



Knowledge and Attitude of Civil Servants Working In University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme

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ABSTRACT

National Health Insurance Scheme (NHIS) is a system of healthcare financing introduced by the Federal Government of Nigeria to help reduce the risks and minimize the costs of healthcare. Since its inception, only the Formal Sector Social Health Insurance Programme (FSSHIP) has comprehensively taken off. This study investigated the knowledge and attitude of civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme Ibadan towards the national health insurance scheme. A sample size 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.

Keywords: *Knowledge, Attitude, Civil Servant, University College Hospital, National Health Insurance Scheme*

Introduction

In developing countries, the problem of health care financing has become a major issue with access to healthcare being severely limited in Nigeria (Otoyemi, 2008). According to Obembe (2009), healthy population and work force are indispensable tools for rapid socio-economic and sustainable development in the world. The sustainability and viability on a country depends on the vibrant healthcare of such nation (Olugnenga-Bello & Adebimpe, 2010). Despite this indispensable fact in Nigeria like most African countries, the provision of quality, accessible and affordable health care remains a serious problem. Africa has at many times been described as being inadequate, insufficient, inequitable and unsustainable. A performance indicator for the assessment of National health systems according to the World Health Report is the burden of paying for health care.

Edozien (2007) defined Health Insurance to be a system in which a prospective consumer of health care makes payment to a third party on the understanding that in the event of a failure illness this third party will pay for some or all of the expenses incurred. It is an arrangement in which contributions are made by or on behalf of individuals or group (Celestine, Achama, Isaac & Somtochukwu, 2018). Health insurance scheme is a health insurance that insures a national population for the cost of the healthcare and usually is instituted as a programme of healthcare reforms which may be administered by the public sector, private sector or a combination of both and it is enforced by the law (Wikipedia, 2018). By estimating the overall risk of health care and health system expenses among a targeted population, an insurer can develop a routine finance structure, such as monthly premium or payroll tax to ensure that money is available to pay for the health care benefits specified in the insurance agreement (Van Doorslae, 2009; Xu et al., 2008).

National health insurance scheme (NHIS) is health insurance that insures a national population for the cost of health. It is usually instituted as a program of healthcare reform and is enforced by law. It may be administered by the public sector, private sector or combination of both. Funding mechanism vary with the particular program and country. National or statutory health insurance does not equate government run or government financed healthcare, but is usually establish by national legislation (Wikipedia, 2015). In nearly every society, the standard of living is determined by access to basic services that fulfill basic human needs. Despite the resources constraint however, government is committed to improving health care delivery system in the country. The National Health Insurance Scheme is the part of effort of the government to combat the problem of inadequate health care system. The study will benefit those who are registered under NHIS considering that the National Health Insurance Scheme plays an important role of subsidizing patient healthcare. The research could also serve as feedback to the government on the Civil servant's reaction toward the scheme. This will serve as baseline for further recommendations to stakeholders in the scheme, and ultimately help in organizing and managing the scheme for better acceptability to the workforce

Broad objectives

The broad objective of this study is to assess the knowledge and attitude of civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.

The specific objectives

1. To determine the level of knowledge of Civil Servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.
2. To determine the attitude of the Civil Servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.
3. To determine the relationship between educational level of the Civil Servants in University College Hospital Ibadan, Oyo State and their knowledge towards National Health Insurance

Scheme.

4. To determine the relationship between grade level of the civil servants in University College Hospital Ibadan, Oyo State and their knowledge towards National Health Insurance Scheme.
5. To determine the relationship between educational level of the civil servants in University College Hospital Ibadan, Oyo State and their attitude towards National Health Insurance Scheme.
6. To determine the relationship between grade level of the civil servants in University College Hospital Ibadan, Oyo State and their attitude towards National Health Insurance Scheme.
7. To determine relationship between the knowledge and their attitude of the civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.

Research Question

1. What is the level of knowledge of Civil Servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.
2. What is the attitude of the Civil Servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.
3. What is determine the relationship between educational level of the Civil Servants in University College Hospital Ibadan, Oyo State and their knowledge towards National Health Insurance Scheme.
4. What is the relationship between grade level of the civil servants in University College Hospital Ibadan, Oyo State and their knowledge towards National Health Insurance Scheme.
5. What is the relationship between educational level of the civil servants in University College Hospital Ibadan, Oyo State and their attitude towards National Health Insurance Scheme.
6. What is the relationship between grade level of the civil servants in University College Hospital Ibadan, Oyo State and their attitude towards National Health Insurance Scheme.
7. What is relationship between the knowledge and their attitude of the civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.

Methodology

The study was carried out in University College Hospital located in Ibadan, Oyo State, Nigeria. Oyo State is one of the 36 states of Nigeria and is located in the South Western region of the country. University College Hospital, (UCH) Ibadan is a research, training, and health services-oriented tertiary institution in West Africa which was established by the act of parliament of November, 1952 and commissioned after completion on the 20th of November, 1957 in response to the need for the training of medical personnel and others healthcare professionals in the country and the West African sub-region. It is situated within the Ibadan North Local Government Area a of Oyo State in Nigeria. A descriptive cross-sectional design was adopted for this study to determine the level of knowledge and attitude of civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme. A multistage sampling technique was adopted and a self- designed 30 items semi-structured questionnaire was used as the tool of collection of data from the respondents. The questionnaire contained of close ended questions The questionnaire was divided into three sections. The sections namely: Section A: Socio-Demographic Data, Section B: Knowledge of Civil Servants towards National Health Insurance Scheme. Section C: Attitude of Civil Servants towards National Health Insurance Scheme. The data collected was analyzed using SPSS version 21. A descriptive study was used and

presented with table, percentage and frequency distribution. statistics were done using Anova. Interpretation of all the tables were explained stepwise in a simple language for easy understanding of the level of significant between the selected independent and dependent variables.

Results Analysis

Socio-demographic Characteristic of the Respondents

Table 4.1: Socio-demographic Characteristic of the Respondents

Variables	Frequency (119)	Percent (100)
Age		
21-30years	64	53.8
31-40years	46	38.7
41-50years	8	6.7
Sex		
Male	42	35.3
Female	77	64.7
Marital Status		
Single	38	31.9
Married	75	63.0
Divorce	3	2.5
Widowed	3	2.5
Religion		
Christianity	72	60.5
Islam	46	38.7
Traditional	1	0.8
Educational Qualification		
SSCE	6	5.0
ND	19	16.0
HND	45	39.0
BSC	40	33.0
Post graduate	7	5.9
No of children		
1-2	34	28.6
3-4	36	30.3
5 and above	2	1.7
None	39	32.8
Grade Level		
1-3	19	16.0
4-6	39	32.8
7-9	40	33.6
10-12	2	1.7
13-15	4	3.4
Ethnic Group		
Yoruba	111	92.4
Igbo	8	6.7
Family Status		
Monogamous	67	56.3

Polygamous	8	6.7
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Figure 4.1 shows the socio-demographic characteristics of the respondents. It was revealed that there were more respondents (53.8%) who fell between the age category of 21-30 years. Others (38.7% and 6.7%) fell between 41-50 years and 41-50 years respectively. The gender distribution showed that majority of the respondents (64%) were female. The study revealed that majority of the respondents (63%) were married. This is followed by respondents (31.9%) who were single. The dominant religion was Christianity (60.5). Other (38.7% and 0.8%) were Muslim and Traditional worshippers. There were more respondents (39.0%) who were holder of Higher National Diploma degree. Others (33.0%, 16%, 5.0% and 5.9%) who were holders of Bachelor, Ordinary National Diploma, Senior Secondary School holder and Postgraduate degree respectively. Many respondents (32.8%) had no children, some (30.3%) who had between 3-4 children while others (28.6%) had between 1-2 children. There were more respondents (33.6%) who were between salary grade level 7-9. Others (32.8% and 16.0%, 0.8%) were between grade levels 4-6, 1-3 and 16 respectively and. The dominant tribe was the Yorubas (92.4%). There were more respondents (56.3%) who were from monogamous family.

Research question 1: What is the level of knowledge of Civil Servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme?

Table 4.2: Knowledge of the respondents on NHIS

Variables	Frequency (119)	Percent (100)
Have u heard about NHIS?	119	100.0
Yes		
If yes where?		
School	17	14.3
Hospital	9	7.6
Media	23	19.3
Place of work	68	57.1
Others	2	1.7
Which of the following best describes NHIS?		
A health insurance scheme that is established to improve the health of all Nigerians at an affordable cost	102	85.7
An insurance scheme that is meant to reduce the payment of health care of government workers	13	10.9
An insurance scheme that is meant to reduce the payment of health care for private workers	3	2.5
A scheme employment of the youths	1	0.8
The prevailing factor that informed the formation of NHIS include the following except		
General poor state of health services	19	16.0
Reduction in funding of healthcare	39	32.8
Poverty among citizens	18	15.1
Provision of adequate care	16	13.4
I don't know	23	19.3
No Response	4	3.4

National health insurance scheme is a		
Federal government establishment	99	83.2
State government policy	5	4.2
Private company	3	2.5
NGO project	4	3.4
I don't know	8	6.7

Table 4.2 (cont'd): Knowledge of the respondents on NHIS

It is the responsibility of employers (both private and public)		
Pay the 10% of the basic salary as its contribution to employee care cost	68	57.1
Determine the type of treatment its employee should receive	16	13.4
Approve the healthcare facility the employee should access	7	5.9
Determine the prices of drugs presented for the employee	1	0.8
All of the above	21	17.6
I don't know	5	4.2
Which of these is not a benefit of NHIS to Nigerians?		
Employment opportunities for health professional	6	5.0
Civil servants will resort to traditional healthcare practice	101	84.9
Patient will have access to care at no or low cost	8	6.7
I don't know	3	2.5
What is the role of the HMOs in the scheme?		
Open accounts for HSPs	10	8.4
Receive remittance from NHIS council	14	11.8
Make payment to HSPs	14	11.8
Render reports to NHIS	5	4.2
All of the above	42	35.3
I don't know	28	23.5
How is the scheme funded?		
Workers' contributions only	4	3.4
Government's contributions only	12	10.1
Joint contributions by workers and government Capitation	98	82.4

Table 4.2 revealed that all the respondents (100%) had heard about NHIS. Majority of the respondents (57.1) heard about NHIS from the place of work. Other (19.3% and 14.3) source of information include Media and School respectively. Almost all the respondents mentioned that NHIS is a health insurance scheme that is established to improve the health of all Nigerians at an affordable cost. There were more respondents (32.8%) who mentioned that the prevailing factor that informed the formation of NHIS was.

Other (16.0%, 15.1% and 13.4%) factors mentioned were general poor state of health services, poverty among citizens and provision of adequate care respectively.

Majority of the respondents (83.2%) mentioned that NHIS is a federal government scheme. According to many respondents (57.1%), it is the responsibility of the both private and public employers to pay the 10% of the basic salary as contribution to employee care cost. Majority of the respondents (84.9%) mentioned that a benefit of NHIS to Nigerians is for civil servants to resort to traditional healthcare practice. Many respondents (35.3) mentioned that the role of the HMO are to open accounts for HSPs, receive remittance from NHIS council, make payments to HSPs and render reports to NHIS. The study revealed from the majority (82.4%) that the scheme is funded by joint contributions by workers and government.

Table 4.3: Knowledge Score of Respondents in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.

Variables	Frequency (119)	Percentage (100)
Knowledge		
Poor	42	35.3
Average	49	41.2
Good	28	23.5

Table 4.3 shows the knowledge score of the respondents. It was revealed that the knowledge of many respondents (41.2%) had average knowledge of NHIS. This is followed by some respondents (35.3%) with poor knowledge on NHIS and few (23.5%) who had good knowledge.

Research question 2: Does the educational level and grade level affect the knowledge of respondents in University College Hospital Ibadan, Oyo State, towards National Health Insurance Scheme.

Table 4.4: Relationship between Respondents Educational Qualification and Knowledge towards National Health Insurance Scheme.

ANOVA					
Knowledge on NHIS					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	21.001	4	5.250	6.175	.000
Within Groups	96.931	114	.850		
Total	117.933	118			

Table 4.4 shows the effect of level of education on knowledge of respondents. Here, it was shown that educational qualification affects the knowledge of respondents. There was a statistically significant difference between the groups as determined by one-way ANOVA ($F_{(4, 114)} = 6.175$ $p < 0.0001$).

Table 4.5: Relationship between respondents grade and their level of Knowledge towards National Health Insurance Scheme.

ANOVA					
Knowledge on NHIS					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	15.226	5	3.045	3.351	.007
Within Groups	102.706	113	.909		
Total	117.933	118			

Table 4.5 shows the effect of grade level on knowledge of respondents. Here, it was shown that grade level affects the knowledge of respondents. There was a statistically significant difference between the groups as determined by one-way ANOVA ($F_{(5, 113)} = 3.351$ $p = 0.007$).

Research Question 3: What are the attitudes of the civil servants in University College Hospital Ibadan, Oyo State towards National Health Insurance Scheme.

Table 4.6: Attitude of respondents towards NHIS

Variables	Frequency (119)	Percentage (100)
Are u enrolled with NHIS?		
Yes	89	74.8
No	30	25.2
If yes, which hospital did you register in?		
Primary healthcare	19	16.0
State hospital	44	37.0
Tertiary healthcare	25	21.0
For how long have you been enrolled with NHIS?		
0-5 years	47	39.5
6-10 years	17	14.3
11-15 years	22	18.5
16-20 years	3	2.5
Above 20years	3	2.5
No Response	27	22.7
I do not consider National Health Insurance Scheme (NHIS) as a programme that can improve the health of all Nigerians at an affordable cost.		
Strongly agree	14	11.8
Agree	16	13.4
Disagree	47	39.5
Strongly Disagree	42	35.3

I do not like the fact that it provides health benefit for the participant's (employees), spouse and four (4) biological children below the age of 18 years alone. Thus, it is a discrimination against polygamy and an attempt to control birth.		
Strongly Agree	18	15.1
Agree	31	26.1
Disagree	48	40.3
Strongly Disagree	22	18.5
I like to participate in NHIS since it gives every Nigerian access to good health care services		
Strongly Agree	59	49.6
Agree	53	44.5
Disagree	6	5.0
NHIS covers certain prescribed drugs and diagnostic tests as contained in the lists of the scheme, so I don't believe much health care benefit could be enjoyed under the programme.		
Strongly Agree	9	7.6
Agree	45	37.8
Disagree	48	40.3
Strongly Disagree	17	14.3
I do not like the exclusion of epidemics and injuries resulting from natural disasters from the benefit package of NHIS, as it may be difficult for the scheme to record any meaningful success.		
Strongly Agree	14	11.8
Agree	60	50.4
Disagree	35	29.4
Strongly Disagree	3	2.5
Due to Inadequate publicity and lack of correct information about the scheme, I always have doubt concerning the success of the programme.		
Strongly Agree	15	12.6
Agree	26	21.8
Disagree	62	52.1
Strongly Disagree	12	10.1
NHIS helps maintain high standard of healthcare delivery.		
Strongly agree	54	45.4
Agree	53	44.5
Disagree	10	8.4

I do not support the idea of the fact that only four children can be registered as primary dependants under NHIS?

Strongly agree	21	17.6
Agree	31	26.1
Disagree	50	42.0
Strongly disagree	17	14.3

Table 4.3 shows the attitude of the respondents towards NHIS. It was revealed that majority of the respondents (74.8%) were enrolled with NHIS. There were more respondents (37.0%) who were registered with state hospital. Others (16.0% and 21.0%) were registered with primary healthcare and tertiary healthcare respectively. Many respondents (39.5%) registration with NHIS was less than 5years. Other (14.3% and 18.5%) respondents' registration was between 6-10years and 11-15years respectively.

More respondents (39.5%) disagreed with the statement that they do not consider National Health Insurance Scheme (NHIS) as a programme that can improve the health of all Nigerians at an affordable cost. Also, there were more respondents (40.3%) who did not agree that NHIS is a discrimination against polygamy and birth control attempt. Many respondents (49.6%) strongly agreed that they liked to participate in NHIS claiming that it gives every Nigerian access to good health care services. More respondents (39.5%) disagreed that with the statement that claimed that they regard the contribution on behalf of a participant (employee)/ contribution from the employee's salary as a way of enriching the pocket of some Nigerians who are handling the scheme.

Many respondents (40.3%) disagreed with the statement that they do not believe much health care benefit could be enjoyed under NHIS since it covers certain drugs and diagnostic tests. This is closely followed by some respondents (37.8%) who agreed with the statement. Many respondents (50.4%) agreed with the statement that they do not like the exclusion of epidemic and injuries resulting from natural disaster from the benefits of NHIS and that it may be difficult for the scheme to make any meaningful success. The study revealed that there were more respondents (52.1%) who disagreed with the statement that they always have doubt concerning the success of the programme. Majority of the respondents (45.4% and 44.5%) strongly agreed and agreed respectively that NHIS helps maintain high standard of healthcare. There were more respondents (42.0%) who disagreed with the statement that they do not support the idea of registering just four children as primary dependants under NHIS.

Table 4.7 Attitude Score of respondents towards National Health Insurance Scheme.

	Frequency (119)	Percent (100)
Attitude		
Poor	76	63.9
Good	43	36.1

Table 4. shows the attitude of the respondents towards NHIS. It was revealed that majority of the respondents (63.9%) had poor attitude towards NHIS while few (36.1%) had good knowledge.

Research Question 4: Does the educational level and grade level affect the attitude of Civil Servants in Oyo state secretariat Ibadan towards NHIS?

Table 4.8: Relationship between respondents’ educational qualification and their Attitude towards National Health Insurance Scheme.

ANOVA					
Attitude					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	99.754	4	24.938	1.340	.260
Within Groups	2122.246	114	18.616		
Total	2222.000	118			

Table 4.8 shows the effect of level of education on attitude of respondents. Here, it was shown that educational level has no effect on the attitudes of respondents. There was no statistically significant difference between the groups as determined by one-way ANOVA ($F_{(4, 114)} = 1.340$ $p=0.260$).

Table 4.9: Relationship between the respondents grade Level and their attitude towards National Health Insurance Scheme.

ANOVA					
Attitude					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	230.147	5	46.029	2.611	.028
Within Groups	1991.853	113	17.627		
Total	2222.000	118			

Table 4.9 shows the effect of grade level on attitude of respondents. Here, it was shown that grade level has effect on the attitudes of respondents. There was a statistically significant difference between the groups as determined by one-way ANOVA ($F_{(5, 113)} = 12.611$ $p = 0.028$).

Research Question 5: What is the relationship between the knowledge of Civil Servants in Oyo state secretariat Ibadan and their attitude towards NHIS?

Table 4.10 Association between Respondents’ Knowledge and their Attitude towards National Health Insurance Scheme.

Correlations			
		Attitude	Knowledge
Attitude	Pearson Correlation	1	.217*
	Sig. (2-tailed)		.018
	N	119	119
Knowledge	Pearson Correlation	.217*	1
	Sig. (2-tailed)	.018	
	N	119	119

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.10 shows the relationship between the knowledge and attitude of respondents NHIS. It was observed that knowledge of respondents on the NHIS and their attitude on NHIS has a statistically

significant linear relationship ($p = 0.018$). The direction of the relationship is positive. This means that the attitude of the respondents become better with increased knowledge.

Discussion of findings

A total number of one hundred and twenty (120) questionnaires were administered and one hundred and twenty were retrieved. Findings from the study revealed that majority of the respondents fell within the age category 21-30years. Female gender participation in the research was very high. There were more respondents who were married and this could be because major participants in the study were female who often get married earlier compared to men. The prominent religion was Christianity. There were more respondents who were holders of HND and BSc certificate and this could be because the study area was a state ministry who often employ candidates with degree certificate. It was found that more respondents had no children even though majority claimed to be married. It was revealed that there were more respondents on grade level 7-9 which could be attributed to the fact that there were more degree certificate holders who are normal place on a starting grade level 7 or 8. The study revealed that there were more respondents from the Yoruba ethnic group and this could be because the study was carried out in the Southwest geopolitical zone of Nigeria which is densely dominated by people from the Yoruba ethnic group.

The study revealed a high awareness of NHIS which is in line with a study conducted by Geoffrey Setswe et al. in 2015 shows that majority of the respondents (80.3%) has high awareness of NHIS. The study revealed that media and hospital has not been an effective information dissemination mode as the research found them to be the lowest media source of information in line with a study conducted by Olugbenga and Adebimpe in 2010 where only 40% were aware of NHIS through television. Majority of the respondents were able to understand the government's motive in establishing the NHIS scheme. The study revealed that employers pay the 10% of the basic salary as its contribution to employee care cost. It was found that NHIS scheme is funded through joint contributions by workers and government Capitation.

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 ($r = .217$, $n = 120$, $p = 0.018$).

SUMMARY, RECOMMENDATIONS AND CONCLUSION

Conclusion

The study shows that majority of the respondents had a poor attitude towards NHIS and the majority of the respondents had average knowledge about NHIS as such there is a need for more sensitization on NHIS.

Recommendations

The following recommendations were suggested for further studies:

- I. Government and management should gear up the awareness campaign on NHIS operations. The print media, television and radio stations should be mobilized to air NHIS programs in our institutions.
- II. There should be the provision of sophisticated medical equipment and materials to enhance health care delivery through the NHIS program in hospitals.
- III. Adequate well-trained personnel should be employed to man the NHIS clinic in the hospital. In-service training should be organized to boost the knowledge of the existing staffs in the clinic.
- IV. More funds should be allocated to NHIS in particular and the health sector in general to enhance the quality of healthcare services provided in hospitals.
- V. Government should delegate agencies to monitor the activities of NHIS to ensure free the flow of funds to necessary areas.

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