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PUBLIC SECTOR PARTICIPATION IN HEALTHCARE DELIVERY: A QUALITATIVE INTERVIEW BASED STUDY ON CONSUMERS' PERCEPTION OF SERVICE DELIVERY IN NIGERIA

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ABSTRACT

The introduction of the Health Insurance Scheme in Nigeria has resulted in the arrival of new players in the Health sector, who are making effort to bring about better healthcare services to the people. This effort has not achieved the results due to few people mostly public servants, enjoying the services of the Scheme. It is considered that the participation of Health Maintenance Organisations (HMOs) and accredited Health Care facilities would serve as channels for access to quality healthcare and consumers' satisfaction. The objective of this paper is to examine the customers' perception of these Organisations and the services they render. This paper employs interview method with consumers of healthcare services in Lagos state. The finding indicates that despite the respondents being satisfied with the services offered, there is ample need for services improvement. The paper concludes that, the Health Insurance if well managed and its services extends to those not covered by the scheme, this would go a long way in bringing about improve health status of the people. The study recommends the need for constant monitoring of healthcare providers and HMOs for more qualitative service delivery in Nigeria.

Keywords: National Health Insurance Scheme, Health Maintenance Organisations, Universal healthcare, Consumers' perception, Marketing & Government.

INTRODUCTION

The increasing introduction and adoption of health and marketing is starting to gain firm ground as a new research field defined by its application area. As noted by Stremersch (2008), the number of papers on health and marketing submitted to marketing journals has been increasing. Given that this research field is defined by its application, its scope can be best understood from the perspective of the healthcare value chain (Stremersch & Van Dyck, 2008). The care provided in the chain is paid for by employers, government, and/or consumers. Often, there is co-payment by several of these actors, where each pays a certain share. However, in systems such as Nigeria where the government is not the main payer, there is a substantial financial intermediary industry composed of Health Maintenance Organisations (HMO) (Stremersch, 2008). These are enabled by the provision of the National Insurance Health Scheme (NHIS). The issue of health and healthcare management is a global phenomenon which is taken with utmost concern particularly in the developed economies of the world. The provision of healthcare services in such economies entails the combined efforts of healthcare providers, financial intermediaries and payers (Stremersch, 2008).

The scope of the Health and Marketing field can now be bounded as any phenomenon contained in the marketing domain, at any position in the healthcare value chain (Stremersch, 2008). As postulated by Olani (2004), the attainment of the highest standard of health is a fundamental right of every human being. The participation of health management organisations in the delivery of healthcare services has led to increased access to healthcare services. This in part, is driven by the operation of free market competition which has led to the development of a management discipline that guides their organizations' relationship to their customers. Innovation in healthcare continues to be a driving force in the quest to balance cost containment and health care quality. The healthcare industry has experienced a proliferation of innovations aimed at enhancing life expectancy, quality of life, diagnostic and treatment options, as well as the efficiency and cost effectiveness of the healthcare system (Omachonu & Einspruch, 2010).

This has ushered in private players in the management of healthcare services. In Nigeria, based on the legislation that enable private sector participation in the management of healthcare services, a total of 76 Health Maintenance Organisations (HMOs) are operating at both national and regional levels. The current study undertakes a series of semi-structured interviews with senior managers of institutional investment firms. Specifically, we draw on the perception of healthcare marketing consumers from three different levels. Our research objective is aimed at examining the views held by these consumers in their perception of private sector participation in healthcare marketing.

There are fewer popular published studies on consumers' perception of healthcare marketing institutions' participation in healthcare delivery, and employing interview methodologies are not very popular. Furthermore, the researches existing in this field focus on the objective views of the medical care organizations and take little cognizance of the subjective views of the consumers (Powell, Holloway, Lee & Sitzia, 2004). In an attempt to bridge this gap, the current study looks at the case of Nigeria which has experienced its fair share of private sector participation in healthcare mobilization and delivery. The motive for this study lies in engaging with consumers to provide valuable insight into their perception of healthcare marketing organisations and the services they render. Although the authors makes no attempt at promoting healthcare marketing services, the study however, offers much needed illumination and highlight current weaknesses in consumers' satisfaction thereby stimulating a debate that would serve as a platform by which existing practice may be improved.

Thus, it is an attempt to establish an engagement-based literature on healthcare marketing services that adopts a developing country perspective. As opposed to previous descriptive content analysis in studying health care marketing issues within emerging markets, and Nigeria in particular (Agba, Ushie & Osuchukwu, 2010; Riman & Akpan, 2012; Onyedibe, Goyit & Nnadi, 2012; Ofili, 2014; Adedeji, 2014). The study employs an interview based approach to examine the perception of service delivery in the Nigerian healthcare industry from the view of healthcare services' customers.

LITERATURE REVIEW

Marketing takes place in social settings, hence, Kotler and Keller (2009) defined it as "a societal process by which individuals and groups obtain what they need and want through creating, offering, and freely exchanging products and services of value with others". The value in the exchange is usually gauged from the manner in which the service is delivered.

As advanced by Gummeson (2001), four aspects of service production and delivery that are significant for marketing organisations are:

1. Interaction between the service provider's contact person (the front-line) and the customer (e.g. the doctor and patient). The quality of the service is enhanced if both the customer and the service provider are both knowledgeable.
2. Interaction among customers. Customers partly produce the service between themselves if the seller provides a service arena: the right systems, the right environment, and the right staff.
3. Interaction between the customer and the provider's physical environment, equipment and products. The physical environment is also perceived as evidence

- of the price class and of the professionalism of the service provider.
4. Interaction between the customer and the provider's system. The first three types of interaction constitute the part of the service production system which is visible to the customer. From a marketing point of view, systems should be customer friendly. Aspects of access to the system are important, such as location and opening hours. Systems sometimes scare away customers.

In instances where the market represents a customer oriented perspective, the internal management of service quality (design quality, and production and delivery quality) must not be neglected (Gummesson, 2001).

According to Gronroos (1990), design quality refers to how well the offering is designed, while production and delivery quality refers to how well the offering is produced as compared to the design. Low production and delivery quality results in missed sales opportunities and disruptions in customer relations. Adedeji (2014) advanced that healthcare marketing is the process of understanding the needs and wants of a target market.

The purpose of healthcare marketing therefore, is to provide a view point from which to integrate the analysis, planning, implementation of organisation, and control of healthcare delivery system (Robert & Kerr, 1976). There is increasing pressure on medical care organizations to improve on the quality and focus of their service delivery to meet increasing consumer demands (Drain, 2001).

As espoused by Ofili (2014), patient satisfaction is a topic that is important both to medical (health) care providers, the patients (consumers) themselves and other third-party stakeholders in the medical care industry. For health care providers, ensuring that consumers are satisfied is a continuous effort. The private healthcare sector is comprised of all commercial providers, who perhaps tailor and deliver patient focused services-diagnoses and treatments of illness and prevention of diseases (Awa & Eze, 2013). Private industries and businesses which operate in free market competition have developed a management discipline to guide their organizations' relationship to their customers. That discipline is called marketing. Healthcare marketers have responded well to increasingly strategic demands in recent years. Now, they have an opportunity to guide their organizations in responding to new competitive, economic, and reform-related challenges, including: managing the transition from volume to value, delivering exceptional patient experiences, building and maintaining a strong, differentiated brand, solidifying and leveraging physician relationships, engaging patients in wellness and healthy behaviours, increasing customer engagement, responsiveness, and loyalty, and innovating for long-term success (Forum for Healthcare Strategists, 2013).

Customers' satisfaction in health care services is influenced by their individual social environment. They measure the satisfaction they derive from health care services against the perceived comfort or discomfort they feel with respect to the services (Fitzpatrick & Hopkins, 1983).

METHODOLOGY

The study examines the perception of a group of customers from three levels: service provider, clients, and enrollee; on their perception of services of health care maintenance organisations and accredited health facilities in the Nigerian healthcare industry. In pursuit of this, data are obtained via semi-structured interviews. Our principal motivator is the desire to engage in conversation with groups of consumers patronising the services of health care management organisations and accredited health facilities in order to identify the limitation and weaknesses inherent in the current framework with a view to offer suggestions for improvement.

Data Collection and Analysis

Qualitative approach has stronger potential to uncover more in-depth facts than a fixed form questionnaire. Qualitative research basically helps the researchers to fully understand consumers' perspective, establishing the issues that are most critical to the consumers. Our empirical data comprises a longitudinal set of interviews with the target respondents. Our choice of longitudinal data sets stems from the need to measure perception of customers of HMOs and health facilities with respect to their healthcare service delivery. Adopting the methodology employed by Tijani (2015), respondents were drawn from 17 major service providers, clients and enrollees. Initial contacts were made through formal letters soliciting interviews and corroborated vis-a-vis personal contacts from professional fora.

The letters were addressed to company secretaries resulting in 16 favourable responses. In order to incorporate the views of individual consumers (patients), two other respondents who are enrollee of major NHIS registered hospitals were included. To eliminate bias, however, we expunge six senior managers who have family members in HMOs covered in this study. In all, 213 respondents, all Nigerians were interviewed during the period February to June 2015.

All interviewees held senior management Position in their various place of works and some are closely involved in active liason with the HMOs in Lagos state, Nigeria. As senior management they possess adequate knowledge of the services entailed in NHIS scheme. Although in a statistical sense, we make no claim that the customers from which our samples were drawn are pure representatives of all customers of HMOs in Nigeria, NHIS registered hospitals and organisations.

Further, we acquiesce to the possibility of the presence of selection bias due from firms in which the researcher and his representatives have significant influence of access to interviewees as a result of professional and interpersonal relations. Further, interviewees might have been less objective in expressing their opinion and as such convey views as socially desirable and align with the expectations of interviewers (Saunders, Lewis & Thornhill 2000). To contain the effects of such possible biases, attempts were made to ensure thorough preparation, careful design, and conduct of the interviews. All interviewees were given assurances that neither they nor their organizations' identity would be disclosed. A semi-structured interview format was used, consisting a series of open-ended questions drafted from broad questions and presented during the interview at interviewees' workplaces.

This format provided sufficient flexibility for absorbing respondents' exposure to changing events occurring in the Healthcare industry since the commencement of the NHIS programme in Nigeria. The present study made use of the following questions framed from preliminary meetings and review of extant works on healthcare marketing particularly the work of Friesner, Neufelder, Raisor and Bozman (2009):

- a) The licensing and participation of private or public incorporated company registered by the NHIS solely to manage the provision of health care services through Health Care Providers accredited by the Scheme as provided for by operational guideline (2012) provide for accessible, affordable and qualitative healthcare for all Nigerians:
"How effective has the participation of HMOs in the provision of curative and preventive medicine, health risk management, occupational health management, employee well-being services and health insurance services made health delivery improve?"
- b) The next question explores specific issues of whether interviewees believe that HMOs will improve healthcare delivery in Nigeria:
"How familiar are you with marketing practices of HMOs in Nigeria? What is your view of the completeness and adequacy of the service provided?"
- c) To establish the views of our interviewees about services rendered by the HMO we asked:
"How convenient is the registration process?"
- d) Motivated by the same literature above, we also asked:
"Is there an opportunity to be involved in the decision making about your care?"
- e) If market efficiency is rule out of service delivery and satisfaction derived from a paronized service, the effectiveness of the service would be unclear, thus, it becomes arguable that the desirability of any service depends on the clarity with which it can be defined (Cunningham, 2007).

In this case, it is up to the users of NHIS maintained by the HMOs to decide whether the services offered them are of quality and satisfactory. Therefore, it becomes imperative to examine consumers' perception of the service received from the HMOs. Accordingly, we asked this research question:

"How do you perceive the services offered and the follow up care instructions and written materials? What is your overall perception of the quality of care you received?"

The above questions served as our guide to the discussions. Transcripts of interviews, together with notes pertaining to the non-transcribed interview, were consequently summarized and analysed thematically (Miles & Huberman 1994). These questions were put to all respondents with varying expertise, experience as well as interests in various inquiries. Neutral prompts used to encourage further explanations and clarity on other relevant issues which emerged during the course of the discussions were also explored. For confidential reasons, all corporate names are replaced with fictional identities. To facilitate analysis of interview materials and also enhance the quality of the present study, the study used QSR-NVivo software.

The coding scheme was developed from the data obtained based on identifying schemes, emerging from repeated reading of the material. We also engaged the assistance of two other researchers to check for consistency in the coding system which were subsequently input into the software for analytical purposes. The results of the interviews are set out in the next few sections, each dealing with one or more of the broad questions previously outlined.

RESULT AND DISCUSSIONS

Perceptions on effectiveness of HMO's participation in healthcare delivery.

The initial response of all but only 25% of our interviewees was an unanimous support for the maintenance of healthcare services by HMOs. The most frequently mentioned justification centred around consideration of all encompassing and all inclusive healthcare management system. Fairly typical was the following comment:

"HMO has been indispensable in Nigeria just like every other developing countries that have adopted the universal healthcare scheme, there are several other stakeholders such as government, hospitals, organisations and enrollees to whom they owe responsibilities of ensuring quality service delivery. To have the NHIS of our dream, we must have a scheme that is guided by vibrant operational guidelines that is all encompassing and all inclusive"

For Respondents selected from the accredited Health facilities being interviewed on participation in healthcare service delivery to their users. There are about 67% of the respondents who agreed while 23% disagreed that the scheme offer free access to quality health care. The respondents who agreed offer support to the healthcare motive that underlie the fundamentals of the NHIS scheme:

"Our hospital, provides convenient and accessible healthcare services to patients who are enrollees on the NHIS scheme. This is enabled through the facilitation of easy access by the NHIS scheme which enables large number of the population have access to quality healthcare service."

Significantly, an interviewee from one of the selected accredited health facilities, whilst keen to highlight the significant impact that HMOs may play in healthcare delivery, went on to note that:

"... We need adjustments and adaptations to the current healthcare delivery scheme as enrollees are used to the old format of taking individual responsibilities for their health. The current health scheme maintained by HMOs, thus resulting in effective supervision of provision of accessible, affordable and qualitative healthcare for Nigerians."

Interviewees who are about 87% of the total respondents perceived that healthcare delivery service in the country is under a 'regulatory capture'. They also drew attention to the peculiarity of the current system, but this is in terms of low levels of stakeholder interaction required to evaluate service delivery as most clients and enrollees show apathy towards the scheme. This makes the whole NHIS practice somewhat superfluous. As they put it:

"Until there is awareness and readiness to evaluate healthcare service delivery, client organisations and enrollees will only enlist to satisfy the regulations in the industry; Majority of clients are only concerned about abiding by the regulations in the health sector"

Views Concerning Completeness and Adequacy of Marketing Services Provided

In addition to the broadly supportive stance for HMOs by our interviewees in supporting the maintenance of healthcare delivery services by private organisations, their views of the services offered by the health care maintenance organisations are shaped by the policy bought by the clients, thus, the mere listing of clients on the NHIS is a confirmation of their passive compliance strategy.

" Perhaps the best means for measuring the completeness and adequacy of the services provided by the HMOs will be based on the

directive laid down for different categories of organisations on the type of healthcare policies they can purchase for the staff. Comprehensive guidelines are lacking in this regard and we need to raise the standards"

The interviewees who are about 73% of the total respondents also commented on the possibility of the HMOs improving healthcare delivery in Nigeria and went on to note:

"We would put above par with current HMO participation in healthcare service delivery. We need an environment filled with quality management of healthcare system that can assure effective contribution of all parties to social well-being of the populace without threatening the survival of those to whom the government claim benefit from their sustainability practices"

Convenience of the Registration Process

On the issue of convenience of the registration process, 54% of the interviewees vehemently expressed their view that:

"Registration process for the social health scheme is quite easy as the laid down procedures are clearly articulated in the product and services literature of every HMO's contact point. Each programme have a clearly defined procedure for registering enrollees. This culminates in a clear identification (such as membership card) to assist in the identification of scheme members"

Involvement in Decision Making

Whilst interviewees express a considerable level of involvement in decision making process particularly at the service provider and client level of consumers of HMO services. Doubt concerning the level of enrollee who decides the benefits and package to be placed on the scheme are quite minute. These are about 17% of the total respondents. Associated with this is the prescriptive nature of services that client organisations tend to select and register their employees on. This, inevitably impinges on an enrollee's level of involvement in deciding on the nature and type of service to enlist on. This was particularly drawn attention to by the interviewees:

"Some client organisations categorize their staff according to positions held within the organisation and enrol them for different healthcare packages. In some, all employees are subscribed to equal packages; basing it on what the organisation can afford"

In the wake of mandatory registration on the NHIS for organisations in Nigeria, majority of Nigerian organisations has framed a format which includes the mere listing of their organisations on the scheme by enlisting on the lowest form of service on offer. There are some interviewees who commented on the activities of their organisations with the health scheme programme.

According to these respondents they simply partake to comply with the regulations of the government. For purposes of gaining patronage, the HMOs align with the service providers to package a scheme that can cater for such groups:

"Due to purposes of mere compliance, staff are enrolled on a package that caters for them only, excluding the dependants. These packages are such that the enrollee do not have an input in the selection of the service type or arrange to have further deductions from his/her emoluments"

Perception of services, care instruction and literatures

Interestingly, whilst service providers feel adequate about the services and conditions offered by the HMOs, 47% of clients and enrollees seems not to perceive the services offered in like manner. An important factor imparting this is that the service providers, to a great extent, shape consumers perception about the services offered by the HMOs. Consequent upon this, the views of the clients and enrollees are couched. These respondents concluded:

"The services provided by HMOs ensure access to good healthcare without financial hardship to families. The model of healthcare provided allows each insured person to decide which health centre or clinic, an enrollee intends to use as first point of contact and registers with the facility."

Another interviewees' perspective is presented thus:

"The services offered by the HMOs and their listed service providers is quite adequate for our needs. The services include the provision of curative and preventive medicine, health risk management, occupational health management, employee well being services and health insurance services. We provide our enrollees with healthcare solutions of international standards that are cost effective, and convenient to implement and operate"

The respondents were of the view that the National Health Insurance should have a wider coverage of clients who are not presently taken care of by the scheme, such as

those in the informal sector, the self employed and the unemployed. The clients also want the scheme to cover some of those items in the exclusion list.

This includes such items as occupational injuries and injuries resulting from natural disasters, social unrest, transplant and cosmetics surgeries, epidemics, family planning commodities, domiciliary treatment and advanced procedures. These respondents who are about 56% of the total sampled, argued that most of the items in the exclusion list attract high medical charges from patients who want to undergo these medical treatments. They believe that part of the government objective of introducing the scheme to the people is to defray their medical cost. The findings also revealed that there have been little participation in the NHIS from the organised Private Sector. Only very few of this employers in the Private sector enroll their employees for the scheme. Hence only very few staff in the organised private sector benefit from this scheme. The respondents further revealed that only most staff in the Federal Civil Services and Parastatals enjoy the National Health Insurance Scheme while some State Governments have started making move towards enrolling their staff for this scheme. This means that very few Nigerians are enjoying the services of this National Health Insurance Scheme.

RECOMMENDATIONS AND CONCLUSION

In the above assessment, it is clear that healthcare service delivery to the NHIS beneficiaries in Nigeria has improved since its introduction. Healthcare cost is down and people are generally satisfied with the quality of healthcare services as well as the role play by the HMO in realizing this objective. There are still some problems however, In recent years, HMOs in Nigeria have grown in leaps and bounds, all trying to deliver the promise of universal healthcare to the masses of Nigerians in line with the provisions of the health plan by the federal government.

Hence, the HMOs designed services that can cater for different classes and categories of consumers. Outcome of this is the integration of three different classes of consumers: service providers, clients and enrollees who constitute different categories of stakeholders each with different marketing plans. The strategic importance of all the three is fundamental to the survival of both the HMOs as well as the NHIS. Therefore, they must all perceive quality service delivery from the HMOs to guarantee participation and survival of the programme. The views expressed by our interviewees suggest the need for more healthcare maintenance process in Nigeria is driven by a concern to improve healthcare delivery and, improve accessibility to qualitative healthcare services.

Potential sources of dissatisfaction included, poor registration services, poor referral system, delays in receiving required services and unavailability or non-coverage of some required services, most especially those in the exclusion list. Nevertheless, there are some grounds for expecting the HMOs to readily embrace more engaging services in bringing about better health care delivery to the people. They are expected to be explicit in communicating the products they offer to their clients as well as the enrollees. This is after designing a satisfactory package with the accredited Health care providers. In Conclusion, the National Health Insurance, if well managed and its services extends to cover the large proportion of people who are unemployed, self-employed and those in the informal sector who are not enjoying the services of the scheme, it is believed this effort would go a long way in bringing about improve health status of the people.

The study recommends that Nigerian HMOs should begin to open up the possibilities of reaching those in the rural areas, it is hoped that by doing this the impact of their activities, actions, policies and decisions on the lives of the people would be greatly felt. There is need to create more awareness about the benefits of enrolling for this scheme to the publics. The Government and the right Agencies should encourage more Nigerians to benefit from the National health Insurance Scheme. There are real possibilities of organizational behaviour research to consider possible barriers that the HMOs might encounter in improving service delivery and basic routines to an easier and much improved access to healthcare service. We suggest the constant monitoring by the Federal Ministry of Health, of the activities of HMOs and accredited healthcare facilities to bring about more qualitative health service delivery to consumers at all levels of health care system in Nigeria.

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