

## Nurses Awareness of NHIS-VCSHIP as a Tool for Scaling Up Universal Health Coverage in Nigeria

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### ABSTRACT

**Background:** Universal Health Coverage is still underserved in Nigeria despite the low income earners' friendly health insurance scheme organized by the government. Nurses being the patients advocate, counselors and educators are critical stakeholders in the crusade. The aim of this study is to evaluate nurses' awareness about NHIS-VCSHIP in Nigeria.

**Method:** The study was a descriptive cross sectional research conducted among 167 nurses who were MCPDP participants in Oyo State Nigeria. A structured, closed ended questionnaire was used to collect data on nurses' awareness about NHIS-VCSHIP. 150 nurses filled and returned the questionnaires given a response rate of 90%. Content of the questionnaire was based on the researchers' field experience.

**Result:** Finding shows that 72% of the respondents were above 41 years of age with a mean of  $38.9 \pm 10.4$ . Two-third of the respondents had bachelor degree and above with between 6-15 years of working experience. The respondents' awareness about NHIS and VCSHIP is 60% and 35% respectively. There is no statistical significant correlation between nurses socio-demographic characteristics and nurses awareness of the NHIS-VCSHIP.

**Conclusion:** Nurses awareness and participation in NHIS-VCSHIP needs to improve for nurses to educate and counsel patients and relatives for enrollment into the scheme in order to reduce out of pocket payment and scale up universal health coverage in Nigeria.

### Keywords

Nurses, Awareness, NHIS-VCSHIP, Universal Health Coverage.

### Introduction

Health indices are cardinal parameters in determining a country level of development. Universal health coverage has been advocated in many developing countries including Nigeria [1-3]. However, universal health coverage is still underserved in most low- and middle-income countries [2,4-7]. In Nigeria, extant studies revealed that only few citizens are protected from financial hardship of unprepared healthcare finances [8-14]. The private

health insurance coverage is expensive for larger percentage of Nigerians who are ultra-poor. Therefore, public health insurance in the form of National Health Insurance Scheme (NHIS) is the way to go to ensure universal health coverage in Nigeria.

National Health Insurance Scheme (NHIS) was launched in 2005 after a successive Nigeria government effort to organize and established a befitting health insurance scheme for the growing Nigeria population [1,2,11,14-16]. NHIS has the mandate of organizing diverse health insurance coverage to prevent Nigerians from the common out of pocket (OOP) payment which has

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characterized healthcare financing in Nigeria for several years. NHIS operation started with the formal sector social health insurance programme (FSSHIP) whereby the federal government workers are enrolled into the scheme [2,17]. Currently, some states in Nigeria have also started the implementation of health insurance scheme. In this regards, the health insurance scheme could cut across local, regional and national level. Obviously, if this process is well implemented and sustained, it is an important step in scaling up universal health coverage in Nigeria.

Essentially, NHIS involves risk sharing among the insured members [18]. The healthcare expenses of the insured members are settled from the pool of revenue earmarked from the contribution. The amount to be contributed is dependent largely upon the categories of the National Health Insurance scheme. For instance, the formal sector social health insurance scheme receive 15% contribution which comprises of 10% from the employer and 5% from the employee [1,18] while the informal sector social health insurance programme (ISSHIP) premium further depend on the sub-type of the informal sector coverage. Typically, the Voluntary Contributors Social Health Insurance Programme (VCSHIP) which is a classical type of informal sector social health insurance programme receive a sum of ₦15000 (\$41.49) per enrolled individual as premium [2,7]. The charge covers the individual healthcare for a fiscal year with healthcare access at both public and private hospitals in Nigeria.

Furthermore, once an individual is registered under the NHIS-VCSHIP scheme, he is equally qualified for similar healthcare access as the enrollees under the FSSHIP. Moreover, the scheme covers healthcare needs ranging from general such as consultation, diagnosis, admission, investigations to specific treatment such as cesarean section. From experience, the VCSHIP as actually helped some individuals who are aware of the scheme to escape catastrophic healthcare expenditure. The NHIS-VCSHIP is seen as the government high point, veritable social investment and the cruise of national development.

However, the NHIS-VCSHIP has been poorly publicized across the country. Many Nigeria citizens who are not enrolled under the formal sector social health insurance programme are either unaware or inadequately informed about the NHIS-VCSHIP [2,7,8,15]. Unfortunately, publicity through mass media on radio, television, print and social media are not available to those the scheme is meant for. Most of the targeted individuals under the informal sector in the cohort of local market women, peasant farmers and petty traders are mostly illiterate and do not have prompt access to updated health policies and management [7,19]. Evidence suggest that these class of people are the most affected with catastrophic healthcare spending [6,8,11,12,20,22].

Obikeze et al. [15]; Ilesanmi et al. [12]; Aregbesola & Khan [4] argued that many have become impoverished in that they either sell valuable family investment such as landed property or seek medical help from the traditionalists in a bit to escape the high healthcare cost emanating from the orthodox medicine. Furthermore, the

situation becomes pathetic where the health challenge assumed a chronic nature and require prolong treatment. Several studies have concluded that out of pocket payment is still at the top of the pyramid of healthcare financing in Nigeria [1,2,4,7,9,20,23].

Consequently, it has been suggested that medical practitioners especially nurses who are the largest healthcare workforce should take it as a duty to always inform clients and relatives either on inpatient or outpatient basis about the NHIS-VCSHIP. Nurses are traditionally known as patient counselors and advocate and as such are expected to be front liners in propagating an important healthcare reform and policies to the clients' home fronts. Unfortunately, research findings revealed that nurses themselves need to be well informed about the benefits and principles of operation of NHIS programmes [2,7,24-26].

Ogundeji [2] posited that nurses are aware of the NHIS with little or no information about VCSHIP. This shows that some nurses are not updated on current healthcare policies aim at improving their service delivery to their clients. This development is known to birth the nurses mandatory continuous professional development programme (MCPDP). However, there is still a continuous disconnect between what nurses know about NHIS-VCSHIP and their propensity to disseminate the useful health driven information to the clients. Universal health coverage will remain at low ebb if nurses at all level of care are not actively involved in the implementation of this low income earners friendly health insurance scheme. It is against this background that the authors intend to investigate and describe nurses' awareness about NHIS-VCSHIP in Nigeria.

## Material and Method

The study was a descriptive cross-sectional survey to examine nurses' awareness of NHIS-VCSHIP as a tool for scaling up Universal Health Coverage in Nigeria. The data was collected during the Mandatory Continuing Professional Development Programme (MCPDP) for nurses organized by Oyo State MCPDP Committee. The survey therefore involves participants from diverse care settings such as from federal government own, state own and privately own health facilities. Also, participants were various cadres of nurses drawn from within and outside Oyo State Nigeria especially the main regions of Oyo state which are Ibadan, Oyo Alaafin, Oke-Ogun and Ibarapa.

Ibadan or Eba-Odan (beside the Savannah) is an ancient city which is about 130km away from Lagos, the Nigeria commercial capital city. Geographically, Ibadan is the largest city in West Africa and the second largest City in Africa after Cairo in Egypt. The City of Ibadan is densely populated by the Yoruba speaking tribe of Nigeria and sparingly populated by other Nigeria stocks. Ibadan metropolis is reputed to house most of the Nigeria foremost institutions such as the University of Ibadan and the University College Hospital. Oke-Ogun and Ibarapa regions are agrarian settlement of Oyo state Nigeria. They are known to be the food baskets of the Nigeria Western States. The health facilities in these

regions include general hospitals, Primary Health Centre (PHC) and Dispensaries.

From the organizers participants' data base, there were 167 participants. However, 150 participants filled and returned the questionnaires given a response rate of 90%. A structured closed ended questionnaire was used to elicit information on the nurses' awareness of NHIS and VCSHIP as a tool for scaling up universal health coverage in Nigeria via a total sample (n=150) for small population. The questionnaire comprises of three sections: Section A was on respondent socio-demographic characteristics, Section B examined nurses' awareness about NHIS while Section C examined nurses' awareness about VCSHIP. Permission to collect data during break session was sought and granted by the state MCPDP leadership while ethical principles of voluntariness, non-maleficence and confidentiality were considered.

The total sample (n=150) was analyzed by descriptive and inferential statistics via statistical package for the social sciences (SPSS) version 23. The descriptive statistics was used to analyze the nurses' awareness about NHIS and VCSHIP while a Kruskal-wallis H test was used to test the association between socio-demographic correlates of nurses' awareness of NHIS and VCSHIP respectively with significant level of 0.05. The results were presented on frequency table and bar charts.

## Result

Table 1 shows the socio-demographic characteristics of the respondents. Predominantly, the study had more female than male

Variables	Frequency	Percentage
<b>Age at last birthday</b>		
20-30	42	28.0
31-40	51	34.0
41 and above	57	38.0
Mean Age: 38.9 ± 10.4		
<b>Gender</b>		
Male	7	4.7
Female	143	95.3
<b>Cadre</b>		
NOII	38	25.3
NOI	44	29.3
SNO	9	6.0
ACNO	14	9.3
CNO	35	23.3
AND	10	6.7
<b>Highest level of education</b>		
RN/RM	53	35.3
BSc	79	52.7
MSc	16	10.7
RN/RPHN	2	1.3
<b>Year of working experience</b>		
0-5	38	25.3
6-10	45	30.0
11-15	21	14.0
Above 15	46	30.7
<b>Mean=13.3±9.85</b>		

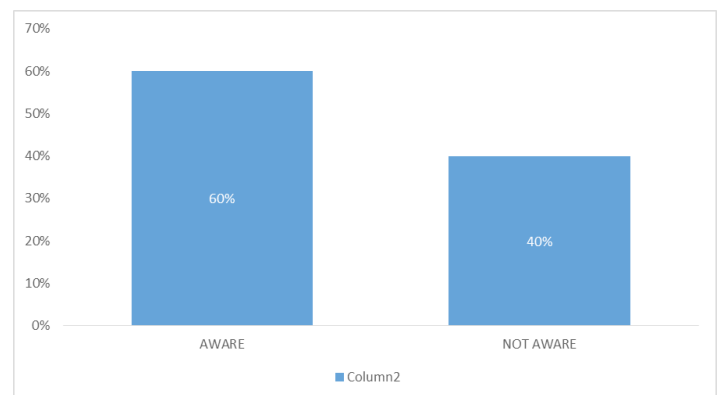
**Table 1:** Socio-demographic characteristics of the respondents.

(95.3% vs. 4.7%) while 72% of the respondents were above 41 years of age with a mean of 38.9 ± 10.4. More than half of the respondents were in the Nursing Officer cadre while more than 70% of the respondents had attained tertiary education. Inherently, 75% of the respondents had 6- 15 years of working experience or more with the mean 13.3 ± 9.85.

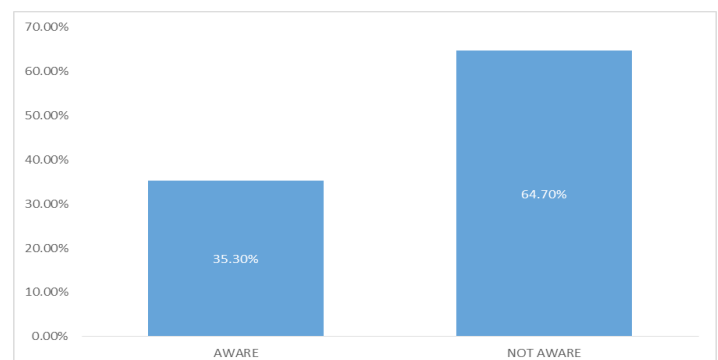
Table 2 reveals nurses' awareness of the NHIS. 78% of the respondents disagreed that nurses are not aware of the objectives of NHIS while 45% of the respondents agreed that nurses are aware of NHIS but they do not know about the programmes of NHIS. On the coverage of nursing care under the NHIS programme, 70% said nursing care is covered while 19.3% said nursing care are not covered under NHIS.

Also, about half of the respondents (47.3%) are aware that NHIS is not the same as HMO. More so, 56% believed that NHIS covers both the informal and formal sector in Nigeria. Similarly, 64.7% of the respondents argued that NHIS has programme for non-government workers. Furthermore, more than half of the respondents (59.3%) also disagreed that Nurses do not tell patients about NHIS. Based on the respondents' opinion on NHIS coverage, 78.7% are aware that NHIS covers the principal, spouse and four under 18 children. Figure 1 show that 60% of the respondents are aware of NHIS while 40% are not aware.

Table 3 assesses nurses' awareness of VCSHIP. Almost half (49.3%) of the respondents don't know if VCSHIP is an NHIS program under the informal sector likewise if VCSHIP is a



**Figure 1:** Summary of the nurses' awareness of NHIS.



**Figure 2:** Summary of nurses' awareness of VCSHIP.

Awareness of the NHIS	Yes	No	I Don't Know
Nurses are not aware of the objectives of NHIS	23 (15.3)	117 (78.0)	10 (6.7)
Nurses are aware of NHIS, but they do not know about the programs of NHIS	45 (30.0)	90 (60.0)	15 (10.0)
Nurses see NHIS has not being necessary in hospitals	10 (6.7)	136 (90.7)	4 (2.7)
Nurses do not consider patient' NHIS during emergency care	37 (24.7)	102 (68.0)	11 (7.3)
Nursing care are not covered under the NHIS	29 (19.3)	105 (70.0)	16 (10.7)
Nursing care is already categorized with medical/surgical bill under the NHIS	93 (62.0)	37 (24.7)	20 (13.3)
NHIS is the same as the HMO	61 (40.7)	71 (47.3)	18 (12.0)
NHIS covers both the informal and formal sector in Nigeria	84 (56.0)	41 (27.3)	25 (16.7)
NHIS has no program for non-government workers	39 (26.0)	97 (64.7)	14 (9.3)
Nurses do not tell patients about NHIS	41(27.3)	89(59.3)	20(13.3)
Nurses prefer patient paying out of pocket to NHIS	17 (11.3)	115 (76.7)	18 (12.0)
Nurses prefer to attend to patient under NHIS than patient paying out of pocket	29 (19.3)	100 (66.7)	21 (14.0)
NHIS covers the principal, spouse and four under 18 children	118 (78.7)	19 (12.7)	13 (8.7)
NHIS only cover till retirement	74 (49.3)	54 (36.0)	22 (14.7)
NHIS has no restriction to number of children cover	18 (12.0)	120 (80.0)	12 (8.0)
NHIS does not pay the hospital directly for the treatment of enrollees	52 (34.7)	54 (36.0)	44 (29.3)
NHIS enrollees can access treatment in any hospital in Nigeria	70 (46.7)	67 (44.7)	13 (8.7)
NHIS covers all aspect of patient care	33 (22.0)	108 (72.0)	9 (6.0)
NHIS can be accessed by non-Nigerians	23 (15.3)	71 (47.3)	56 (37.3)
Patients under NHIS suffer before attending to in hospital	46 (30.7)	94 (62.7)	10 (6.7)
Patients under NHIS are given sub-standard drugs or treatment in hospitals	67 (44.7)	73 (48.7)	10 (6.7)
NHIS is only useful for patients with chronic illness	8 (5.3)	135 (90.0)	7 (4.7)
HMO is a private organization and does not have any business with NHIS	30 (20.0)	90 (60.0)	30 (20.0)
Enrollees under the NHIS scheme can only register in government hospitals	24 (16.0)	116 (77.3)	10 (6.7)

**Table 2:** Nurses' awareness of the NHIS.

Awareness of VCSHIP	YES	NO	I DON'T KNOW
VCSHIP is an NHIS program under the informal sector	53 (35.3)	23 (15.3)	74 (49.3)
VCSHIP is a separate government program apart from NHIS	49 (32.7)	34 (22.7)	67 (44.7)
VCSHIP can be accessed by non-salary earners	75 (50.0)	11 (7.3)	64 (42.7)
VCSHIP cover till retirement	47 (31.3)	28 (18.7)	75 (50.0)
VCSHIP covers the principal, spouse and four children	63 (42.0)	20 (13.3)	67 (44.7)
VCSHIP only covers the enrollees for a year duration	36 (24.0)	31 (20.7)	83 (55.3)
Under the VCSHIP, enrollees pay N15000 for premium	60 (40.0)	8 (5.3)	82 (54.7)
VCSHIP program is free for under 5 children and pregnant women	23 (15.3)	35 (23.3)	92 (61.3)
Nurses are not aware of VCSHIP program	56 (37.3)	45 (30.0)	49 (32.7)
VCSHIP is mainly organized for government workers	18 (12.0)	57 (38.0)	75 (50.0)
Nurses do not inform patients about enrolment into VCSHIP	39 (26.0)	45 (30.0)	66 (44.0)
VCSHIP is only run by the HMO and not NHIS	32 (21.3)	38 (25.3)	80 (53.3)
The enrollees pay premium directly to HMO and not to NHIS	45 (30.0)	25 (16.7)	80 (53.3)
VCSHIP enrollees usually receive sub- standard drugs/treatment	27 (18.0)	44 (29.3)	79 (52.7)
VCSHIP does not cover any surgery	30 (20.0)	37 (24.7)	83 (55.3)
VCSHIP can be said to be low income earners friendly health insurance scheme	55 (36.7)	27 (18.0)	68 (45.3)
VCSHIP is an alternative to NHIS	59 (39.3)	27 (18.0)	64 (42.7)
People are not aware of VCSHIP because nurses are not also aware of the program	62 (41.3)	34 (22.7)	54 (36.0)

**Table 3:** Nurses Awareness of VCSHIP.

separate government program apart from NHIS. However, 50% of the respondents' agreed that VCSHIP can be accessed by non-salary earners.

Also, majority of the respondents do not know if VCSHIP covers till retirement, covers the principal, spouse and four children, only covers the enrollee for a year duration, enrollee pay N15000 for premium and if VCSHIP program is free for under 5 children and pregnant women. Figure 2 revealed that 64.70% of the respondents are not aware of VCSHIP while only 35.30% are aware.

From table 4 and 5, A Kruskal-wallis H test showed that there was no statistical significant correlation between nurses socio-demographic characteristics and nurses awareness of the NHIS-VCSHIP with a significant value greater than 0.05.

### Discussion of Findings

Nurses' awareness and participation in NHIS-VCSHIP is critical in achieving health for all in Nigeria. Our study is a follow up to a preliminary study which examined the influence of catastrophic household expenditure on the achievement of universal health



Variables	N	df	h	Sig.
<b>Age at last birthday</b>				
20-30	42			
31-40	51			
41 and above	57	2	0.572	0.566
<b>Gender</b>				
Male	7			
Female	143	2	2.295	0.104
<b>Cadre</b>				
NOII	38			
NOI	44			
SNO	9			
ACNO	14			
CNO	35			
AND	10	2	0.292	0.747
<b>Highest level of education</b>				
RN/RM	53			
BSc	79			
MSc	16			
RN/RPHN	2	2	0.658	0.519
<b>Year of working experience</b>				
0-5	38			
6-10	45			
11-15	21			
Above 15	46	2	0.462	0.631

**Table 4:** Association between socio-demographic correlates of nurses' awareness of VCSHIP.

Variables	N	Df	h	Sig.
<b>Age at last birthday</b>				
20-30	42			
31-40	51			
41 and above	57	2	1.752	0.177
<b>Gender</b>				
Male	7			
Female	143	2	1.016	0.364
<b>Cadre</b>				
NOII	38			
NOI	44			
SNO	9			
ACNO	14			
CNO	35			
AND	10	2	0.265	0.767
<b>Highest level of education</b>				
RN/RM	53			
BSc	79			
MSc	16			
RN/RPHN	2	2	0.313	0.731
<b>Year of working experience</b>				
0-5	38			
6-10	45			
11-15	21			
Above 15	46	2	0.915	0.403

**Table 5:** Association between socio-demographic correlates of nurses' awareness of NHIS.

coverage in Nigeria. In that study, nurses' awareness of NHIS-VCSHIP was reported to be declining over a decade [7]. Nurses are the glue of healthcare delivery system and therefore crucial to the achievement of universal health coverage. On a broader assessment, our finding revealed that 60% of the nurses are aware of NHIS while only 35% are aware of VCSHIP (Figure 1 and 2) and this is in line with Ogundeji [2] who reported that nurses are aware of the NHIS but unaware of the VCSHIP as one of the NHIS programmes.

Our result further shows that nurses' awareness of NHIS-VCSHIP is inadequate given that nurses are major stakeholders in health information dissemination. Similar findings by Ndie [25] and Lar et al. [24] reported 64% and 67% nurses' awareness and involvement in NHIS programmes. Judging from our finding as compared with Ndi and Lar et al. findings, nurses' awareness of NHIS has repeatedly less than 70% while VCSHIP awareness is abysmally low. The findings also corroborates Grace et al. [26] conclusion that most healthcare workers have inadequate knowledge about the module operandi of NHIS operation. From the studies reviewed, the common denominator is that out of pocket payment of healthcare services is still on the high rate among the indigenous people which may be predicated upon nurses' indifferent attitude and/or inadequate knowledge about NHIS-VCSHIP.

The VCSHIP in particular is a low income friendly health insurance scheme and our finding revealed as low as 35% nurses awareness about the objectives and operation of the scheme (Figure 2). Evidence therefore suggests that nurses mainly have peripheral knowledge about VCSHIP scheme in contrast to Ogundeji [2] report. From this development, it remains unclear why Nigeria nurses continue to demonstrate lack of understanding of the principles of NHIS-VCSHIP operations despite the proliferation of nurses' educational programmes throughout the federation. This is consistent with Ogundeji et al. [7] which reported continuing decline in NHIS awareness among nurses within the last decade. It implies that most of the nurses' educational programmes provide little or no content about healthcare financing in Nigeria.

Health and economy research focus have shifted towards consistent healthcare financing as out of pocket payment is being tackled to ensure adequate and consistent healthcare for the indigenous population. The role of nurses is central to the achievement of this objective in that nurses are traditionally known as patient advocate, teachers and counselors. Ogundeji et al. [7] enumerated certain conundrum modulating nurses' full participation in NHIS programme such as inadequate staffing and work stress. In consideration of these obvious challenges in addition to inadequate nurses involvement in policy and polity affecting clinical practice. The authors opined that a group of nurses can be trained in each hospital on the principles of operation of NHIS to bridge the gap

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and ensure dissemination of useful health information to the client. This training and services may fall to the portfolio of Public Health Nurses.

Consequently, finding revealed that there is no statistical significant correlation between nurses' socio-demographic characteristics and nurses' awareness of NHIS and VCSHIP (Table 4 and 5). This is surprising given that about 80% of the study population had baccalaureate degree with more than fifteen years of working experience. This further implies that variables such as gender, academic degree and years of clinical practice have not influenced nurses' attitude and propensity to interact with clients and give health information. This finding is consistent with extant Nigeria studies which explicated that most Nigeria nurses do not engaged in further studies, mentoring, research that can enrich their exposure and improve their capacity to provide optimum care for their clients.

The study participants were nurses from the south west Nigeria, therefore, the finding is not appropriate for generalization to all nurses in Nigeria which is a limitation. Nonetheless, the south west Nigeria is seemingly educationally advanced region of Nigeria, thus, the authors argued that similar result will be obtained in other regions of Nigeria.

#### **Implication for Nursing Education and Practice**

The study result shows that two-third of the nurses in this study have bachelor degree. We did not elicit information on the mode of their university education whether on full time or part time basis. However, data analysis shows that 50% of the participants have more than fifteen years of working experience. This gives clue that majority will have their degree programme via the distance learning mode. Interestingly, finding revealed that nurses' years of working experience and educational attainment have little or no influence on nurses' exposure to national health policies and programmes such as the NHIS-VCSHIP as well as adequate dissemination of health insurance scheme to their clients.

This development can be closely related to Nigeria nurses' multi-faceted educational preparation. A perspective is the distance learning educational preparation of nurses for bachelor degree programme by some Nigeria Universities. This programme allows many nurses to pursue a degree programme under the distance learning mode however, opinion is still polarized whether the programme can prepare the students for the societal expectation of graduate nurses or not. From our finding, why many of the nurses are graduate but continue to demonstrate inadequate awareness and knowledge about national health programmes and policies has fails societal expectation. It shows that some Nigeria nurses with bachelor degree certificates are actually diplomat in orientation and perception. The authors suggest a research into the educational preparation of nurses via the distance learning mode as well as the competencies of the graduate of the programme.

#### **Conclusion**

The NHIS-VCSHIP was launched to provide healthcare financial security for Nigeria citizens. The VCSHIP as one of the NHIS programmes is poised to be low income earners friendly insurance scheme. It is a veritable venture aim to scale up universal health coverage in Nigeria. However, as laudable the benefits of NHIS-VCSHIP, it has not been made popular among the indigenous Nigeria citizens especially in the suburb and rural communities. Moreover, this study keenly examined nurses' awareness of the objectives and operations of the scheme. Finding therefore revealed that 60% of the nurses are aware of NHIS while only 35% are aware of VCSHIP. This is quite low considering the fact that most of the nurses have bachelor of nursing degree and are front liners in patient education. Therefore, nurses inadequate awareness of the scheme will be impeded on clients awareness and understanding of health insurance scheme. The authors recommend inclusion of health economic policies and programmes into the nurses mandatory continuing professional development programme (MCPDP) to fill the gap.

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