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AN ANALYSIS OF HEALTHCARE PROVIDER ATTITUDE ON ENROLLEE SATISFACTION IN SELECTED HEALTHCARE FACILITIES OF KADUNA STATE

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Abstract

This study analysed the effect of healthcare provider attitude on enrollee satisfaction in selected healthcare facilities of Kaduna State. Improving the health indices of citizens have been a major issue of concern in Kaduna state and the country at large. Kaduna state contributory health scheme aims at achieving universal health coverage in the State. Objective of the study was to determine the extent to which health care provider attitude affect enrollee satisfaction in selected health care facilities in Kaduna State. The study adopted expectation confirmation theory, which helped in explaining the effect of healthcare provider attitude on enrollee satisfaction. The study adopted primary methods in generating data for the study. The primary data were sourced through questionnaire, and interview. The study also adopted frequency, simple percentages and regression statistical tool for test of hypothesis. The findings of the study revealed that healthcare provider attitude have positive and significant effect on enrollee satisfaction in selected healthcare facilities of Kaduna state. In line with the findings of the study, the study recommends that management of healthcare facilities in collaboration with

KADCHMA should organize training session quarterly to healthcare providers (including all staff of accredited healthcare facilities, medical or non-medical) focusing on active listening, interpersonal skills, realistic communication and patient engagement.

***Keywords**: Healthcare, Provider, Attitude, Enrollee, Satisfaction*

1. Background to the Study

High cost of healthcare has been a challenge to most individuals in the world. The consequences are health related impoverishments and low quality of life amongst others. Social Health Insurance (SHI) is perceived as assisting to address some of the highlighted consequences. Germany is widely regarded as the first country to have introduced a national system of social and health insurance in 1883 during the chancellorship of Otto von Bismarck and was expanded over the following century to the areas of occupational accidents and disease in 1884, old age and disability in 1889, unemployment in 1927 and long-term in 1994. Bismarck's health insurance (BHI) was the first move toward democratized access to health care. Subsequently, it acted as a blueprint for Germany's current health system and served as a model for many social insurance systems across the world (Busse and Blumel, 2014). Many African countries, including Nigeria, decided to implement the Social Health Insurance to complement funding for the health sector, with a view to improve equity in health (NHIS Handbook, 2023).

Achieving Universal Health Coverage (UHC) a global goal to ensure that all communities and individuals worldwide have access to essential health services without suffering financial hardship, includes avoiding out-of-pocket payments that reduce the affordability of health services (Preker et al., 2013; Giedion et al., 2013). Governments worldwide are implementing various healthcare financing mechanisms to ensure that all individuals and communities can access quality healthcare services they need without suffering financial hardship. One of such mechanisms is Social Health Insurance (SHI), a system that pools funds from individuals and employers to provide equitable healthcare coverage. In Nigeria, SHI has the potential to significantly contribute to the realization of UHC. However, most of the population are in the informal sector while a fewer number of people are in the formal sector which hinders the suitability and sustainability of such an approach (Chemouni, 2018).

Though the National Health Insurance Scheme in Nigeria has been operational for several years, with minimal coverage of mostly Federal Government workers, which leaves many

citizens uninsured. Several states have established and are implementing State Health Insurance Schemes to bridge the coverage gap and improve the health indices of their populace.

The satisfaction of beneficiaries of social health insurance is one of the major indices of quality health care services outcome and it is gaining importance globally as one of the main tools for the assessment of quality of healthcare delivery and as a means of measuring the effectiveness of health services. Enrollee satisfaction is the patient's judgment on the quality and outcome of care services. It is the extent to which patients feel that their needs and expectations are being met by the service provider. Evaluation of enrollee satisfaction is of great significance in assessing the quality of care and healthcare services outcome as indices assessed from the patient's perspective are recognized as valid and acceptable indicators of quality of care.

1.2 Statement of the Research Problem

Social health insurance is meant to improve health conditions of citizens. Kaduna state government created the 'State Health Insurance Scheme' to improve the health indices of its populace. The 'Scheme' was launched in 2018, after the Health Account Survey by the State Ministry of Health (SMOH) in collaboration with Health Strategy Delivery Foundation (HSDF) in 2016 which revealed high cost of health care (Chukwuemeka et al., 2016). The Scheme aims at achieving universal health coverage in the State.

In order to achieve the objectives of the Scheme, Kaduna state government prioritized healthcare revitalization as one of its agenda. It involves the upgrading of healthcare facilities, a plan to ensure that all electoral wards have at least two primary healthcare centers (PHCs), and equipping three general hospitals, one in each senatorial district. Kaduna State Government also commenced the renovation of 255 health centers in 2016, and by 2019, a total of 191 PHCs have been completed to boost healthcare service delivery (Abdussalam et al., 2024).

In 2023, the State government announced plan to further rehabilitate 200 health centers across the 23 Local Government Areas as part of the government's determination to enhance access to affordable and efficient healthcare services at the rural and urban areas. Since the introduction of KSCHS in 2018, there has been an increase in utilization of health services as 949,132 enrollees of the Kaduna State Contributory Health Insurance Scheme accessed health services between 2020 and first quarter of 2023. Out of the 949,132 enrollees, 68,013 accessed health services under the scheme in 2020; 379,450 in 2022, while 404,835 accessed the services in 2022. In the first quarter of 2023, a total of 96,834 enrollees accessed the scheme and by

January 2024, the total number of enrollees under the scheme stood at 688,950 (KADCHMA, 2023).

Despite the State government's effort to ensure that all residents of the state have access to healthcare at a reasonable cost and to achieve universal health coverage (UHC), poor referral systems in contributory health scheme, excessive distance to facilities, episodic coverage, delays in processing authorization codes, poor attitude/unprofessional conduct by healthcare providers, have been noted as challenges facing health insurance scheme (Mosadeghrad, 2012; Abba-Aji, et al., 2021; & Adeniran, et al.,2022). According to a report by HumAngle (2023), enrollees under the Kaduna State contributory health management authority complained of been dissatisfied with the services rendered by healthcare providers. The report revealed that enrollees were provided with cheap drugs, unavailability of prescribed drugs, and delays in seeking medical care as reasons for the enrollees's dissatisfaction with services rendered by healthcare providers. It is against these background that this study set out to assess the effect of healthcare provider attitude on enrollee satisfaction in selected healthcare facilities of Kaduna State.

1.3 Research Question

How has healthcare provider attitude of accredited health facilities affected enrollee satisfaction in selected healthcare facilities of Kaduna State?

1.4 Research Objective

The objective of the study is to;

Examine how healthcare provider attitude affects enrollee satisfaction in selected healthcare facilities of Kaduna State.

1.5 Hypothesis of the Study

Ho: Healthcare provider attitude of accredited facilities has no significant effect on enrollee satisfaction in Kaduna State.

2.1 Literature Review

Conceptual literature on enrollee satisfaction, healthcare provider attitude and related empirical studies were reviewed in this study.

2.2.1 Concept of Enrollee Satisfaction

The concept of enrollee satisfaction is multifaceted; hence, there has not been a uniform definition for this construct. Farley et al., (2013) referred to enrollee satisfaction as emotions,

feelings and their perception of delivered healthcare services. Al-Abri and Al-Balushi (2014) explained enrollee satisfaction as a degree of congruency between patient expectations of ideal care and their perceptions of real care received. From their view, enrollee satisfaction is a critical indicator of quality and efficient healthcare services.

Enrollee satisfaction is defined as the extent to which patients perceive their healthcare experiences meet their expectations regarding quality, accessibility, and interpersonal relationships (Alharbi et al., 2023). This definition emphasizes the subjective nature of satisfaction, highlighting that it is influenced not only by the actual quality of care received but also by patients' expectations and perceptions of their interactions with healthcare providers. Factors such as wait times, communication, and emotional support play critical roles in shaping these perceptions.

Enrollee satisfaction is characterized as the outcome of patients' assessments of their healthcare services, which significantly impacts their loyalty to providers and adherence to treatment plans (Zarifis et al., 2023). This definition focuses on the consequences of patient satisfaction, linking it to patient loyalty and treatment adherence. High levels of satisfaction can lead to greater trust in healthcare providers, resulting in better health outcomes as patients are more likely to follow medical advice and engage actively with their health care.

2.2.2 Concept of Healthcare Provider Attitude

Healthcare provider behaviour and attitudes strongly influence the quality of healthcare service delivery. According to Manyisa and Elsie (2017), factors such as skills, knowledge, temperament, and so on heavily influence how healthcare personnel dispense care to consumers. In order to accommodate patients' needs and preferences. Healthcare practitioners need to be endowed with interpersonal qualities such as tolerance, technical know-how, sensitivity and confidentiality, empathy, and reliability.

Manimay (2014) proposed that giving powerful training to service providers (including all staff of the hospital, medical or non-medical) on interpersonal skills and realistic communication stimulates enrollee satisfaction. In hospitals, the enhancement of service quality is compulsory for achieving a trustworthy profile for patients.

2.3 Empirical Literature

Bowers, and Wysocki. (2023) in their study assessed the influence of healthcare provider attitudes, including empathy and communication skills, on patient satisfaction across various healthcare settings. The research design systematically reviewed of studies published between

2015 and 2022 and data collection was on literature review of empirical studies focusing on provider attitudes and patient satisfaction and meta-analysis to aggregate and synthesize findings from different studies was conducted. Findings from the study revealed positive provider attitudes, such as empathy, respect, and effective communication, are consistently associated with higher patient satisfaction. It was also established that the quality of interactions between providers and patients significantly impacts patient perceptions and overall satisfaction. In line with the findings, the study recommended that training programs for healthcare providers should emphasize the development of empathetic communication and interpersonal skills. The study also recommended that healthcare organizations should foster a culture that supports positive provider-patient interactions.

Lee et al., (2023) investigated how various provider attitudes, including attentiveness and communication style, affect patient satisfaction in primary care settings. The research design was an observational study. Data Collection was on direct observations of provider-patient interactions and patient satisfaction surveys. Analysis was conducted to correlate provider attitudes with patient satisfaction scores. Findings from the study revealed that attentive and communicative provider behaviors were strongly associated with higher patient satisfaction. The study also revealed negative attitudes, such as perceived indifference or lack of engagement, led to lower satisfaction levels. In line with the findings of the study, it recommended that there should be enhanced training for primary care providers focusing on active listening and patient engagement. The study also recommended that there should be implementation of regular feedback mechanisms to address provider behaviors impacting patient satisfaction.

Patel et al., (2023) in their study titled ‘The Role of Provider Empathy in Patient Satisfaction: Evidence from a Multicenter Study’ examined the role of provider empathy in patient satisfaction across multiple healthcare centers, exploring how empathetic behaviors influence patient experiences. The research design was a multicenter cross-sectional study. Data collection was on patient surveys on empathy and satisfaction, along with provider self-reports. Analysis in the study was comparative in nature on empathy scores and patient satisfaction data across centers. Findings from the study revealed higher levels of perceived empathy from providers were associated with increased patient satisfaction. The study also revealed that empathy was a critical factor in patient satisfaction, especially in settings with high patient interaction. In line with the findings of the study, it recommended that there should be integration on empathy training into provider education and professional development

programs. The study also recommended that practices that foster empathetic interactions between providers and patients should be encouraged.

Thompson et al., (2023) in a study titled 'Healthcare Provider Attitudes and Patient Satisfaction in Oncology: A Qualitative Study' explored how attitudes of healthcare providers impact patient satisfaction specifically in oncology settings, focusing on the emotional and psychological aspects of care. The research design adopted in the study was qualitative using interviews and focus groups. Thematic analysis of qualitative data to identify key themes related to provider attitudes and patient satisfaction was used. Findings from the study revealed that patients appreciated compassionate and supportive provider attitudes, which positively influenced their satisfaction with care. Negative experiences were often linked to perceived provider insensitivity or lack of emotional support. In line with the findings of the study, it recommended that there should be enhanced provider training in delivering compassionate care, particularly in emotionally challenging settings like oncology. It further recommended for a development of support systems for providers to manage emotional aspects of patient interactions.

Okoloagu et al., (2023) sought to assess Patients' Satisfaction with Attitude of Health Workers in a State Teaching Hospital Eye Clinic, Enugu, Nigeria adopting observational, descriptive, cross-sectional study design. Interviewer-administered questionnaire was used to collect information from 348 respondents on their perception of attitude of key health workers, rating of time spent with the doctor, satisfaction with doctor's explanation, and perception of privacy provided during consultation. Findings from the study revealed that the highest percentage of respondents (87.1%) perceived the attitude of the doctor as being "friendly/very friendly", followed by nurses (83.6), and finally records staff (78.5%). Many respondents (84.8%) rated time they spent with the doctor as "adequate/very adequate", while 85.3% were "satisfied/very satisfied" with the doctor's explanation of their eye condition, and 60.1% felt that there was "reasonable privacy/complete privacy" when they were consulting the doctor.

Emmanuel and Okolo (2022) assessed enrollees' knowledge about the National Health Insurance Scheme (NHIS) and satisfaction with health services provided under the scheme. The paper attempted to highlight the importance of NHIS and the attitudes of enrollees (civil servants) towards the scheme in FCT, Abuja Nigeria especially during the ongoing war against covid-19 pandemic and other related diseases. In order to achieve the aim of the study, the paper utilized mainly secondary sources through the review of relevant literatures. The paper

found that enrollees in FCT, Abuja have sound understanding of the scheme, but the echelon of satisfaction with quality of health services available is not commendable. Therefore, the paper recommends that there is an urgent need to improve on all areas of quality of services to improve satisfaction with care among enrollees in the scheme. The weakness of the study lies in the fact that it relies mainly on secondary data for its assessment.

Abdul Basit, and Hussain (2022) in their study titled 'Exploring the Influence of Service Quality on Patient Satisfaction' focused on the dimensions of service quality that influence patient satisfaction in their visits and appointments at University Malaysia Pahang Health Centre (UMPHC). The impact of various service quality dimensions on patient satisfaction is studied to understand how those factors relate to the patient's expectations and perceptions. In this qualitative case study, semi-structured interviews were conducted with fourteen students and four staff who visited UMPHC and the results were analyzed through thematic analysis. In this research, seven themes namely responsiveness, reliability, assurance, empathy, tangible, technical quality, and elements that could improve patient satisfaction are created which further branches to a total of 21 sub-themes. The location of UMPHC or accessibility to the services, dental services, staff's attitude and communication skills, consistency in following the standard operating procedures, waiting time, technical quality as well as health education were amongst the most important factors affecting patient satisfaction. The UMPHC health managers are recommended to focus on the above aspects and implement appropriate management decisions to improve patient satisfaction.

2.4 Theoretical Framework

2.4.1 Expectation Confirmation Theory (ECT)

Richard Oliver (1980) proposed the Expectancy-Confirmation Theory (ECT) as the most promising theoretical framework for the assessment of client satisfaction. The theory aims to explain how individuals evaluate and perceive their experiences based on pre-existing expectations. According to the ECT, individual form expectation about certain events or experience, and their satisfaction or dissatisfaction with those experiences is determined by the confirmation or disconfirmation of initial expectations. The theory implies that clients purchase goods and services with pre-purchase expectations about the anticipated performance. The expectation level then becomes a standard against which the product is judged. That is, once the product or service has been used, outcomes are compared against expectations. If the outcome matches the expectation confirmation occurs. Disconfirmation occurs where there is

a difference between expectations and outcomes. A client is either satisfied or dissatisfied as a result of positive or negative difference between expectations and perceptions. Thus, when service performance is better than what the client had initially expected, there is a positive confirmation between expectations and performance which results in satisfaction. In contrast, when service performance is not as good as what the client expected, there is a negative confirmation between expectations and perceptions which causes dissatisfaction (Boulding et al., 1993). In the context of accessing healthcare services, an enrollee's satisfaction or dissatisfaction is as a result of positive or negative difference between expectations and perceptions. Thus, when service performance is better than what an enrollee had initially expected, there is a positive confirmation between expectations and performance which results in satisfaction.

This type of discrepancy theory has a long history in the satisfaction literature dating back at least to Howard's and Sheth's (1967) definition of satisfaction which states that it is a function of the degree of congruency between aspirations and perceived reality of experiences. Thus, in this study, the enrollee's perception of overall satisfaction results from a comparison between expectation and outcome performance. Therefore, expectation and outcome performance are two important variables which can influence the judgment of satisfaction measure because enrollees' satisfaction is one of the curial factor to predict the enrollees' utilization tendency. Based on expectation confirmation theory, a positive healthcare provider attitude that meets the expectation of enrollees will increase satisfaction level of enrollees and vice versa.

This theory is useful to the current study as it informs how service quality expectations from an enrollee's point of view affect's enrollee satisfaction with the service. This theory explains enrollee behavior as they use the expectations they come in with to judge the behavior and quality of the service experienced which forms their perception. This can therefore help guide the healthcare providers better understand the importance in the delivery of their services in order maximize enrollee satisfaction.

3.0 Methodology

This study employed the Embedded Mixed Methods research design because both quantitative and qualitative data were used in data collection and analysis. In analyzing the data for this study, descriptive statistics and inferential statistics was used. Descriptive statistical tool was used in presentation of frequency distribution tables, and simple percentage. The thematic

method was used to analyse the responses from interview of our respondents, while the hypothesis of the study was tested using inferential statistical tool of simple linear regression.

3.1 Operationalization of variables

Healthcare provider attitude refers to the approach of healthcare providers to patient care, communication, collaboration and commitment to continual improvement. A positive provider attitude is characterized by empathy, professionalism, cultural competence, adaptability and dedication to delivering high-quality, patient-centered care. For the purpose of the study, healthcare provider attitude entails courteous and polite communication with enrollees when they seek medical care, timeliness in response to enrollees, responsiveness and friendliness when attending to an enrollee.

Enrollee Satisfaction means the perception and expectation of delivered healthcare services to enrollees/patients in Kaduna State. Enrollee satisfaction refers to the condition that an enrollee is happy with the quality of service rendered by a healthcare provider and the attitude of the healthcare provider. This include prompt service by healthcare providers, availability of prescribed drugs to an enrollee. For the purpose of this study, enrollee satisfaction means the ability of an enrollee to access healthcare services, availability of prescribed drugs, timely and adequate treatment of enrollees, proper diagnostic of enrollees, drug dispensation and discharge.

3.2 Population of the study

The target population of the study was 42,142. This comprised of 18,257 enrollees from Ashmed Healthcare Facility, 8756 enrollees from Comprehensive healthcare facility Saminaka, 2941 enrollees from Kaduna State University Medical Facility, 9959 enrollees from First Care Medical Facility, 1950 enrollees from Kaduna State College Sick Bay, 253 enrollees from General Hospital Kwoi, 8 management staff of KADCHMA and 18 healthcare providers (KADCHMA, 2024). Justification for the selection of enrollees is based on the fact that they are the focal point of the scheme and assessing their satisfaction with services accessed is of importance. The sample size of the study was 380. This was determined using Krejcie and Morgan Statistical table 1970. The sample size was proportionately distributed among the selected healthcare facilities of the study. This is represented in table 1 below.

Table 1. Distribution of the study

Healthcare Facility	Enrollees/Beneficiaries	Sample Size
Ashmed Facility	18257	164
Comprehensive Healthcare Facility	8756	79
Kaduna State University Medical Facility	2941	27
First Care Multi Specialist Hospital	9959	90
Kaduna State College Sick Bay	1950	18
General Hospital Kwoi	253	2
Managers/Providers of selected healthcare facilities of the study	18	
Management staff of KADCHMA	8	
Total	**42,142**	**380**

Source: Researcher's Survey, 2025

Table 2. Distribution of Interview and the Codes for the Responses

S/N	Designation	Organization	Code
1	Manager	Ashmed Specialist Hospital	R1
2	KADCMA Desk Officer	Ashmed Specialist Hospital	R2
3	Managing Director	Comprehensive Healthcare Saminaka	R3
4	KADCHMA Desk Officer	Comprehensive Healthcare Saminaka	R4
5	KADCHMA Desk Officer	Kaduna State University Medical	R5
6	R.N	Kaduna State University Medical	R6
7	Managing Director	First Care Specialist Hospital	R7
8	KADCHMA Desk Officer	First Care Specialist Hospital	R8
9	Managing Director	Kaduna State College Sick Bay	R9
10	KADCHMA Desk Officer	Kaduna State College Sick Bay	R10
11	Head of Administration	General Hospital Kwoi	R11

12	KADCHMA Desk Officer	General Hospital Kwoi	R12
13	Head, Policy Research and Statistics Department	KADCHMA	R13
14	Head, Administration	KADCHMA	R14

Source: Researcher's Survey, 2025

Table 2 above represents the distribution of population and codes for the qualitative analysis of the study. From the table healthcare providers and management staff of KADCHMA were interviewed.

Table 3. Distribution of Focus Group Discussion and the Codes for the Respondents

S/N	Designation	Organization	Codes
1	6 Enrollees	Ashmed Specialist Hospital	R15
2	6 Enrollees	Comprehensive Healthcare Facility	R16
3	6 Enrollees	Kaduna State University Medical	R17
4	6 Enrollees	First Care Specialist Hospital	R18
5	6 Enrollees	Kaduna State College Sick Bay	R19
6	6 Enrollees	General Hospital Kwoi	R20

Source: Researcher's Survey, 2025

Table 3 shows the distribution of focus group discussants for the study. The focus group discussion was conducted with enrollees across the six selected healthcare facility of the study.

Table 4. Interview Themes on Healthcare Provider Attitude

S/N	Codes	Themes

1	Behavior	Courtesy and responsiveness

Source: Researcher's Survey, 2025

From table 4 above, it can be seen that healthcare provider attitude has a theme coded 'Attitude'. The theme seeks to address questions related to healthcare provider attitude.

4.1 Results and Discussion

Data obtained from the questionnaire were analysed in line with the research objective and hypothesis formulated for the study. Statistical Packages for Social Science (SPSS) was used to analyse and interpret the responses. The decision rule for the test was to accept the null hypothesis when the probability value exceeds the alpha value. If otherwise, we reject it.

Ho: Healthcare provider attitude of accredited facilities has no significant effect on enrollee satisfaction in selected healthcare facilities of Kaduna State.

Table 5: Model Summary

Model	R	R square	Adjusted R square	Std. Error of the Estimate
1	.588[a]	.346	.335	.30104

a. Predictor: (Constant), Healthcare Provider Attitude
b. Dependent Variable: Enrollee Satisfaction
Source: Researchers' Survey, 2025 via SPSS 25

Table 5 above shows the summary of regression analysis result of Enrollee Satisfaction in Kaduna State, Nigeria. The empirical results show that, R which is concerned with how well the independent variable correlates with the dependent variable is represented by .588 (58%). That is to say that the independent variable correlate with the dependent variable by 58%. The R^2 which is often referred to as the coefficient of determination of the variables was 0.346. The R-Squared which is also a measure of the overall fitness of the model indicates that the model is capable of explaining about 34.6% of the variability of Enrollee Satisfaction. This means that the model explains about 34.6% of the systematic variation in the dependent variable. That is, about 65.4% of the variations in Enrollee Satisfaction in Kaduna State, Nigeria are accounted for by other factors not captured by the model. This result is complimented by the adjusted R^2 (adjusted R-squared) of about 33.5%, which is in essence the proportion of total variance that is explained by the model.

Table 6 Coefficients (a)

Model	Unstandardized coefficients		Standardized coefficients	T	Sig.
	B	Std. Error	Beta		
(CONSTANT)	1.454	.133		10.933	.000
HPA	.110	.038	.209	2.904	.004

a. Dependent Variable: ES

Source: Researchers' Survey, 2025

Table 6 above present the results of regression test applied to dependent variable ES (Enrollee Satisfaction) and independent variable i.e. HPA (Healthcare Provider Attitude). Upon the fulfilment of the assumptions of regression analysis, linear regression was considered in testing the research hypotheses.

4.2 Test of hypothesis

The hypothesis which states that ''Healthcare provider attitude has no significant effect on enrollee satisfaction in selected healthcare facilities of Kaduna State is significant at 5% level (P = 0.004) Therefore; the null hypothesis is rejected which states that Healthcare provider attitude has no significant effect on enrollee satisfaction in selected healthcare facilities of Kaduna State. The effect of healthcare provider attitude on enrollee satisfaction is positive and significant with coefficient value of 0.110, meaning that a unit increase in the health provider attitude while other variable remains constant will lead to an increase in enrollee satisfaction by 11.0%.

4.3 Summary and Discussion of Findings

Healthcare Provider Attitude and Enrollee Satisfaction

The result of the study shows that the effect of healthcare provider attitude on enrollee satisfaction is positive and significant with coefficient value of 0.110, meaning that a unit increase in the health provider attitude while other variable remains constant will lead to an increase in enrollee satisfaction by 11.0%. This further proved a significant relationship between 'healthcare provider attitude' as the independent variable and 'enrollee satisfaction' as the dependent variable. This means that being courteous, timely delivery of healthcare service, responsiveness and friendliness when attending to an enrollees have enhanced enrollee satisfaction in the selected healthcare facilities of the study. This is also in agreement with expectation confirmation theory adopted for the study maintaining that as performance in terms of healthcare provider attitudes meets expectation, satisfaction increases.

Findings from the analysis of qualitative date revealed that KADCHMA through its monitoring and evaluation process ensures that healthcare providers who fail to treat enrollees in the best acceptable manner were delisted. According to participants ((R15, R16, R17, R18, R19 and R20). They averred that healthcare providers courteous when attending to them anytime they visited healthcare facility to seek medical care. Respondents (R1, R2, R3…… and R12) averred that staff at their facilities were encourage to be courteous while interfacing with patients as been friendly and reassuring patients enhance their satisfaction with a facility. Participants (R13 and R14) said that there is a monitoring and evaluation process on ground and healthcare providers who fail to meet with the specified standards or treat enrollees unfairly will be sanctioned and in some instances such facilities would be de listed. In addition, an App has been created and can be downloaded by enrollees on the google play store. This app gives enrollees the opportunity to report any complaints on dissatisfaction with services by accredited healthcare facilities''.

The outcome of this study is in line with the study Bowers and Wysocki (2023); Lee et al., (2023), Patel et al., (2023); Thompson et al., (2023); Manyisa and Elsie (2017); Manimay (2014). Also the finding is contrary with that of Emmanuel and Okolo (2022). This positive significant relationship indicated that as health provider attitude in terms of (i.e. empathy, respect, and effective communication) increase, the enrollee satisfaction in Kaduna state will increases and vice-versa. This means that, the higher the health provider possesses and apply his/her interpersonal skills and realistic communication, the higher overall acceptance of state health contributory scheme and enrollee satisfaction in Kaduna state.

5.0 Conclusion and Recommendation

This study has provided a comprehensive understanding that healthcare provider attitude has significant and positive effect on enrollee satisfaction in Kaduna state. In line with the discovery of the study, it recommends that management of healthcare facilities in collaboration with KADCHMA should organize training session quarterly to healthcare providers (including all staff of accredited healthcare facilities, medical or non-medical) focusing on active listening, interpersonal skills, realistic communication and patient engagement. The study also recommended that there should be implementation of regular feedback mechanisms to address provider behaviors impacting enrollee satisfaction. The potential limitation is that this research studied Kaduna state contributory health scheme and enrollee satisfaction in Kaduna state, focusing on healthcare provider attitude. However, other dimension of healthcare services that

can be used to assess enrollee satisfaction not considered in the study should be explored by other researchers. Also, geographical location may reveal diverse challenges. Accordingly, comparisons can be observed by taking into account geographical location that has different rule of law, economic and political uncertainty. So, it is suggested that future studies should conduct experimental/longitudinal strategies to discover the possible reciprocal relationships.

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