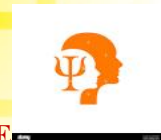




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Attitude And Utilization Of National Health Insurance Scheme Among Nurses In Federal University Teaching Hospital Owerri

Afam Ndu

Department of Nursing Sciences
Faculty of Health Sciences, Tansian University Umunya
afamci@yahoo.com

Ijeoma Judith Ilo

Department of Nursing Sciences
Faculty of Health Sciences and Technology
University of Nigeria, Enugu Campus

Vera Ogechi Osuagwu

Department of Nursing Sciences
College of Nursing Sciences, UNTH Enugu

Osuorah Chitoo Stephanie

Department of Nursing Sciences
College of Nursing Sciences UNTH Enugu
chitooosuorah@gmail.com

Abstract

This study assessed the attitudes and utilization of the National Health Insurance Scheme (NHIS) among nurses at Federal University Teaching Hospital, Owerri (FUTHO), and identified factors influencing their attitudes and utilization of the scheme. A descriptive cross-sectional survey design was adopted for the study. The target population comprised 130 registered nurses working at FUTHO, while data were analyzed from 100 completed questionnaires using descriptive statistics, including frequencies, percentages, means, and grand mean scores. Findings revealed that nurses generally exhibited a negative attitude towards the NHIS, with a grand mean score of 2.43, which was below the decision criterion of 2.50. Most respondents expressed nonchalant feelings towards the scheme and questioned its continuity. Despite the negative attitude observed, the level of utilization was relatively high, with 75% of respondents reporting that they utilized the NHIS, while 25% did not. Among the users, 53% reported always utilizing the scheme, 25% seldom utilized it, 15% rarely utilized it, and 7% never utilized it. Furthermore, the majority of respondents (80%) had been registered with the scheme for one to five years. The study also identified several factors affecting attitudes and utilization of NHIS among nurses. These included gender, location and distance to NHIS facilities, accessibility to healthcare services, poor reception, expensive drugs, and environmental conditions, with an overall grand mean score of 2.92 indicating significant influence. However, long queues and insufficient funds were not perceived as major influencing factors. The study concludes that although nurses at FUTHO generally hold negative attitudes toward the NHIS, the scheme enjoys substantial utilization among them. Factors related to accessibility, service delivery, and healthcare facility characteristics significantly influence both attitudes and utilization. The study recommends strengthening awareness campaigns, improving service delivery, enhancing accessibility to NHIS-accredited facilities, and addressing identified barriers to improve nurses' perceptions and sustained utilization of the scheme.

Keywords: *National Health Insurance Scheme, attitude, utilization, nurses, healthcare services.*

Background to the Study

Health care is an essential service that is needed by every human to maintain a reasonable health condition in life. The way in which a country finances its health rate can have a major bearing on the access to health

services enjoyed by its people (Mba, 2022). All over the world, health care financing has always been and is still an issue of concern resulting from the problem of scarce resources (Thompson, 2025). Developing countries account for 84% of the world population and 93% of the world-wide burden of disease. They also account for only 18% global income and 11% of all global health spending. Limiting resources and capacity coupled with strong underlying needs for services pose serious challenges to government .in the developing countries (Schie ber, 2025), an analysis of government expenditure for twenty-five African countries shows that Nigeria is among the countries with the least per-capita expenditure on health (Richards, 2024). Financing of public health services in Nigeria has been through government subvention, funded mainly from earning from petroleum export and user fees for patients. It lays more emphasis on curative tertiary care, which is expensive, not cost effective and inaccessible to many. Decline in funding for health care commenced after the mid-1980s' following a drastic reduction in revenue from oil exports, mounting external debt burden, structural adjustment programs and rapid population growth rate. The result as in most developing countries was a rapid decline in the quality and effectiveness of publicity provided health care service (Shaw, 2023).

Abval rub (2024) states that national health insurance scheme is a social support for nurses and this will assure them of their personal prompt medical services as at when needed. For this reason, their commitment and attitudes to work will be positive and better because their job risk is already taken care of by the health policy of the management. The national health insurance scheme is a social security scheme for the subscribers and since there is a strong relationship between work performance and subscription to national health insurance scheme, The participants now know that qualitative health care is guaranteed for them and their families without thinking of how to pay for the service when this is required.

National Health Insurance Scheme is a scheme for financing health care to support health workers, civil servants and private partners in condition of sickness, invalidity and old age, the contributions to the National Health Insurance Scheme currently represent 15% of basic salary. The employer is to pay 10% while the employee will only contribute 5% of their basic salaries to enjoy health benefits. The contributions made by or for an insured person entitle him or herself, a spouse and four children under the age of 18 years to full health benefits. However, students in schools up to the age of five years to twenty-five years qualify as dependents. According to the policy of the scheme, the contributions of two working spouses cover only the spouses and four children (Muriells, Robinson & Griffiths, 2024).

Mba (2023), opined that National Health Insurance scheme is a health security. System that guarantees the provision of needed health services to persons on the payment of a small premium at regular intervals. Health insurance is a type of insurance which provides indemnification for expenditures and loss of income resulting from loss of health. It is also the ability to get health services when required without having to pay fully at the time of need because payment has previously been made by regular contributions by the insurance of this employer or both. Chinweuba, (2024), asserted that insurance is an agreement between two or more persons for distribution of losses among a number of insured persons as a means of mitigating losses from damages, illness, accidents and monetary undertaking sustained by the insured. The National Health Insurance Scheme came to be as government's strategy to check the proliferation of the profit.

The National Health Insurance Scheme is a form of social security, which guarantees the provision of health care at any one time to any individual who regularly makes a nominal contribution. It is based on the principles of social solidarity whereby the healthy and the wealthy subsidize the less wealthy and less healthy, the young subsidizes the old, while the single subsidizes families. The poor receives same benefits as the rich and therefore, The National Insurance Scheme is to guarantee a universal access to health care for adult citizens. Therefore this study is being carried out to determine the attitude and utilization of National Health Insurance Scheme among Nurses/Midwives in Federal University Teaching Hospital, Owerri.

Statement of Problem

Access to health care is severely limited and poor in Nigeria (Thompson 2025). Several factors contribute to this. These include inadequate facilities, inequitable distribution of available facilities and inability of consumers to pay for the service (Abualrub, 2025). Households in Nigeria contribute 45% of the total health expenditure in the country (Shaw, 2024). This has resulted in under-utilization of available services and high patronage of quacks by the poor (Richards, 2023). The reforms of government in the health sector are among others to remove out of pocket payment for health services, facilitates equitable distribution of health care cost among different groups, etc. (Mba, 2021). In Eastern part of Nigeria, poor practice of health insurance among majority of the nurses was documented (Ahmed, 2022). It was also observed that nurses have poor attitude towards National Health Insurance Scheme. It is estimated that 20-30% of nurses participate in National Health Insurance Scheme. Due to the above stated problem, the researcher deemed it necessary to investigate the attitude and utilization of National Health Insurance Scheme among nurses in Federal University Teaching Hospital, Owerri.

Objectives of the Study

The objectives of the study are to:

Assess the attitude of nurses at Federal University Teaching Hospital, Owerri towards National Health Insurance Scheme.

Determine the utilization of NHIS among Nurses at Federal University Teaching Hospital, Owerri.

Identify Factors that affect the attitude and utilization of National Health Insurance Scheme among Nurses at Federal University Teaching Hospital, Owerri.

Research Questions

What are the attitudes of Nurses towards National Health Insurance Scheme?

What is the utilization of NHIS among nurses at Federal University Teaching Hospital, Owerri?

What are the factors that affect the attitude and utilization of National Health Insurance Scheme among Nurses at Federal University Teaching Hospital, Owerri?

Significance of Study

The study is very important in that its findings will help to a great extent in resolving the misconceptions towards the attitude and utilization of National Health Insurance Scheme among nurses. To the researcher, this study will provide additional literature to those already existing in the field of this study, so that they can always have enough resources to consult as reference sources in the course of making researches in this area. To the government, it will enable them to understand some of the reasons that affect the utilization of National Health Insurance Scheme and also help to recognize the programme with view of reducing the obstacle of National Health Insurance Scheme. Specifically, the study sought to assess attitude, utilization and factors affecting the attitude and utilization of NHIS in Federal University Teaching Hospital, Owerri.

Literature Review

Conceptual Review

Ahmed (2023) reported that National Health Insurance scheme is designed to provide a minimum economic security for the workers which concerns itself with the unfavorable losses (income and costs), Resulting from the premise of accidental injury, sickness, old age, unemployment and premature death of the family wage earner. The compulsion element in National Health Insurance Scheme and the obligation of the government is derived from the duty to protect the general welfare of its citizens. The National Health Insurance Scheme is a social security scheme for the subscribers and since there is a strong relationship between work performance and subscription to National Health Insurance Scheme, The participants now know that qualitative health care is guaranteed for them and their families without thinking of how to pay for the service when this is required (Abualrub, 2024).

Mba (2025) views that National Health Insurance scheme is a scheme for financing health care to support health workers, civil servants and private partners in conditions of sickness, invalidity and old age. Also, that health insurance is a form of pre- payment plan for one's health care a health scheme used as buffer against

catastrophic. Health insurance is one of the new concepts developing in countries of the world designed for funding health care. It is a plan which provides services of the insured.

Attitude of Nurses/Midwives towards National Health Care Scheme

Helnelington (2024) asserted that National Health Insurance offer a means of obtaining a substantial part of the funds. For Urban health service from employers and employees, both private and public so that taxes realized from contribution can be released for preventive and promotive action and for primary health care where coverage is now inadequate or absent. However, that showed members are likely to be productive and have positive attitudes to work since they have assurance that they have avenue for better healthcare services anytime required by them; again that financial barriers to access good health care are already removed for them by the insurance in spite of a possible lack of cash at the time of illness.

Lloyd (2024) in his study conducted that the National Health Insurance Scheme has finally taken off in Nigeria, but with a low awareness of the operations, components, objectives and mode of operation of the scheme among the formal sector or civil services. Many workers are however willing to participate in the scheme. Thus, government and other stakeholders in the scheme need to continue to organize awareness programmes that will sustain this interest among workers in the formal sectors. Information should include telling them all about the scheme as well as ensuring that no loop hole exist in organizing and managing the National Health Insurance Scheme in Nigeri (Ahmed, 2024).

Utilization of Nurses/Midwives towards National Health Insurance Scheme

Kankaanranta and Rissane (2022) opined that workers spend more than they are expected to contribute as National Health Insurance subscription on their families' health on a monthly basis. Since National Health Insurance scheme provides basic health care for these workers as a right and at affordable cost, thereby preventing household spending on health care as it gives a more equitable access to basic services with the pooling of resources.

Alfers (2025) opined that this primary health care provider is expected to provide healthcare services to the insured person and can also refer if he cannot provide the needed. However, in Nigeria, health care delivery system is characterized by weak response toward access to health care services for vulnerable members of the society, especially women and children and the total expenditure on health care is percentage of 4.6% while the percentage of federal government expenditure on health care is only about 1.5% (Shaw, 2023).

According to Frelde (2024) the client's perception of the relative worth of the services and acceptability of services provided influence the utilization of NHIS services among participants. One of the most common reasons for not seeking care among participants and/or beneficiaries is a lack of satisfactory with services as may be seen in low quality of drugs offered.

Benefits of National Health Insurance Scheme (NHIS) to Nurse/ Midwives

This introduction of national health insurance scheme is a social security system that guarantees the provision of needed health services for persons on payments of tokens contributors expected to keep gains which makes it readily available, accessible, and equitable distribution and at a reasonable cost. However, new health insurance scheme are quite thrilling, to ensure that every Nigerian has access to good health care services, protected families from the financial hardship of huge medical bill, limits the rise in the cost of health care service, ensure equitable distribution of health care delivery services within the scheme, ensure efficiency in health care service improve and harness private sector participation in the provision of health care facilities within the federation, ensure appropriate patronage of all levels of health care and ensure the availability of funds to the health sector for improved services (Afol uvan & Mohammed, 2023).

Some benefits of national health insurance scheme were identified as contribution directly to people's health care, improvement of health care facilities and general health of the people, reduction I the rate of unemployment, workers enjoy free healthcare services with the members of their facilities and provide additional funds for healthcare. Again, the national health insurance scheme has tremendous impacts on the subscribers has tremendous impacts on the subscribes and providers, for instance, insured members on longer

have to search for credit of sell assets, and they also recover more quickly from their illness since there are no delays in seeking care (Asfan, 2025).

Factors that affect attitudes and utilization of National Health Insurance Scheme among Nurses/Midwives.

Andersen's behavioural model of health services utilization proposes that people's use of health care services is a function of their predisposition to use services, the factors enabling or impeding use, their need for care and their satisfaction with services (Andersen, 2022). The utilization of National Health Insurance Scheme services varies across different cultures for a variety of reasons. But it appears, according to Nora (2025), that the determining factors are universal. Nora noted that utilization of National Health Insurance Scheme services is determined not only by its availability but by a number of other factors, some of which are highlighted as follows:

Location/Distance to NHIS Facilities

Nora (2024) reported that place of residence has been an important factor in the utilization of the services. The urban population makes greater use of services than those in rural areas. Nora further noted that distance from the health care service center, education of the participants, as well as their age are the strongest determinants of service utilization among participants in developing countries.

Accessibility to Health Care Service

In the explanations of Fiedler (2023) access to health care services is considered as the link between the health care system and the population it serves; the volume and type of services, whether or not the service can be reached, the client's perceptions of the relative worth of the service and acceptability of services provided, all influence access and the utilization of services. In line with the postulates of the central place theory, health care facilities in Nigeria constitute a hierarchical system which is reflected in space by the geographical arrangements of service outlets in which a particular area tend to have numerous primary health facilities, much fewer secondary facilities and very few tertiary facilities if at all. Consequently, the findings of studies conducted by Okafor (2023) on the petroleum producing region of Nigeria (the Niger Delta) revealed that inaccessibility of the available health care facilities in the region has obviously affected the utilization of health care services by a vast proportion of the beneficiaries who still depend on traditional medical care and self-medication.

The need for health care varies in space and so the organization of provision necessarily has a spatial component. Neither population totals nor population characteristics such as age, sex, occupation is uniform in space. In like manner, the physical environment varies in characteristics from place of place and this invariable has implication for the patient of demand for health care. The spatial dimension is also important in utilization behavior since accessibility is a major determinant of the use of health care service (Okafor, 2023).

Self-related health status of participant

Geitona and Zauaras, (2022) revealed that the utilization of National Health Insurance service among participants depends on status, gender and region individuals with moderate and poor self-rated health, older people, and women showed increased utilization of health care service in Greece while individuals with better self-rated health status showed decreased utilization of health care services. The frequency of utilization of services depends on region and lower evaluations of health status among participants. In addition, factors influencing how symptoms and illness may be perceived such as commonality of the disease, familiarity of the symptoms of clinical physical changes are partly respondents for health care seeking behavior among participants. Maternal education was identified of the health care services, as higher educational levels have been associated with an increased self-perception of health status and influences the use of both curative and preventive healthcare services.

Gender

According to Onuzuike (2022) sex is one of the most influenced variables affecting the use of National Health Insurance Scheme Service. Sex has influenced on utilization of the health care services through its association with other predictors of utilization such as tendency to use services anxiety and skepticism. Onuzuike noted

that levels of personal distress are an important trigger in the use of health care service; Onuziuke (2022), further stated that another possible explanation for the higher rate of utilization among women is that they are more dependent and affiliated and the seek interpersonal solutions to feelings of distress more than the men.

Provide Related Factors

Just as certain uses-related factors influence the utilization of national health insurance scheme services, certain providers-related also play an important part. According to Jerome (2022) once the need for a certain type of health care service has been identified, the degree to which it is met may depend on the health care service, but whenever the providers are able to offer it, It is obvious that health care providers cannot offer a health services unless the necessary personnel, equipment and facilities, are available Jeromen (2022) further noted that the fact the resources and ability to offer certain health care services are available at an accredited health care centre does not necessarily mean that the service will be offered in the optimal fashion by any means. The manner and attitude with which those services are offered may seriously affect the success of services offered depends on the degree to which it fits the lifestyle and need of the users.

Jerome (2022) recommended that the health care services should as much as possible be offered at a time and in a place that is compatible with the way users actually live. In the opinion of Johnson (2024). The entire atmosphere of the health care services should not be greatly at variance with the prevailing culture, lifestyle, language, or beliefs of the users. According to Johnson (2024) this provider-related factor influences the utilization of national health insurance scheme services is the provider's set of values, the reasons why the provider is offering the services in the first place. This is central because the reasons why a health care provider wants to offer a particular health care service may well decide how it is offered.

Theoretical Review

The theory of Abraham Maslow (1954) was adopted in this study, he is an American psychologist who put forward a hierarchical ranking of importance, he originally emphasized in five basic needs arranged in hierarchy starting from low order to high order needs known as Maslow's hierarchy of human needs. They are Physiological needs, Safety and security, Love and belonging Self-esteem needs and Self-actualization. He later added cognitive need, aesthetic need, transcendence need. He called this progression hierarchy of laden needs; all are rank by their importance to the individual survival. The lower needs are to be gratified before one, higher ones can emerge. This hierarchy ranges from more concrete needs such as food and water to abstract concepts such as self-fulfillment.

According to Maslow, when a lower need is met, the next need on the hierarchy becomes our focus of attention.

These are the five categories of needs according to Maslow:

Physiological

These refer to basic physical needs like drinking when thirsty or eating when hungry. According to Maslow, some of these needs involve our efforts to meet the body's need for homeostasis; that is, maintaining consistent levels in different bodily systems (for example, maintaining a body temperature of 98.6 degrees).

Maslow considered physiological needs to be the most essential of our needs. If someone is lacking in more than one need, they're likely to try to meet these physiological needs first. For example, if someone is extremely hungry, it's hard to focus on anything else besides food. Another example of a physiological need would be the need for adequate sleep.

Safety

Once people's physiological requirements are met, the next need that arises is a safe environment. Our safety needs are apparent even early in childhood, as children need safe and predictable environments and typically react with fear or anxiety when these are not met. Maslow pointed out that in adults living in developed nations, safety needs are more apparent in emergencies (e.g. war and disasters), but this need can also explain why we tend to prefer the familiar or why we do things like purchase insurance and contribute to a savings account.

Love and Belonging

According to Maslow, the next need in the hierarchy involves feeling loved and accepted. This need includes both romantic relationships as well as ties to friends and family members. It also includes our need to feel that we belong to a social group. Importantly, this need encompasses both feeling loved *and* feeling love towards others. Since Maslow's time, researchers have continued to explore how love and belonging needs impact well-being. For example, having social connections is related to better physical health and, conversely, feeling isolated (i.e. having unmet belonging needs) has negative consequences for health and well-being.

Esteem

Our esteem needs involve the desire to feel good about ourselves. According to Maslow, esteem needs include two components. The first involves feeling self-confidence and feeling good about oneself. The second component involves feeling valued by others; that is, feeling that our achievements and contributions have been recognized by other people. When people's esteem needs are met, they feel confident and see their contributions and achievements as valuable and important. However, when their esteem needs are not met, they may experience what psychologist Alfred Adler called "feelings of inferiority."

Self-Actualization

Self-actualization refers to feeling fulfilled, or feeling that we are living up to our potential. One unique feature of self-actualization is that it looks different for everyone. For one person, self-actualization might involve helping others; for another person, it might involve achievements in an artistic or creative field. Essentially, self-actualization means feeling that we are doing what we believe we are meant to do. According to Maslow, achieving self-actualization is relatively rare, and his examples of famous self-actualized individuals include Abraham Lincoln, Albert Einstein, and Mother Teresa.

Application of the Theory to the Study

Basic physiological needs are the first level of needs which are called physiological needs or survival needs. Without them, a person or animal precedence over the higher level needs may not be met. In other to sustain life and the secondary needs are mainly to give quality to life, since need for oxygen, food, water are one of the life threatening needs which is importance for the survival of an individual, good health which is the basic physiology needs they include freedom from harm, financial security, shelter etc. effective utilization of the service provided by national health insurance scheme helps to protect and provide security to the subscribers. Love and belonging means meeting out emotional needs which can have a great effect on our mental and physical health. National health insurance scheme help to improve the health of an individual's thereby making them to have a sense of belonging in the society. Self-esteem means self- image respect. Since national health scheme is a form of prepayment plan for one health care that ensure quality health insurance to the subscribers, it makes the subscribers to have positive self -esteem and also appreciation of one's own personal worth through recognition, sound health and prestige. Cognitive need include need for knowledge,improvement and self-awareness. National health insurance scheme satisfy them by giving them knowledge of educating them about the scheme and hoe it operated. In the case of other hierarchy need such as aesthetic and transcendent need will now come in, which makes one to be fully secured and insured.

Empirical Review

Sanusi (2024) examined that level of awareness NHIS at Oyo State, Nigeria, his result showed that 84.7% of the people were aware of the programme and 83.2 percent were registered under the programme and the people who enjoys the programme is just 58.9%. This study assessed the level of awareness of NHIS by health care consumers in Oyo state, Nigeria. A random sampling technique was adopted in administering one hundred questionnaires on health care consumers in the state. Information sourced with questionnaire include age, gender, family size, marital status, employment status, educational status, income and registration levels. Analytical techniques used were chi-square and descriptive statistics. Results from the study showed that 87% of the respondents were aware of the (NHIS) programme and about 83% of the respondents were registered with the programme. Furthermore, employment level is a significant factor ($p < 0.01$) affecting the level of

awareness of the programme by respondents while gender, income level, family size, marital status and educational status were not significant factors influencing the awareness of respondents about the programme. Though the scheme is still at infancy, notwithstanding, majority of the respondent were aware of and registered for the programme. Hence, there is the need for the government to consolidate the gains so far of NHIS in order to improve the performance of the scheme.

Nura (2020) in his study assessed the utilization of NHIS in Rivers state. This was a descriptive cross-sectional study using self-administered questionnaires. Data were collated and analyzed using SPSS version 21.0. A Chi-square test was carried out. The level of Confidence was set at 95%, and the P -value $\leq .05$. Out of a total of 334 respondents, 280 (83.8%) were enrolled for NHIS, 203 (72.5%) utilized the services of the scheme. Most 181 (82.1%) of the respondents who utilized visited the facility at least once in the preceding year. Although, 123 (43.9%) of the respondents made payments at a point of access to health care services, overall there was a reduction in out of pocket payment. Possession of NHIS card, the attitude of health workers, and patients' satisfaction were found to significantly affect utilization $P \leq .05$. Regression analysis shows age and income to be a predictor of utilization of the NHIS. Though utilization is high, effort should be made to remove payment at the point of access and improving the harsh attitude of some of the health workers.

Nwagu (2020) in this study on knowledge and utilization of national health insurance scheme among nurses in Imo State University teaching hospital using the quota sampling design and a sample size of 200 and questionnaire was used for data collection .The study revealed that the respondents only had average knowledge on NHIS which is contrary to a study by Campbell et al in 2014 in which there is high level of knowledge that the respondents have high level of knowledge. It was also revealed that educational qualification and grade level of respondents have effects on their knowledge with ($F(4, 114) = 6.175$ $p < 0.0001$) and ($F(5, 113) = 3.351$ $p = 0.007$) results in one-way ANOVA respectively. It was revealed that majority of the respondents were on NHIS with many of them just registering in the past five years. Majority of the respondents believed that NHIS access to good care and will in turn like to register. Many respondents frowned at the exclusion of epidemics and natural disaster injuries from the scheme. The study revealed that NHIS help maintain high standard of healthcare. It was revealed that the attitude of majority of the respondents is poor. The study found that there was an association between respondents' grade level and attitude towards NHIS with a statistically significant effect of ($F(5, 113) = 12.611$ $p = 0.028$). The study revealed that increase in the knowledge of respondents will improves their attitude towards NHIS with ($r = .217, n=120, p=0.018$).

Olugbenga and Adebimpe (2023) carried of a study on the knowledge and attitude of NHIS among civil servants in Oyo State. This study investigated the knowledge and attitude of civil servants in the Oyo state secretariat, Agodi, Ibadan towards the national health insurance scheme. Sample sizes of 119 Civil Servants were selected. The instrument for data collection was a researcher–designed semi-structured questionnaire. Data were analyzed using descriptive statistics such as frequencies, percentages, mean and standard deviation. Hypotheses were tested using inferential statistics such as the Chi-square. Findings showed that the majority of the civil servants (41.2%) had average knowledge of the NHIS program. The civil servants had a poor attitude (63.9%) towards the NHIS program. The majority of the respondents (60%) accessed care under the scheme. Findings from the study also showed Education and grade level of the respondents were significantly associated with knowledge of the program respectively ($P = 0.0001, 0.007$). There was also an association between grade level and attitude of respondents towards NHIS program ($p=0.028$). There was also an association between respondent knowledge and the attitude towards the NHIS program ($p=0.018$). The study concluded that intensified campaign on the objectives, benefits and workings of the scheme should be ensured. This should be facilitated by the nurses and the use of mass media in order to reach a vast majority of the workforce and enhance their perception of the program.

The study conducted by Osholi and Philip (2022) to determine the knowledge attitude to, and utilization to the national health insurance scheme (NHIS) among health workers at the university of Nigeria teaching hospital (FMCS), Ituku-Ozala, and Enugu State, Nigeria. A stratified random sampling method in which 328

questionnaires were satisfactorily completed, was carried out in December 2022 at the University of Nigeria, Teaching Hospital, Ituku-Ozalla. The questionnaires used in this study were a combination of both structured close ended questions and unstructured open-ended questions. The data was analyzed using statistical program for social sciences (SPSS) software. Variables explored in our study were aimed at understanding the factors affecting and recommending ways of improving the knowledge, utilization of, and attitude to the National Health Insurance Scheme (NHIS) among health workers at the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu State, Nigeria,. Results: 188 (57.3%) of our respondent were females, while 140 (42.7%) were males. There was a 98.2% awareness among the respondents as against 1.8% who had not heard of the scheme prior to this research. About 36.3% of respondents had heard of the scheme from colleagues, 37.3% from the radio/television, while only 3.7% had gotten their information about the NHIS from the internet. 63.4% of the respondents were registered beneficiaries of the NHIS as against 36.6% who were not registered. An encouraging 70.1% of the registered respondents had actually used the scheme before. Important to note was that 41.1% of registered married respondents had actually utilized the scheme while only 39.5% of the registered single respondents were indeed users.

From the research, there is a low patronage of the scheme by doctors as only 41.1% of the doctors were registered as against 60.3% of nurses, 100% of financial officers and 84.2% of the support workers that were registered. Conclusion: 65.7% of the respondent believed that the scheme was not expensive, while only about 16.7% of the respondents wanted the scheme discontinued. Generally there is a high awareness of the National Health Insurance Scheme. However, the utilization of, and attitudes to the National Health Insurance Scheme are not encouraging. Respondents were optimistic about the scheme as majority felt it should be improved on rather than discontinued.

Research Methodology

This chapter shows the method and design that will be used in collecting and analyzing data in order to answer the research questions. It is discussed under the following headings; research design, research setting, target population, sample and sampling techniques, instrument for data collection, validity of instrument, reliability of instrument, method of data analysis and ethical consideration.

Research Design

Descriptive design will be used for the study to determine the attitude and utilization of NHIS among Nurse in Federal University Teaching Hospital, Owerri. According to McCombes (2019) Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. The design is appropriate since it aims at gathering and analyzing data which will be collected by distribution of questionnaire.

Setting

Originally established in 1903 as a colonial military hospital, the facility evolved over decades: from a district hospital to a regional general hospital, before becoming the Federal Medical Centre (FMC), Owerri, in 1995. In November 2022, it was officially upgraded to a Federal University Teaching Hospital, Owerri, to serve as the primary teaching hospital for the Federal University of Technology, Owerri (FUTO). FUTO is situated at 105 Hospital Road, along Orlu Road, Owerri, in Imo State, Nigeria . It operates as a 24-hour emergency facility, while outpatient clinics run from 8:00 AM to 4:00 PM, Monday through Friday. The hospital is located at 105 Hospital Road, off Orlu Road, Owerri, Imo State. By Car or Taxi: Start from Douglas Road or the city center, Head onto Port Harcourt Road towards Nworie River Bridge, Turn onto Orlu Road, a main arterial route through Owerri, Proceed along Orlu Road until you reach Hospital Road, there are visible hospital signs and entrance gates, Turn in and continue to the hospital complex at 105 Hospital Road.

Target Population

The target populations that will be used for this study are registered Nurses working in Federal University Teaching Hospital, Owerri, a total of 130 Nurses. The populations of Nurses are summarized below

Table 1: The distribution of Nurses working in Federal University Teaching Hospital, Owerri

| Department | Number of Nurses |
|-----------------------------------|------------------|
| Accident and emergency department | 18 |
| Intensive care unit | 7 |
| Gynecological & Obstetric ward | 9 |
| Family planning | 7 |
| Antenatal clinic | 13 |
| Medical ward | 15 |
| Paediatric ward | 10 |
| General outpatient wards | 9 |
| Theatre | 16 |
| Surgical ward | 15 |
| Immunization department | 9 |
| Sterilization unit | 4 |
| Total | 130 |

Source: Federal University Teaching Hospital, Owerri. Nursing Service Department (2025)

That brings the total population of the study of 130 nurses of Federal University Teaching Hospital, Owerri.

Sample Size

Sample size is a portion used for the study. A sample size of 100 Nurses will be drawn from target population using Taro Yamane's formula:

$$n = \frac{N}{1+N(e)^2}$$

Where n= sample size

N= Target population, e= (error estimate) 0.05

95% confidence level,

$$N = 130$$

$$n = 130$$

$$1+130(0.05)^2$$

$$n = 130$$

$$1+130(0.00025)$$

$$n = 130$$

$$1+0.3$$

$$n = 130$$

$$1.3$$

$$n = 92$$

Sampling Technique

A cluster sampling technique which has 2 stages will be used to select the study. The first stage involved the use of stratified random sampling technique where the wards were grouped into strata. The second stage involved the use of simple random sampling technique to select the use of proportionate sampling technique to select the specific wards to be used. A total of 10 wards was selected. The third stage involved the use of proportionate sampling technique to determine the proportion of respondents to be used from each of the selected ward.

Instrument of Data Collection

The instrument of data collection was structured close ended questionnaire made up of 24 questions arranged in section A, B, C and D. The questionnaire contained six (6) questions on the socio-demography data of the respondents, section B contained four (4) questions showing attitude of respondents towards NHIS, section C contained two (2) questions accessing time of registration by respondents, section D contains eight (7) questions assessing factors that affects the attitude and utilization of NHIS by respondents.

Validity of Instrument

The instrument will be constructed in relation to the research questions, objectives and related literature to effectively assess the attitude and utilization of NHIS among nurses in FUTH, Owerri. Face Validity and content validity will be maintained are both ways to evaluate the quality of a measurement instrument, but they differ in their approach. Face validity is a superficial assessment of whether a test appears to measure what it intends to, while content validity is a more rigorous evaluation of whether the test comprehensively covers the relevant content domain. A copy of the questionnaire (appendix 1) will be submitted to the experts in Nursing education, measurement and evaluation who will assess the questionnaire for face and content validity, clarify of statement and logical accuracy of instrument, corrections will be accepted and reflected on the instruments by the researcher which will make the questionnaire a valid tool.

Reliability of Instrument

The instrument of data collection will be tested for reliability using test-retest method. The questionnaire will be administered to Nurses in Our Lady of Lourdes Hospital to test the reliability the internal consistency of instrument will be measured using cron bach alpha's method.

Method of Data Collection

The researcher will use the introduction letter (appendix 2) from the Provost of College of Nursing Science Ihiala Anambra State and approved from research and ethics committee of FUTH Owerri to approach the HNS/AND/CNO of every unit for the administration permission to carry out the study, The questionnaire will be administered personally by the researcher with the assistance of 2 trained research assistant that will be briefed on the purpose of the study. Interpretation of the questions where necessary and how the instrument should be distributed and returned. Afterwards, collection of the questionnaire will be made and all the copies collected. The data collection will last for 5 days.

Method of Data Analysis

The data collection will be presented in tables and figures using percentages, frequencies were calculated for knowledge and practice descriptive statistics were used to group that data in ways to make it easier to understand. the percentage is out in respect to the number of people used.

The formula is as follows: $P = \frac{f}{n} \times 100$

Where f= Frequency of response

N = Sample size

P = Percentage

Ethical Consideration

The researchers will maintain the following ethical considerations during the course of the study

Freedom from Exploitation: The researcher ensures that relationship between the researcher and the subjects were not exploitive.

Principle of Anonymity: Self-identification data such as name of the respondent will not be collected so as to maintain anonymity.

Self-determination/Voluntary Participation: The subjects will be allowed to voluntarily decide whether to participate in the study or not without any force.

Confidentiality: All information provided by respondents will be kept in confidence and will not revealed to another person.

Respect: The respondents will be addressed in a respectful manner and necessary clarification made.

Analysis and Representation of Data

This chapter deals with analysis and presentation of data collected from the respondents during course of this study based on the objectives of the study.

SECTION A

Table 4.1: Socio-demographic Data of respondents

| Demographic Characteristics | Response | No of Respondents | Percentage (%) |
|-----------------------------|-----------------|-------------------|----------------|
| Gender | Male | 20 | 20 |
| | Female | 80 | 80 |
| | Total | 100 | 100 |
| Age | 20-25 | 10 | 10 |
| | 26-30 | 20 | 20 |
| | 31-35 | 30 | 30 |
| | 36-40 | 20 | 20 |
| | 40 and above | 20 | 20 |
| | Total | 100 | 100 |
| | Marital Status | Single | 35 |
| Married | | 65 | 65 |
| Total | | 100 | 100 |
| Educational Qualification | RN | 10 | 10 |
| | RN/RM | 15 | 15 |
| | BNSC | 30 | 30 |
| | Master's Degree | 45 | 45 |
| | Total | 100 | 100 |
| Religion | Christian | 98 | 98 |
| | Muslim | 2 | 2 |
| | Total | 100 | 100 |

Rank

| | | |
|-------|-----|-----|
| NO | 50 | 50 |
| PNO | 20 | 20 |
| ACNO | 15 | 15 |
| CNO | 10 | 10 |
| AND | 5 | 5 |
| Total | 100 | 100 |

From Table 4.1 above, it can be seen that 20 (20%) are male, while 30 (80%) are female respondents. 10 (10%) are 20-25 years, 20 (20%) are 26-30 years, 30 (30%) are 31-35 years, 20 (20%) are 36-40 years, while 20 (20%) are 40 and above, 20 (20%) are single, while 65 (65%) are married, 10 (10%) from the respondent are registered nurses, 15 (15%) are registered nurse/midwives, 30 (30%) had bachelor's degree while 45 (45%) had their master's degree, 98 (98%) are Christians, while 2(2%) are Muslims 50 (50%) are No, while 20 (20%) are PNO, 15(15%) are ACNO, while 10 (10%) are CNO, 5(5%) are ADN.

Section B

Research Question One: What is the attitude of Nurses at FUTHO towards National Health Insurance Scheme?

Table 4.2: Showing the attitudes of nurses at FUTH Owerri towards NHIS N = 100

| S/N | Option SA | A | D | SD | MEAN | Interpretation | 4 | 3 | 2 | 1 | |
|-----|--|---|---|----|------|----------------|----|----|----|------|----------------------------|
| 7. | NHIS should be discontinued | | | | 30 | | 5 | 17 | 48 | 2.16 | Negative Decision |
| 8. | NHIS gives my family opportunity to receive medical care | | | | 24 | | 7 | 12 | 21 | 1.62 | Negative rule |
| 9. | feel nonchalant about NHIS | | | | 40 | | 60 | 20 | 25 | 4.05 | Positive mean ≥ 2.5 |
| 10. | NHIS is a good practice that should be continued | | | | 2.5 | | 6 | 4 | 65 | 1.91 | Negative positive attitude |
| | GrandMean | | | | | | | | | 2.43 | Negative, < 2.5 |

2.5 = Negative attitude.

Table 4.2, above showed that the study participants had negative attitude towards National Health Insurance Scheme (grand mean 2.43, critical value = 2.5).

Section C: Research Question Two: What are the levels of Utilization of NHIS among Nurse at FUTH Owerri?

Figure4.1: Pie Chart 1: Do you utilize National Health Insurance Scheme

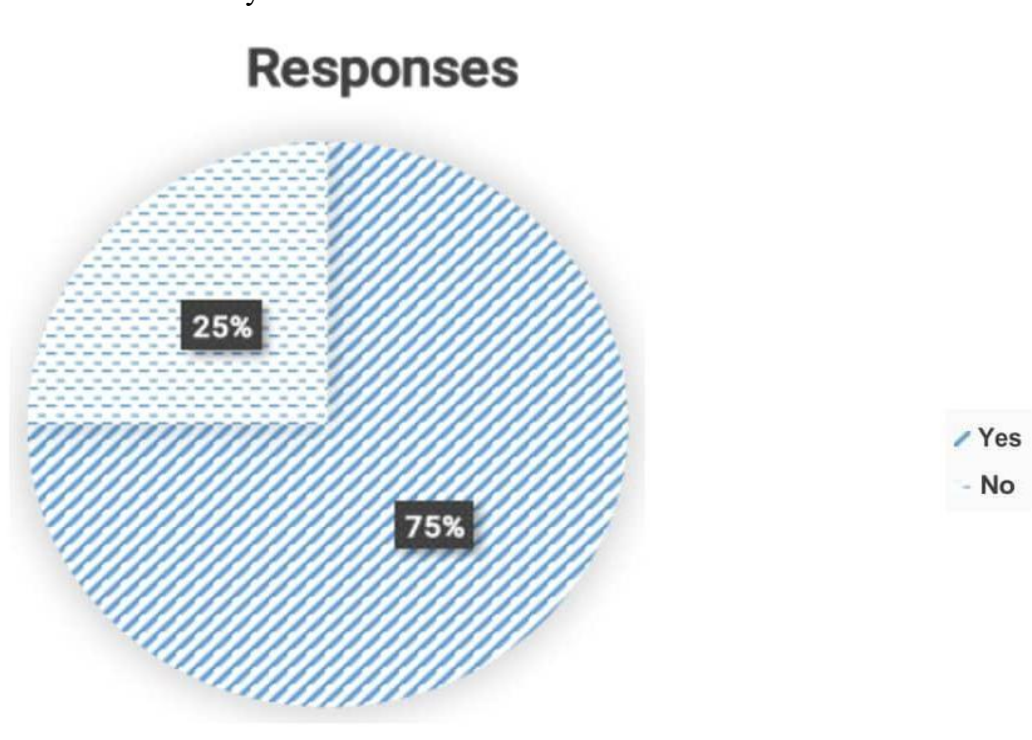


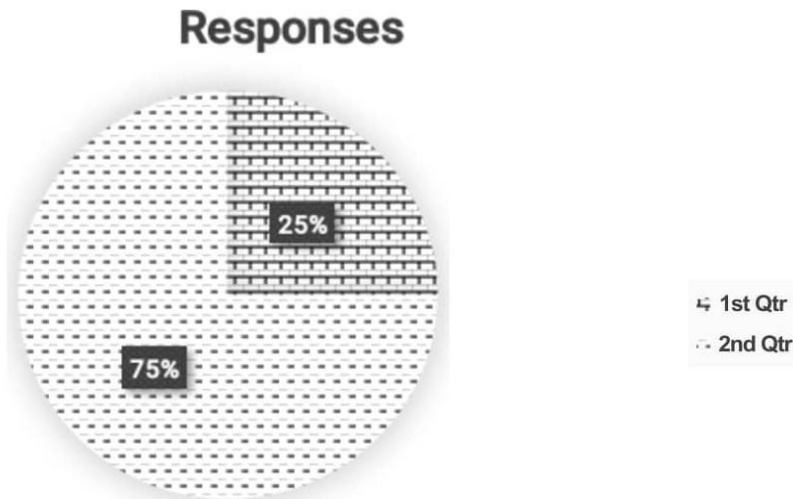
Figure 4.2: Pie Chart 1: Showing Utilization of National Health Insurance Scheme From the Pie Chart above, 75 (75%) of respondents said Yes, while 25 (25%) of the respondents said no.

Table 4.2: Showing the times of Registration by Respondents

| Options | Frequency | Percentage (%) | |
|-----------------------------|-----------|----------------|--------------|
| Less than a year ago | | | |
| Yes | 20 | 20 | |
| No | 80 | 80 | |
| Total | 100 | 100 | |
| 1 to 5 years | | | |
| Yes | 80 | 80 | |
| No | 20 | 20 | |
| | | | Total |
| 100 | 100 | | |

The table above shows that 20 (20%) of the respondents said yes that they registered a year ago, while 80 (80%) said No that they did not register a year ago, while 80 (80%) said yes, they registered 1 to 5 years ago, 20 (20%) said No.

Figure 4.2: Pie Chart 2: Showing Utilization of NHIS among the Registered Respondents at Least Once



The above shows that 75 (75%) of the respondent have utilized NHIS at least once while 25 (25%) have not.

Figure 4.3: Histogram 1: Showing Frequency of Utilization of the Scheme

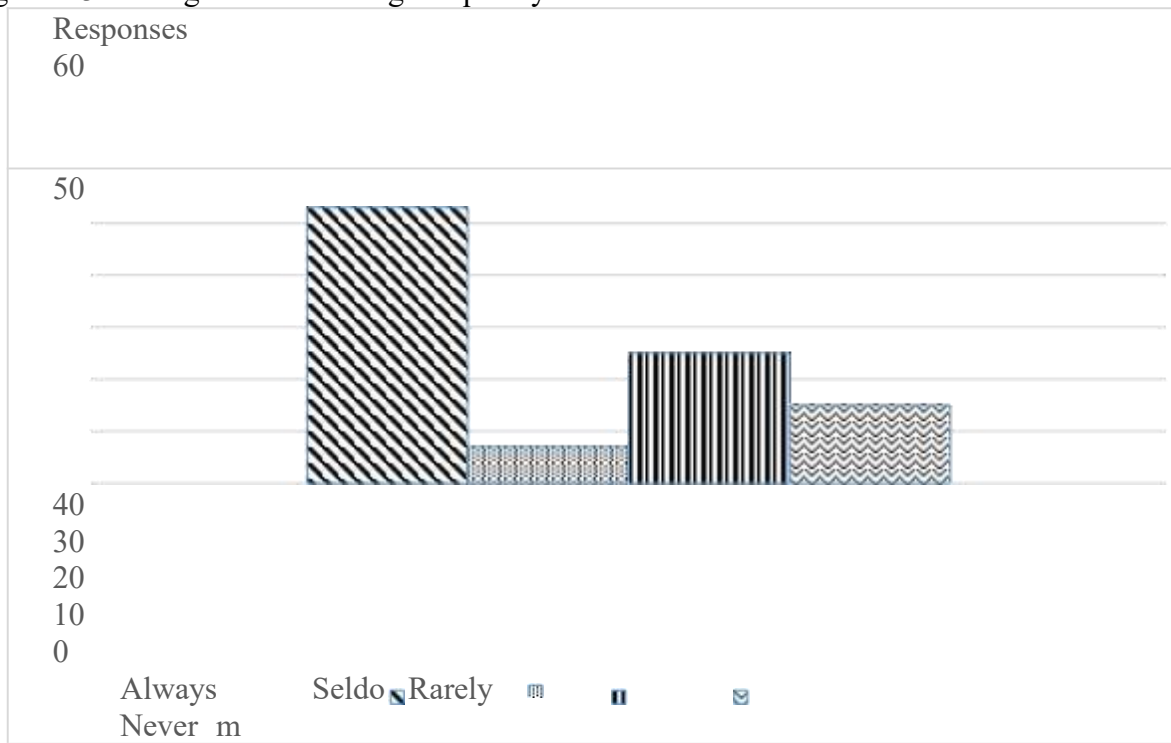


Figure 4.3: Histogram 1: Showing that 53 (53%) of the respondents always utilize the scheme, 7 (7%) never utilize the scheme, 25 (25%) of the respondents seldom utilize the scheme and 15 (15%) of the respondents rarely utilize the scheme.

Research Question Three: What are the factors that affect the attitudes and utilization of NHIS among Nurses in FUTH Owerri?

Table 4.4: Showing the factors that affects the attitude and utilization of NHIS among nurses in FUTHO

n = 100

| Option | SA | A | D | SD | MEAN | Interpretation |
|---|----|----|----|----|------|----------------|
| | 4 | 3 | 2 | 1 | | |
| Gender, location, distance to NHIS facilities | 50 | 35 | 10 | 5 | 3.30 | Positive |
| Accessibility to health care services | 60 | 20 | 15 | 5 | 3.35 | Positive |
| Long queues | 10 | 12 | 33 | 45 | 1.87 | Negative |
| Poor reception | 60 | 25 | 10 | 5 | 3.40 | Positive |
| Expensive drugs | 55 | 18 | 12 | 15 | 3.13 | Positive |
| Insufficient fund | 24 | 16 | 35 | 15 | 2.29 | Negative |
| Unclean environment | 44 | 26 | 10 | 20 | 2.86 | Positive |
| GrandMean Score | | | | | 2.92 | Positive |

Decision rule: mean ≥ 2.5 = positive attitude, < 2.5 = Negative attitude.

Table 4.4 above shows that generally speaking, the participants had positive attitude that affects the attitude and utilization of NHIS among nurses in FUTH Owerri. (Grand mean 2.92, critical value = 2.5)

Discussion of Findings

In relation to the demographic data, it revealed that majority of the respondents were within the age range of 31-35 years, were also married and were female. Again, that they had BNs (Bachelor's degree in Nursing certificate) and were Christians.

Research Objective 1: Assess the attitude of nurses at Federal University Teaching Hospital, Owerri towards National Health Insurance Scheme.

Using a total population of 350 health workers, descriptive design was used for the study. The study reviewed those attitudes and utilization of NHIS among workers was not encouraging. A Study carried out by Olugbenga, B., Adebimpe, W. (2023) on the attitude of NHIS among civil servant in Ondo State. Using the quota sampling design and a sample size of 500 and the data was collected through the use of questionnaire. The findings revealed that majority of the respondent had negative attitude towards NHIS as they opined that it should be discontinued most of them had a non-chalant attitude to do it.

Research Objective 2: Determine the utilization of NHIS among Nurses at Federal University Teaching Hospital, Owerri.

Using a Histogram, 53(53%) agreed that they are always utilizing the scheme, 25(25%), Never utilize the scheme, 15 (15%) of the respondents seldom utilize the scheme 7(7%) Rarely utilize the scheme.

This is in line with the study carried out by Sanusi (.2020), examined the Level of utilization on NHIS in Oyo State, Nigeria, this result showed that 87.2 percent were registered under the programme and 83.2 percent were registered under the programme and the people who enjoys this program were 58.9 percent.

Research Objective 3: Identify Factors that affect the attitude and utilization of National Health Insurance Scheme among Nurses at Federal University Teaching Hospital, Owerri.

The study showed that gender with mean value of 3.3 was identified as one of the factors affecting the attitude and utilization of NHIS, location/distance to NHIS facilities with mean value of 3.1 was identified as one of the factors affecting attitude and utilization of expensive drug with mean value of 3.1 are also factor affecting the attitude and utilization of NHIS in NAUTH Nnewi. This finding was in line with the study carried out by Nura (2023), on the factors affecting the attitude and utilization of NHIS in Oyo, using the quota sampling design and a sample size of 500 and the data was collected through the use of questionnaire. The findings reviewed that revealed that 69 percent of the respondents agreed that residence has been an important factor in the utilization of the service, while 31 percent disagreed. Nura further noted that distance from the health care service centre, education of the participants, as well as their age are the strongest determinant of service utilization among participant in developing countries.

Implication to Nursing Education and Practice

The findings of the study revealed that Nurses of NAUTH, Anambra State have poor attitude towards National Health Insurance Scheme .and also utilizes it. Nurse should be in front of enlightening other civil servant and workers about National Health Insurance .in order to avoid wrong perception and unhealthy population especially on private sectors because they are also human beings and at the same time workers. Government should ensure that National Health Insurance Scheme services are accessible and available to the entire workers both private and government firms at their door step and avoid the risk of fraud and non-active participation on it. These findings will provide extra knowledge for nurses on the individual and group insurance scheme.

Limitation of the Study

The following are the limitation of this study

Inadequate data banks and most of the available ones are poorly managed.

Attitude of some respondents, human secrecy and complexity leading to unwillingness to supply required information. Inconsistent power supply for typing collected data and for effective analysis.

Political Instability, leading to distortion of programmes in the school and the state as a whole

Summary

The study was carried out to assess the attitude and utilization of National Health Insurance Scheme among nurses in FUTH Owerri, Imo State. The scheme is designed to provide a minimum economic security for the workers and provides basic healthcare for workers as a right and at affordable cost. Also, it enhances job satisfaction of the subscribers and protects the interest and meet the needs of its members. Relevant literature was reviewed in relation to the topic studied using subheading with the population limited to the Nurses, Midwives in FUTH, Owerri, Imo State. From the analysis, it was observed that the majority of the study showed increase on prevalence to the use of the of the programme, despite the increase on the participation of National Health Insurance Scheme, there is still poor attitude and utilization of National Health Insurance Scheme among nurse and midwives in NAUTH.

Conclusion

In the light of the above findings and discussion, the following conclusion were drawn, that National Health Insurance Scheme enhances job satisfaction of the subscribers, was designed to provide a minimum economic security for the workers, members are likely to be productive and have positive attitudes to work, provides basic health care for workers as a right and at affordable cost, and should be compulsory for all employees for their benefits. National Health Insurance Scheme protects the interest and meet the needs of its members, protects families from the financial hardship of huge medical bills ensure that every worker in Nigeria has access to good health care services, contributors are expected to reap the gains of quality health care services and guarantees that the provision of health services for persons on payments of tokens at

regular intervals were the benefits of nurses towards National Health Insurance Scheme. It ensures that group Insurance Individual Insurance, personal accident, public Liability, medical and long-term disability insurance were the types of National Health Insurance Scheme operated by nurses of FUTH Owerri, Imo State.

Recommendation

Based on the findings of this study, the researcher made the following recommendation.

The government should establish programmes on the awareness of the benefits of National Health Insurance.

Government should encourage all the participants to adhere to it so that there should be no discrimination among the participants and non-participants of National Health Insurance Scheme. Government should try to bring all the private sector workers to participate in National Health Insurance Scheme.

Suggestion for Further Studies

Considering the limitation and Recommendation of the study, the researcher suggests that, an extended study should be carried out on ways of improving the National Hospital Insurance Scheme. An extended study should be carried out on awareness of National Health Insurance Scheme. An extended study should be carried out on the effects of non-practice of National Health Insurance Scheme.

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