeria being a member of the United Nations fully participated and subscribed to the above mentioned convention

which in effect committed all member states to social target "attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economic productive life".

Established under Act 35 of 1999 by the Federal Government of Nigeria to ensure access to healthcare by all Nigerians at an affordable rate. The National Health Insurance Scheme (NHIS) is designed to work cooperatively with some of the already existing Health Maintenance Organization (HMOs). The NHIS officially began on June 6th 2005. (www.nigeriafirst.org 2011).

The National Health Insurance Scheme (NHIS) is a pooling mechanism to which all stakeholders contribute, rather than a total reliance on government or individual out of pocket payment. It began with the formal sector workers of the Federal Government and that the initial stage of the scheme would cover the entire household of the beneficiaries. It would be in a pilot stage for 2 years with gradual involvement of other sectors and eventually cover all Nigerians in pre-planned 21 years' transition period. Although the scheme has provision for only couples and their four biological children, the pilot stage is also made for the beneficiaries to take extra payment in order to cover their adopted children and dependents (NHIS Handbook 2005).

The National Health Insurance Scheme in the F. C. E (T) Potiskum has made provision for a staff, spouse and four biological children under the age of 18 years to be enrolled. Provision is also made for the benefiting staff to take extra payment in order to cover their adopted children and dependents. Staff of the college can access health care needs from approved public and private health care service providers. This study therefore seeks to assess the perception of staff on the implementation of National Health Insurance Scheme in Federal College of Education (Technical) Potiskum.

Statement of the Problem

The rising cost of health care services as well as the inability of the government health facilities to cope with the people's demand necessitated the establishment of National Health Insurance Scheme. The National Health Insurance Scheme in Nigeria aimed to provide health insurance so that insured persons and their dependents are able to have access to good, quality and cost effective healthcare services.

A summary of studies carried in Senegal west coast of Africa drew up the following conclusions "Community Based health insurance schemes (CBHI)" is an emerging and promising concept which addresses health care challenges faced particularly by the rural poor. The aim of the study was to analyze whether rural Senegalese member of health insurance scheme are actually better off than the non-members. The results revealed that in poor environments insurance programme can work; members of "les mutuelles sante" (mutual health organizations) have a higher probability of using hospitalization service than non-members and pay substantially less where the need arise (Joannes 2003).

The National Health Insurance Scheme has been in existence for over ten years now in F.C.E (T) Potiskum; however, it has been observed that there is insufficient knowledge and awareness of health insurance activities by those enrolled in the study area and poor attitude and behavior of service providers operating in the study area as well as denial of enrollees full entitlements of the services in the benefit package. This could affect the participation of enrollees and smooth implementation of the scheme in the study area and could lead to poor service delivery.

It has also been observed that there is insufficient literature on enrollees perception of the implementation of National Health Insurance Scheme. For instance, Onyedibe et' al (2012), Mohammed et' al (2011) and Njoku et' al (2010) conducted studies on the experiences of enrollees. However, none of these studies captured Staff perception on the implementation of National Health Insurance Scheme in F.C.E (T) Potiskum. In view of this, the study carried out an assessment of Staff perception on the implementation of National Health Insurance Scheme in Federal College of Education (Technical) Potiskum, Yobe State.

Objectives of the Study

The main objective of the study is to assess the level of Staff perception on the implementation of National Health Insurance Scheme (NHIS) in the Federal College of Education (Technical) Potiskum. While the specific objectives are to:

- i. examine the level of awareness of Staff on the National Health Insurance Scheme;
- ii. assess the extent of participation of Staff towards the scheme;
- iii. assess the level of staff satisfaction towards the scheme.

Research Questions

In order to achieve the following objectives of the research, the study will be guided by the following questions: -

- i. What is the level of awareness of Staff on the National Health Insurance Scheme (NHIS)?
- ii. To what extent is the Staff participation on the National Health Insurance Scheme?
- iii. What is the level of satisfaction of the Scheme by Staff of the College?

Scope of the Study

The study assesses Staff perception on the implementation of National Health Insurance Schemes in Federal College of Education (Technical) Potiskum, Yobe State, with respect to the level of awareness, extent of participation and the level of satisfaction of the scheme by the Staff of the College from 2008 to 2018. The choice of the time frame is informed by the fact that the program covers the period in which the scheme took-off in the study area.

The Concept of National Health Insurance Scheme.

National Health Insurance Scheme is a form of formal sector social health insurance programme. It is a social health security system in which the health care of an employee is paid for by both the employer and employee. This is achieved by monthly deductions of 5% of basic salary from an employee and another 10% of basic salary paid by the employee's employer which is then pooled together and used for all enrollees (Onyedibe et' al 2012). In social health insurance, there is cross subsidization where the healthy subsidizes for the ill, the young subsidizes for the old and the higher income group subsidizes for the lower income group. Therefore, social health insurance is a social security system that guarantees the provision of benefit package of health care services paid from funds created by pooling the contributions of participants.

Ibrahim (2010) explained that Health insurance is a system of advance financing of medical expenses through contribution, or premium paid into a common fund, to pay for all or part of health services specified in an insurance policy. In his book on the National Health Insurance Scheme, Mbaya (2009:121) pointed that "The (NHIS) is a social health insurance Program by the Federal Government of Nigeria to complement source of financing the health sector, and to improve access to health care for the majority of Nigerians". It guarantees the provision of needed health service to persons without them having to pay fully at the time of need, because payment has already been made by regular contributions by the insured or his employee or both. In a statutory Health Insurance Program Medical care benefits are given as of right.

Awareness of the National Health Insurance Scheme.

The National Health Insurance Scheme was established by the Federal government of Nigeria to complement the source of financing the health sector and to improve access to quality and affordable healthcare for the majority of Nigerians. In order to achieve this aim, it will depend on the level of awareness of the scheme by the stakeholders.

Insured person's knowledge of health insurance scheme was a vital determinant of perceived satisfaction of health care services according to Allegri et al (2006). They are of the opinion that enrollees awareness of the health insurance was aggregated to their understanding of insurance to be a good way of helping clients to relieve their health expenditure problems and also their awareness on the basic benefit package of the health insurance scheme. Poor knowledge and awareness of the benefit package has affected utilization rates of health facilities in developing countries.

Mohammed et' al (2011) pointed out that insured persons are more satisfied if they have been aware of the contributions made by both employees and employer. The less awareness of enrollees with health insurance activities, the less satisfied they become of its offerings in terms of service provision. Better awareness of the enrollees might enhance interactions between patients and healthcare providers due to better satisfaction of services. There are tendencies that those who do not have full knowledge of insurance services offered would likely evaluate systems poorly.

Participation of Staff on the National Health Insurance Scheme

The private public participation and citizen participation generally as proposed by the National Health Council at its 42nd meeting, as far back as 1995 is still in precarious situation. Metiboba (2011) is of the opinion that one of the major flaws of the NHIS, and which accounts mostly for its apparent non-performance, is the non-involvement of the beneficiaries of the scheme, through community participation at most critical stages of planning, decision making and implementation. Participation in a greater sense therefore, is the involvement of members of a particular community in the formulation of public policy or its implementation and its usage according to Green (1986), Huff and Kline (1999). That is, it is the participation of local people in the development process as a whole.

Participation as a process has been widely recognized and accepted as both a basic right of people and of crucial importance to the success of development efforts generally. In the world's poor countries especially a better quality of life generally calls for higher incomes, better education, higher standards of health and nutrition, less poverty and more equality of opportunity as pointed out by (Green and Raeburn 1990). Although thinking on development is believed to have shifted repeatedly during the past five decades, the method of community participation specifically according to Oakley (1989) has been one of the enormous efforts or strategies devised to improve the lives of many millions of disadvantaged people in the world.

Ibrahim (2010) also maintained that people are often not willing to spend an entire day or a portion of their income on travelling to hospitals that are generally located in urban areas. The motivation is not there for people to participate on what they believe is poorly funded and where the quality of service is extremely poor. People do not trust the system. It is in the light of the above therefore that the link has been made between participation and the program that is design to improve people health.

One of the potent ways by which the lapses in the management of NHIS in Nigeria can be alleviated is through the introduction of beneficiary or citizen's participation which include; the involvement of the people in the planning, monitoring and execution of NHIS projects and programmes and the involvement of people in the decision-making process that often precedes any NHIS development programme as well as the involvement of citizenry in the evaluation of the scheme.

Satisfaction towards the National Health Insurance Services

In a Handbook of National Health Insurance Scheme (2006) it maintained that an increased utilization created by increased consumer demand, new treatments, and more intensive diagnostic testing as the most significant. People in developed countries are living longer. The population in those countries is aging, and a larger group of senior citizens requires more intensive medical care than a young healthier population. Advances in medicine and medical technology can also increase

the cost of medical treatment. Lifestyle-related factors can increase utilization and therefore insurance prices, such as: increase in obesity caused by insufficient exercise and unhealthy food choice; excessive alcohol use, smoking, and use of street drugs. Other factors noted by the PWC study included the movement to broader-access plans higher priced technologies and cost shifting from medical and the uninsured to private payers.

Onyedibe et al (2012) were of the view that health care providers perform poorly due to the fact that there were inadequate medical personnel for the health care then, which was an impediment for ensuring health care delivery. Wright (2010) noted that Doctors and other healthcare providers (HCPs) are rewarded for merely treating patients rather than curing them and that patients insured through employee group policies have incentives to go to the absolute best healthcare providers (HCPs) rather than the most cost effective ones.

Consumers of medical care prefer to shift risk of illness to others at appropriate prices because of uncertainty of becoming ill and the risk of death. Medical care is the curative aspect of healthcare. For the purpose of increasing societal welfare, it has been suggested that everyone should have equal access to basic medical care and that medical needs rather than economic status should be the criterion for the distribution of basic medical care, (Sanusi and Awe 2009). Pricing of medical care reduces usage and the direct negative effect is to reduce demand for medical care, thereby reducing health status and causing loss to the society.

Demand for healthcare can be defined as the amount of health services that the people are willing to obtain as a function of the service prices, given people's socio-economic and demographic characteristics, their perception of the quality of services, the people's geographical location relative to health providers and the environment (Collins in Sanusi and Awe 2009:1).

Grossman in Sanusi and Awe (2009) is of the opinion that consumer demand health care for two reasons. Firstly, health care makes the consumer better so that it is considered as a consumption commodity. Secondly, health care determined the number of hours or days available to the consumer for work and leisure, which also affect the time available for productive activity.

Theoretical Framework

The approach adopted for this study is the theory of social perception. McDougall (1908) and Bertlett (1932) were the early contributors to the theory.

In psychology and cognitive science perception is the process of attaining awareness or understanding of sensory information. Perception is also the process of acquiring, interpreting, selecting and organizing sensory information. The word perception comes from the Latin word 'perceptio' meaning "receiving, collecting, action of taking position, apprehension with the mind of senses" (www.OED.com). Passive perception as conceived by Rene Descartes is in this sequence of events: surrounding-input (senses)-processing (brain)-output (re-action). "perception refers both to the experience of gaining sensory information about the world of people, things and events and the psychological process by which this is accomplished" (concise encyclopedia psychology).

Krech and Crutchfield divide the determinants of perception into two major categories: structural factors and functional factors. Structural factors mean those factors deriving solely from the nature of the physical stimuli and natural effects they evoke in the nervous system of the individual. Thus, for the Gestalt psychologist, perceptual organizations are determined primarily by the psychological events occurring in the nervous system of the individual in direct reaction to stimulation by the physical objects. They insist that those sensory factors which are independent of the perceiving individuals need and personality and which force certain organizations in his cognitive field are referred to as 'structural factors in perception'.

The functional factors of perceptual organization on the other hand are those which derive primarily from the needs, moods, past experience and memory of the individual, all functional factors in perception are social in the usual sense of them. The interaction that is true for most psychological

process is also characteristic of the operation of structural and functional factors in perception. Nether set operates alone; every perception involves both kind of factors.

The staff of federal college of education (Technical) postiskum have a preconceived idea of how the National Health Insurance scheme should be implemented. It is their belief that the knowledge and awareness of the various activities of the insurance scheme in the study area is insufficient, the attitude and behaviour of service providers is poor and that there is denial of enrollees full entitlements of the service in the benefit package. The perception theorist sign that, "what one perceives is as a result of interplays between past experiences, one's culture, and the interpretation of the perceived" (www.wikipedia.org).

Population of the Study

The population under study according to the establishment of the College (2011) consists of the entire 476 academic and non-academic Staff of the Federal College of Education (Technical) Potiskum, Yobe State. The academic staff consists of 176 staff, while non academics consist of 300 staff.

Sources of Data

The study made used of both primary and secondary sources of data. The primary source was obtained through structured questionnaires administered on Staff of Federal College of Education (Technical) Potiskum. The secondary source includes information obtained from textbooks, official publications and internet materials.

Sampling Size and Sampling Technique

170 staff was sampled for the study. Stratified sampling technique was used in order to reflect both academic and non-academic Staff of the college in the sampling. Simple random sampling technique was used to pick the respondents. Sampling frame is presented below to show how the samples were selected.

Table: 3.1 Sampling Frame

Designation	Status	Sample size	Questionnaire distributed	Questionnaire retrieved	%
Academic Staff	Chief lecturer	6	3	1	33.3
	Principal lecturer	15	5	3	60
	Senior lecturer	39	15	12	80
	Lecturer I	50	24	20	83.3
	Lecturer II	66	28	23	82.2
Total		176	75	59	78
Non Academic Staff	Chief officials	5	2	1	50
	Prin. officials	12	4	2	50
	Sen. officials	31	10	6	60
	Officer I	60	20	12	60
	Officer II	72	26	14	53.8
	Junior officers	120	33	16	48.9
Total		300	95	51	53.7

Source: Field Survey, 2011

Table 3.1 revealed that academic staff participated on the scheme more than their non-academics colleagues with 78% questionnaires retrieved. Only 53.7% of the non-academic staff questionnaires were retrieved.

Method of Data Collection

One hundred and seventy (170) copies of questionnaire was administered by the researcher to all respondents in order to gather information about the level of awareness of the scheme by the

staff, extent of participation of staff towards the scheme as well as the level of satisfaction of the scheme by staff of Federal College of Education (Technical) Potiskum, Yobe State. One hundred and ten out of the one hundred and seventy questionnaires were retrieved the instrument was prepared with the help of an expert for the purpose of accuracy. Research Assistants were used in the distribution and collection of the instrument. The instrument was collected back after three (3) days.

Data Presentation

The data is presented in tables conveying the frequency and percentages of the respondents that were used in the study. One hundred and seventy copies of questionnaires were administered by the researcher to all respondents. However, one hundred and ten (110) copies of the questionnaires were retrieved by the researcher from the respondents. The data was organized and presented in the following order; research questions are first answered followed by testing of research hypothesis.

Data Analysis

Result of data collected is analyzed for answering the research questions as well as testing the hypothesis of the study. The data in the various tables are subjected to interpretation and the findings are also discussed. The sample size is 110. The data was analyzed in relation to the specific objectives.

Table 4.3 Level of awareness of Staff on the National Health Insurance Scheme

S/ N	Indicate your level of awareness on the following items.	VH	%	H	%	UN	%	L	%	VL	%	TOTAL	%
1.	National Health Insurance Scheme.	20	18	53	48	5	4	30	27	2	2	110	100
2.	The existence of the enabling law.	10	9.1	40	36	5	4	44	40	11	11	110	100
3.	Objectives of the Scheme (NHIS).	5	4	36	33	7	6	58	53	2	2.1	110	100
4.	Various functions of the scheme.	5	4	36	33	5	4	58	53	6	6	110	100
5.	Health maintenance organization (HMO's).	4	3.6	25	23	5	4	59	54	17	16	110	100
6.	Functions of HMO's.	4	3.6	30	27	5	4	56	51	15	14	110	100
7.	Health care provider (HCP).	11	10	51	46	5	4	41	37	0	0	110	100
8.	Functions of (HCPs).	7	6	49	45	7	6	44	40	5	5.1	110	100
9.	NHIS Benefit packages.	8	7.3	36	33	5	4	53	48	8	8	110	100

Source: Field Survey, 2011.

Key: - VH- Very High; H- High; UN- Undecided; L- Low; VL- Very Low.

Table 4.3 shows that the level of awareness of Staff on three items, items 1, 7 and 8 were rated high with 48%, 46% and 45% respectively. This signifies that the Staff of the college were aware of the existence of the scheme. However, the percentage for the response on item 2, 3, 4, 5, 6 and 9 were rated low which signifies that Staff of the college were not aware of the law establishing the scheme, objectives, various functions and agencies that were servicing the scheme.

Table 4.4 Extent of participation of Staff on the implementation of National Health Insurance Scheme in Federal College of Education (Technical) Potiskum.

S/N	Indicate the extent of your participation on the following items	GE	%	ME	%	UN	%	LE	%	VLE	%	TOTAL	%
1.	Planning and Decision Making of NHIS	7	6	11	10	7	6	43	39	42	38	110	100
2	NHIS Facility	10	9.1	40	36	5	4	38	35	17	2	110	100
3	My contribution of 5% basic salary	100	91	7	6.4	0	0	3	2.7	0	0	110	100
4	My employers contribution of my10% basic salary	100	91	7	6.4	0	0	3	2.7	0	0	110	100
5	Small co-payment at the point of service	60	55	33	30	5	4	10	9.1	2	2.4	110	100

Source: Field Survey, 2011.

Key: - GE- Greater Extent; ME- Moderate Extent; UN- Undecided; LE- Low Extent; VLE- Very Low Extent

Table 4.4 revealed that the response on item 1 is rated to a lower extent with 39%. This indicates that staff of the College were not involved in the planning and decision making process of the NHIS. However, the extent of the response of staff on item 2 is moderate. That means staff of the college were using the NHIS facility. Table 4.4 revealed that extent of the response of staff on items 3, 4 and 5 is greater. This indicates that both the employer and the employee are making their contribution to the scheme. Table 4.4 revealed that the last item which is item 5 is also rated to a greater extent, which implies that the beneficiaries in the study area are making the small co-payment at the point of service.

Table 4.5 The level of Satisfaction of National Health Insurance Scheme by the Staff of Federal College of Education (Technical) Potiskum).

S/N	Indicate your level of agreement on the following items	SA	%	A	%	UN	%	D	%	SD	%	TOTAL	%
1	NHIS benefit package is adequate	10	9.1	35	32	5	4	40	36	20	19	110	100
2	Number of enrollees dependent on the scheme is adequate	6	5.5.	35	32	5	4	55	50	9	8	110	100
3	There is delay in the enrollment process	20	18	55	30	5	4	22	20	8	8	110	100
4	There is a reduction in my out of pocket medical expenses	17	15	53	48	7	6	28	25	5	4	110	100
5	There is increase in my demand for service	40	36	24	22	5	4	33	30	8	8	110	100
6	Contribution of my 5% basic salary is adequate	40	36	38	35	0	0	17	15	15	14	110	100
7	Contribution of my employers 10% of my basic salary is adequate	30	27	31	28	0	0	35	32	14	13	110	100
8	There is a conducive environment in the premises of my health care provider	17	15	49	45	0	0	29	26	15	14	110	100
9	Health care providers are effective in the provision of quality health care service	15	14	38	34	7	6	36	33	14	13	110	100

Source: Field Survey, 2011.

Key: - SA- Strongly Agree; A- Agree; UN- Undecided; D- Disagree; SD- Strongly Disagree

Table 4.5 revealed that the responses on items 3,6 and 4, 5 8 9 and 10 were on the level of stronger agreement and agreement respectively. Item 3 indicate that there is a delay in the enrolment process while item 6 indicate adequacy of enrollee's contribution to the scheme. Items 4,5,8,9 and 10 revealed that there is a reduction in the enrollees out of pocket medical expenses, there is increase in their demand for service, conducive environment in the premises of their healthcare provider and that the healthcare providers are effective in the work they do as well as feasibility of sustenance despite failure of other schemes. However, the table 4.5 also revealed that items 1, 2 and 7 are not adequate. This is because the result of the response disagrees with the statements. The responses on the last item, item 11 revealed stronger disagreement that the scheme should be discontinued.

Discussions on Major Findings

National Health Insurance Scheme NHIS was established by the federal government of Nigeria to provide access to quality and affordable healthcare to all Nigerians. This study assesses staff perception on the implementation of the national Health Insurance Scheme in Federal college of education (Technical) Potiskum, Yobe state and came up with the following findings. The findings of the study from table 4.3 revealed that the level of awareness of National Health Insurance Scheme is rated high on the existence of National Health Insurance Scheme, Health Care Provider and functions of the Health Care Provider in Federal College of Education (Technical) Potiskum. Sanusi (2009) and Agba (2010) agree with these findings that there is high level of awareness of NHIS among workers. However, Hamza (2002) was of the opinion that there is a very low level of awareness of NHIS among Civil Servants. Also, result from table 4.3 has shown that Staff awareness is low on the existence of the enabling low establishing the scheme, objectives of the Scheme, the Health Maintenance Organizations as well as NHIS benefit package. This finding is not surprising since Njoku et al (2010) find out that knowledge about the various aspects of the scheme were not encouraging.

The study revealed that the extent of participation of enrollees in planning and decision making process of the scheme is rated to a lower extent. For instance, table 4.4 revealed that 39% of the respondents rated the extent of the enrollee's participation in planning and decision making process of the scheme lower. Metiboba (2011) agrees with these findings and he was of the opinion that none-involvement of beneficiaries of the scheme through community participation at most critical stage in planning and decision making process is one of the major flaws of the national Health Insurance Scheme.

The result of the findings from table 4.5 revealed that the respondents agree that there is reduction in their out of pockets medical expenses, there is increase in their demand for services, services provided by Health Care Provider is effective and that there is feasibility of sustenance of the Schemes in Nigeria despite failure of other Scheme. This collaborated with earlier study by Mohammed et al (2011) which suggests some factors for employee satisfaction. Some of these factors include: health care providers' politeness towards clients, decreased availability of hospital personnel. This contradict the findings of Onyedibe et al (2012) who were of the view that health care providers perform poorly due to the fact that there were inadequate medical personnel for the health care providers which was an impediment for ensuring health care delivery.

CONCLUSION

From the result of my investigation, the study has concluded that there is high level of awareness of the existence of NHIS among staff of the college in the study area, there is also low level of awareness of the various services provided by NHIS among staff of Federal College of Education (Technical) Potiskum.

The extent of participation of staff of the College on planning and decision making process of the NHIS is low, though, enrollees in the study area are using the NHIS facilities. Staff also agreed that NHIS is providing access to quality and affordable health care services.

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