International Journal of Marketing and Technology
Vol. 7 Issue 5, May 2017,
ISSN: 2249-1058 Impact Factor: 6.559
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gage as well as in Cabell's Directories of Publishing Opportunities, U.S.A

ASSESSING THE QUALITY SERVICE DELIVERY OF HEALTH INSURANCE SCHEME IN GHANA: THE CASE OF THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)

Frederick KwabenaAsare*

Masud Ibrahim**

Abstract

Quality has become an increasingly predominant part of our lives. People are constantly looking for quality products and services. The existence of this desire for quality has caused firms and organisations throughout the world to consider it as an essential component of any service and production process. Thispaper sought to assess the quality service delivery of health insurance scheme in Ghana. Data for the study was obtained via quantitative techniques. Purposive sampling technique was used to select the customers who formed the sample size. A sample size of sixty (60) respondents was chosen for the study. Findings from the study revealed subscribers of the Scheme are of the view that the NHIS does not deliver quality services to its' subscribers. Again, study found challenges with the Scheme including delay in processing and issuance of identification cards, limited drug lists, poor attitude of health care providers; and lack of availability of some prescribed drugs.

Keywords: Health insurance; Quality service; Hospitals; Ghana

* **Kumasi Technical University, Kumasi, Faculty of Business**

** **University of Education, Winneba: Department of Management Studies Education, Kumasi**

Introduction

Ghana began to seek other ways of financing health care in the early 1990s, including NGO-initiated community-based health insurance schemes (CBHIS). While popular among members and international donors at the time, the schemes were only targeted to specific areas, failed to address key social insurance issues, and were not supported by general government revenue to allow them to cater for the poor. The highly unpopular "cash and carry" system became a salient political issue and the main opposition party, the National Patriotic Party (NPP) led by the former president John Agyekum Kufuor, began to call for its abolishment in its manifestos and campaigns; a promise that may have helped the NPP win the 2000 presidential and parliamentary elections.

The idea for the National Health Insurance Scheme (NHIS) in Ghana was conceived by former president John Agyekum Kufuor who when seeking the mandate of the people in the 2000 elections, promised to abolish the `cash and carry' system of health delivery. Upon becoming president, former president Kufuor pushed through his idea of getting rid of "cash and carry" and replacing it with an equitable insurance scheme that ensured that treatment was provided first before payment for Ghanaian citizens. Ultimately, the National Health Insurance Scheme (NHIS) was established under Act 650 of 2003 by the Government of Ghana to provide a broad range of health care services to Ghanaians.

National Health Insurance Scheme is a form of National health insurance with a goal to provide equitable access and financial coverage for basic health care services to Ghanaian citizens. The National Health Insurance Scheme was introduced because of the 'Cash and Carry' System, which makes it compulsory for everybody to pay money immediately before and after treatment in our hospitals/clinics and other health facilities was not within the means of most Ghanaians and many were not going to our hospitals and clinics resulting in needless deaths. Under the "cash and carry" system, the health needs of an individual was only attended to after initial payment for the service was made.Even in cases when patients had been brought into the hospital on emergencies it was required that money was paid at every point of service delivery.

Under this policy, three types of health insurance schemes were set up. They were: The District-Wide Mutual Health Insurance Scheme; The Private Mutual Health Insurance Scheme and The Private Commercial Health Insurance Scheme. In order for the system to function well, the government decided to support the District Mutual Health Insurance Scheme concept to ensure that: opportunity is provided for all Ghanaian citizens to have equal access to the functional structures of health insurance; Ghanaian citizens do not move from an unaffordable 'Cash and carry' regime to another unaffordable Health Insurance one; a sustainable Health Insurance option is made available to all Ghanaian citizens; and the quality of health care provision is not compromised under Health Insurance. One of the primary goals of Ghana's NHIS was to increase affordability and utilization of drugs and health services in general, and among the poor and most vulnerable populations in particular. Few studies have tried to investigate whether the NHIS achieved this objective. However, this study is conducted to assess the quality service delivery of health insurance scheme in Ghana: a case study of the National Health Insurance Scheme (NHIS).

Like many countries in the world, Ghana's health insurance was fashioned out to meet specific needs of Ghanaian citizens. The National Health Insurance Scheme package covers about 95% of diseases in Ghana. The NHIS covers out-patient services, including diagnostic testing and operations such as hernia repair; most in-patient services, including specialist care, most surgeries, and hospital accommodation (general ward); oral health treatments; all maternity care services, including Caesarean deliveries; emergency care; and, finally, Malaria, Diarrhoea, Skin Diseases, Hypertension, Diabetics, Asthma, and a lot of other diseases ranging from our head to toe, and all drugs on the centrally-established NHIA Medicines List. Certain diseases are however excluded from the benefit package. This is mainly because it may be too expensive to treat those diseases and therefore other arrangements are being considered to enable people get these diseases treated. Diseases currently not covered are: Optical aids, Hearing aids, Orthopaedic aids, Dentures, Beautification Surgery, Supply of AIDS drugs, treatment of Chronic Renal Failure, Heart and Brain Surgery, etc. All these constitute only 5% of the total number of diseases that attack us.

The health insurance was set up to allow Ghanaian citizens to make contributions into a fund so that in the event of illness Ghanaian contributors could be supported by the fund to receive affordable health care.Its primary goal was to improve access to and quality of basic health care services in Ghana through the establishment of mandatory district-level NHIS. The policy objective is that: every resident of Ghana shall belong to a health insurance scheme that adequately covers him or her against the need to payout-of-pocket at the point of service use in order to obtain access to a defined package of acceptable, quality health services." (Government of Ghana, 2004). Another significance of NHIS is to increase affordability and utilization of drugs and health services in general, and among the poor and most vulnerable populations in particular. This study therefore expresses the perception of Ghanaians on the quality service delivery by NHIS.

The main purpose of the study was to assess the quality service delivery of health insurance scheme in Ghana. The study was also guided by the following specific objectives;

1. To find out the perception of NHIS subscribers on the quality of service delivery ofthe scheme
2. To find out the challenges affecting the quality services delivery of NHIS.

Literature Review

Ghanaian consumers' perception on the quality of service delivery in NHIS

According to the 2008 Citizens' Assessment (NDPC 2009), being an NHIS cardholder improves the chances of seeing high-quality health professionals (doctors and medical assistants versus consult drugstores and traditional providers). Similarly, being registered in the DMHIS increases the probability of seeking higher quality maternal healthcare as well as the likelihood that parents take their children to health facilities more often for both curative and preventive care (Gajate-Garrido and Ahiadeke 2013). NHIS members have a higher probability of obtaining prescriptions, visiting clinics, and seeking formal healthcare when sick (Blanchet, Fink, and Osei-Akoto 2012). Likewise, pregnant women who participate in the scheme enjoy reduced incidence of birth complications and are more likely to receive prenatal care, to deliver at a hospital, and to be attended by a trained health professional during birth (Mensah, et al, 2009). Health insurance schemes are increasingly gaining both institutional and public accent as a

framework to finance health care provision in developing countries and it has the potential to increase health services utilization and better cushion people against health expenses and even resolving inequality tendencies (WHO, 2000).

The greatest concern now is the perception of people towards the quality of service delivery in the National Health Insurance Scheme (NHIS). Quality has become an increasingly predominant part of our lives. People are constantly looking for quality products and services. The existence of this desire for quality has caused firms and organisations throughout the world to consider it as an essential component of any service and production process. Quality is a strategic differentiator tool for sustaining competitive advantage. Improving quality through improving structures and processes leads to a reduction of waste, rework, and delays, lower costs, higher market share, and a positive company image. As a result, productivity and profitability improve.Therefore, it is very important to define, measure and improve quality of healthcare services.

Quality, because of its subjective nature and intangible characteristics, is difficult to define. Definitions vary depending on whose perspective is taken and within which context it is considered. No single universally accepted definition exists. Quality, therefore, has been defined as ‘value’; ‘excellence’; ‘conformance to specifications’; ‘conformance to requirements’; ‘fitness for use’; ‘meeting and/or exceeding customers’ expectations’, and ‘consistently delighting the customer by providing products and services according to the latest functional specifications which meet and exceed the customer’s explicit and implicit needs and satisfy producer/provider’. Healthcare service quality is even more difficult to define and measure than in other sectors. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality depends on service process and customer and service provider interactions. Some healthcare quality attributes such as timeliness, consistency, and accuracy are hard to measure beyond a subjective assessment by the customer.

It is often difficult to reproduce consistent healthcare services. Healthcare services can differ between producers, customers, places, and daily. This 'heterogeneity' can occur because different professionals (e.g. physicians, nurses, pharmacists) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as experience, individual abilities, and personalities. Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge 'quality' prior to purchase and consumption. Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed.

Quality healthcare is a subjective, complex, and multi-dimensional concept. Donabedian (1980), defined healthcare quality as 'the application of medical science and technology in a manner that maximises its benefit to health without correspondingly increasing the risk'. He distinguishes three components of quality: 1) technical quality, 2) interpersonal quality, and 3) amenities. Technical quality relates to the effectiveness of care in producing achievable health gain. Interpersonal quality refers to the extent of accommodation of patient needs and preferences. Amenities include features such as comfort of physical surroundings and attributes of the organisation of service provision.

Ovretveit (2009), defines quality care as the 'Provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available'. He developed a system for improving the quality of healthcare based on three dimensions of quality: professional, client, and management quality. Professional quality is based on professionals' views of whether professionally assessed consumer needs have been met using correct techniques and procedures. Client quality is whether or not direct beneficiaries feel they get what they want from the services. Management quality is ensuring that services are delivered in a resource-efficient way.

According to Schuster et al. (1988), good healthcare quality means "providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity". For Lohr (1991), quality is "the degree to which

healthcare services for individuals and population increases the likelihood of desired healthcare outcomes and is consistent with the current professional knowledge". Mosadeghrad (2013), defined quality healthcare as "consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patients' needs and satisfies providers". He identified 182 attributes of quality healthcare and grouped them into five categories: environment, empathy, efficiency, effectiveness and efficacy. Quality healthcare includes characteristics such as availability, accessibility, affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities, and facilities.

Czepiel et al. (1985) have considered the service quality of the service encounter as two different dimensions, one being technical or output quality and the other functional or process quality. These dimensions were assessed according to attitudes and behaviour, appearance and personality, service mindedness, accessibility and approachability of customer contact personnel. Czepiel et al. (1985) not only pinpointed the process and outcome quality dimensions but also identified three different dimensions of the service encounter, distinguishing between customer perceptions, provider characteristics and production realities.

They suggested that these covered common crucial characteristics in service delivery and that the determinants of satisfaction were therefore similar in each case. For the customer perceptions and production realities, they listed elements which were then judged along a continuum. The customer perceptions included purpose, motivation, result, salience, cost, reversibility, and risk. The production realities related more to elements such as technology, location, content, complexity and duration. These two dimensions can be compared to the customer's perception of a Web site and the complexity or speed of the technology involved. The third dimension of provider characteristics relates to the expertise, attitude and demographic attributes of the staff.

Satisfaction of Ghanaian consumers with the quality of service delivery of NHIS

Faraz (2005) stated that customer satisfaction is the situation when customer expectations have been fulfilled to the fullest capacity when using the product or service. The capacity to fulfil

customer expectation consequently brings about strong loyalty to the product or services of a company. Also customer satisfaction is defined as a customer's overall evaluation of the performance of an offering to date. This overall satisfaction has a strong positive effect on customer loyalty intentions across a wide range of product and service categories (Gustafssonet al., 2005). The satisfaction judgment is related to all the experiences made with a certain business concerning its given products, the sales process, and the after- sale service. Whether the customer is satisfied after purchase also depends on the offer's performance in relation to the customer's expectation. Customers form their expectation from past buying experience, friends' and associates' advice, and marketers' and competitors' information and promises (Kotler, 2000).

Customer satisfaction is the company's ability to fulfil the business, emotional, and psychological needs of its customers. In the words of Oliver (1981), customer satisfaction is "the summary psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with the consumer's prior feelings about the consumption experience." Customer satisfaction has also been defined by Hunt (1977) as "an evaluation rendered that the (consumption) experience was at least as good as it was supposed to be." Furthermore, Engel and Blackwell (1982) have opined it to be "an evaluation that the chosen alternative is consistent with prior beliefs with respect to that alternative."

Adogla (2013), the Universal Access to Health Care Campaign (UHCC) acknowledges that the success of the NHIS hinges not only on the NHIA, but also on important role of health service providers in fulfilling their part of the contract signed with the NHIA - provision of quality health services in a manner that addresses the health needs of each and every patient that seeks health care on the ticket of the NHIS. Hence, poor service delivery by health care providers under the NHIS is an act that defeats the purpose for which the scheme was established. While we do not intend to overlook the critical role of the NHIA, we wish to state that much of the frustrations of the NHIS clients are experienced at service delivery points (Health facilities) and health providers must be blamed for failing to meet their part of the contract.

The complains of the ordinary NHIS client from 37 Military Hospital, Korle Bu, KomfoAnokye to Brahakekumi, Nakpanduri, Atua, BrongAhafo are self-evident. Since 2004 to date, NHIS clients across the country have complained of some key issues including the following: Charging of illegal fees and exploiting clients. Unprofessional attitude to work by way of verbal abuse, and undue delays.Referral of clients to some private medical health facilities that are not NHIS service providers, when indeed that such can be obtained from the hospitals they have been referred from. For example the CEO of the KomfoAnokye Teaching Hospital cautioned doctors working at the hospital to desist from such unethical practices since defeats the purse of the NHIS. Sale of drugs to clients with the excuse that particular drugs are not included in the medicines list. Abuse of clients by hospital front line staff etc. Use of unqualified staff by some private health facilities - this is very serious and must be checked. These issues are many and varied, and have contributed to reducing the confidence of a section of the general public in the NHIS. Even though these malpractices have been observed across the country, they are more prevalent in the urban health facilities, (Adogla, 2013).

Hallowell (1996). If customers are satisfied with a particular high quality service offering after its use, then they can be expected to engage in repeat purchase and even try line extensions and thus market share can be improved. Levesque and McDougall (1996) have empirically confirmed and reinforced the notion that consistent poor customer experience leads to a decrease in the levels of customer satisfaction and the chances of further willingness to recommend the service (i.e., word-of-mouth advertising or referrals) is lessened.

Previous researches have shown strong linkages between service quality dimensions and overall customer satisfaction (Anderson and Sullivan, 1993). Service quality is accepted as one of the basic factors of customer satisfaction. However, there is much debate whether customer satisfaction is a precursor of service quality judgements (Parasuraman et al.,1985; Bitner et al., (2000). Definitive analysis has showed that service quality cannot be divorced from the concept of customer satisfaction (Anderson and Sullivan, 1993). Recent studies have shown that satisfaction is influenced by not only perceptions of service quality but also by perceptions of product quality, and pricing factors as well as situational and personal factors (Zeithaml and Bitner, (2003).

Challenges facing quality service delivery of National Health Insurance Scheme (NHIS)

In 2001, Ghana started the process of developing a National Health Insurance Scheme (NHIS) to replace out-of-pocket fees at the point of service delivery. In 2003, NHIS Act 650 was passed and became operational in 2004. By June 2009, coverage stood at 55% of the population from a total of 145 District Mutual Health Insurance Schemes (DMHIS). Despite the successes the National Health Insurance Scheme (NHIS) is achieving, it is confronting with a lot of challenges that must be resolved by all stakeholders to make it sustainable. According to GMA (2013), Some of the challenges the National Health Insurance Scheme are weak systems, poor monitoring and evaluation, poor institutional and professional accountability, inadequate and inequitable distribution of health professional, poor working condition, the absence of clear boundaries of the market in health care delivery leading to unbridled and unacceptable advertisement.

In 2004, the USAID-funded Partners for Health Reform plus project, in collaboration with the Health Research Unit of the Ghana Health Service, initiated an evaluation of the NHIS. The focus was on how the Health Insurance (HI) Act has been translated into implementation at the district level and to what extent the implementation practices reflect national level policy and guidelines, plus if there are differences in NHIS enrolment rates among different socioeconomic groups and how implementation of the NHIS has affected health service utilization and out-of-pocket payments (NDPC, 2009). It is interesting to note that the conclusions brought out a number of challenges mentioned by scheme officials and lack of understanding of the need for health insurance by community members. More to that, despite having an official waiting period of three months, actual waiting periods have been far longer for many enrolees. Another challenge concerns delays in the reimbursement of the district schemes from the NHI Fund. It was also revealed by scheme managers that delays in reimbursement soured their relationship with the service providers in the district, who in some cases threatened to stop accepting DMHIS patients (NDPC, 2009).

According to Winful (2013), the NHIS is like a baby delivered through caesarean section and it came out asphyxiated and has to be resuscitated. The baby has been taken off life support but is not yet out of the woods. He pointed out that although the nation's health care delivery had

undergone tremendous transformation for improvement over the years, there were still enormous challenges facing it. Dr Winful Emmanuel Adom (GMA President) said issues of maternal mortality, infant mortality and under five mortality rates were at best stagnant and still battling with diseases that should have been eradicated years ago. However, he noted that all was not gloomy because modest gains had been made in terms of increased accessibility but these issues if not addressed properly and promptly, could derail the smooth growth of the NHIS. He, therefore, called on government to support the scheme with the provision of extra cash inflows (such as the oil revenue) when the traditional sources were inadequate to assure the health institution of timely and adequate reimbursement to enable them to provide quality health care service to the public.

Another challenge that faced the NHIS in delivery of quality services to its clients is its inability of to reimburse the service providers. According to Kutzin (2012) framework for country led analysis of health care financing arrangements suggests four main system functions namely revenue collection, fund pooling, purchasing of services and provision of services. Purchasing of services refers to "the transfer of pooled resources to service providers on behalf of the population for which the funds were pooled". The Ghana NHIS has a purchaser provider split, with the DMHIS, and increasingly, the National Health Insurance Authority (NHIA), being directly responsible for entering into purchase agreements with providers and reimbursing them. Healthcare providers at the district submit claims to DMHIS managers (referred to as scheme managers). The schemes have an established claims process that vet the claims against provider eligibility, compliance with the Ghana Diagnostic Related Groupings (G-DRGs), Standard Treatment Guidelines and Insurance Drug List. Scheme managers at the DMHIS approve the claims for payment. The process within the schemes is almost entirely manual. The purchasing function under the NHI has been beset with problems of delay in provider payments. According to the 2008 health sector review, health facilities nationwide were owed a total of GH¢ 49 Million ($32.6M), most of it in unpaid claims while health providers themselves reported a 2–6 month delay in having their bills settled. In the Upper East Region, which was his study area, the Regional Health Directorate estimated that at the time of this study in 2009, provider facilities under its jurisdiction were owed an outstanding balance of GH¢2.8 million ($1.87M) for services rendered.

Kutzin (2012) also identified technical, human resource, and working environment challenges in NHIS. Main technical challenges were inappropriate computer software utilization for claims processing due to inherent delays in executing commands and limited ability to verify written diagnosis due to non-medical background of claims officials. Human resource challenges were reflected in unmet staff training needs and severe manpower shortages complicated by the rapid annual turnover of national service personnel. The staff numbers of both schemes were comparable although KND scheme processed almost twice as many claims as BD. All outpatient claims were processed without verification from folders unlike inpatient claims where because of the larger tariffs involved, saw the claims officer verifying the folder of every inpatient claim submitted i.e. matching the claims submitted with the actual record of treatment as contained in the in-patient folder. Working environment challenges were over crowded offices, perceived work overload ("over work"), lack of a comprehensive conditions of service document and stress from increased predisposition to file for financial distress with the introduction of the new tariffs. Also a survey revealed that not all subscribers of the NHIS are able to access health services after completing the recommended waiting period due to delays in the issuance of identification cards and other forms of identification to members (SEND, 2010). As there are imperfections in many government policies, the health insurance policy is no exception. For instance, in the United States of America, after Massachusetts expanded health insurance coverage to 98% of the state population, it now struggles to control healthcare costs that threaten the viability of its reform. In another instance, implementation of the National Health Insurance system in Taiwan has introduced instability into the medical system, as insurance premiums no longer correspond to healthcare demand, Taiwanese live inadequately healthy lifestyles, and expectations of the healthcare system continue to grow (Liu et al., 2012). All these are some of the major challenges that the NHIS in the Offinso Municipal have faced in delivering quality service to its clients.

However, amidst all these challenges it is better for parents to register their children for the reason that the burden cost of the health care on households is very high and therefore when the individuals are not registered with NHIS, healthcare accessibility becomes difficult and even more challenging for poorer households who are not insured (NDPC, 2009). Quality health care is what we need, not just health services, and this is the concern of the NHIS clients. Therefore, everybody, must play his part to ensure health care providers give us their best. All over the

world, quality health care is topical and a major concern for the people who pay for it. It is an undisputable fact that, Ghana has made a lot of head way in ensuring that the NHIS is sustained but the role of stakeholders must be well defined.

Methodology

The descriptive survey was used in the study, since the advantages of National Health Insurance Scheme (NHIS) policy are numerous. The descriptive survey was also chosen for the study because it involves collecting data in order to answer questions concerning quality service delivery of the NHIS in Offinso Municipal. Fraenkel&Wallen (2006, indicated that a descriptive survey involves asking the same set of questions often prepared in the form of a written questionnaire (or ability test) of a large number of individuals either by mail, telephone or by persons. The research design was considered useful in generating data on health insurance, the perception of people towards the quality of service delivery in NHIS, whether NHIS subscribers are satisfied with the quality of service delivery in NHIS and the challenges that have affected quality services delivery in NHIS.

The population of the study consist of all National Health Insurance Scheme cardholders in the Offinso municipality. For this study all the NHIS policyholders in the Offinso Municipal were considered as the population. A sample size of sixty (60) NHIS cardholders in the Offinso Municipal was chosen from the entire population for the study. Purposive sampling technique was used to select the customers who formed the sample size. These NHIS cardholders were purposely chosen because it was hoped that they were in a better position to give out the needed information. According to Sarantakos () in purposive sampling, the researcher purposely chooses subjects, who in his/her opinion, are thought to be relevant to the research topic.

The main instruments used for the study was questionnaire. For the purpose of gathering primary data, questionnaire was used. Sommer & Sommer (2001) suggested that a questionnaire is a series of written questions on a topic about which the subject's opinions are sought. They preceded that, it can be self-administered, that is when people answer a questionnaire they have received in the mail or at the same event.

The questionnaires consisted of two sections (A and B). Section A consisted of demographic information on the respondents including sex, professional qualification, marital status and level of income. Section B dealt mainly with items on health insurance, the perception of people towards the quality of service delivery in NHIS, whether NHIS subscribers are satisfied with the quality of service delivery in NHIS and the challenges that have affected quality services delivery in NHIS. All the items were constructed based on a thorough review of literature related to the topic. Respondents were also required to express their degree of agreement-disagreement with statements on a 5-point Likert type scale.

The instrument was administered personally in some selected registration centres of the NHIS and hospitals in the Offinso Municipal. At each registration centre and Hospital permission was sought from the staffs and policyholders and the purpose of the study explained them before the questionnaire was administered. After identifying the respondents randomly, the researcher to time to explain each of the items on the questionnaire in Twi to those who could not understand the English language very well so that they fully understood the issues. This really helped the illiterate NHIS cardholders to provide the needed factual information for the success of the study. In some instances some of the respondents preferred to respond to the questionnaire at their own convenient time. In some instances some of the respondents preferred to respond to the questionnaire at their own convenient time. To ensure that most of the questionnaires distributed were retrieved, its administration was done during office hours. This did not only ensure easy and convenient distribution but also ensured easy identification of respondents. In all, all the questionnaires administered were retrieved.

The collected data were statistically analysed using the Statistical Product for Service Solution (SPSS) computer software. Data collected would be analysed using, frequency and percentage tables, and figures. To facilitate easy identification, the questionnaires returned by the subjects were given serial numbers and scored. The responses of the items on the Likert Scale were assigned values and scored accordingly.

NHIS membership categories

This refers to the type of NHIS membership type individual subscribers belongs to. The table 1 below shows the various categorization of the NHIS subscribers sampled for the study.

Table 1: Respondents' NHIS membership categories

NHIS membership categories	Frequency	Percentage (%)
Informal employment	12	20.0
SSNIT Contributor	45	75.0
Under 18 years	3	5.0
TOTAL	**60**	**100**

Source: Researcher's field work, 2016

From the table 1, 20% of the total respondents indicated that they belong to the informal employment NHIS membership category. Also, 75% and 5% of the entire respondents sampled for the study said that their NHIS membership category is SSNIT Contributor and Under 18 years respectively. However, of the respondents indicated that they belong to the SSNIT Pensioner, Aged and Indigent NHIS membership categories. This means that most of the NHIS subscribers sampled for the study pay their premium through SSNIT contribution. The finding also means that almost all the people working in Ghana are NHIS subscribers.

The quality service delivery of health insurance scheme in Ghana

The themes discussed under the quality service delivery of health insurance scheme in Ghana are; the perception of people towards the quality of service delivery in NHIS, the challenges that have affecting the quality services delivery of NHIS and whether NHIS subscribers are satisfied with the quality of service delivery in NHIS.

The perception of people towards the quality of service delivery in NHIS

This refers to the views of the NHIS card holders about the quality of service delivery of NHIS in the Offinso Municipality. The table 2, 3, 4, 5 & 6 below show the service quality measurement of the service delivery of the NHIS in terms of the reliability dimension, responsiveness dimension, empathy dimension, tangible dimension, and assurance dimension of service quality.

Reliability dimension of the quality of service delivery of NHIS

This refers to how reliable NHIS is in terms of their service delivery. The table 2 below shows the reliability dimension of the quality of service delivery of NHIS.

Table 2: Reliability dimension of the quality of service delivery of NHIS

Reliability dimension	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Total (%)
When NHIS promises to do something, it does so	13.3	16.7	25.0	41.7	3.3	**100**
NHIS services are very reliable	20.0	18.3	23.3	36.7	1.7	**100**
NHIS provides adequate service the first time	11.7	28.3	25.0	33.3	1.7	**100**
Summary (average)	**15.0**	**21.0**	**24.4**	**37.4**	**2.2**	**100**

Source: Researchers' field work, 2016.

Table 2 shows that a significant 64% of average respondents strongly agreed that NHIS services are very reliable, NHIS provides adequate service the first time and when it promises to do something, it does it. However, 36% of the NHIS card holders sampled for the study disagreed that NHIS services delivery are reliable. This results means that the reliability dimension of service quality of the services delivery of the NHIS is very positive. It implies that NHIS in the Offinso Municipal is able to offer reliable services to its customers. This shows that NHIS offer quality service delivery to its' customers.

Responsiveness dimension of the quality of service delivery of NHIS

This refers to how well NHIS responds to its' card holders need and wants in its' services delivery. The table 3 below shows the responsiveness dimension of the quality of service delivery of the NHIS.

Table 3: Responsiveness dimension of the quality of service delivery of NHIS

Responsiveness dimension	Strongly Disagree	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree	Total (%)

	(%)				(%)	
Employees of NHIS give prompt service	15.0	30.0	25.0	25.0	5.0	**100**
Employees of NHIS respond to your request and complains on time	6.7	38.3	33.3	15.0	6.7	**100**
In case of any service failure employees of NHIS inform you when the issue will be resolved	18.3	28.3	28.3	16.7	8.4	**100**
Summary (average)	**13.3**	**32.0**	**29.0**	**19.0**	**6.7**	**100**

Source: Researchers' field work, 2016.

Table 3 shows that a significant 74.3% of average respondents disagreed that the employees of NHIS; give prompt service and respond to customers' request and complains on time and in case of any service failure employees of NHIS inform the customers when the issue will be resolved. However, remaining 25.7% of them agreed otherwise. This means that the responsiveness dimension of the quality of services delivery of the NHIS is negative. The results of the study indicated that the employees of NHIS do not respond to policy holders' request and complains on promptly, they also refuse to inform the policy holders when issues would be resolved in case of any services failure. The customers of NHIS also wait for so long before the NHIS employees attend to them. From these findings it can be concluded that the services delivery of the NHIS is not quality since its' responsiveness dimension of service quality measurement is unfavourable and negative.

Empathy dimension of the quality of service delivery of NHIS

This refers to how well NHIS employees understand customers' feelings in their services delivery. The table 4 below shows the empathy dimension of the quality of service delivery of the NHIS.

Table 4: Empathy dimension of the quality of service delivery of NHIS

Empathy dimension	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Total (%)
NHIS is very concerned about when there is service failure	16.7	15.0	23.3	36.7	8.3	**100**
Employees of NHIS give special attention to their customers	10.0	33.3	28.3	18.4	10.0	**100**
NHIS understands customers' expectation.	6.7	28.3	35.0	25.0	5.0	**100**
Summary (average)	**11.0**	**25.5**	**29.0**	**26.7**	**7.8**	**100**

Source: Researchers' field work, 2016.

Table 4 shows that a significant 63.5% of average respondents strongly agreed that the NHIS is very concerned about when there is service failure and understand customers' expectation and also employees of NHIS give special attention to their customers. Notwithstanding, the remaining 36.5% of the respondents disagreed that employees of NHIS understand customers' feelings. This results means that the employees of NHIS are very empathic and understand the expectation and feelings of the customers. Since the employees of NHIS show much concern to customers whenever there is failure of service delivery and give special attention to customers during their services delivery, it means that NHIS empathy dimension of quality of services is positive. It simply means the services delivery of NHIS is quality.

Tangibles dimension of the quality of service delivery of NHIS

This refers to how real and solid NHIS is in its' services delivery. The table 5 below shows the tangible dimension of the quality of service delivery of the NHIS.

Table 5: Tangibles dimension of the quality of service delivery of NHIS

Tangibles dimension	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Total (%)
Employees of NHIS dress decently	1.7	0.0	25.0	43.3	30.0	**100**
Physical facilities at NHIS offices are visually attractive.	0.0	8.3	36.7	36.7	18.3	**100**
NHIS has the needed equipment/technology to solve your problems	8.3	18.3	18.4	41.7	13.3	**100**
Summary (average)	**3.3**	**9.0**	**26.7**	**40.5**	**20.5**	**100**

Source: Researchers' field work, 2016.

Table 5 shows that a significant 87.7% of average respondents strongly agreed that employees of NHIS dress decently, the physical facilities at NHIS offices are visually attractive and NHIS has the needed equipment/technology to solve customer problems. Notwithstanding, the remaining 12.3% of the respondents disagreed otherwise. This finding means that the services delivery quality of the NHIS is very tangible since the employees of NHIS dress neatly and offices and facilities are very attractive. The aesthetic features of the offices of the NHIS is very pleasant. As a results of this finding it can be concluded that the services of NHIS is quality.

Assurance dimension of the quality of service delivery of NHIS

This refers to how NHIS services delivery are guaranteed. The table 6 below shows the assurance dimension of the quality of service delivery of the NHIS.

Table 6: Assurance dimension of the quality of service delivery of NHIS

Assurance dimension	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Total (%)
The behaviour of employees of NHIS instils confidence in you	23.3	30.0	21.7	20.0	5.0	**100**
Employees of NHIS have the knowledge to answer your questions	5.0	16.7	20.0	41.7	16.6	**100**
NHIS employees respond to customer's complaints in a friendly manner.	3.3	18.3	38.3	28.4	11.7	**100**
Summary (average)	**10.5**	**21.7**	**26.7**	**30.0**	**11.1**	**100**

Source: Researchers' field work, 2016.

Table 6 shows that a significant 67.8% of average respondents strongly agreed that the behaviour of employees of NHIS instils confidence in customers, NHIS employees have the knowledge to answer customers' questions and they respond to customers' complaints in a friendly manner. However, the remaining 32.2% of the respondents disagreed that the NHIS employees have the needed knowledge to answer their questions, respond to their complaints in a friendly manner to put confidence in them. Since the measurement of assurance dimension of the quality of service delivery of NHIS is positive, it means that National Health Insurance Scheme provides quality service delivery to its' customers especially those in the Offinso Municipal.

The challenges affecting the quality services delivery of NHIS

This refers to the various factors that hinders the quality services delivery of the National Health Insurance Scheme especially those in the Offinso Municipality. The table 7 shows some of the challenges affecting quality services delivery of the NHIS.

Table 7: Challenges facing NHIS subscribers

Challenges facing NHIS subscribers	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)	Total (%)
Delay in processing and issuance of identification cards	10.0	18.3	10.0	33.3	28.4	**100**
NHIS services are very expensive	13.3	31.7	20.0	16.7	18.3	**100**
Approved drug list is limiting	5.0	16.7	23.3	28.3	26.7	**100**
Poor attitude of health care providers towards card holders	6.7	23.3	28.3	20.0	21.7	**100**
Some hospitals refuse to attend to NHIS cardholders due delays in reimbursement	5.0	10.0	15.0	43.3	26.7	**100**
Lack of availability of all prescribed drugs and as such cardholders have to buy its out of their pocket.	6.7	13.3	1.7	38.3	40.0	**100**
Summary (average)	**8.0**	**19.0**	**16.0**	**30.0**	**27.0**	**100**

Source: Researchers' field work, 2016.

Table 7 shows that a significant 73% of average respondents strongly agreed that the National Health Insurance Scheme face the following challenges in delivery quality services to its' customers; Delay in processing and issuance of identification cards, NHIS services are very expensive, Approved drug list is limiting, Poor attitude of health care providers towards card holders, some hospitals refuse to attend to NHIS cardholders due delays in reimbursement, and finally, lack of availability of all prescribed drugs and as such cardholders have to buy its out of

their pocket. However, the remaining 27% of the respondents indicated that the challenges listed above do not affect quality services delivery of the NHIS in any way.

Discussion

The main purpose of the study was to assess the quality service delivery of health insurance scheme in Ghana. Literature review demonstrated that unlike the user fees system, the National Health Insurance Scheme which was implemented in 2005 aims at providing universal coverage to all resident in Ghana, regardless of their ability to pay (Sulzbach, Garshong and Owusu – Banahene, 2005). Ghana's National Health Insurance Scheme (NHIS) was introduced in 2003 to replace the cash-and-carry system of paying for healthcare service at point of receiving it. According to the 2008 Citizens' Assessment (NDPC 2009), being an NHIS cardholder improves the chances of seeing high-quality health professionals (doctors and medical assistants versus consult drugstores and traditional providers). Similarly, being registered in the DMHIS increases the probability of seeking higher quality maternal healthcare as well as the likelihood that parents take their children to health facilities more often for both curative and preventive care (Gajate-Garrido and Ahiadeke 2013). NHIS members have a higher probability of obtaining prescriptions, visiting clinics, and seeking formal healthcare when sick (Blanchet, Fink, and Osei-Akoto 2012).

The population of the study consist of all National Health Insurance Scheme cardholders in the Offinso municipality. A sample size of fifty (60) NHIS cardholders in the Offinso Municipal was chosen from the entire population for the study. Purposive sampling technique was used to select the sample size of the study. According to Sarantakos (2013) in purposive sampling, the researcher purposely chooses subjects, who in his/her opinion, are thought to be relevant to the research topic. The data was statistically analysed using the Statistical Product for Service Solution (SPSS) computer software, both descriptive and tables based on frequency and percentage distribution and figures used for the representation of the data analysed.

On the issue of the perception of quality services delivery of the National Health Insurance Scheme delivery, majority of the respondents were of the view that the Scheme delivers a quality service to subscribers. Majority of the respondents indicated that the NHIS is tangible,

responsive, empathetic, assures clients and also reliable. This suggests that the Ghanaian patients value the service quality of the NHIS in terms of its service delivery process quality leading to satisfaction. This finding agrees with the findings of Elleuch (2008) who stated that the most powerful predictor for client satisfaction was provider attitude or behaviour especially, showing of respect, empathy, responsiveness, politeness etc. for patients by the provider.The customer's perception of quality of service is based on the degree of concordance between expectations and experience. Where comparability is apparent, the customer is deemed to be satisfied; however, in many cases, this will not be enough to create a competitive advantage. More and more, there is a need to offer superior service and to exceed customer expectations to delight the customer, as opposed to merely satisfying his/her needs.

The findings of the study further revealed that a significant 73% of the total respondents strongly emphasized that the National Health Insurance Scheme face certain challenges in delivery quality services to its' customers including delays in processing and issuance of identification cards, NHIS services are very expensive, Approved drug list is limiting, Poor attitude of health care providers towards card holders, some hospitals refuse to attend to NHIS cardholders due delays in reimbursement, and finally, lack of availability of all prescribed drugs and as such cardholders have to buy its out of their pocket.

Conclusion

From the analysis, the researcher confidently concluded that the National Health Insurance Scheme deliver quality services to its' subscribers but since, the percentage difference between the respondents who said the quality of services delivery of the NHIS is unsatisfactory and good is only 3.3%, it means that the quality of services offered by the National Health Insurance Scheme is not all that good and as a result of this the National Health Insurance Scheme Authorities has to adopt appropriate measures to improve the quality of services delivered to the subscribers. It is also concluded that the National Health Insurance Scheme Authorities has to address the following challenges in order for the NHIS to deliver quality services to its' customers; Delay in processing and issuance of identification cards, NHIS services are very expensive, Approved drug list is limiting, Poor attitude of health care providers towards card holders, some hospitals refuse to attend to NHIS cardholders due delays in reimbursement, and

finally, lack of availability of all prescribed drugs and as such cardholders have to buy its out of their pocket.

Recommendation

The main purpose of the study was to assess the quality service delivery of health insurance scheme in Ghana and upon the results of the discussion of the findings, the following recommendation were made;

The National Health Insurance Authority has set out a supervisory team to supervise the activities of the NHIS employees in their service delivery to offer prompt services to the cardholders and other potential customers.

Also the government and National Health Insurance Authority should do their possible best to reimbursed hospitals and pharmacies in order for them to offer interrupted quality healthcare services to the NHIS cardholders.

The NHIS in Ghana must adopt computerization in their service delivery to improve the quality of services delivered to Ghanaians.

Finally, the National Health Insurance Authority and the government of Ghana have to establish appropriate mechanisms to avert the situation where NHIS cardholders have to pay money healthcare providers before they can be attended to.

Suggestion for further studies

This study strictly focused on the assessment of the quality service delivery of health insurance scheme in Ghana however, it is therefore suggested that further studies should be done on the reasons why healthcare providers sometimes charge the NHIS cardholders for the services rendered to them and the best measures to address the problem.

References

- Abeka- Nkrumah, G., Dinklo, T. & Abor, J. (2009). Financing the health sector in Ghana: A
- review of the budgetary process, a working paper, University of Ghana Business School, Legon.
- Adogla, R.D.(2013). The NHIS and its challenges.
- http://www.ghanaweb.com/GhanaHomePage/health/The-NHIS-and-its-challenges-282620. Accessed on December 12, 2016
- Anderson, Eugene W. & Mary W. Sullivan (1993).The Antecedents and Consequences of
- Customer Satisfaction for Firm.*Marketing Science*, 12(2), 125-143.
- Anderson, G. (1993). Fundamentals of Educational Research, London.Falmer press
- Arhin – Tenkorang, D. (2001). Mobilizing resources for health: the case of user fees revisited
- [working Paper No 8177] Cambridge MA: Harvard University. 2001
- Arhinful, D., K. (2003). The solidarity of self-interest; Social and cultural feasibility of rural
- health insurance in Ghana; African Studies Centre Research Report. Leiden: Print partners Ipskamp.
- Asenso-Okyere, W. K., A. Adote, I. Osei-Akoto, & A. Adukonu (1998). Cost Recovery in
- Ghana: Are There Changes in Healthcare Seeking Behavior?.*Health Policy and Planning*, 13 (20): 181–188.
- Asuming P.O. (2013). Getting the Poor to Enrol in Health Insurance, and its effects on their
- health: Evidence from a Field Experiment in Ghana. Job Market Paper – Columbia University.
- Bitner, M. J., Brown, S. W., &Meuter, M. L. (2000), Technology Infusion in Service
- Encounters.*Journal of the Academy of Marketing Science*, 28 (1), 138-149.
- Blanchet, N. J., G. Fink, and I. Osei-Akoto (2012).The Effect of Ghana's National Health
- Insurance Scheme on Healthcare Utilisation.*Ghana Medical Journal* 46 (2): 76–85.

- Buor, D, (2010), Moving towards a universal health coverage.
- http://jlw.drupalgardens.com/sites/jlw.drupalgardens.com/files/Ghana_Case_Study_2-24-10%20 FINAL.pdf
- Czepiel, J., Solomon, M., &Surprenant, C. (1985). The Service Encounter, Lexington, MA:
- Lexington Books.
- Donabedian, A. (1980). Explorations in quality assessment and monitoring.Vol. 1. The
- definition of quality and approaches to its assessment. Ann Arbor, Mich.: Health Administration Press.
- Elleuch, A. (2008). Patient satisfaction in Japan.*International Journal of Health Care*
- *Quality Assurance,21*(7), 692-705.
- Ekman, B. (2004). Community based health insurance in low-income countries: A systematic
- review of the evidence. *Health Policy and Planning*, 19 (5): 249-70.
- Engel, J. F., & Blackwell, R. D. (1982). Consumer Behavior, 4th ed., CBS College
- Publishing.
- Faraz, J. (2005). Customer satisfaction at a public sector bank, Karachi. Market Forces
- Journal, 1(2) 28 – 40.
- Fraenkel, J. R., &Wallen, N. E. (2006). How to design and evaluate research in education
- (6th ed.). New York, NY: McGraw-Hill.
- GajateGarrido, G., &Ahiadeke, C. (2013). The Effect of Parents' Insurance Enrolment on
- Healthcare Utilization: Evidence from Ghana.Working Paper.
- Gorman, L. (2006). The history of healthcare costs and health insurance, Wisconsin Policy,
- 19(1). Research Institute, Inc.
- Gustafsson, A., Johnson, M.D., &Roos, I. (2005), The Effects of Customer Satisfaction,
- Relationship Commitment Dimensions, and Triggers on Customer Retention. *Journal of Marketing*, Vol. 69, pg. 210–218.
- Hallowell, R. (1996). The relationships of customer satisfaction, customer loyalty and
- profitability International. *Journal of Service Industry Management*, 7(4): 27-42.

- Hunt, K. H. [1977]. Customers Satisfaction /Dissatisfaction- Overview and Future Directions,
- in Hunt, K. H. Conceptualization and Measurement of Customer Satisfaction and Dissatisfaction, Marketing Science Institute, Cambridge, MA, pp.71-109.
- Kori, M. (1997).A Study of the Health Insurance for the Informal Sector. A dissertation
- submitted in partial fulfilment of the Requirements of University of Ghana for the Degree of Masters of Business Administration. Legon: University of Ghana.
- Kotler, P. R. (2001). Marketing management, analysis, planning, implementation and control
- (8th ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Kutzin, J. (2012). Health financing for universal coverage and health system performance:
- concepts and implications for policy. *Bulletin of the World Health Organization* 2013;91:602-611. doi: http://dx.doi.org/10.2471/BLT.12.113985 [PDF]
- Levesque, T.& Gordon H. G. M. (1996).Determinants of Customer Satisfaction in Retail
- Banking.*International Journal of Bank Marketing*, 14(7), 12-20.
- Liu, L., Johnson, H.L., Cousens, S., Jamie P., and others (2012). Global regional and national
- causes of child mortality, an updated systematic analysis for 2010 with time trends since 2000, Child Health Epidemiology Reference Group of W. H.O and UNICEF.
- Lohr KN (1991) A Strategy for Quality Assurance. Washington, DC: National Academy
- Press.
- Mensah, J., Oppugn J. R., & C. M. Schmidt. (2009). Ghana's National Health Insurance
- Scheme in the Context of the Health MDGs: An Empirical Evaluation Using Propensity Score Matching. Ruhr Economic Papers 157:1-20.
- Mosadeghrad A.M. (2013). Healthcare service quality: towards a broad definition",
- International Journal of Health Care Quality Assurance, 26(3): 203-219.
- NDPC (National Development Planning Commission) 2009. 2008 Citizens' Assessment of
- the National Health Insurance Scheme. Accra, Ghana.

- NHIA (National Health Insurance Authority) (2009).2009 Annual Report. Accra, Ghana.
- NHIA (National Health Insurance Authority) (2011).2011 Annual Report. Accra, Ghana.
- Oliver, R. L. (1997). Satisfaction: A behavioural perspective on the consumer. NewYork,
- McGraw-Hill
- Oliver, Richard (1981). Measurement and Evaluation of Satisfaction Process in Retail
- Settings.*Journal of Retailing*, 57, pp 25-48
- Øvretveit J (2009). Leading evidence informed value improvement in health care .
- Chichester: Kingsham Press.
- Owusu, Y.A. (2010). National/ Mutual health in Ghana- Introduction, access, framework. Pro
- MHI Africa. www.microhealthinsurance-africa.org/.../Owusu_2010_The_NHIS.pdf
- Parasuraman, A., Valarie A. Zeithaml, and Leonard L. Berry (1988).SERVQUAL: A
- Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality.*Journal of Retailing*, 64 (Spring), 12-40.
- Parasuraman, A., Zeithamal, V.A.& Berry, L.L. SERVQUAL. (1998). A multiple-item scale
- for measuring consumer perceptions of service quality. *Journal of Retailing*, 64, 12-40.
- Sarantakos, S. (2013). Social research (4thed). Basingstoke, UK: Mcmillan
- Schuster, M. A., McGlynn, E. A., & Brook, R. H. (1998). How good is the quality of health
- care in the United States? Milbank Q, 76(4), 517-563.
- SEND-Ghana, (2010).Balancing Access with Quality Health care: An assessment of the
- NHIS in Ghana (2004-2008).
- Sommer, Robert, and Barbara B. Sommer. 2001. *A practical guide to behavioral research*.
- New York: Oxford University Press.
- Sulzbach, S. Garshong, B. and, &Owusu – Banahene, G. (2005). Evaluating the effect of the
- National Health Insurance Act in Ghana: baseline Report: United State Agency for International Development.

- Waddington, C., and K. E. Enyimayew (1989).A Price to Pay: The Impact of User Charges
- in Ashanti-Akim District, Ghana. *International Journal of Health Planning and Management*. 4 (1): 17–47.
- WHO (2000). Health Systems: Improving Performance, World Health Report, Oxford
- University Press, New York, NY.
- Witter, S and Garshong, B. (2009).Something old or something new? Social health insurance
- in Ghana. *BMC International Health and Human Rights*, 9:20 doi:10.1186/1472- 698X-9-20.
- Zeithaml, V.A. &Bitner, M.J. (2003).Services Marketing: Integrating Customer Focus
- Across The Firm. New York: McGraw-Hill.