ASSESSMENT OF HEALTHCARE SERVICE SATISFACTION AMONG NATIONAL HEALTH INSURANCE FUND BENEFICIARIES: A CASE OF MUSOMA MUNICIPAL

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

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CERTIFICATION

The undersigned certifies that they have read and hereby recommend for acceptance by the Open University of Tanzania, a dissertation titled: "**Assessment of healthcare service satisfaction among National Health Insurance Fund beneficiaries: Case of Musoma Municipal"** in partial fulfillments of the requirements for the Degree of Master of Social Work of The Open University of Tanzania.

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DECLARATION

I, **Martha Godgave Chagula**, declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfilment of the requirements for the Degree of Master of Social Work (MSW) of The Open University of Tanzania.

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Signature

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Date

DEDICATION

First and foremost, I thank the Almighty God for His endless grace, guidance and strength throughout this journey. I dedicate this work to my beloved family: my husband, Abel Manase Nsunza and my dear children, Godgave, Neria and Nevin Abel Nsunza. Their unwavering support and encouragement kept me grounded, constantly reminding me to stay calm and focused as I worked to complete this project. I also dedicate this work to my cherished mother, Mrs. Neria Mark Mwenisongole and my beloved brothers and sisters for their prayers, support and encouragement. Lastly, a special dedication goes to my colleagues for their invaluable advice and constant support.

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ABSTRACT

This study assesses healthcare service satisfaction among National Health Insurance Fund (NHIF) beneficiaries in Musoma Municipal, Tanzania, focusing on three objectives: (1) evaluating the assurance of healthcare service satisfaction, (2) exploring health workers' responsiveness, and (3) investigating the role of social welfare officers in advocating healthcare rights among NHIF beneficiaries. Grounded in the SERVQUAL theory, the research adopts a pragmatic philosophical approach, combining quantitative and qualitative methods. A sample of 302 NHIF beneficiaries was determined using the Krejcie and Morgan formula, with simple random sampling applied to beneficiaries and purposive sampling for service providers, NHIF staff, and social welfare officers. Quantitative data were collected via structured questionnaires (analyzed using SPSS version 24), while qualitative data from semi-structured interviews were analyzed thematically. Key findings revealed that 78% of beneficiaries were aware of healthcare service assurance mechanisms, while 22% lacked awareness. Four factors significantly correlated with low satisfaction: drug shortages (31%), long waiting times (29%), limited diagnostic equipment (18%), and insufficient specialized services (22%). Additionally, 79% reported disrespectful treatment, 92% cited delayed information provision, 89% found provided information unclear, and 90% perceived a lack of empathy from providers. Concerns about dignity (94%), autonomy (89%), and confidentiality (75%) were also prevalent. The study highlights gaps in NHIF service delivery and offers recommendations for improvement. It emphasizes the importance of staff training, better resource allocation, and enhanced oversight by social welfare officers to ensure services meet beneficiary expectations.

Keywords*: healthcare service, NHIF beneficiaries, Musoma Municipal, Tanzania*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ACA	Affordable Care Act
HI	Health Insurance
MOH	Ministry of Health
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
PHI	Private Health Insurance
PM-JAY	Pradhan Mantri Jan Arogya Yojana
RSBY	Rashtriya Swasthya Bima Yojana
SHI	Social Health Insurance
SPSS	Statistical Package for Social Science
SWO	Social Welfare Officer
UN	United Nation
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNTH	University of Nigeria Teaching Hospital
URT	United Republic of Tanzania
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Chapter Overview

Healthcare is a fundamental right and a vital aspect of every human being, ensuring that all citizens can access medical services without suffering financial hardship Binagwaho et al. (2023). Furthermore, defining health as a human right in terms of availability, accessibility, acceptability and quality means that everyone has the right to receive essential healthcare services without discrimination. Enhancing equitable access to healthcare and strengthening financial protection are top priorities on the global agenda. Achieving universal health coverage (UHC), as the World Health Organization (WHO, 2010) advocates, is a critical component of the United Nations Millenium Development Goals.

The National Health Insurance Fund (NHIF) plays a pivotal role in achieving this objective, particularly in developing countries like Tanzania Afriyie et al. (2024). The NHIF is designed to provide comprehensive health insurance coverage to its beneficiaries, including formal sector employees, informal sector workers and other members of the society. Client satisfaction is essential to health service utilization WHO (2010). This study aims to assess healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal, focusing on assurance, responsiveness and the role of on social welfare officer in enhancing healthcare service. By identifying key factors influencing satisfaction and areas needing improvement, the study will provide valuable insights to policymakers, practitioners, service providers and the

NHIF in enhancing the overall healthcare service delivery and ensuring satisfaction among NHIF beneficiaries.

1.2 Background to the Study

Health insurance plays a crucial role in the global and domestic health sectors, serving as a cornerstone for ensuring universal access to healthcare services Afriyie et al. (2024). The World Health Organization WHO (2021) states in its constitution that everyone has the right to proper medical care Mattes et al. (2021). The United Nations (UN) also recognizes health as a fundamental human right and states that universal health coverage, made possible through health insurance, is essential for achieving this right (Nygren-Krug, 2019). WHO promotes health insurance to reduce financial barriers, enhance healthcare quality and ensure fairness (WHO, 2021). It underscores the need for healthcare services to meet beneficiaries' needs and expectations, emphasizing patient satisfaction to improve quality and equity. With the context of global health standards on universal access and patient satisfaction, assessment of Health Insurance Fund beneficiaries' satisfaction is crucial to ensure that the healthcare service provided meets their needs and adheres to these principles. Healthcare has been a priority, especially during President Obama's tenure with the Affordable Care Act (ACA) in 2010 (Patrick *et al*., 2021; Gusmano *et al*., 2023). The ACA aimed to expand insurance access, enhance consumer protections and control costs Koku, (2020). Despite these efforts, rising premiums and limited provider choices have led to complaints and a shift of nearly 40% from public to private coverage Rasmussen, (2022). This trend reflects dissatisfaction with public insurance options and the perceived benefits of private plans. With the context of evolving

healthcare priorities and the challenges faced under the Affordable Care Act, it is essential to assess the satisfaction levels of Health Insurance Fund beneficiaries to understand how well current systems are addressing these issues and to identify areas for potential improvement in public health insurance.

In Germany, rising competition and economic challenges have led to a declining consumer base in the health insurance sector Khisa, (2023). The system offers universal coverage through statutory social health insurance (SHI) and private health insurance (PHI), with coverage dependent on work and income. Despite its historical roots, the National Health Scheme (NHS) is criticized for poor service, leading many to seek private insurance Focacci et al. (2022). Rising costs, bureaucracy and access issues fuel dissatisfaction with Germany's health insurance. Assessment of beneficiaries' satisfaction is vital to evaluate system performance and identify areas for improvement amid the shift to private insurance. With the increasing competition and consumer dissatisfaction in Germany's health insurance sector, it becomes crucial to assess the satisfaction levels of Health Insurance Fund beneficiaries.

Australia's health insurance system blends public (Medicare) and private components. Challenges in Medicare, including fragmented services and financing issues, have led many to shift to private insurance (Angeles *et al*., 2023). Public subsidies for private insurance, aimed at easing the burden on Medicare, face criticism for potentially undermining its universality (Walker *et al*., 2021). Private insurance offers more options, shorter wait times and additional services, creating dissatisfaction among public clients. With the context of challenges and shifting

preferences in Australia's healthcare system, it is essential to assess the satisfaction levels of Health Insurance Fund beneficiaries to understand better how well the public health insurance system is meeting its client's needs and to address the factors driving the move toward private health insurance.

Health is a crucial marker of sustainable development (Kruk *et al*., 2018). In the Caribbean, middle-income economies face significant inequalities in health coverage and expenditure López, (2020). Efforts to establish universal health systems have expanded access particularly in accessibility, quality and affordability. As a result, dissatisfaction with healthcare services persists in the region. With the context of health system evolution and ongoing inequalities in the Caribbean, it is important to assess the satisfaction levels of Health Insurance Fund beneficiaries to understand how well current policies and services address these disparities and identify areas for improvement in the region's healthcare coverage and accessibility.

India's constitution mandates the "right to health" for all, with states required to provide free universal healthcare. However, chronic underfunding has limited the system's effectiveness. Government schemes like the National Health Insurance Program, Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008, aimed to reduce the financial strain on lower-income populations, enrolling 41 million families by 2016. Despite this, RSBY has not significantly reduced out-of-pocket costs and has been replaced by Pradhan Mantri Jan Arogya Yojana PM-JAY. By 2017-2018, only 37% of the population had health coverage. Systemic barriers remain challenging, including extended hospital wait times and workforce shortages

(Tikkanen *et al*., 2020). With persistent underfunding and systemic barriers in India's healthcare system, it is essential to assess the satisfaction levels of Health Insurance Fund beneficiaries.

Health insurance in Sub-Saharan Africa primarily targets formal employees, making extending coverage to the informal sector difficult due to poverty and payment challenges (Dadjo *et al*., 2022). Namibia's National Health Insurance Scheme (NHIS) covers 95% of the disease burden, but chronic conditions like cancer remain inadequately addressed (Chen *et al*., 2022); (Chipunza *et al*., 2023). Beneficiaries with chronic illnesses often express dissatisfaction, underscoring the need for a comprehensive evaluation. With the ongoing challenges in extending health insurance coverage and addressing chronic conditions in Sub-Saharan Africa, it is essential to assess the satisfaction levels of Health Insurance Fund beneficiaries. This evaluation will provide insights into how well current schemes, such as Namibia's NHIS, meet the needs of those affected by chronic conditions and identify areas for improvement in delivering comprehensive and affordable healthcare services.

Kenya and Uganda had national health insurance systems earlier, with the Kenyan National Hospital Insurance Fund (NHIF) established in 1966 Kidola (2022). Amendments in 2012 transformed the NHIF into a government corporation to ensure affordable and high-quality medical care for all Kenyans. NHIF customers encounter challenges due to a perceived lack of empathy, resulting in dissatisfaction and negatively impacting their health insurance service experiences Khisa (2023). This empathy deficit is associated with lower customer satisfaction, hesitancy in seeking

timely medical care, and a negative view of the health insurance provider. With the context of ongoing concerns about co-payments and empathy deficits in Kenya's National Hospital Insurance Fund (NHIF), it is essential to assess the satisfaction levels of Health Insurance Fund beneficiaries.

In Tanzania, the health service became accessible to all citizens after the Arusha Declaration in 1967 Kidola (2022). However, by the early 1990s, the burden of offering free healthcare became evident as costs increased and economic challenges intensified. In response, the government implemented health sector reforms in the early 1990s, transitioning from free services to mixed financing mechanisms, including cost-sharing policies. The NHIF emerged from a 1990-1992 study on long-term financing options and was established by an Act of Parliament in 1999. Established in 2001, the NHIF was a compulsory national health insurance for civil servants. Over time, it has extended its coverage to encompass mandatory enrollments for all public sector employees. Furthermore, certain private companies operating in the formal sector, as well as associations and non-governmental organizations, have entered into agreements with the NHIF. As a result, they now mandate NHIF enrollment for all their employees (Osetinsky *et al*., 2023).

NHIF members can receive care from public and private facilities within the 7390 accredited NHIF facilities, accounting for 79% of all health facilities in Tanzania Kidola (2022). The fundamental principles in the establishment of the National Health Insurance Fund (NHIF) include strengthening cost-sharing in government health facilities, providing health insurance to formal sector employees, and enabling

free choice of healthcare providers for civil servants. Additionally, the NHIF aims to promote health equity within the health sector while fostering private-sector growth and participation. These principles collectively seek to enhance access to quality healthcare services, ensure financial protection, and encourage collaboration between public and private healthcare providers.

NHIF aims to mobilize financial resources, provide quality and affordable healthcare services, and improve healthcare services management. This approach could enhance the enrolled population's financial protection, utilization and social inclusion.

NHIF beneficiaries in Tanzania, despite the assurances from the National Health Insurance Fund to minimize out-of-pocket expenses, share concerns like those expressed by clients with medical insurance in other contexts, including those in Musoma municipal, have expressed dissatisfaction due to delays in service provision and preferential treatment of non-beneficiaries, which has been linked to payment delays by NHIF. This has led to frustrations and concerns regarding the quality and equity of healthcare services provided under the scheme Osetinsky et al. (2023). Delays in responding to inquiries and service requests reflect poor responsiveness, leading to frustration, financial strain, and eroding trust in the system. With persistent co-payment issues and dissatisfaction among NHIF clients in Musoma municipal, it is crucial to assess the satisfaction levels of Health Insurance Fund beneficiaries.

1.3 Statement of the Problem

The Government of Tanzania, through the National Health Insurance Fund (NHIF), has made credible efforts to ensure equitable access to healthcare for its citizens

(Ministry of Health, Tanzania, [2001]). By establishing NHIF, the government aims to provide affordable and reliable healthcare services, significantly benefiting many Tanzanians through reduced out-of-pocket expenditures and improved healthcare access (NHIF, [2001]; Mtei *et al*., 2012). In particular, the NHIF is designed to alleviate the financial burden of healthcare costs and ensure that every beneficiary receives timely and adequate medical services (Kuwawenaruwa *et al*., 2020).

However, despite these efforts, challenges persist in delivering consistent, high-quality healthcare services to NHIF beneficiaries. For instance, beneficiaries in Musoma Municipal are expected to experience equitable, well-coordinated care without delays or disparities (NHIF, [2001]; Maluka, 2018). Yet, studies highlight systemic gaps in service delivery, including delays in reimbursement for healthcare providers and inconsistent availability of medicines (Fenny et *al*., 2018; Sirili *et al*., 2017). These issues risk undermining the NHIF's goal of ensuring equitable access and beneficiary satisfaction, especially in municipal areas where population density and resource limitations intersect (Mushi *et al.*, 2020).

Over the past three years, NHIF beneficiaries have experienced inconsistent satisfaction with healthcare services, with rates declining from 95% in 2021 to 92% in 2022 and 2023 (NHIF Annual Report). This stagnation indicates ongoing service delivery challenges, particularly in Musoma Municipality, where beneficiaries face delays, inequitable access, and inconsistencies in available services. These issues hinder the effective use of NHIF benefits and negatively impact overall health outcomes.

Despite the government's efforts to improve healthcare access through NHIF, there still a gap between the expected results and the real experiences of NHIF beneficiaries in Musoma Municipal. More research is needed on the problems facing NHIF beneficiaries in this area, making it harder to create solutions that address their needs. This study aims to assess the satisfaction of healthcare services among NHIF beneficiaries in Musoma Municipality, focusing on their experiences with the services provided. By identifying key issues, such as the availability of healthcare services and the responsiveness of health workers, the study will make recommendations to improve service delivery. These include simplifying administrative processes, better resource allocation, and improving communication between healthcare providers and NHIF. The goal is to ensure that NHIF fulfills its mandate to provide equitable and quality healthcare services to its beneficiaries.

1.4 Objectives of the Study

1.4.1 General Objective of the Study

The study's general objective is to assess healthcare service satisfaction among NHIF beneficiaries in Musoma municipal.

1.4.2 Specific Objectives of the Study

i) To assess the level of assurance in healthcare service delivery satisfaction among NHIF beneficiaries in Musoma Municipal.

ii) To explore health worker responsiveness to healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal.

iii) To investigate the role of social welfare officer in advocating healthcare service rights among NHIF beneficiaries in Musoma Municipal.

1.5 Research Question

i) What is the level of assurance in healthcare service delivery satisfaction among NHIF beneficiaries in Musoma Municipal?

ii) How does the responsiveness of healthcare worker affect service satisfaction among NHIF beneficiaries in Musoma Municipal?

iii) What is the role of social welfare officer in advocating for healthcare service rights among NHIF beneficiaries in Musoma Municipal?

1.6 Significance of the Study

This study held critical significance across theoretical, methodological and practical domains. Theoretically, it advanced the application of the SERVQUAL framework in evaluating healthcare service satisfaction within national health insurance systems, particularly in low-resource municipal contexts. By contextualizing SERVQUAL's dimensions (assurance, responsiveness, and empathy) to NHIF beneficiaries in Musoma Municipality, the study bridged a gap in the literature that often prioritized urban or high-income settings, thereby enriching discourse on equity-driven healthcare delivery models. Furthermore, it contributed to the broader discourse on social protection mechanisms by empirically linking systemic inequities such as drug shortages and delayed care to beneficiary dissatisfaction, offering a nuanced understanding of how institutional accountability shaped patient experiences.

Methodologically, the study demonstrated the utility of a mixed-methods design in triangulating quantitative and qualitative data to holistically assess healthcare satisfaction. By employing the Krejcie and Morgan formula for sample size determination and combining structured questionnaires analyzed descriptive statistic aided by Statistical Package for Social Science (SPSS) with semi-structured interviews (thematically analyzed), the research provided a replicable model for evaluating multi-stakeholder health systems in similar contexts. This approach not only enhanced the validity of findings but also underscored the importance of integrating beneficiary voices with institutional perspectives to identify systemic inefficiencies.

Practically, the findings offered evidence-based interventions for policymakers to redesign NHIF protocols, prioritize resource allocation (e.g. diagnostic equipment procurement and staff training), and strengthen oversight mechanisms through social welfare officers. For healthcare practitioners, the study identified actionable gaps in service delivery, such as improving communication transparency and fostering patient-centered care to align practices with NHIF’s equity goals. Communities in Musoma Municipality and analogous regions benefited from this research through its emphasis on participatory dialogue, empowering beneficiaries to articulate their needs and hold institutions accountable.

Lastly, the study informed global health policy by illustrating how national insurance schemes in low- and middle-income countries operationalized quality-of-care frameworks like SERVQUAL to address context-specific barriers. Its

interdisciplinary focus merging public health, social policy, and organizational theory provided a template for future research on universal health coverage (UHC) implementation in resource-constrained environment.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter defines the key terms relevant to this study's context. It also presents the theory guiding the research, emphasizing its relevance and applicability. Moreover, the chapter will review literature related to the specific objectives, present the conceptual framework, and identify gaps in the existing research.

2.2 Definition of Concepts

This subsection defines critical terms such as the National Health Insurance Fund (NHIF), NHIF beneficiary, healthcare, service satisfaction, and Social Welfare Officer to clarify the concepts used in the study. These definitions are crucial for understanding the core concepts central to the study.

2.2.1 The National Health Insurance Fund

The National Health Insurance Fund (NHIF) in Tanzania is defined as a Social Health Insurance Institution established under the National Health Insurance Act, Cap 395, to ensure the accessibility of healthcare services to people (URT, 1999). It is a government entity under the Ministry of Health (MOH), established to provide financial protection and access to healthcare services for Tanzanian citizens. NHIF aims to ensure that all Tanzanians can access essential health services without financial hardship. In the context of this study, the definition of NHIF by URT will be adopted.

2.2.2 Health care

World Health Organization (WHO) defines healthcare as an integrated system covering preventive, curative, palliative, and promotive services. (WHO, 2021). Furthermore, Lee (2017) defines health care as the organized provision of medical care to individuals or a community. This encompasses a wide range of services, including diagnosis, treatment, rehabilitation, and prevention of illness and injury provided by various healthcare professionals such as physicians, nurses, therapists, and allied health workers. In the context of this study, the definition of health care by WHO, together with Lee's definition, will be adopted.

2.2.3 Service satisfaction

Kotler et al. (2015) define service satisfaction as the extent to which expectations regarding a service are met or exceeded. It encompasses the individual overall perception of the quality, value, and performance of the service received compared to their expectations. Service satisfaction is an individual experience after using the service; it reflects the difference between the expected service and the service experience from the patient`s point of view. The assessment of service satisfaction has become an integral part of healthcare service strategies worldwide to evaluate service quality (Biresaw *et al*., 2021). In this study, service satisfaction refers to how well an individual feels the healthcare services fulfill their expectations and meet their needs.

2.2.4 Social Welfare Officer

A Social Welfare Officer is a professional responsible for supporting and enhancing

the well-being of individuals and communities by providing social services and assistance. Their roles typically include assessing clients' needs, coordinating access to social services, advocating for vulnerable populations, and developing programs to improve social welfare outcomes (Hughes, 2021). In the context of this study, a social welfare officer is a trained professional responsible for addressing the social, emotional, and psychological needs of individuals, families, and communities.

2.3 Theoretical Literature Review

The current study is guided by the SERVQUAL Theory, propounded by Indian American professor A. Parasuraman, Valarie Zeithaml and Leonard Berry, American Professors (1980). It remains a highly esteemed framework for the assessment of service quality. According to the SERVQUAL Theory, the distance between individual expectations and their actual perceptions greatly influences service quality. It includes essential aspects: responsiveness, assurance, and empathy. Assurance involves conveying competence, courtesy, and credibility and building customer trust and confidence. Responsiveness concerns the ability to promptly and effectively assist an individual. Empathy is crucial in providing exceptional customer service, as it entails understanding and compassion for the needs of an individual.

2.3.1 The SERVQUAL Theory

The SERVQUAL Theory was developed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry in 1980. The Theory provides a framework for assessing service quality by measuring the gap between customer expectations and their perceptions of the service received. SERVQUAL identifies five critical dimensions of service

quality: tangibles, reliability, responsiveness, assurance, and empathy. The SERVQUAL Theory provides a framework for analyzing service quality in various settings, including healthcare. The Theory operates on the fundamental assumption that service quality is determined by the discrepancy between customers' expectations of service and their perceptions of the actual service received (Rexhepi *et al*., 2022).

The theory has essential key dimensions for assessing service quality: assurance, responsiveness, empathy, tangibility and reliability. On the same note, assurance relates to service providers' knowledge, competence and trustworthiness (Rexhepi *et al*., 2022). In healthcare, assurance encompasses healthcare workers' professionalism, expertise, and ability to instill confidence in the quality of care. Assessment of assurance to NHIF beneficiaries NHIF involves examining their satisfaction with healthcare workers' competence, their ability to communicate effectively, and the trust they inspire in patients regarding the safety and effectiveness of treatments.

Responsiveness, defined as the willingness to attend to customers and the prompt delivery of services, is a crucial element of service quality that significantly impacts customer satisfaction (Mangi, 2009). Kumar et al. (2010) emphasize that responsiveness includes understanding customer needs, offering convenient service hours, giving special attention, and ensuring treatment safety, all of which affect customer satisfaction and retention (Jager *et al*., 2010) observed in a South African study that patients were dissatisfied with hospital responsiveness due to excessive waiting times. Mohammed et al. (2009) argued that effective communication is

central to responsiveness, noting that providing timely and accurate information allows customers to make informed decisions and enhances their satisfaction. For patients experiencing physical pain, prompt and effective service is essential. A swift and considerate response from healthcare staff can significantly alleviate patient distress and increase overall satisfaction, leading to greater loyalty to the healthcare provider.

Empathy refers to how well health workers show care and understanding toward customers by sharing their feelings and concerns. This quality is demonstrated through genuine communication and a deep understanding of customer needs (Ehigie, 2006). Empathy positively impacts customer satisfaction, as employees skilled in recognizing and addressing customer needs can significantly enhance customer contentment (Auka *et al*., 2013). Boshoff et al. (2004) found that in South African hospitals, nurses' empathy significantly improved patient satisfaction and loyalty. Empathy allows employees to understand better and address customer issues, leading to a more comfortable and satisfying service experience. Without empathy, organizations risk dissatisfying their customers by failing to understand and address their specific needs, preferences and emotional states. This lack of understanding can lead to impersonal, adequate service experiences that leave customers undervalued and satisfied, ultimately damaging customer loyalty and trust in the organization.

2.3.2 Relevance of the Theory to the Study

The SERVQUAL theory is highly relevant and guide conceptual framework under study in assessing healthcare service satisfaction among NHIF beneficiaries.

SERVQUAL provides a structured approach to measuring service quality across key dimensions: tangibility, reliability, responsiveness, assurance and empathy. Each of these dimensions aligns well with specific objective of the study which are: -

i) To assess the level of assurance in healthcare service delivery satisfaction among NHIF beneficiaries in Musoma Municipal.
ii) To explore health worker responsiveness to healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal.
iii) To investigate the role of social welfare officers in advocating healthcare service rights among NHIF beneficiaries in Musoma Municipal.

By integrating SERVQUAL into the conceptual framework, the study can systematically assess specific objective under study, pinpoint specific areas where service delivery meets or falls short of expectations and ultimately provide insights into factors that influence beneficiary satisfaction levels.

2.3.2.1 Relevance of the Theory to the Level of Assurance of Healthcare Service Satisfaction among NHIF Beneficiaries

Assurance relates to service providers' knowledge, competence and trustworthiness (Rexhepi et *al*., 2022). Assurance is one of the dimensions of SERVIQUAL Theory, and this study will focus on the accessibility of service, reliability of healthcare, knowledge and competence of healthcare providers, transparency in providers' processes, trust and confidence of healthcare providers, and availability of information and education.

2.3.2.2 Relevance of the Theory to the Responsiveness To Healthcare Service Satisfaction among NHIF Beneficiaries

Responsiveness, defined as the willingness to assist customers and the prompt delivery of services, is a crucial element of service quality that significantly impacts customer satisfaction Mangi (2009), (Kumar *et al*., 2010). Responsiveness as one of the dimensions of SERVQUAL Theory in this study will focus on the ability of NHIF accredited service providers to attend to NHIF beneficiaries quickly with good communication skills, responsiveness to patient needs, respect for patient dignity, confidentiality, and flexibility.

2.3.2.3 Relevance of the Theory to the Social Welfare Officers On Advocating Healthcare Service Right among NHIF Beneficiaries

Empathy is the capacity to recognize, understand, and respond to the emotional experiences of others, often described as "feeling with" another person. Batson (2023) emphasizes that empathy goes beyond mere sympathy, requiring an active effort to adopt another person's perspective and emotionally engage with their experience. In professional settings, such as healthcare, empathy can improve communication, build rapport, and contribute to improved outcomes by fostering meaningful connections between providers and patients (Smith *et al*., 2023). In the SERVQUAL theory, empathy represents a service provider's ability to provide caring, individualized attention to clients, which is essential in building trust and ensuring satisfaction. Social welfare officers demonstrate empathy in their work by actively listening to NHIF beneficiaries' concerns, recognizing their unique challenges and advocating for their needs within healthcare settings. This empathetic

approach involves tailoring support based on each patient's situation, whether by helping navigate complex healthcare systems, addressing issues of financial or logistical barriers, or ensuring timely access to services. For instance, if a beneficiary encounters long waiting times or experiences communication difficulties with medical staff, a social welfare officer practicing empathy would not only provide immediate reassurance but also follow up on the issue to facilitate a more satisfactory outcome. In health care facilities where NHIF beneficiaries may face service inequities, the empathetic actions of social welfare officers can significantly alleviate frustration by making beneficiaries feel understood, respected, and supported. This focus on personalized care aligns with the empathy dimension of SERVQUAL theory and plays a critical role in enhancing beneficiaries' overall satisfaction with NHIF services.

2.4 Empirical Literature Review

The empirical literature review is structured according to the study's specific objectives and thoroughly analyzes healthcare service satisfaction among NHIF beneficiaries.

2.4.1 Assurance of Healthcare Service Satisfaction among NHIF Beneficiaries

Yunningsih (2022) analyzed service quality dimensions (e.g., reliability, empathy, physical evidence) at Indramayu Hospital, Indonesia, using a cross-sectional survey of 2,199 patients. While physical evidence (e.g., facility infrastructure) and assurance (provider competence, trustworthiness) significantly influenced satisfaction, reliability, responsiveness, and empathy did not. The study's reliance on accidental

sampling limits generalizability, and the unexpected non-significance of three SERVQUAL dimensions raises questions about measurement validity or contextual factors. Additionally, the hospital-specific focus overlooks systemic influences (e.g., insurance policies, reimbursement delays) critical to decentralized systems like Tanzania's NHIF.

Elhadi et al. (2022) examined NHIF utilization in Sudan's Al Jazira State, finding that 63.2% of beneficiaries sought out-of-network care due to high medication costs (60.8% reported financial strain). Regression analysis identified gender, marital status, and chronic disease burden as predictors of utilization patterns. However, the study's narrow focus on cost and utilization ignores service quality differences between NHIF and non-NHIF providers. Cross-sectional design and single-state sampling further limit causal inferences and generalizability. Future research should explore non-financial factors (e.g., trust, responsiveness) and systemic inefficiencies (e.g., drug procurement).

Amani et al. (2021) conducted focus group discussions with 78 elderly NHIF users in rural Tanzania, revealing that insurance improved access but failed to ensure equity due to restricted benefits and bureaucratic barriers. Insured participants expressed dissatisfaction, highlighting systemic gaps in service coverage. However, the study's qualitative approach and elderly-only sample limit insights into broader age groups and structural challenges (e.g., funding constraints). Mixed-methods research is needed to quantify dissatisfaction and compare insured versus uninsured experiences.

Kibambila (2017) emphasized assurance (provider empathy, professionalism) as critical for patient trust in Tanzania. However, systemic barriers (e.g., staff shortages, reimbursement delays) and urban-centric research design limit applicability to rural settings like Musoma. The study also overlooks how patient expectations (e.g., prior healthcare experiences) shape perceptions of assurance, underscoring the need for context-specific investigations in under-resourced municipalities.

Kidola (2022) applied SERVQUAL to assess NHIF satisfaction in Kibondo District, Tanzania, identifying urban-centric services, limited disease coverage, and bureaucratic inefficiencies. Recommendations included expanding rural NHIF offices. However, the focus on formal-sector contributors neglects informal-sector beneficiaries, and the study does not explore systemic causes of coverage gaps (e.g., policy vs. budget constraints). Future research should address rural access barriers (e.g., transportation) and contextual factors (e.g., cultural perceptions).

Osarobo et al. (2022) and Jadoo et al. (2012) linked accessibility, reliability, and waiting times to patient satisfaction in Nigeria's NHIS. Both studies recommended staffing increases but ignored systemic inefficiencies (e.g., reimbursement delays). Convenience sampling and single-hospital focus limit generalizability, particularly for rural or underfunded settings. Comparative studies with Tanzania's NHIF could identify context-specific solutions for resource-constrained environments.

Gatehi (2022) assessed NHIF access in Nairobi, noting low utilization (30%) due to awareness gaps and inconsistent drug supply. While 78.25% of NHIF members accessed care, only 23% perceived improved access. The study overlooks structural

barriers (e.g., claim delays, transportation) and qualitative insights into patient experiences. Future research should investigate drug supply inefficiencies and rural-urban disparities in NHIF processes.

2.4.2 Health Workers' Responsiveness On Service Satisfaction among NHIF Beneficiaries

Maritim (2024) explored citizen engagement efforts by Kenya's National Health Insurance Fund (NHIF) and their impact on health coverage among rural informal worker households in western Kenya. Using a mixed-methods design, the study found widespread NHIF recognition but limited awareness of its services, feedback mechanisms, and accountability systems. Enrollment was low (11%), with only 32% aware of NHIF's benefit package, and 48% of beneficiaries dissatisfied with the package. While the study underscores systemic challenges in rural enrollment and satisfaction, it leaves gaps in understanding socio-cultural barriers (e.g., literacy, language, cultural mistrust) that hinder communication. Future research should investigate how these factors shape engagement and how community structures (e.g., local leaders) could bridge information gaps. The study also lacks practical strategies for implementing transparency or capacity-building in resource-limited settings. Additionally, while adverse media reports were noted as eroding trust, proactive media management by NHIF remains unexplored. Comparative studies between rural and urban informal workers could further contextualize NHIF's challenges.

Okyere-Mensah et al. (2023) examined patient satisfaction under Ghana's National Health Insurance Scheme (NHIS), identifying low responsiveness and

communication disparities between insured and uninsured patients. However, the study does not address root causes of low responsiveness, such as staff shortages or training gaps. It also overlooks broader socio-economic influences (e.g., income, education) on satisfaction. The communication disparity between insured and uninsured patients warrants deeper exploration whether it stems from NHIS bureaucracy or differential treatment. Expanding the study's scope beyond Komfo Anokye Teaching Hospital to rural areas would enhance generalizability. Future research should incorporate SERVQUAL dimensions (e.g., empathy, accessibility) and culturally competent care strategies to improve NHIS service delivery.

Kim et al. (2023) analyzed the role of Social Welfare Officers (SWOs) in the UK's NHS, highlighting their impact on vulnerable populations' healthcare access and social determinants of health. Challenges like resource limitations and role ambiguity hinder SWO effectiveness, but the study does not specify which resources (e.g., training, funding) are lacking or how ambiguity affects interprofessional collaboration. The focus on vulnerable groups overlooks SWOs' broader impact on general populations. Future studies should measure SWO contributions to health equity and patient satisfaction using standardized frameworks. Comparative research across health systems (e.g., NHIF in Kenya) could reveal contextual barriers and opportunities for SWO integration.

Akande et al. (2022) compared satisfaction between public and private NHIS facilities in Nigeria, finding higher drug quality satisfaction in public facilities but longer waiting times. However, the study does not explain why drug quality

perceptions differ or explore structural factors (e.g., staffing, resource allocation) causing delays. Socio-demographic determinants (e.g., education) are noted but not contextualized within healthcare expectations. Regional disparities and technology's role in service delivery (e.g., telemedicine) remain unaddressed. Future research should compare NHIS with private insurance models and investigate regional healthcare quality variations to inform equitable reforms.

Negash et al. (2022) assessed health system responsiveness in Ethiopia, finding no significant difference between insured and uninsured patients. However, the study does not explain why insurance fails to improve responsiveness or address systemic inefficiencies (e.g., provider attitudes). Age-related dissatisfaction trends lack analysis of underlying factors like health literacy. Expanding the focus to specialized hospitals and aligning patient expectations with service delivery could strengthen findings.

Nwankwor et al. (2020) evaluated NHIS satisfaction in Nigeria, with 73.1% satisfied but 51.6% reporting responsiveness gaps, particularly in provider choice and autonomy. While the study identifies dissatisfaction correlates (e.g., male gender, rural residence), it does not explore structural barriers (e.g., policy inefficiencies) or compare services across facility tiers. Future research should investigate systemic inequities and provider incentive structures influencing responsiveness.

Okumu (2018) studied NHIF satisfaction in Kenya's Homa Bay County, finding no link between service categories and satisfaction but overlooking regional disparities

and infrastructure influences. The reliance on descriptive surveys limits depth; mixed-method approaches could capture beneficiary narratives. Sustainability issues (e.g., NHIF financing, fraud prevention) and digital health innovations (e.g., electronic claims) remain unexamined.

Michael et al. (2017) and Daramola et al. (2017) emphasized waiting times and drug availability as key NHIS satisfaction determinants in Nigeria but did not address root causes (e.g., supply chains) or propose targeted interventions. Both studies' single-facility focus limits generalizability, warranting multi-site comparisons. Qualitative methods and policy-oriented analyses are needed to enhance service quality frameworks.

2.4.3 The Role of the Social Welfare Officer in Advocating Of Healthcare Service Rights among NHIF Beneficiaries

Johnson et al. (2022) underscores the importance of empathy in healthcare, particularly through Social Welfare Officers (SWOs) who provide personalized support to NHIF beneficiaries. While empathetic interactions enhance satisfaction, the study neglects systemic barriers such as workload, bureaucratic constraints, or resource limitations that hinder SWOs' capacity to deliver individualized care. Future research should investigate how these structural challenges affect service quality. The study also applies SERVQUAL Theory but does not clarify which dimensions tangibility, reliability, responsiveness, assurance, or empathy most significantly impact beneficiary satisfaction. Additionally, cultural and social factors shaping beneficiaries' perceptions of empathy remain unexplored. Longitudinal studies

assessing whether sustained empathetic engagement improves health outcomes or NHIF trust would strengthen the evidence base for SWOs' roles.

Jones et al. (2023) highlights SWOs' contributions to healthcare access and satisfaction but overlooks systemic inefficiencies like policy constraints or institutional limitations. The study identifies workload pressures but does not compare urban versus rural disparities in service delivery. Beneficiaries' perceptions of SWOs relative to other providers (e.g., doctors, nurses) are also unexamined. Future research should evaluate whether SWOs' advocacy translates to long-term improvements in health outcomes, insurance retention, or reduced disparities. Comparative studies across geographic settings could reveal context-specific strategies to optimize SWOs' effectiveness.

Nguyen et al. (2024) explores social work consulting services in hospitals, noting high satisfaction with emergency support but limited analysis of contributing factors (e.g., response time, emotional support). The study's single-hospital focus restricts generalizability; expanding to rural and urban facilities would clarify utilization patterns. While advocating for patient-centered approaches, the study does not assess current outreach strategies' effectiveness or healthcare professionals' perspectives on social work integration. Addressing these gaps could enhance service awareness and interdisciplinary collaboration.

Abdi et al. (2020) examines hospital social workers' roles at St. Paul's Millennium Medical College, emphasizing free services for low-income patients. However, socioeconomic or cultural barriers to service access (e.g., stigma, awareness gaps)

are not explored. The study questions the need for specialized social work skills but does not evaluate how training deficits impact care quality. Solutions to challenges like heavy workloads or role ambiguity are also absent. Future research should employ mixed methods to quantify these issues' prevalence and test interventions like staff training or resource allocation.

Maxhakana (2021) investigates power dynamics between social workers and health professionals, revealing collaboration barriers but neglecting their impact on patient outcomes. The study's exclusive focus on social workers' perspectives limits insights into interdisciplinary tensions; including doctors' and nurses' viewpoints would provide balance. Root causes of role misconceptions (e.g., training gaps, institutional culture) remain unaddressed. Expanding the sample size and employing quantitative methods could validate findings across diverse healthcare settings.

Lee et al. (2022) emphasizes SWOs' role in improving NHIF beneficiary satisfaction through administrative assistance, counseling, and communication. However, challenges such as workload, resource constraints, and institutional support gaps are overlooked. Research comparing SWOs' effectiveness across healthcare settings (e.g., rural clinics vs. urban hospitals) could inform tailored strategies. For instance, in Musoma Municipality, SWOs address NHIF beneficiaries' concerns about delays and service quality (Mtaita *et al*., 2023), but systemic barriers to their advocacy remain unstudied.

Komba et al. (2023) highlights SWOs' role in monitoring healthcare services and relaying beneficiary feedback to administrators, fostering accountability. However,

challenges like poor administrator responsiveness or communication breakdowns in the feedback loop are unexamined. Future studies should assess how resource limitations or policy frameworks affect SWOs' capacity to drive systemic improvements.

Global Social Service Workforce Alliance (2024) advocates for integrating social service workers into healthcare to address social determinants of health (e.g., poverty, education). While emphasizing their role in equitable health systems, the study does not address workforce challenges like training gaps, role ambiguity, or underfunding. Research on policy interventions to strengthen this workforce could advance progress toward Sustainable Development Goal.

2.5 Research Gap

A research gap is an unanswered question or unresolved problem in a field that reflects a lack of existing research (Ethal, 2022). Despite the great efforts made by the Tanzanian government to increase healthcare service satisfaction for NHIF beneficiaries, significant gaps still need to be made in increasing the efficiency of healthcare services.

In the study area, several research has been conducted on various concepts; however, more studies need to focus on assessing healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal. This gap highlights the need for the current study to address this specific area. (Olotu *et al*., 2021), conducted in Moshi, Kilimanjaro, used the Conventional Theory of Insurance, while Khisa (2023) in

Bungoma County, Kenya, adopted the Expectancy Disconfirmation Theory. Similarly, Kidola (2022) employed the Theory of Assimilation in Kibondo, Tanzania, to explore related phenomena. This study will utilize the SERVQUAL Theory, which provides a comprehensive analysis of service quality, to assess healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal, contributing valuable insights.

A similar study by Nwankwor (2020) utilized inclusion and exclusion criteria to assess clients' perceived satisfaction and responsiveness to outpatient healthcare services within the National Health Insurance Scheme (NHIS) at the University of Nigeria Teaching Hospital in Enugu State, Nigeria. This research specifically targeted outpatient NHIS beneficiaries and excluded inpatient beneficiaries. In contrast, this study will include inpatient and outpatient NHIF beneficiaries to provide a more comprehensive evaluation of healthcare service satisfaction.

Although previous studies have provided valuable theoretical and empirical insights into healthcare service satisfaction among NHIF beneficiaries, a significant research gap must be addressed. While existing studies have explored the NHIF's functions and challenges, more research needs to be focused on the experiences of NHIF beneficiaries in Musoma Municipality.

2.6 Conceptual Framework

A conceptual framework is an organized theory that illustrates the primary variables, concepts, and interconnections significant to a research study (Adom *et al.*, 2023).

Further, the conceptual frameworks in research play a vital role in shaping the research direction. It serves as the foundation upon which the study is built and analyzed, offering a lens through which researcher can interpret their findings. The conceptual framework for assessing healthcare service satisfaction among NHIF beneficiaries is structured around specific objectives and critical pillars governing the Theory under study, the SERVQUAL Theory: assurance, healthcare worker responsiveness, and the social welfare officer's role in providing healthcare service. This framework illustrates how these dimensions influence the overall satisfaction of NHIF beneficiaries in Musoma Municipal. This framework is depicted in Figure 1. below, which visually represents the relationships between these key variables and their impact on healthcare service satisfaction. Based on this study, the conceptual framework comprises three independent variables and one dependent variable. From this conceptual framework, the dependent variable for this case, satisfaction, and its increase or decrease depends on the influence of independent variables for this case assurance, health workers' responsiveness, and the role of social welfare officers in healthcare service provision.

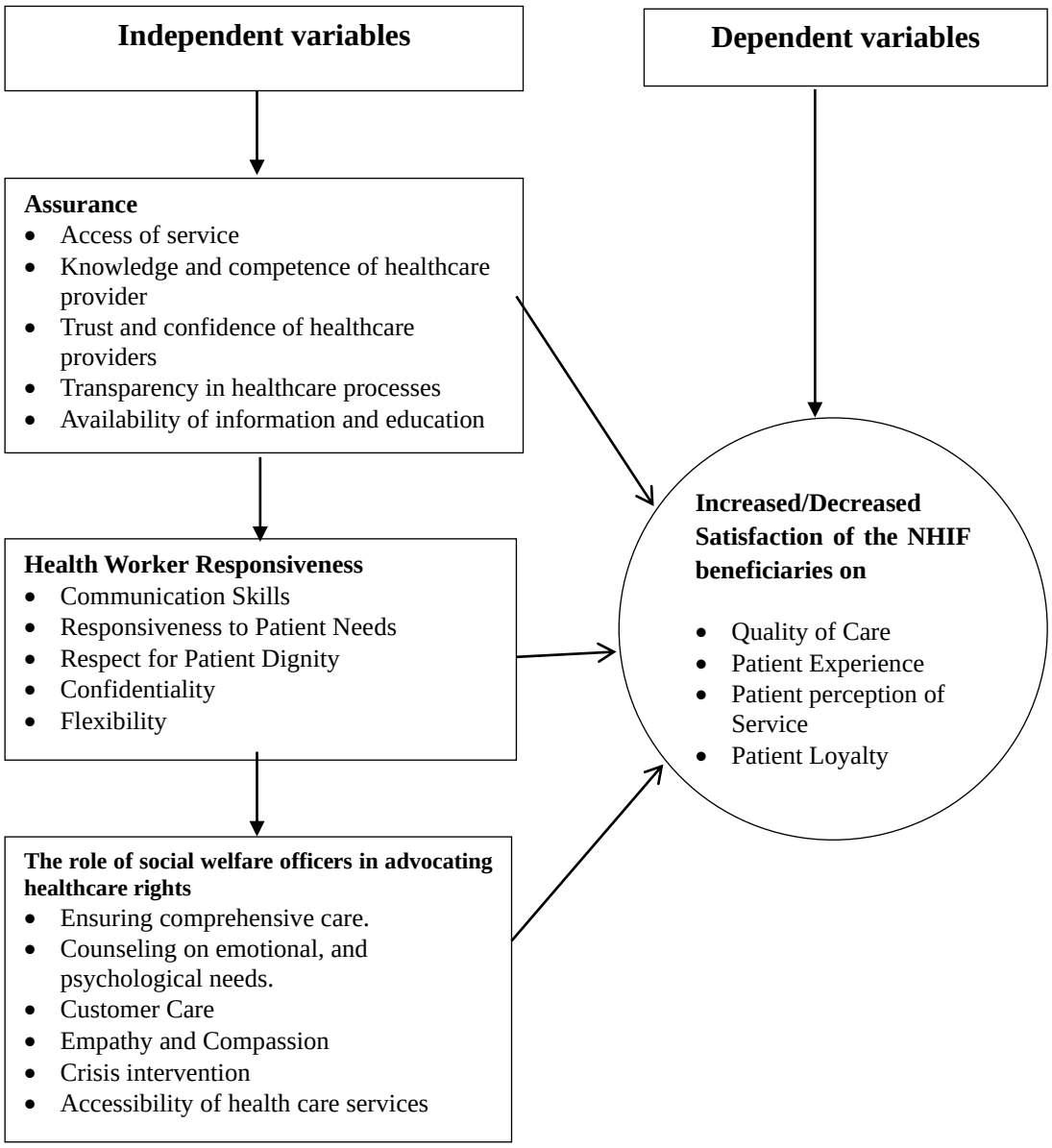

Figure 2.1: Conceptual framework

Source: Researcher, design 2025

Assurance: Assurance is a vital aspect of the SERVQUAL Theory, focusing on the trust and confidence healthcare providers build in their patients. It includes factors like healthcare professionals' competence, ability to deliver accurate information, and transparency of healthcare processes. In the context of NHIF, assurance affects how secure and confident beneficiaries feel about the quality and reliability of the services

provided. High levels of assurance contribute significantly to patient satisfaction and trust in the healthcare system.

Responsiveness: Responsiveness is a central aspect of the SERVQUAL Theory, highlighting healthcare workers' ability to promptly and effectively address patient needs. This dimension covers the timeliness of service, staff attentiveness, and readiness to respond to patient concerns and questions. For NHIF beneficiaries, responsive healthcare workers enhance the patient experience by delivering timely and appropriate care, which is crucial in increasing overall satisfaction with healthcare services.

Empathy: Empathy is a vital dimension of the SERVQUAL Theory, emphasizing the importance of understanding and addressing patient needs on an emotional and psychological level. Social welfare officers are vital in delivering empathetic care by advocating healthcare rights, providing support, acknowledging individual patient concerns and fostering a compassionate relationship. For NHIF beneficiaries, empathy from Social Welfare Officers builds trust, enhances patient satisfaction, and contributes to a more positive and supportive healthcare experience.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This chapter outlined the research methodology used to assess the satisfaction of National Health Insurance Fund beneficiaries in Musoma Municipal. It detailed the research philosophy, research design, approach, study area, population, sampling procedures, sample size, data sources, collection tools, validity and reliability, qualitative data rigor, analysis methods, and ethical considerations.

3.2 Research Philosophy

Research philosophy encompassed the fundamental principles and assumptions about the nature of knowledge, reality, and the processes that shaped how research was conducted and interpreted (Creswell *et al*., 2024). This research adopted a pragmatic philosophy, which emphasized practicality, real-world applications, and the use of multiple methods to capture a more comprehensive understanding of the research problem. Pragmatism was chosen as the research paradigm because it allows for flexibility in using both qualitative and quantitative methods, recognizing the value of both objective measurements and subjective insights. Qualitative methods, such as interviews with key informants, were used to explore experiences and perceptions in-depth, while quantitative methods, like questionnaires, measured and analyzed relationships between various factors. This combination enabled a more holistic approach to investigating the satisfaction of NHIF beneficiaries, aligning well with the study's general and specific objectives. The pragmatic approach was deemed

appropriate for addressing the complexity of healthcare satisfaction and the various factors influencing it in Musoma Municipality.

3.3 Research Design

Research design was the structured plan or blueprint for conducting a research study. It outlined the procedures for collecting, analyzing, and interpreting data to address research questions or hypotheses (Creswell *et al*., 2024). This study employed a Convergent (Parallel) Design, which involved collecting both quantitative and qualitative data in a single phase. The Convergent Design was chosen because it allowed for the simultaneous collection of data from different methods, providing a more comprehensive and nuanced understanding of the research problem. By collecting quantitative data through questionnaires and qualitative data through interviews, the study was able to capture both numerical trends and in-depth personal insights into NHIF beneficiaries' satisfaction. This design facilitated triangulation, where the results from both data types were compared and integrated, ensuring a richer and more valid interpretation of the findings. The Convergent Design was particularly suitable for this study as it addressed the complexity of assessing satisfaction from both statistical and experiential perspectives, aligning with the research's objective of exploring multifaceted factors influencing beneficiary experiences in Musoma Municipality.

3.4 Research Approach

A research approach is a framework or plan for conducting research that guides decisions regarding data collection, analysis, and interpretation. It involves selecting

a general research design based on the nature of the research problem, the researcher's personal experiences, and the audience's expectations (Creswell et. 2023). A mixed research approach combining quantitative and qualitative methods comprehensively understands a research problem. Quantitative data offers measurable, generalizable insights, while qualitative data provides depth and context, capturing participants' perspectives and experiences. Together, these methods enhance the reliability of findings, allow for richer analysis, and can address complex research questions more effectively by validating and complementing results across different data types.

3.5 The Study Area

The location of a study referred to the specific geographical area where research was conducted, and it could significantly impact the study's outcomes and relevance (Creswell, 2023). This study was conducted in the Musoma Municipal Mara Region, which covered approximately 84.1 square kilometers and had a population of 164,172 (NBS, 2022). Mara Region was known for being the home of Serengeti National Park, a United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage site, and the birthplace of Tanzania's founding father, Julius K. Nyerere. The region included various ethnic groups and relied on fishing, agriculture, mining, and trade. It was also a center for tourism and cultural arts activities. Musoma Municipal, the regional headquarters, contained 16 wards and had several higher-level NHIF-accredited healthcare facilities. Musoma Municipality was selected for this study due to its unique challenges and specific context regarding NHIF beneficiaries. The region had faced healthcare access and service equity issues,

making it an important area to explore regarding NHIF service delivery and beneficiary satisfaction. Additionally, there was a lack of focused research on the experiences of NHIF beneficiaries in this region, creating a gap that this study aimed to fill. The findings from Musoma Municipality could provide valuable insights for improving NHIF services in similar areas.

3.6 Study Population

The study population referred to the entire group of individuals, objects, or entities that shared common characteristics and were relevant to the research being conducted. The population represented the total "universe" from which a sample was drawn, and the study's findings were intended to generalize (Creswell, 2023). Based on NHIF data, Musoma Municipal had 1,467 NHIF beneficiaries, supported by 27 healthcare providers, 10 NHIF staff, and four social welfare officers. The study targeted NHIF beneficiaries aged 19-59, alongside all registered healthcare providers, NHIF staff, and social welfare officers in Musoma Municipal. This resulted in a population of 1,508 for the study, comprising 1,467 NHIF beneficiaries, 27 NHIF-accredited service providers, 10 NHIF staff, and four social welfare officers.

3.7 Sampling Procedure

Sampling procedures involved selecting a subset from a larger population to make inferences about the whole, aiming to ensure representativeness and minimize bias (Fink, 2022). This study used a simple random sampling method, giving all participants an equal and fair chance of being selected. This approach aligned with

the study's specific objectives, ensuring that each NHIF beneficiary had an equal opportunity to be included in the study. Non-probability prospective sampling was used to select service providers, NHIF staff, and social welfare officers as the key informants.

3.7.1 Probability Sampling

Probability sampling ensured every population member had a known, non-zero chance of selection, making the sample representative and allowing for statistical inference (Fink, 2022). The study, employed simple random sampling in selecting NHIF beneficiaries because it ensured that all individuals had an equal chance of being included, which improved the sample's representativeness. It allowed for generalizing the broader population of NHIF beneficiaries in Musoma Municipality.

3.7.2 Purposive Sampling

Purposive sampling was used in this study to intentionally select specific individuals or groups who could provide valuable insights related to the research objectives. It was crucial to gather information from key stakeholders such as healthcare providers, NHIF beneficiaries, and social welfare officers, as they had direct experience with the National Health Insurance Fund and its services. By targeting these participants, purposive sampling ensured the sample was relevant and aligned with the study's focus on understanding healthcare service satisfaction among NHIF beneficiaries in Musoma Municipality. This approach helped to gather in-depth, context-specific data that contributed to the research's overall aim.

3.8 Sample Size and Sampling Procedure

A sample size was a portion of a population selected to represent the entire population in a study (Costley *et al*., 2023). Determining the sample size meant choosing how many people would represent a group in a study. It was essential because the goal was to use a small group (the sample) to make conclusions about a larger population. The Krejcie and Morgan formula provided a straightforward way to determine an appropriate sample size for a population to ensure statistical significance in social science research. The total population under this study was 1,508, and the corresponding sample size based on the total population obtained from Krejcie and Morgan formula was 306. At a confidence level of 95%, this sample size of 306 ensured that the results accurately represented the satisfaction levels of all NHIF beneficiaries within Musoma Municipal. By selecting this sample size, the study achieved an approximate margin of error of 5%, which was acceptable in social research.

Table 3.1: Study's sample size

S/N	Description of respondents / participants	Population	Sample Size	Method used
1	NHIF beneficiaries	1467	302	Simple random sampling
2	Health service provider	27	2	Purposive
3	Social Welfare Officers	4	1	Purposive
4	NHIF Staff	10	1	Purposive
Total		1508	306	

Source: Researcher design 2025

3.9 Inclusion and Exclusion Criteria

Inclusion criteria defined the specific characteristics required for participation in a study, ensuring relevance to the research question and enhancing internal validity

(Fitzgerald *et al*., 2022). For this study, the inclusion criteria were NHIF beneficiaries accessing healthcare services within Musoma Municipal between 19 and 59 years of age.

Exclusion criteria identified characteristics that disqualified individuals from participating, helping to avoid confounding factors and improving study validity (Fitzgerald *et al*., 2022). For this study, the exclusion criteria were non-NHIF beneficiaries, NHIF beneficiaries in critical condition, and only those research subjects who consented to respond to this study were included to meet the inclusion criteria.

3.10 Sources of Data

Sources of data include primary data, collected through surveys, interviews, and observations, and secondary data, obtained from existing reports, policy documents, and relevant literature.

3.10.1 Primary Data Source

A primary data source referred to data collected firsthand by a researcher specifically to address a particular research question or objective. This data is original and has yet to be previously analyzed or published. Primary data is gathered through direct interaction with subjects or observations and is considered highly relevant and specific to the research (Babbie, 2021). Quantitative and qualitative data were collected from research subjects through self-administered questionnaires and interviews.

3.10.2 Secondary Data Source

A secondary data source referred to data that had been previously collected and published by other researchers, organizations, or institutions and was used by a researcher for a different analysis or study than initially intended.

Unlike primary data, which was collected firsthand by the researcher for a specific research question, secondary data was pre-existing and could be accessed through various formats such as reports, databases, archives, and publications (Babbie, 2021). Therefore, secondary data was obtained through reading different literature and theories applied in this study.

3.11 Data Collection Tools

Data collection methods are chosen based on research objectives, ensuring data accuracy and relevance (Fink, 2022). Qualitative methods, such as interviews and quantitative techniques, were used to enhance the understanding of the data. These interviews offered a deeper exploration of participants' experiences, perceptions, opinions, and suggestions, adding richness to the quantitative data collected through questionnaires. This approach aims to provide a more comprehensive view by capturing the nuances of participants' responses.

3.11.1 Structured Questionnaires

A structured questionnaire was a data collection tool used in quantitative data collection, consisting of a set of predetermined questions designed to gather specific information from respondents systematically. It was characterized by its fixed-

response format, where questions were formulated with predefined options or scales, allowing for uniformity in responses and ease of data analysis (Saunders *et al*., 2019). A structured questionnaire was used to collect data from the target sample regarding assessing healthcare service satisfaction among NHIF beneficiaries. The questionnaire was administered once to minimize bias and allow for the investigation of a large sample.

3.11.2 Interview

An interview checklist was a structured tool that guided and standardized the qualitative data collection. It ensured that the interviewer covered all necessary topics and questions, maintained consistency across interviews, and gathered comprehensive and relevant information from each participant. The checklist typically included a list of questions or topics to be addressed and procedural reminders to ensure a smooth and effective interview process (Kvale *et al*., 2023). In this study, an interview guide was used for qualitative data collection for healthcare providers, social welfare officers and NHIF staff.

3.12 Data Analysis, Interpretation and Presentation

Data analysis was the process of organizing, structuring, and interpreting raw data to extract meaningful information (Babbie, 2024). This study assessed healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal using quantitative and qualitative approaches. Quantitative data from 316 participants were analyzed using descriptive analysis, while qualitative data from interviews with healthcare providers and social welfare officers underwent thematic analysis. This

approach ensured a thorough understanding of the factors influencing NHIF beneficiary satisfaction**.**

3.12.1 Validity and Reliability of the Research Instruments

Validity and reliability were fundamental concepts in research methodology that assessed the quality and trustworthiness of measurement tools and data collection processes. Both were crucial for ensuring that research findings were accurate and meaningful (Creswell *et al*., 2023).

3.12.1.1 Validity

Validity referred to the extent to which a research instrument or measurement tool accurately measured what it was intended to measure. It assessed whether the results derived from a tool or method genuinely reflected the studied construct or variable. Validity ensured that inferences and conclusions drawn from data were sound and relevant (Creswell *et al*., 2024). Several measures were taken to ensure content validity in this study, which focused on healthcare service satisfaction among NHIF beneficiaries. Initially, the survey instrument had to undergo a pre-test to confirm that the questions were straightforward and identify potential issues before the primary data collection. Data were also carefully reviewed and edited to correct errors and omissions, ensuring accuracy and consistency. Finally, the research supervisors had to validate the questionnaires to ensure they effectively measured the intended aspects of healthcare service satisfaction before administering them to participants.

3.12.1.2 Reliability

Reliability referred to the consistency and stability of a research instrument or measurement tool. It reflected the extent to which a measurement produced the same results under consistent conditions over time. A reliable instrument provided dependable data, meaning repeated measurements under the same circumstances would yield similar results. Reliability was essential for the accuracy and trustworthiness of the research outcomes (Bryman *et al*., 2023). In this study on healthcare service satisfaction among NHIF beneficiaries, reliability was achieved by ensuring the research design was transparent and replicable. The methodology was clearly outlined so that others could reproduce the study and obtain similar results or at least trust that the results were reliable (Saunders *et al*., 2019).

The study encompassed three key phases: developing a set of research questions, gathering data through questionnaires and interviews with diverse respondents, and performing a preliminary test of the instruments to validate their reliability. The process was initiated by designing targeted questions aligned with the research objectives, followed by data collection using both structured questionnaire and in-depth interviews to capture varied perspectives. Finally, the reliability of the methodologies and tools was rigorously assessed through an initial testing phase to ensure consistency and accuracy before full-scale implementation.

3.12.2 Qualitative Data Trustworthy

Qualitative data are considered trustworthy when they demonstrate credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility

is ensured by accurately representing participants' experiences through methods like triangulation, member checking, and prolonged engagement. Transferability is achieved by providing rich, detailed descriptions that allow others to determine whether findings apply to similar contexts. Dependability ensures consistency in data collection and analysis, often maintained through an audit trail or peer review. Confirmability is upheld by documenting decisions, using reflexivity, and demonstrating that findings come from the data rather than researcher bias. By following these principles, qualitative research ensures that data and interpretations remain accurate and reliable.

3.12.2.1 Dependability

Dependability in qualitative research referred to the stability and consistency of the research findings over time. It was the qualitative equivalent of reliability in quantitative research. Dependability assessed whether the research process was logical, well-documented, and traceable, ensuring that another researcher could replicate the findings following the same methodology and conditions. Ensuring dependability involved accounting for changing conditions within the research setting and managing these changes (Nowell *et al.*, 2017). In the context of this study, assessing healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal meant that while results might have varied due to changing conditions, they still represented the underlying patterns of patient experiences and perceptions.

3.12.2.2 Trustworthiness

Trustworthiness in qualitative research referred to the rigor and credibility of the data collection, analysis, and interpretation processes (Yin, 2023). It ensured that the findings were accurate and reliable and reflected the experiences or phenomena being studied. Trustworthiness was often evaluated using four critical criteria: credibility, transferability, dependability, and confirmability. In this study, the researcher adhered to and observed the aspects of data trustworthiness.

3.12.2.3 Confirmability

Confirmability was one of the critical criteria for establishing trustworthiness in qualitative research. It referred to the degree to which the findings of a study were shaped by the participants' experiences and realities rather than the researcher's personal biases, assumptions, or perspectives. Confirmability ensured that the data and interpretations were objective and could be validated by others (Tracy, 2023). In assessing healthcare service satisfaction among NHIF beneficiaries, to ensure confirmability, the interpretation of the study's findings during data analysis was based solely on the collected data, without being influenced by personal biases or opinions.

3.13 Ethical Considerations

Ethical considerations in research were principles that guided the research design and practices (Pritha, 2024). Scientists and researchers were required to adhere to a specific code of conduct when collecting data from people. The goals of human research often included understanding real-life phenomena, studying effective

treatments, investigating behaviors, and improving lives in other ways. What was decided to research and how the research was conducted involved critical ethical considerations. These considerations protected the rights of research participants, enhanced research validity, and maintained scientific or academic integrity. The researcher adhered to established research ethics procedures throughout the study.

3.13.1 University Clearance

The study was performed based on The Open University of Tanzania Prospectus and other directives given during the research. Furthermore, a research clearance letter was obtained from the Open University of Tanzania before proceeding to the study area to ensure adherence to research ethics. Likewise, the researcher notified the Musoma Municipal Council Authority before commencing the study. During the research, the researcher upheld the following ethical principles: Confidentiality, Anonymity, Informed Consent, Assent, Do No Harm, and Voluntary Participation.

3.13.2 Confidentiality

Confidentiality was the ethical and legal obligation to protect sensitive information from unauthorized access and disclosure. In research, it involved safeguarding participants' data and ensuring that it was used solely for the intended purposes of the study (Smith, 2023). In this study, the researcher strictly maintained confidentiality.

3.13.3 Anonymity

Anonymity involved removing or altering identifiable details so participants could not be easily identified (Mertens, 2023). Confidentiality was effectively implemented

by hiding the personal information of the participants. The researcher anonymized personally identifiable data so that it could not be linked to other data by anyone else. In the context of this study, the researcher upheld anonymity.

3.13.4 Consent

Informed consent involved obtaining participants' agreement to participate in the research and ensuring they understood how their data would be used and protected (Creswell *et al*., 2023). In the context of this study, the researcher upheld informed consent.

3.13.5 Voluntary Participation

Voluntary participation ensured that individuals freely chose to participate without coercion and could withdraw at any time (Vaughn, 2023). The researcher upheld this principle throughout the study.

3.13.6 Do Not Harm Principal

In healthcare and research, the "Do Not Harm" principle emphasized prioritizing patient safety and minimizing risks to participants (WHO, 2022). Research required that studies be designed and conducted to minimize potential risks to participants, ensure their well-being, and safeguard against adverse effects (Smith *et al*., 2021). In the context of this study, the researcher upheld the ‘Do Not Harm’ principle’.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Chapter Overview

This chapter on data analysis and presentation is organized into the following subsections: demographic information of the research subjects, assessment of healthcare service satisfaction among NHIF beneficiaries, analysis of healthcare providers' responsiveness in service delivery to NHIF beneficiaries, and the role of social welfare officers in advocating healthcare rights among the Musoma Municipal. As outlined below, each subsection presents more details.

4.2 Demographic Information

The demographic information for research subjects in the study on healthcare service satisfaction among National Health Insurance Fund (NHIF) beneficiaries in Musoma Municipal is categorized into four subsections: age group, gender, length of NHIF membership, and educational attainment. The section presents more detail on demographic information of the research subjects in table form for the study titled, Assessment of Healthcare Service Satisfaction Among National Health Insurance Fund Beneficiaries: Case of Musoma Municipal.

4.2.1 Age Cohorts among NHIF Beneficiaries

As per Table 4.1, data shows that among four categories of age status, the age distribution indicates that most beneficiaries are between 30 and 49, suggesting a focus on the working-age population.

Table 4.1:Age cohort among NHIF beneficiaries

Age categories in years	Frequencies	Percentages
19 -29	61	20
30-39	92	30
40 -49	76	25
50 -59	77	25

Source: Field survey, 2025

The age distribution of NHIF beneficiaries in Musoma Municipal highlights varying healthcare needs and satisfaction expectations across life stages. Youth respondents aged 19-29, who comprise 20% of the sample, generally have fewer healthcare needs, which might contribute to a different satisfaction perspective than older groups. Beneficiaries aged 30-39 (30% of respondents) are often in the workforce and may require NHIF services for personal and family healthcare, making service efficiency and coverage essential for their satisfaction. Those aged 40-49 (25%) and 50-59 (25%) increasingly depend on NHIF for more comprehensive healthcare support, including chronic disease management and specialized services. Their satisfaction is often shaped by service reliability, access to specialized care, and the consistency of NHIF benefits in meeting their ongoing health needs. This range of age-related healthcare priorities underscores the importance of tailoring NHIF services to ensure satisfaction across all age groups within Musoma Municipal.

4.2.2 Gender Distribution among NHIF Beneficiaries

The gender distribution of respondents in the study on healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal highlights important insights into healthcare utilization patterns and satisfaction levels**.**

Table 4.2: Gender distribution among NHIF beneficiaries

Male		Female	
Frequencies	Percentage	Frequencies	Percentage
138	45	168	55

Source: Field survey, 2025

The sample consists of 45% male and 55% female respondents, indicating a slight majority of women among the beneficiaries. This gender balance may reflect broader societal roles, with women often serving as primary caregivers and, therefore, more engaged in healthcare decisions for themselves and their families. Female respondents may prioritize aspects such as maternal and child health services, access to comprehensive care and the availability of health resources tailored to women's needs. In contrast, male respondents might focus more on services related to occupational health and chronic disease management. This gender dynamic is crucial for understanding the varied expectations and satisfaction levels among NHIF beneficiaries, as it underscores the necessity for NHIF services to be responsive to the specific health needs and concerns of both genders in Musoma Municipal.

4.2.3 Education Level

The educational level of respondents in the study on healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal shows a diverse range of qualifications.

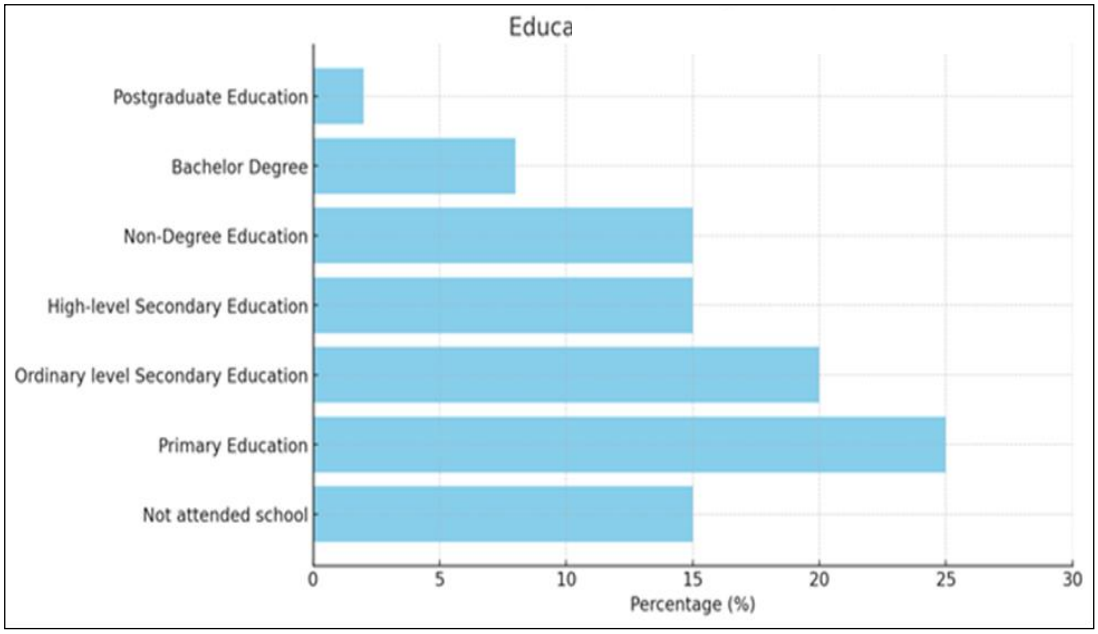

Figure 4.1: Education levels of respondents

Source: Researcher data, 2025

Approximately 15% have not attended school, while 25% completed primary education. Ordinary levels secondary education is represented by 20% and 15% have completed high-level secondary education. Additionally, 15% hold non-degree qualifications, such as diplomas or certificates, while 8% possess a bachelor's degree. Only 2% have pursued postgraduate education. This educational diversity likely influences respondents' understanding of healthcare services and their satisfaction with NHIF offerings**.**

4.2.4 Duration of NHIF Membership

The duration of NHIF membership among the respondents provides crucial insights into their familiarity with the insurance services and their experiences over time. In the study, 12% of participants have been members for less than one year, indicating a

relatively new engagement with the NHIF. A significant portion, 29%, has been members for 1-3 years, suggesting that many beneficiaries are beginning to establish their experiences and expectations with the services. Additionally, 24% have been members for 4-6 years, reflecting moderate knowledge that may influence their satisfaction and perceptions of service quality. Notably, 30% of respondents have maintained their membership for seven years or more, representing long-term beneficiaries who may have developed more comprehensive views on service consistency and improvements over time.

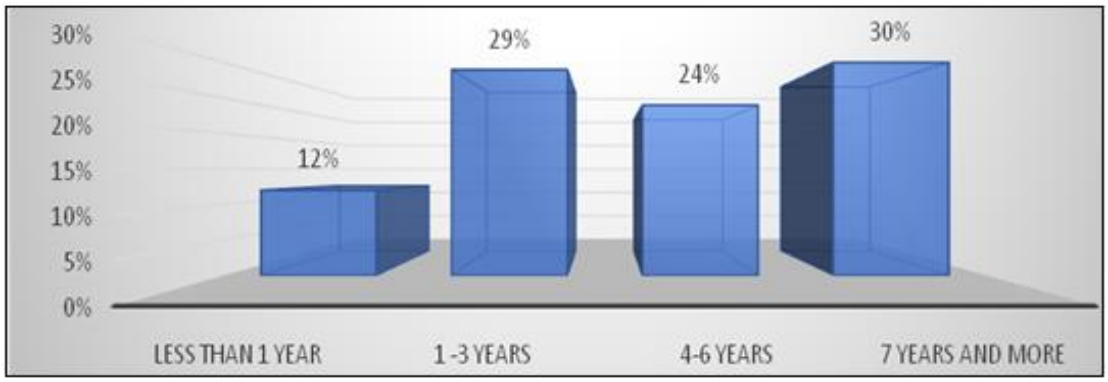

Figure 4.2: Duration of NHIF membership

Source: Researcher data 2025

This variation in membership duration allows for exploring how experiences and satisfaction levels may differ based on the length of engagement with NHIF services, providing a deeper understanding of the factors influencing beneficiary satisfaction.

4.3 Level iof Assurance n Healthcare Service Satisfaction among NHIF Beneficiaries in Musoma Municipal

Informed with both quantitative and qualitative data, three questions were used to solicit information from the research subjects on the awareness of assurance of

healthcare services satisfaction, the factors associated with low level of healthcare service satisfaction, and the managerial reasons for the low level of satisfaction among NHIF beneficiaries in the study area. More details are presented.

4.3.1 Awareness of Assurance of Healthcare Services Satisfaction

Figure 4.3 indicates that most of the research subjects were aware of the satisfaction assurance of healthcare services. The findings from the field show that 78% were conversantly aware, while 22% were not informed of the satisfaction assurance of healthcare services.

Figure 4.3: Awareness of assurance of healthcare services satisfaction
Source: Researcher data, 2025

The findings reveal that the NHIF provides health services to Tanzanian public servants, who are educated and informed of their rights, particularly on health-related matters. The identified number (22%) highlights the untold story of public servants who cannot assert their rights related to health because they are not aware of them.

The finding implies that civil servants must be aware of the optimum level (satisfaction point) of the health services offered to them for the public to hold NHIF accountable for the quality of services provided to its clients.

4.3.2 Factors Associated with Low Level of Healthcare Service Satisfaction

Table 4.3 identifies four factors associated with low levels of healthcare service satisfaction: drug availability (31), long waiting time (29), limited diagnostic equipment (18%), and a shortage of specialized healthcare services (22).

Table 4.3: Factors associated with low level of healthcare service satisfaction

No	Factors associated with low level of healthcare service satisfaction	Percentage
1	Drug availability	31
2	Long wait times	29
3	Limited diagnostic equipment	18
4	Shortages in specialized healthcare services	22

Source: Researcher data, 2025

The findings, as presented in Table 4.3, show no significant results among the four factors; despite their differences in ranges, their scores were below 50%. These findings reveal their interrelatedness and interconnectedness. Hence, to adequately address the identified factors, all these factors should be dealt with equally.

4.3.3 Managerial Reasons For the Low Level of Satisfaction among NHIF Beneficiaries

Aiming to collect rich information on the question under study, social welfare officers were exposed to managerial reasons for the low level of satisfaction among NHIF beneficiaries. The following was their narration,

> *"The NHIF administrators have central role to play in informing their clients (the public servants) on their entitlements. However, this is not done, to the extent that it leads to frustrations among the NHIF beneficiaries".*

Cementing on the presented narration, another key informant noted,

> *"It is very common to find public servants who are the beneficiaries of NHIF in a state of frustration or confusion, which is caused with lack of information provided or communication breakdown, where some decisions are made by the NHIF administrators without consulting their beneficiaries".*

The narration presented by the key informants reveals the existing and widening communication gap between the NHIF administrators and their beneficiaries, who are public servants.

4.3.4 Discussion on Assurance Level of Healthcare Service Satisfaction among NHIF Beneficiaries in Musoma Municipal

Research identifies a few crucial elements and difficulties in ensuring National Health Insurance Fund (NHIF) users are satisfied with healthcare services. Several factors, such as the accessibility of drugs, diagnostic centers, and medical personnel, affect how satisfied beneficiaries are with NHIF services. Research shows that even though NHIF has made progress in increasing access to healthcare through recognized public and private facilities, many beneficiaries report varying degrees of satisfaction, frequently pointing to problems with medication availability, lengthy wait times, a lack of diagnostic tools, and a lack of specialized medical services.

Applying The SERVQUAL theory, which assesses service quality across five dimensions tangibles, reliability, responsiveness, assurance, and empathy helps frame these findings more effectively. The assurance dimension, which reflects beneficiaries' trust in healthcare providers’ competence and courtesy, is particularly relevant. Issues such as inconsistent access to medicines and diagnostic services

weaken this trust, making beneficiaries question the reliability of NHIF facilities. While some beneficiaries in Tanzania expressed moderate satisfaction with medicine availability, persistent shortages and delays in receiving prescription drugs negatively impacted their reliability perception of NHIF services.

In addition, Tanzania's beneficiaries expressed modest satisfaction with medicine availability. Still, they also pointed out ongoing shortages and delays in getting prescription drugs, which affected their overall happiness. Data from the field supported this, showing that certain NHIF-registered hospitals in Musoma had worse conditions than others, with less specialized services and associated infrastructure. Numerous recipients voiced their displeasure, mainly with the staffing levels, communication from healthcare personnel, and service quality.

Moreover, the qualitative findings revealed that the administrative side of NHIF also impacted beneficiaries' happiness. They felt they needed to be more informed about their benefits, which caused them to become frustrated and confused. To better match services with client requirements, improved beneficiary engagement in healthcare policy-making and communication and education regarding NHIF's services and packages are necessary.

Altogether, Kidola (2022), Linje (2015) and Gilliard & Nansanga (2018) their studies findings support those of the current study; they have identified several crucial elements and difficulties in ensuring National Health Insurance Fund (NHIF) users are satisfied with healthcare services. Several factors, such as the accessibility of

drugs, diagnostic centers, and medical personnel, affect how satisfied beneficiaries are with NHIF services. According to studies, despite NHIF's progress in increasing access to healthcare through recognized public and private facilities, many beneficiaries report varying degrees of satisfaction, frequently pointing to problems with medication availability, lengthy wait times, a lack of diagnostic tools, and specialized healthcare services.

Mangi (2009) (Kumar *et al.*, 2010), while using the relevancy of SERQUAL theory to assess healthcare service satisfaction among NHIF beneficiaries, pinpointed that the quality of services can be dealt with through five dimensions. These dimensions are tangibles, reliability, responsiveness, assurance, and empathy. Therefore, the theory helps manage and address perceived service quality by contrasting expectations with real-world experiences, making it a good fit for evaluating satisfaction in healthcare insurance programs such as NHIF.

4.4 Health Workers' Responsiveness On Healthcare Service Satisfaction among NHIF Beneficiaries

Guided by the features of health workers' responsiveness, the four aspects considered were respect, promptness, clear communication, and empathy for healthcare providers. The study used the quantitative approach to collect data for the four aspects. The study learned about patients' dignity, autonomy, and confidentiality regarding healthcare service quality from the NHIF beneficiaries. More details are provided below;

4.4.1 The Features of Health Workers Responsiveness On Healthcare Services Satisfaction among NHIF Beneficiaries

This question was exposed to the NHIF beneficiaries to learn how they perceive healthcare service providers wherever they approach them. The findings show that the NHIF beneficiaries considered not to be treated with respect (79%), no promptness during information provision (92%), provided information not clear (89%), and 90% indicated not experiencing empathy during service provision from healthcare providers.

Table 4.4: Features of health workers responsiveness

Features of health workers responsiveness	Percentages	
	Yes	No
Respect	21	79
Promptness	8	92
Clear communication	11	89
Empathy	10	90

Source: Researcher data, 2025

The finding implies that a significant number of NHIF beneficiaries, while considering the responsiveness features, are unhappy with the services they receive from healthcare providers.

4.4.2 The Features of Healthcare Quality Service Satisfaction among NHIF Beneficiaries

It is critical to learn from the data presented in Table 4.7 that most of the NHIF beneficiaries considered themselves treated without dignity (94%), autonomy (89%), and confidentiality (75%), which is the lowest percentage among the other presented features.

Table 4.5: Features of healthcare quality services

The Features of healthcare quality service satisfaction among NHIF beneficiaries	Percentage	
Features	Yes	No
Patients' dignity	6	94
Patients' autonomy	11	89
Patients' confidentiality	25	75

Source: Researcher data, 2025

The findings, as presented, still show weaknesses among healthcare service providers when dealing with NHIF beneficiaries. NHIF beneficiaries deserve to be treated with dignity; without it, they feel offended, and hence, their autonomy is not respected or considered during decision-making.

4.4.3 Discussion On Health Workers' Responsiveness On Healthcare Service Satisfaction among NHIF Beneficiaries

The findings of this study were in line with the studies of Chihoma & Mwangu (2024), who revealed that responsiveness of healthcare professionals is a critical factor in determining how satisfied patients are with healthcare services, especially those who are enrolled in insurance programs like the National Health Insurance Fund (NHIF). Adding on, De Silva (2000) and WHO (2000) noted that the responsiveness of healthcare professionals includes how they respond to and manage their patients' demands, worries, and expectations. It has a significant impact on beneficiaries' satisfaction.

The current study findings were mirrored by research conducted on NHIF programs in nations like Ghana, Nigeria, and Kenya, which shows that beneficiaries' opinions

are greatly impacted by responsiveness. For example, in Ghana, beneficiaries of the National Health Insurance Scheme (NHIS) expressed more satisfaction because of better responsiveness. There appears to be a positive feedback loop between responsiveness and satisfaction, as patients who received courteous and timely services were more inclined to recommend the medical facility (Alhassan *et al*., 2015).

Moreover, public healthcare systems frequently have service delivery delays, which can reduce patient satisfaction. According to research, shorter wait times are highly valued by NHIF beneficiaries since delays may deter future use of healthcare services (Dalinjong *et al*., 2012). Patients also value concise explanations of their medical diagnoses and therapies. Because of poor communication, NHIF beneficiaries frequently feel they need to be more informed, undermining their pleasure and trust. According to (Atinga *et al*., 2011), good communication builds trust and improves the patient experience. Furthermore, beneficiaries are happier when they receive respectful treatment from healthcare providers. Dissatisfaction may result from perceived discrimination or disinterest, particularly in crowded hospitals (Rahmqvist & Bara, 2010).

According to the SERVQUAL theory, responsiveness gauges how eager healthcare professionals are to assist patients and deliver timely care. It meets the needs of NHIF beneficiaries, who frequently value prompt service, care, and proactive assistance from medical professionals. According to studies, patients are far more satisfied when a response matches their expectations because they feel appreciated

and respected (Bakar *et al*., 2008). Additionally, responsiveness is critical in healthcare settings since SERVQUAL directly evaluates how well service providers meet client demands promptly and encouragingly (Parasuraman *et al*., 1988).

4.5 Role of Social Welfare Officers in Advocating Healthcare Service Rights among NHIF Beneficiaries

This question is dealt with using two variables: the awareness of NHIF beneficiaries on the role of social welfare and the role of social welfare officers in advocating healthcare services rights. This was a qualitative question exposed to social welfare officers and a few NHIF beneficiaries in the study area. More details are presented below.

4.5.1 Awareness of NHIF Beneficiaries on the Role of Social Welfare Officers

The findings, as indicated in Figure 4.4, show that 56% of NHIF beneficiaries are not aware of the role of social welfare officers in relation to services provided by NHIF.

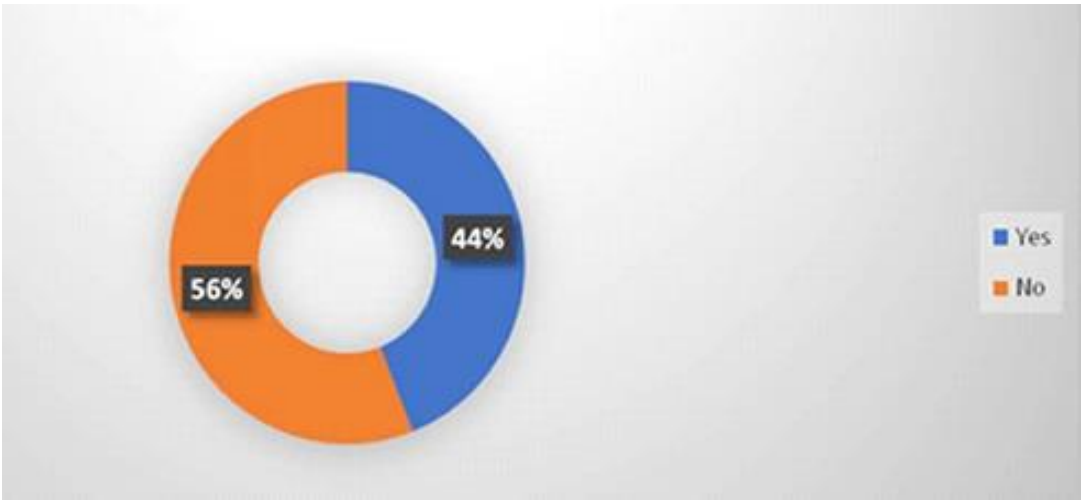

Figure 4.4: Awareness of NHIF beneficiaries on the role of social welfare officers

Source: Researcher data, 2025

Only 44% of the NHIF beneficiaries indicated their awareness of the role of social work in relation to NHIF services.

4.5.2 The Role of Social Welfare Officers in Advocating Healthcare Services Rights

From the study area, social welfare officers identified two roles in healthcare services provided by NHIF, namely addressing socioeconomic barriers to health and facilitating access to healthcare services. On the same note, the NHIF beneficiaries noted providing psychosocial support, advocating for patient's rights, and addressing complaints. The following are narration as captured,

> *"Depending to specific location, some NHIF beneficiaries may encounter various limitations when access specific health services. It is therefore the role of social welfare officer to help them in addressing or overcoming it."*

While agreeing with the same observation, another social welfare officer narrated,

> *"In some events some health services on demand may not be catered for by the contribution of NHIF. Due to financial or socioeconomic limitations, social welfare may come into support*."

Further, the NHIF beneficiary narrated,

> "*Social welfare officer are very supportive as they provide psychosocial support, and support those in need of counseling services*".

On the same argument, another narrated,

> "*Social welfare officers have specific skills and competencies which are very useful in lobbying and advocating for clients (NHIF beneficiaries) to receive the health-related benefits*."

The narration presented by the social welfare officers and the NHIF beneficiaries agrees on the central role they play in supporting those challenged by numerous shortcomings related to NHIF healthcare services.

4.5.3 Discussion On the Role of Social Welfare Officers in Advocating Healthcare Service Rights

NHIF beneficiaries may have social or financial obstacles that restrict their access to high-quality medical treatment. Social welfare workers connect recipients to other support networks, such as food aid or housing resources, to identify and remove these obstacles when necessary. Satisfaction is increased when healthcare requirements are addressed holistically, thanks to this all-encompassing support (Saraceno *et al*., 1997). NHIF beneficiaries receive assistance from social welfare officers in comprehending and navigating intricate healthcare systems. They assist beneficiaries with registration, offer advice on NHIF rights, and resolve any administrative obstacles to service access. They improve beneficiaries' access to prompt care by lowering these administrative obstacles, which raises satisfaction (Karanja *et al*., 2015). According to Roberts-DeGennaro (2008), social welfare officers frequently ensure recipients access extra social services that improve their general health and well-being.

Social welfare officers handle complaints about poor treatment, delayed services, or problems receiving NHIF funds while advocating for patients' rights in medical facilities. They serve as go-betweens for patients and medical professionals, guaranteeing that grievances are immediately addressed. According to research,

patient satisfaction levels considerably increase when issues are promptly handled (Alhassan *et al*., 2015). Many NHIF recipients experience stress because of their medical issues or financial hardships. Counseling and emotional assistance from social welfare officials can significantly lower patients' anxiety levels and enhance their overall experience of receiving medical care. According to Holland and Hogg (2001), psychosocial support is crucial for patient satisfaction because it makes recipients feel cared for in ways that go beyond the strictly medical components of treatment.

The enormous impact that social welfare officers have on NHIF users' healthcare satisfaction is evident when The SERVQUAL's theory dimensions are applied to their duties. In the healthcare industry, assurance, empathy, and responsiveness are essential to raising patient satisfaction. According to research, patients who feel confident about the caliber of treatment they are receiving and who believe their needs are being handled swiftly and sympathetically report higher levels of healthcare satisfaction (Andaleeb, 2001). By effectively enhancing these SERVQUAL qualities through advocacy, assistance, and coordination, social welfare officers help NHIF recipients have a better positive healthcare experience (Alhassan *et al*., 2016).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Chapter Overview

This chapter summarizes the fundamental findings and draws conclusions based on them, with three specific objectives: assess assurance of healthcare service satisfaction, explore health workers' responsiveness to healthcare service satisfaction, and investigate the role of social welfare officers in advocating healthcare service rights among NHIF beneficiaries in Musoma Municipal. Lastly, the generated findings were used to make informed recommendations for the study based on numerous stakeholders to improve the satisfaction level among NHIF beneficiaries.

5.2 Summary

This study sought to assess healthcare service satisfaction among National Health Insurance Fund beneficiaries in Musoma municipal. Three objectives further guided the study to assess assurance of healthcare service satisfaction, explore health workers' responsiveness to healthcare service satisfaction, and investigate the role of social welfare officers in advocating healthcare rights among NHIF beneficiaries in Musoma Municipal. The study employed SERVQUAL theory to interrogate the NHIF stakeholders. The study embarked on a pragmatic philosophy, which embraces mixed approaches. Data were collected using interviews and questionnaires. The analysis was undertaken by thematic for qualitative data, while descriptive statistics informed the quantitative data.

The significant findings show that 78% were conversantly aware. In comparison, 22% were not informed of the assurance of healthcare services satisfaction, and factors associated with a low level of healthcare services satisfaction identified are four factors, namely drug availability (31), long waiting time (29), the limited diagnostic equipment (18%), and shortage in specialized healthcare services (22). Further, the NHIF beneficiaries considered not to be treated with respect (79%), no promptness during the provision of information (92%), Provided information not clear (89%), and 90% indicated not experiencing empathy during service provision from the healthcare providers. Most of the NHIF beneficiaries were considered to be treated without dignity (94%), without autonomy (89%), and without confidentiality (75%), which is the lowest among other presented features. Adding on, NHIF beneficiaries 56% are unaware of the role of social welfare officers in services provided by NHIF, and the findings reveal that social welfare officers handle complaints about poor treatment, delayed services, or problems receiving NHIF funds while advocating for patients' rights in medical facilities. They serve as go-betweens for patients and medical professionals, guaranteeing that grievances are immediately addressed.

5.3 Conclusion

Particularly for those who receive benefits from health insurance programs such as the National Health Insurance Fund (NHIF), the responsiveness of healthcare personnel is a crucial determinant of healthcare service satisfaction. How healthcare professionals respond to patients' wants, worries, and expectations is called

responsiveness, and it dramatically impacts beneficiaries' happiness. Key elements of this relationship are listed below, along with relevant research and references.

Improving responsiveness at NHIF-funded facilities involves investing in workforce training, expanded staffing, and improved administrative processes. Programs for health workers that emphasize effective service delivery, communication techniques, and patient-centered care can be beneficial. Furthermore, implementing systems for patient feedback could assist in identifying areas that require improvement.

The SERVQUAL theory offers a valuable framework for examining how social welfare officers contribute to NHIF recipients' increased healthcare satisfaction by evaluating service quality along several dimensions, including assurance, responsiveness, empathy, tangibles, and reliability. By meeting critical SERVQUAL dimensions, especially those related to assurance, empathy, and responsiveness, social welfare officers can close gaps in healthcare delivery and enhance patient satisfaction. With references, this is how the SERVQUAL theory relates to their jobs. By concentrating on responsiveness, empathy, and assurance, social welfare officers help close gaps in service delivery and enhance healthcare satisfaction for NHIF beneficiaries. They are crucial in ensuring that healthcare delivery aligns with SERVQUAL's quality dimensions.

5.4 Recommendations

It is essential to increase healthcare professionals' responsiveness, including their capacity to attend to patients' needs and concerns quickly. Programs that enhance

healthcare workers' empathy, communication abilities, and patient involvement may be part of this. Ensuring NHIF recipients feel valued and heard can considerably raise their satisfaction levels.

Patient discontent may be exacerbated by administrative obstacles such as drawn-out registration procedures, hold-ups in claim approvals, and a need for knowledge of NHIF policy. By streamlining these procedures and giving NHIF beneficiaries accurate information about their rights, procedures, and claim procedures, the patient experience could be enhanced, and delays could be decreased. Establishing NHIF customer service centers or help desks at medical institutions also facilitates access to information and problem-solving for beneficiaries.

Patients frequently complain about outdated medical equipment, restricted access to drugs, and a lack of necessary medical supplies, particularly in places with minimal resources like Musoma. Expanding access to these resources and ensuring that NHIF coverage sufficiently covers required prescription drugs and therapies would make meeting patient needs and enhancing satisfaction possible.

Healthcare institutions and NHIF officials can monitor service quality and resolve new issues by establishing regular feedback channels, such as suggestion boxes, patient satisfaction questionnaires, or periodic review forums. By involving beneficiaries in these feedback platforms, real-time modifications can be made to address certain issues that directly affect patient satisfaction with treatment. To meet the expectations of NHIF beneficiaries and improve overall service satisfaction, these

recommendations seek to create a more responsive, effective, and resource-equipped healthcare environment in Musoma Municipality.

5.5 Recommendation for Further Studies

The following areas for research contribute to a better understanding of the elements influencing NHIF users' satisfaction with healthcare services and guide evidence-based systemic changes. Some of the recommended areas for further research include,

Carry out comparable studies in different locations and healthcare facility types to assess satisfaction levels and find regional or institutional disparities. This could assist legislators in comprehending issues unique to a certain area and creating focused reforms to enhance NHIF services.

Additional research could concentrate on how patient satisfaction is affected by health worker training initiatives. Analyzing the effects of communication, empathy, and responsiveness training on beneficiaries' experiences could yield practical advice on how to improve healthcare service delivery by developing skills.

Future studies should examine the relationship between healthcare satisfaction among NHIF participants and socioeconomic characteristics such as occupation, education, and income level. This would help clarify the obstacles that various demographic groups encounter and guide the development of a more inclusive health policy.

The quality and extent of NHIF's benefit package may be evaluated further to see if it satisfies beneficiaries' requirements and expectations. To increase satisfaction, researchers can assist NHIF in improving its coverage policies by examining discrepancies between covered services and actual health needs.

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APPENDICES

APPENDIX: I: Questionnaire for NHIF beneficiaries

Research Topic

Assessment of healthcare service satisfaction among National Health Insurance Fund Beneficiaries: Case of Musoma Municipal.

I, Martha Godgave Chagula, of Open University of Tanzania, I am conducting research on assessing healthcare service satisfaction of National Health Insurance Fund beneficiaries: Case of Musoma Municipal. I am kindly requesting you to provide information about the research topic as your contribution is important to the success of this study. Please do not include your name on this questionnaire. The researcher will collect the completed questionnaires and assures that all information will be kept confidential. You are encouraged to provide your responses freely and honestly.

SECTION A: GENERAL INFORMATION

Please put an appropriate answer by filling and ticking the correct answer

1)Your Age? ☐19– 29 years ☐30 – 39 years ☐ 40 – 49 years ☐ 50 – 59 years	5)Highest education attained? ☐ Not attended school ☐ Primary Education ☐ Ordinary level Secondary Education ☐ High level Secondary Education ☐ Non-Degree Education – Diploma level/Certificate ☐ Bachelor Degree ☐ Post graduate education
3) What is your gender? ☐ Male ☐ Female	6) Indicate your Destination/position ☐ NHIF beneficiaries ☐ Service Provider ☐ NHIF Staff ☐Social Welfare Officer
4) How long have you been an NHIF beneficiary	7) Experience working in this District ☐1-5 years

☐less than 1 year	☐ 6 – 10 years
☐1–3 years	☐11-15 years
☐ 4-6 years	☐ 16 – 20 years
☐7 years and above	☐Above 20 years
☐Above 20 years	

SECTION B: SPECIFIC QUESTIONS

Research Topic

Assessment of healthcare service satisfaction among National Health Insurance Fund Beneficiaries: Case of Musoma Municipal.

I) Quality Assurance

On the following statements you are requested to indicate by circling an appropriate answer based on your level of disagreement or agreement the statements listed below. The rating scale range from 1-5 where 1 = Strongly Disagree (SD), 2 =Disagree (D), 3 = Neutral (N), 4 = Agree(A) and 5 = Strongly Agree (SA)

For question number 8-12 is all about to assessing healthcare service satisfaction among National Health Insurance Fund beneficiaries.

SECTION B: SPECIFIC QUESTIONS

Please choose the item that you want and then circle it.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5=Strongly Agree

QN	Assurance of healthcare service	OPTION				
8	Healthcare staff at NHIF-covered facilities are knowledgeable about their services.	1	2	3	4	5
9	I feel confident in the accuracy of the medical advice provided by the staff at NHIF-covered facilities.	1	2	3	4	5
10	The healthcare providers at NHIF-covered facilities display a high level of professionalism	1	2	3	4	5
11	The staff clearly explains the procedures and treatments I will receive	1	2	3	4	5
12	The staff effectively addresses and resolves any complaints or issues I may have	1	2	3	4	5
	Responsiveness of health worker on healthcare service					
8	The healthcare worker provides timely assistance when I need help	1	2	3	4	5
9	The healthcare worker is always willing to answer my questions and provide assistance	1	2	3	4	5
10	Do the healthcare workers show willingness to attend to you, even when there is a large number of patients?	1	2	3	4	5
11	Healthcare staff are attentive to my specific needs and concerns	1	2	3	4	5
12	There are enough staff available to respond promptly when needed.	1	2	3	4	5
	The role of social welfare officer on healthcare service					
8	How do you ensure that NHIF beneficiaries consistently receive reliable support in accessing healthcare services	1	2	3	4	5
9	How quickly do you respond to the needs and concerns of NHIF beneficiaries regarding their healthcare services	1	2	3	4	5
10	How do you, as a social welfare officer, build trust in NHIF beneficiaries regarding the quality of healthcare services	1	2	3	4	5
11	How do you demonstrate empathy when dealing with NHIF beneficiaries' healthcare concerns	1	2	3	4	5
12	How do you contribute to ensuring that NHIF beneficiaries have access to the necessary healthcare resources to improve their satisfaction with healthcare services	1	2	3	4	5

APPENDIX II: Interview Guide

Questionnaire for service provider, NHIF Staff and Social Welfare Officer

Research Topic

Assessment of healthcare service satisfaction among National Health Insurance Fund Beneficiaries: Case of Musoma Municipal.

I, Martha Godgave Chagula, of Open University of Tanzania, I am conducting research on assessing healthcare service satisfaction of National Health Insurance Fund beneficiaries: Case of Musoma Municipal. I am kindly requesting you to provide information about the research topic as your contribution is important to the success of this study. Please do not include your name on this questionnaire. The researcher will collect the completed questionnaires and assures that all information will be kept confidential. You are encouraged to provide your responses freely and honestly.

SECTION A: GENERAL INFORMATION

1)Your Age? ☐ 19-29 years ☐30 – 39 years ☐ 40 – 49 years ☐ 50 – 59 years	5)Highest education attained? ☐ Not attended school ☐ Primary Education ☐ Ordinary level Secondary Education ☐ High level Secondary Education
2)Health facility……	☐ Non-Degree Education – Diploma level/Certificate ☐ Bachelor Degree ☐ Post graduate education
3) What is your gender? ☐ Male ☐ Female	6) Indicate your Destination/position ☐ NHIF beneficiaries ☐ Service Provider ☐ NHIF Staff ☐Social Welfare Officer
4) How long have you been an NHIF beneficiary	7) Experience working in this District ☐1-5 years

☐less than 1 year	☐ 6 – 10 years
☐1–3 years	☐11-15 years
☐ 4-6 years	☐ 16 – 20 years
☐7 years and above	☐Above 20 years
☐Above 20 years	

SECTION B: SPECIFIC QUESTIONS

I) For service provide

Section A: General Information

1. Can you please describe your role and responsibilities in this healthcare facility?
2. How long have you been working in this facility?

Section B: Specific questions on assurance of healthcare services

1. What specific measures are in place to ensure the assurance and reliability of healthcare providers in your facility?
2. What strategies or methods do you use to ensure prompt and effective responses to patients' needs and concerns?
3. How do you handle and resolve patient complaints or issues related to responsiveness?
4. How do you balance the need for responsiveness with maintaining high standards of care and patient safety?
5. In your opinion, how does the responsiveness of health workers influence the overall satisfaction of NHIF beneficiaries?

II) For NHIF Staff

1. What specific measures are in place to guarantee the quality of healthcare services provided to NHIF beneficiaries?
2. How do you ensure that healthcare facilities meet the required standards for NHIF coverage?
3. How do you communicate with beneficiaries to assure them of their rights and entitlements under the NHIF scheme?

4. How do you follow up on complaints about the competence of healthcare workers in NHIF-accredited facilities?
5. Are there specific criteria or standards healthcare providers must meet to be accredited by NHIF?

III) For Social Welfare Staff

1. What specific functions do you perform to support NHIF beneficiaries in accessing and utilizing healthcare services.
2. How do you assist NHIF beneficiaries in understanding and navigating their healthcare benefits?
3. In what ways do you collaborate with healthcare providers to improve the quality of services offered to NHIF beneficiaries?
4. How do you ensure that NHIF beneficiaries receive adequate support and follow-up care?
5. In your opinion, what are the most significant factors that affect NHIF beneficiaries' satisfaction with their healthcare services?

Do you have any opinion/suggestions base on assurance on assessing healthcare service satisfaction of National Health Insurance Fund Beneficiaries

YES/NO IF YES

……

……

……

……

……

Thank you for your cooperation.

MASWALI YA KISWAHILI

Dodoso kwa Lengo: Kutathmini uhakika wa huduma za afya kwa wanufaika wa NHIF katika manispaa ya Musoma

QN	**Uhakika wa huduma za afya**	OPTION				
8	Je, unaridhishwa vipi na jitihada za NHIF katika kuhakikisha kuwa wanufaika wanapata huduma bora za afya?	1	2	3	4	5
9	Je, unajisikiaje kuhusu uwezo wa NHIF kujenga Imani na uaminifu kwawanufaika katika ubora wa huduma wanazopokea?	1	2	3	4	5
10	Je, unadhani NHIF inafanya nini kuhakikisha kuwa watoa huduma za afya wanasifa stahiki za kutoa huduma kwa wanufaika?	1	2	3	4	5
11	Je, kuna hatua gani zinazochukuli wakuhakikisha kuwa wanufaika wa NHIF wanapata huduma za afya salama na zinazofuata viwango vya kimaadili?	1	2	3	4	5
12	Je, NHIF inashughulikiaje malalamiko ya wanufaika kuhusu uwezo wa watoa huduma za afya?	1	2	3	4	5
Uwajibikaji wa watoa huduma za Afya						
8	Je, umeridhishwa kwa namna gani kuhusu utayari wa wafanyakazi wa afya kukuhudumia unapofika kwenye kituo cha afya?	1	2	3	4	5
9	Je, unapatahudumaharaka mara unapoingiakwenyekituo cha afya?	1	2	3	4	5
10	Je, wafanyakazi wa afya wanaonyesha utayari wa kukuhudumia, hata kama kuna msongamano wa wagonjwa?	1	2	3	4	5
11	Je, wafanyakazi wa afya wanapatikana kwa urahisi pale unapohitajimsaada au huduma za haraka?	1	2	3	4	5
12	Je,unapata maelezo ya kutosha kuhusu huduma unazopaswa kupokea kutoka kwa wafanyakazi wa afya?	1	2	3	4	5
Majukumu ya afisa wa huduma za jamii						
8	Je, afisa wahuduma za jamii hutoa msaada gani kwa wanufaika wa NHIF katika kupata huduma za afya?	1	2	3	4	5
9	Je, afisa wa huduma za jamii anatoa huduma kwa usikivu na kuelewa mahitaji ya wanufaika wa NHIF?	1	2	3	4	5
10	Je, afisa wa huduma za jamii anawasiliana na wanufaika wa NHIF kwa njia inayowasaidia kuelewa huduma zinazopatikana?	1	2	3	4	5
11	Katika kiwango gani afisa wahuduma za jamii ana hakikisha kuwa wanufaika wa NHIF wanapata huduma bora za afya?	1	2	3	4	5
12	Je, afisa wahuduma za jamii anaendelea kutoa maelekezo na msaada kwa wanufaika wa NHIF katika hali za dharura za afya?	1	2	3	4	5

Je, una maoni au mapendekezo kuhusu uhakiki wa tathmini ya kuridhika kwa huduma za afya

Ndio/Hapana

Ikiwa Ndio:

.....

.....

.....

.....

Asante kwa ushirikiano wako

APPENDIX: III: Interview Guide

I) Kwa watoa huduma za afya

Maswali ya ujumla

1. Eleza jukumu na wajibu wako katika kituo hiki cha huduma za afya.?
2. Umekuwa katika kituo hiki kwa muda gani?

Maswali Mahususi

1. Ni hatua zipi maalum zilizowekwa kuhakikisha uhakika na upatikanaji wahuduma za afya katika kituo chako?
2. Mikakati au mbinu zipi unazitumia kuhakikisha majibu ya haraka na yenye ufanisi kwa mahitaji na wasiwasi wa wagonjwa?
3. Jinsi gani unashughulikia na kutatua malalamiko ya wagonjwa au matatizo yanayohusiana na majibu?
4. Jinsi gani unatimiza wajibu wa kutoa huduma kwa wakati huku ukudumisha viwango vya juu vya huduma na usalama wa mgonjwa?
5. Kwa maoniyako, jinsi gani uharaka wa wafanyakazi wa afya unavyoathiri kuridhika kwa jumla kwa wanufaika wa NHIF?

II) Kwa watumishi wa NHIF

1. Ni hatua zipi maalum zilizowekwa ili kuhakikisha ubora wa huduma za afya zinazotolewa kwa wanufaika wa NHIF?
2. Je, unahakikisha vipi kwamba vituo vya afya vinakidhi viwango vinavyohitajika kwa ajili ya bima ya NHIF?
3. Je,unawasiliana vipi na wanufaika ili kuwaeleza haki zao na wajibu wao chini ya mpango wa NHIF?
4. Je, unafuatilia vipi malalamiko kuhusu ufanisi wa wafanyakazi wa afya katika vituo vilivyokubaliwa na NHIF?
5. Je, kuna vigezo au viwango maalum ambavyo watoa huduma za afya wanapaswa kukidhi ili kupata ithibati kutoka kwa NHIF?

III) Kwa wafanyakazi wa huduma za jamii

1. Je, kazi gani maalum unazofanya ilikusaidia wanufaika wa NHIF kupata na kutumia huduma za afya?
2. Je, unawasaidia vipi wanufaika wa NHIF kuelewa faida za Bima zao za afya?

3. Katika njia zipi unashirikiana na watoa huduma za afya kuboresha ubora wa huduma zinazotolewa kwa wanufaika wa NHIF?
4. Je, unahakikisha vipi kuwa wanufaika wa NHIF wanapata msaada wa kutosha na huduma za ufuatiliaji?
5. Kwa maoniyako, ni mambo gani muhimu yanayoathiri kuridhika kwa wanufaika wa NHIF na huduma zao za afya?

Je, una maoni/mapendekezo yoyote kuhusu uhakika wa kutathmini kuridhika kwa huduma za afya kwa wanufaika wa Mfuko wa Taifa wa Bima ya Afya?

Ndio/Hapana

Ikiwa Ndio:

.....

.....

.....

.....

Asante kwa ushirikiano wako

APPENDIX: IV: Ethical Documents

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/PG2022001045 **28th October, 2024**

Municipal Director,

Musoma Municipal Council,

P.O.Box.194,

MARA.

RE: RESEARCH CLEARANCE FOR MS. MARTHA GODGAVE CHAGULA, REG NO: PG2022001045

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Martha Godgave Chagula, Reg.No: PG2022001045),** pursuing **Master of Social Work (MSW).** We here by grant this clearance to conduct a research titled **"Assessment of Healthcare Service Satisfaction among National Health Insurance Fund Beneficiaries; Case of**

Musoma Municipal. She will collect her data at your area from 28th October to 30th November 2024.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA

Prof.Gwahula Raphael Kimamala

For: VICE CHANCELLOR

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA MANISPAA YA MUSOMA

Unapojibu tafadhali taja:

Kumb. Na.HMM/4/VOL.60 **Tarehe:1 Novemba, 2024**

Ndg,Martha Godgave Chagula,
S. L. P 194,
MUSOMA

Yah: -KIBALI CHA KUFANYA UTAFITI KUHUSU KUKUSANYA TAARIFA (DATA) KWA WANUFAIKA WA BIMA YA AFYA NHIF

Tafadhali husika na mada tajwa hapo juu, pamoja na barua yako ya tarehe **01/11/2024** ambayo umepata nakala.

2. Napenda kukujulisha kuwa kibali cha kufanya utafiti kimetolewa ili uweze kukusanya Takwimu (Data collection) katika Halmashauri ya Manispaa ya Musoma kwa ajili ya kukamilisha utafiti wako.

3. Mada kusudiwa ni kwa ajili "**Assessment of Healthcare Services Satisfaction among National Health Insurance Fund Beneficiaries; Case of Musoma Municipal**"

4. Nakutakia utafiti mwema.

Bosco O.Ndunguru
MKURUGENZI WA MANISPAA
HALMASHAURI YA MANISPAA
MUSOMA

NAKALA: Watendaji wa Kata zote,
Halmashauri ya Manispaa ya Musoma- Kwa taarifa na utekelezaji.

APPENDIX: V: Manuscript

ASSESSMENT OF HEALTHCARE SERVICE SATISFACTION AMONG NATIONAL HEALTH INSURANCE FUND BENEFICIARIES: A CASE OF MUSOMA MUNICIPAL

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Abstract
This study assesses healthcare service satisfaction among National Health Insurance Fund (NHIF) beneficiaries in Musoma Municipal, Tanzania. Using a mixed-methods approach, the study explores three key dimensions: assurance of healthcare service satisfaction, health workers' responsiveness, and the role of social welfare officers in enhancing satisfaction. Data were collected from 306 participants, including NHIF beneficiaries, healthcare providers, NHIF staff, and social welfare officers, through structured questionnaires and interviews. Findings reveal that 78% of beneficiaries are aware of healthcare service satisfaction assurance, while 22% are not. Key factors contributing to low satisfaction include drug availability (31%), long waiting times (29%), limited diagnostic equipment (18%), and shortages in specialized healthcare services (22%). Additionally, 79% of beneficiaries reported a lack of respect from healthcare providers, 92% experienced delays in service provision, and 90% felt a lack of empathy. Social welfare officers play a critical role in addressing socioeconomic barriers and facilitating access to healthcare, yet 56% of beneficiaries are unaware of their role. The study concludes that improving healthcare service satisfaction requires addressing systemic issues such as resource availability, enhancing health workers' responsiveness, and increasing awareness of social welfare officers' roles. Recommendations include simplifying administrative processes, improving communication, and investing in healthcare infrastructure.

Keywords*: Health care satisfaction, NHIF beneficiaries, Musoma Municipal, SERVQUAL theory, health workers' responsiveness, social welfare officers*

1.0 Introduction

Healthcare is a fundamental human right, essential for ensuring all citizens can access medical services without financial hardship. Achieving universal health coverage (UHC) remains a global priority, as emphasized by the World Health Organization (WHO, 2010), with the National Health Insurance Fund (NHIF) playing a pivotal role in countries like Tanzania. The NHIF aims to provide comprehensive coverage to formal and informal sector workers, ensuring equitable access to quality healthcare. However, client satisfaction—a critical factor in health service utilization—depends on assurance, responsiveness, and the effectiveness of social welfare officers in addressing beneficiaries' needs. This study assesses healthcare service satisfaction among NHIF beneficiaries in Musoma Municipal, identifying factors influencing satisfaction and areas for improvement. By doing so, it seeks to inform policymakers, practitioners, and the NHIF itself, offering insights

to enhance service delivery and align with global UHC objectives (Binagwaho et al., 2023; Afriyie et al., 2024).

Globally, health insurance systems face challenges in balancing accessibility, affordability, and quality. In the United States, the Affordable Care Act (ACA) expanded coverage but struggled with rising premiums and limited provider choices, driving nearly 40% of beneficiaries to private insurance (Rasmussen, 2022). Similarly, Germany's statutory health insurance system grapples with bureaucratic inefficiencies and rising costs, leading to dissatisfaction and a shift toward private alternatives (Focacci et al., 2022). Australia's hybrid system, combining public Medicare and private insurance, faces criticism for fragmenting services and undermining equity, despite subsidies to ease public burdens (Angeles et al., 2023). In Sub-Saharan Africa, extending coverage to informal sectors remains challenging due to poverty and payment barriers, with schemes like Namibia's NHIS failing to adequately address chronic conditions (Chipunza et al., 2023). These global examples underscore the need for continuous evaluation of beneficiary satisfaction to address systemic gaps and improve equity, particularly in low- and middle-income countries striving for UHC.

In Tanzania, the NHIF was established in 2001 to provide financial protection and equitable healthcare access, evolving from post-independence free healthcare models to mixed financing mechanisms amid economic constraints (Osetinsky et al., 2023). While NHIF covers 79% of health facilities and aims to reduce out-of-pocket expenses, challenges persist. Beneficiaries report delays in service provision, inconsistent drug availability, and perceived inequities in treatment between insured and non-insured patients (Sirili et al., 2017; Maluka, 2018). These issues are exacerbated in densely populated areas like Musoma Municipal, where resource constraints intersect with high demand. Despite NHIF's goals, satisfaction rates have stagnated, declining from 95% in 2021 to 92% in 2023, signaling systemic inefficiencies in administrative processes, reimbursement delays, and communication gaps between providers and beneficiaries (NHIF Annual Report). Such challenges risk undermining trust in the system and perpetuating health inequities, highlighting the urgency of addressing service delivery shortcomings.

This study focuses on Musoma Municipal, where NHIF beneficiaries' frustrations reflect broader systemic issues. Delays in claims processing and preferential treatment of non-beneficiaries have eroded confidence in the scheme, while inconsistent responsiveness from healthcare workers exacerbates dissatisfaction (Kuwawenaruwa et al., 2020). Co-payment requirements, though designed to sustain the system, disproportionately burden low-income enrollees, contradicting NHIF's equity goals. Existing research has yet to fully explore these localized challenges, limiting the development of targeted interventions. By evaluating assurance, responsiveness, and the role of social welfare officers, this study aims to bridge this gap, offering actionable recommendations to streamline administrative processes, improve resource allocation, and strengthen provider-beneficiary communication. The findings will contribute to enhancing NHIF's effectiveness, ensuring it fulfills its mandate to deliver equitable, quality healthcare to all Tanzanians.

2.0 Literature Review

The SERVQUAL Theory, developed by Parasuraman, Zeithaml, and Berry (1985), serves as the foundational framework for this study, offering a structured approach to evaluating service quality through the gap between customer expectations and perceptions. The theory identifies five dimensions of service quality: tangibility, reliability, responsiveness, assurance, and empathy. This study focuses on three core dimensions—assurance, responsiveness, and empathy—to assess healthcare service satisfaction among National Health Insurance Fund (NHIF) beneficiaries in Musoma Municipal, Tanzania.

Assurance pertains to healthcare providers' competence, trustworthiness, and ability to instill confidence in patients. In the NHIF context, this dimension emphasizes healthcare workers' professionalism, effective communication, and transparency in processes. Rexhepi et al. (2022) highlight assurance as critical for fostering trust in care quality, aligning with the study's objective to evaluate beneficiaries' confidence in service reliability and provider expertise.

Responsiveness involves prompt and effective service delivery, particularly in addressing patient needs and reducing wait times. Studies by Mangi (2009) and Kumar et al. (2010) underscore its impact on satisfaction, noting that delays or poor communication often led to dissatisfaction. In healthcare, timely responses to patients in distress can alleviate suffering and enhance loyalty. This dimension directly informs the study's exploration of NHIF beneficiaries' experiences with healthcare accessibility and staff attentiveness.

Empathy, defined as providers' capacity to understand and address patients' emotional and logistical needs, is central to personalized care. Social welfare officers play a pivotal role in advocating for beneficiaries by addressing systemic barriers (e.g., financial or bureaucratic challenges) and ensuring dignified treatment. Batson (2023) and Smith et al. (2023) stress that empathy strengthens patient-provider rapport, aligning with the study's focus on how empathetic interventions by social welfare officers improve beneficiaries' satisfaction and rights awareness.

Collectively, the SERVQUAL framework enables a systematic analysis of NHIF service quality, identifying gaps between beneficiaries' expectations and experiences. By integrating these dimensions, the study aims to pinpoint areas for improvement in Musoma Municipal's healthcare delivery, ultimately enhancing equity and satisfaction for NHIF beneficiaries. The theory's relevance is further underscored by its adaptability to healthcare contexts, where trust, efficiency, and compassionate care are paramount to patient outcomes.

3.0 Methodology

This study employed a mixed-methods approach to assess the satisfaction of National Health Insurance Fund (NHIF) beneficiaries in Musoma Municipal, Tanzania. Grounded in a pragmatic research philosophy, the study integrated quantitative and qualitative methods to capture a comprehensive understanding of healthcare service satisfaction. A convergent parallel design was adopted, enabling simultaneous data

collection through structured questionnaires administered to 302 NHIF beneficiaries and semi-structured interviews with key informants, including healthcare providers, NHIF staff, and social welfare officers. This design facilitated methodological triangulation, combining statistical trends with in-depth experiential insights to address the research objectives effectively.

The study was conducted in Musoma Municipal, Mara Region, selected for its unique healthcare challenges and under-researched context. A sample size of 306 participants was determined using the Krejcie and Morgan formula, with NHIF beneficiaries selected through simple random sampling to ensure representativeness, while purposive sampling was applied for key stakeholders. Primary data were collected via self-administered questionnaires and interview guides, supplemented by secondary data from NHIF records and relevant literature. Rigorous measures, including pilot testing and supervisor validation, were implemented to ensure the validity and reliability of research instruments. Ethical protocols such as informed consent, confidentiality, and voluntary participation were strictly observed to safeguard participants' rights.

Quantitative data were analyzed using descriptive statistics, while qualitative data underwent thematic analysis to identify patterns in beneficiaries' experiences. Trustworthiness in qualitative findings was ensured through dependability, confirmability, and reflexivity, while reliability in quantitative data was achieved via transparent methodology and instrument consistency. The integration of findings provided a nuanced exploration of factors influencing NHIF beneficiary satisfaction, balancing measurable outcomes with contextual narratives. Ethical clearance from relevant authorities and adherence to the "do no harm" principle underscored the study's commitment to ethical rigor, ensuring credible and actionable insights for improving healthcare service delivery in similar settings.

4.0 Results

The study revealed significant demographic trends among NHIF beneficiaries in Musoma Municipal, with the majority (80%) aged 30–59 years, reflecting a working-age population reliant on NHIF for personal and family healthcare needs. Women constituted 55% of respondents, likely due to their role as primary caregivers, influencing gendered healthcare priorities such as maternal services. Educational diversity was notable, with 40% having primary education or less, potentially affecting health literacy and service expectations. Membership duration varied, with 30% enrolled for over seven years, indicating long-term reliance on NHIF, while 12% were newer members (under one year), suggesting evolving perceptions of service quality.

Key factors driving low satisfaction included drug shortages (31%), long wait times (29%), limited diagnostic equipment (18%), and inadequate specialized services (22%). These systemic gaps were compounded by poor health worker responsiveness: 79% of beneficiaries reported disrespectful treatment, 92% experienced delays, 89% faced unclear communication, and 90% noted a lack of empathy. Additionally, 94% felt their dignity was compromised, 89% perceived

limited autonomy, and 75% doubted confidentiality, highlighting systemic deficiencies in service delivery.

Social welfare officers played a critical but underrecognized role, with 56% of beneficiaries unaware of their functions. Officers addressed socioeconomic barriers (e.g., financial constraints), facilitated healthcare access, and advocated for patient rights. However, their potential remained underutilized, with beneficiaries citing psychosocial support and rights advocacy as valuable but inconsistently available. This gap underscored the need for better integration of social welfare services into NHIF frameworks to address beneficiaries' holistic needs.

5.0 Discussion

The findings align with global studies on health insurance schemes, where drug availability, wait times, and equipment shortages consistently undermine satisfaction. As seen in Ghana's NHIS and Kenya's NHIF, systemic resource constraints and administrative inefficiencies erode trust in public health insurance. The SERVQUAL framework contextualizes these results: gaps in tangibles (e.g., drugs, equipment) and responsiveness (e.g., delays, poor communication) directly diminish beneficiaries' perceptions of reliability and empathy. Chronic underfunding and centralized decision-making, as observed in Tanzania's NHIF, exacerbate these issues, disproportionately affecting marginalized groups like women and less-educated beneficiaries.

Low health worker responsiveness mirrors challenges documented in Nigeria and Kenya, where high patient loads and inadequate training strain provider-patient interactions. The lack of dignity and confidentiality reported in Musoma reflects broader institutional cultures that deprioritize patient-centered care. Studies by Atinga (2011) and Dalinjong (2012) emphasize that respectful communication and autonomy are critical to satisfaction—a gap exacerbated by NHIF's limited feedback mechanisms. Revising provider training to emphasize empathy and instituting patient feedback systems could realign services with SERVQUAL's assurance and empathy dimensions, fostering trust.

The underutilization of social welfare officers highlights a missed opportunity for holistic care. Their role in addressing socioeconomic barriers aligns with Saraceno's (1997) advocacy for integrated social and health services. In Musoma, enhancing their visibility and mandate could bridge gaps in patient advocacy and psychosocial support, as seen in Ghana's community health campaigns. Strengthening partnerships between NHIF and social welfare departments, coupled with awareness programs, would empower beneficiaries and address systemic inequities. This approach, paired with decentralized decision-making, could transform NHIF into a more responsive, patient-centered system, as envisioned in SERVQUAL's reliability and responsiveness tenets.

6.0 Conclusion

The study underscores healthcare workers' responsiveness as a pivotal determinant of service satisfaction among NHIF beneficiaries in Musoma Municipal, emphasizing

how timely attention to patient needs, empathy, and clear communication directly influence perceptions of care quality. Findings reveal systemic gaps, including inadequate drug availability, prolonged waiting times, limited diagnostic resources, and inconsistent dignity or confidentiality in treatment, which collectively diminish satisfaction levels. The SERVQUAL framework highlights the critical role of social welfare officers in bridging service delivery gaps through advocacy, mediation, and grievance resolution, aligning healthcare practices with dimensions of assurance, empathy, and responsiveness. While most beneficiaries recognize the NHIF's assurance mechanisms, significant dissatisfaction stems from operational inefficiencies and a lack of awareness regarding support roles. Addressing these challenges necessitates targeted investments in workforce training, streamlined administrative processes, and enhanced resource allocation to foster a patient-centered environment that meets beneficiaries' expectations and reinforces trust in the NHIF system.

7.0 Recommendations

To elevate healthcare satisfaction, immediate actions should prioritize training programs for health workers to strengthen communication, empathy, and responsiveness, alongside streamlining NHIF administrative procedures such as claim approvals and policy education to reduce delays and confusion. Equipping facilities with essential medicines, modern diagnostic tools, and specialized services is vital to addressing resource gaps, particularly in underserved areas like Musoma. Establishing accessible NHIF help desks and feedback mechanisms, including patient surveys or community forums, can enable real-time issue resolution and participatory improvements. Concurrently, further research is recommended to explore regional disparities in service satisfaction, evaluate the impact of health worker training interventions, analyze socio-economic barriers affecting diverse beneficiary groups, and assess the adequacy of NHIF's benefit packages in meeting evolving healthcare needs. These steps, coupled with policy reforms informed by evidence, will cultivate a more equitable, efficient, and responsive healthcare ecosystem for NHIF beneficiaries.

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