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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7280
Title of the Manuscript:	USERS' SATISFACTION WITH THE NATIONAL HEALTH INSURANCE AMONG THE FEDERAL SECRETARIAT STAFF IN SOUTH WESTERN NIGERIA
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments		
<u>General</u> comments	GENERAL AND SPECIFIC COMMENTS: 1. The title of the research is too broad and lacks specific focus on domains of satisfaction evaluated? The authors should have been specific and SMART in their objectives. 2. The manuscript is overwhelmed with the use of personal pronouns and uncertain words such as 'most' 'more than halve, etc. 3. The characteristics of the enrollees in this study are inappropriate for collective study as a homogenous group for end user satisfaction studies. For example i. On the basis of the type of health facility the authors had 69 enrollees for public health facilities and 264 enrollees for private health facilities. This largely disproportionate distribution of enrollees and their high heterogeneity led to the pre-hoc and post-hoc effects in the result section of the study. Public health facilities in Nigeria unlike their private counterparts are highly departmentalized with inherent bureaucratic disposition and organization.	1. The title of the research has been re-cast to focus on the area of study; it now reads as: Users' satisfaction with services provided under National Health Insurance Scheme in South Western Nigeria. 2. This concern has been addressed as the terms have been deleted or modified as necessary. 3. The heterogeneity of the study participants, in terms of the disproportionate distribution in type of health facilities and type of health care provider patronized, was inevitable in the study setting for the following reasons: • Despite its 8 years of operation, NHIS in Nigeria is at its infancy and still undergoing a pilot-testing largely among staff of the federal public service only. • As of date, the known designated and common NHIS health facilities and health care providers are federal public health institutions and private health facilities. While the former are just two in number in the study setting, the latter category are many.



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	ii. The type of Health Care Provider in the NHIS is also a source of worry. The services provided by primary care providers are different from that provided by secondary and tertiary care providers. Satisfaction studies should have a focus on specific type of provider except for comparative study. The homogeneity of the characteristic will make it easy for analytic description and inferences. iii. The type of medical specialty is also an important level of analysis for satisfaction studies. This is because the processes and outcome of care may vary with the medical specialties such as surgical care, paediatric care, emergency department care, antenatal care etc. An enrollee may be satisfied with one specialty and dissatisfied with others etc. iv. The drivers of satisfaction are not specific thus: a. In satisfaction with patient waiting time, this should be evaluated bearing in mind the service windows of the hospital such as waiting time at doctors section, pharmacy section, medical record section etc.[Table 3] b. More so satisfaction with NHIS drug services (Table 1) is ambiguous and inappropriate. Were the enrollees satisfied with the quality of medications or costs of medication or availability of drugs or attitude of the pharmacists etc. c. Furthermore on satisfaction with Health Care Provider services are ambiguous (Table 2). It is not clear the type of HCP services the authors evaluated. Was it doctors' services or laboratory services or medical record services	• The bureaucratic disposition and organization of public health facilities, especially the federal (tertiary) type, discourages patronage and tends to drive clients towards private health facilities where services are perceived to be available promptly and with less cumbersomeness. • The currently prescribed health services under NHIS are mainly preventive with minimal curative services such as treatment of minor health problems. Clients requiring specialized services make out-of-pocket payment for the services. • In view of the above (bullets 2,3,4), (i) disproportionate distribution of enrollees in public and private facilities was expected (ii) participation of public primary and secondary healthcare providers in NHIS is minimal or none in the study setting (iii) receiving treatment services in medical specialties is out of scope under NHIS. The above concerns have been documented as limitations of the study (lines 404-416). iv. Definitions of drivers of satisfaction measured in this study have been provided in methodology section (lines 70 – 74). a. In this study, waiting time was defined as the length of time spent between arrival in and exit from a NHIS clinic (line 70-71).
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	etc? d. In addition, Satisfaction with staff attitude is not specific.[Table 4] Which staff attitude Doctors attitude? Nurses attitude? Pharmacist's attitude? Etc. An enrollee may be satisfied with doctor's attitude and dissatisfied with nurse's attitude etc? <u>NB-All the above should have guided the authors through the textual or content of this manuscript and should be main thrust of this study in methods, results, discussion, conclusion and recommendation.</u> 4. On the selection criterion/criteria for the enrollees. The criterion of the enrollee being at least one year with the NHIS is not valid and reliably insufficient to focus this study on end users satisfaction thus: i. How many visits must the enrollee have made any of the facility to qualify them for inclusive recruitment? This is because enrollee that has one medical visit might not have the same satisfaction characteristics with those that have 10 or more visits. ii. More so, the period/time interval should be operationalized e.g. over past one month, 2 months etc. This is because enrollees that visited for one week might not have the same health facility satisfaction compared with those who visited for 12 months. iii. Furthermore, what services or service windows of care must the enrollee have accessed to qualify for inclusive recruitment? Was it a general outpatient service? Primary care services? Secondary care	b. Satisfaction with NHIS drug services was assessed by availability of prescribed drugs or otherwise (lines 73 – 74). c. Clients' experiences on healthcare provider services were assessed by how well the health staff performed tasks as perceived by clients. A composite score was obtained for each participant (lines 73). d. Clients' experiences on staff attitude were assessed through interactions of a client with all healthcare providers with whom the client reportedly had a contact during a visit. A composite score was obtained for each participant (lines 71 – 72). 4. The authors are of the opinion that the criterion of the enrollee being at least one year with the NHIS might be valid; this is a sufficient length of time for any enrollee to form an opinion about it. But of course, this is not sufficient as a stand-alone criterion. i. There is no doubt that number of visits could influence satisfaction characteristics in this type of survey, but this was not in consideration for this study. ii. The clients' experiences reported were actually related to a NHIS facility visit in the last three months preceding the survey. This has been included as a criterion (lines 53-54, 74-75). iii. Targeting clients based on service windows of care does not apply in the study setting. As observed in 3 (bullets 2 & 4) above, the currently prescribed health services under NHIS are very
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	services? In-patient services? or emergency care services? An enrollee may be satisfied with one service and dissatisfied with the others. <u>NB- The above selection criteria would have given the enrollees the opportunity to be specific with the services accessed and/or passed through most relevant service windows of the hospital designed apriori for satisfaction studies. These enrollees were likely in a better position to evaluate end users satisfaction with NHIS. An enrollee who didn't access the laboratory services cannot be inclusively recruited for end user satisfaction involving hospital laboratory services</u> 5. Sample size determination was not stated. The adequacy of sample size of 380 medical visits may not be adjudged adequate if the issue of sample size is not inclusively detailed out. The representativeness is equivocal. Hence the power of the study is ambiguous and comparisons with other studies cannot be statistically done with confidence. Internal and external generalization should be done with caution. 6. The sampling method used is not stated 7. On questionnaire tool: i. The source of the questionnaire on satisfaction study was not stated. Was the questionnaire formulated by the authors? Structured? Unstructured? Or semi-structured? ii. Was the questionnaire adapted from a source? and used directly? or modified? iii. How did the authors validate the questionnaire? If the source is known? Any cross validation for applicability? iii. How was the pretesting of the questionnaire done for	limited in scope and complexity. Services are mainly preventive (antenatal care, immunization, eye test) with minimal curative services such as treatment and diagnosis of minor health problems (malaria, diarrhoea). These services are provided by General Practitioners in private and federal health facilities under NHIS. Chronic and surgical procedures are not inclusive. Clients requiring specialized care and diagnostic services make out-of-pocket payment. 5. Sample size estimation has been inserted in methodology section as follows: A sample size of 376 was derived from Leslie–Kish formula ($n = Z_{\alpha}^2 pq/d^2$) for descriptive studies and using 42.5% as the proportion of enrollees in a federal teaching hospital, who were satisfied with NHIS in a previous survey (lines 55 – 56). 6. In view of the closeness of the estimated sample size (376) to the number of study participants who met eligibility criteria (417), all the 417 eligible staff were recruited (line 57). 7. The survey questionnaire was adapted from the SERVQUAL questionnaire (referenced on line 61) and modified to address other objectives of the study. Additional information on the questionnaire and measures used to validate it have been provided from lines 60– 66.
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	<i>internal or external consistency or both?</i> 8. Operational definition of satisfaction and dissatisfaction are ambiguous.[page 3, 82-88] Was it based on mean satisfaction score or Likert scale satisfaction rating? Was the mean satisfaction score for mean of individual scores for specific domain or mean of all the scores? 9. Operational definition of key concepts of the satisfaction study were not provided 10. The textual content of the results were rhetorically and their tabular contents globally ambiguous. 11. There is no evidence (tabular or textual) of binary logistic regression for interaction between dependent and independent variables. Hence the statement of significance that included the Odd ratio in the abstract section is inappropriate. More so, the data analyses plan the inclusively stated binary logistic regression is inappropriate. 12. Pattern of reporting of p-value is inappropriate. The actual p-value should be stated except in exceptional values depending on the journal specification? The use of 0 before the decimal for p-value is inappropriate. 13. The ethical issue is ambiguous. Was the consent verbal(see page 3, line 77) or written(see page 14, line 423) or both 14. Discussion is inappropriate due to the thematic, methodological and resultant errors.	8. Operational definitions of 'satisfied' and dissatisfied' groups of study participants have been clearly provided under data analysis section (lines 80 – 83). Categorization was based on mean satisfaction score. 9. Operational definitions of key concepts of the satisfaction studied have been inserted in methodology section in lines 70 – 74. 10. Results section has been revised to summarize important findings of the study. Table titles have been revised to be more specific. 11. Results of binary and multiple logistic regressions for interaction between dependent and independent variables have been inserted in tables 2, 3 and 4 as appropriate and reported in appropriate sections. 12. The journal's specification of reporting P values have been carefully adhered to both in tabular and textual content. 13. Consent was obtained verbally (lines 66-67). 14,15&16. Taking into consideration many of the Reviewer's comments above, discussion section has been revised to include new discussion of findings, study implications and limitations (highlighted in red fonts).
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	15. Study implications were not discussed 16. Study limitations were not stated 17. Referencing style is inconsistent. There is no reference 18 <u>FINAL COMMENTS</u> <u>The materials and methods section is overwhelmed with serious scientific, intellectual and technical flaws. These flaws threatened the acceptability, validity and reliability of this manuscript. Operational definition of satisfaction is ambiguous. Important satisfaction concepts were not operationalized and results were not appropriate. Discussion is inappropriate and thematic weaknesses are overwhelming.</u>	18. Referencing style has been reviewed and now consistent. These concerns have been addressed in appropriate sections of the manuscript while explanations were provided for some concerns identified as flaws. Additional information was provided on operational definitions and concepts of satisfaction used in this study. Additional results have been inserted in tables 2, 3 & 4, reported in result section and discussed in appropriate section. Discussion was revised in line with the major concerns and limitations of the study are discussed.
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