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ASSESSMENT OF STAFF SATISFACTION WITH THE MEDICARE SCHEME AT THE KORLE BU TEACHING HOSPITAL

BY

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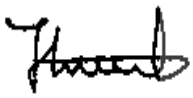
DECLARATION

I, Hannah Reynolds, do hereby declare that this thesis is the result of my research. This research was carried out under the supervision of Dr. Richmond Owusu of the Department of Health Policy, Planning and Management, School of Public Health, University of Ghana. This work has not been submitted either in part or in whole elsewhere for the award of any other degree. All references cited in his work have been duly acknowledged.



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DEDICATION

This dissertation is dedicated to God Almighty for guiding and seeing me through this program and a special thank you to my family and loved ones, for being a strong pillar throughout my journey and for their endless love, support, and encouragement throughout my pursuit of education.

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LIST OF ABBREVIATIONS

ISCO	International Standard Classification of Occupations
KBTH	Korle Bu Teaching Hospital
NHIS	National Health Insurance Scheme
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
VAT	Value Added Tax
SSNIT	Social Security and National Insurance Trust
LEAP	Livelihood Empowerment Against Poverty
SUB BMC	Sub Budget Management Centre
UHC	Universal Health Coverage
EDT	Expectancy Disconfirmation Theory
OOP	Out of Pocket Expenses
SDG	Sustainable Development Goal

ABSTRACT

Background: Ensuring a secure and healthy work environment for healthcare professionals is essential not only for their well-being but also for the overall integrity of the healthcare system. However, delivering healthcare services comes with its set of challenges. Offering incentives such as Medicare schemes has been identified as a strategy to boost job satisfaction. In the context of the Korle Bu Teaching Hospital, a staff Medicare scheme was introduced in 2015 as part of the hospital's efforts to motivate its workforce. The scheme provides medical cost refunds and full coverage for many staff, contributing to their satisfaction levels. However, the effectiveness of these schemes may be influenced by the level of satisfaction of the workforce these are intended for. Hence, the need for this study.

Objective: The study sought to assess staff satisfaction with the Medicare scheme at the Korle Bu Teaching Hospital.

Methods: A cross-sectional design, utilizing quantitative methods was employed. The study was based on primary data from different cadres of healthcare staff in the fourteen Sub-BMCs of Korle Bu Teaching Hospital who were selected randomly using multistage sampling technique. A total of 394 respondents were recruited. Descriptive statistics including frequencies, percentages and confidence intervals were used to summarize the data, while binary logistic regression was employed to identify factors associated with staff satisfaction with the Medicare Scheme.

Results: The study showed that approximately 96%; (95% CI: 93.5-97.5) of the respondents were aware of the Medicare Scheme. More than half (55.6%) of the staff enrolled on the Medicare Scheme were females while 44.3% were males. More than half (57.3%) of the respondents were satisfied with the Medicare Scheme (95% CI: 51.6-62.8). More males (62.7%; 95% CI: 54.2-70.5) than females (53%;

95% CI: 45.4-60.4) were satisfied with the scheme. Factors contributing to employee satisfaction with Medicare Scheme included prompt response to enquiries [OR:6.39(2.82-14.5):p-value <0.001], benefits [OR: 16.6(6.76-40.7); p – value <0.001], and ease of access to claims/refund [OR: 7.0 (2.21-22.0); p – value <0.001].

Conclusion: The study revealed that a majority of staff (57.3%) were satisfied with the Medicare Scheme, while a considerable minority (42.7%) were not satisfied. Factors such as prompt response to enquiries, benefits, and ease of access to claims/refunds were found to significantly influence staff satisfaction with the Scheme. It is therefore recommended that automated systems be employed to improve responsiveness to enquiries and streamline reimbursements, in order to enhance overall satisfaction with the Scheme.

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Healthcare workers are critical in ensuring the health and well-being of the population (Spears et al., 2020). Health workers are all people engaged in work actions whose primary intent is to improve health, including doctors, nurses, midwives, public health professionals, laboratory technicians, health technicians, medical and non-medical technicians, personal care workers, community health workers, healers and traditional medicine practitioners (Baldwin et al., 2020). The term also includes health management and support workers such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities as defined by the International Standard Classification of Occupations (ISCO-08) (Morgan et al., 2019). Healthcare professionals form the foundation of any operational healthcare system. As they actively contribute to universal access to healthcare, it is imperative that these are granted the privilege of experiencing a secure and healthy working environment. This measure is crucial not only for the preservation of their well-being but also for the effective maintenance of the broader health system's integrity (Davis et al., 2022).

However, the delivery of healthcare comes with various challenges which could either be on the part of the service provider or the consumer, but these challenges are different (Coronado et al.,2020). Health worker challenges include limited resources, longer working hours, heavy workload, and exposure to health/occupational risks associated with infections, unsafe patient handling, hazardous chemicals, radiation, heat and noise, psychosocial hazards, violence, harassment, and injuries which leads to burnout, decreased health worker's satisfaction and increased turnover (Manges et al., 2021).

Employee satisfaction is a crucial component of any business or organization. It refers to the extent to which an employee feels fulfilled and happy with their job (Rahman et al., 2012). Considering the overwhelming workload of health staff and the possible impact on job satisfaction and turnover, strategies to improve satisfaction are very critical (OchoaDominguez et al., 2023). Incentives for staff have been identified as one strategy to improve job satisfaction. Enrolling staff on medical/health insurance has been identified as one strategy to improve job satisfaction (Abduljawad & Al-Assaf, 2011). It is little wonder that securing health insurance through an employer is so highly valued by employees (Frempong et al., 2018). According to a Clutch survey, an impressive 73% of employees reported receiving some form of benefits from their employer, with 55% identifying health coverage as the most significant factor influencing job satisfaction (Ballou, 2018).

Health insurance or medical insurance is a type of insurance that covers the whole or a part of the risk of a person incurring medical expenses (Jacobson et al., 2020). Vinoth and Mathiraj (2019) define health insurance as "coverage that provides for the payments of benefits as a result of sickness or injury". It includes insurance for losses from accidents, medical expenses, disability, or accidental death and dismemberment (Vinoth & Mathiraj, 2019).

However, staff/employee health insurance is a benefit extended by an individual's employer to their employees. Most of the time, the policy extends coverage not only to the employee but also to their family members. (Dorough et al., 2021). It is a significant benefit that can provide financial protection for employees in the event of illness or injury. It can also increase employee satisfaction, reduce stress, and promote well-being (Adams, 2019). In addition, employee health insurance can also deliver various benefits, such as increasing productivity because the employee feels engaged towards the organization, boosting

morale, and helping shape a positive company culture (Tarazi et al., 2022). The main point of a medical insurance plan for employees is to protect and support the health and well-being of staff so they can remain active and productive members of the company (Brandt et al., 2019). These benefits, amongst others, have led to the institution of medical care packages in many facilities in Ghana, including the Korle Bu Teaching Hospital.

The Korle Bu Teaching Hospital is a tertiary healthcare facility in Accra, Ghana. It is the largest Healthcare facility in the country and serves as a primary referral centre for all of Ghana. The hospital provides services to a large population and employs a substantial workforce including healthcare professionals and support staff. The hospital rolled out a Medicare Scheme for its staff on the 4th of March, 2015 as part of its overall incentive package towards achieving a healthy, committed and well-motivated workforce (Nsiah-Boateng et al., 2019). It is a provision of additional (top-up) health cover for all staff and their legal dependents (spouse and four children under 21 years after the use of medical cover by the NHIS. In 2016, one thousand and twenty-six (1,026) staff accessed the Scheme and there were eighty-one (81) 50% medical cost refunds (GHS17,239.23). Furthermore, nine hundred and forty-two (942) staff who accessed this policy were fully covered by NHIS (Kipo-Sunyehzi et al., 2020). While these figures provide a view into the scheme's usage, they do not offer insight into how staff perceive its impact, effectiveness accessibility and overall impact on their healthcare needs. Given the essence of staff welfare in promoting institutional efficiency and healthcare delivery, it is essential to understand whether the Medicare scheme meets the needs and expectations of its beneficiaries. The study therefore seeks to assess staff satisfaction the Medicare scheme at the Korle Bu Teaching Hospital.

1.2 Problem Statement

The Medicare scheme implemented at the Korle Bu Teaching Hospital (KBTH) has undoubtedly contributed to enhancing the healthcare benefits for the hospital's staff and their dependents (KBTH, 2016). However, this initiative is not without challenges, which demand attention for further improvement.

One such challenge is the fact that staff and beneficiaries under the KBTH Medicare scheme have to look for funds to pay their bills upfront, which is sometimes not possible at the time of illness. This is due to the low socioeconomic status of the ordinary Ghanaian making it difficult always to have some money for such situations. Amporfu et al. (2023) supports this view by mentioning poverty as a significant factor influencing the ability to pay medical bills upfront. Paying upfront is a major barrier to seeking timely medical care and potentially leads to adverse health outcomes.

Delays in processing staff refunds is another major challenge. The scheme promises a 50% (100% being piloted) refund on medical expenses incurred outside of NHIS coverage. However, inefficiencies in the refund process can cause frustration and dissatisfaction among beneficiaries, negatively affecting their overall perception of the scheme and use of this beautiful initiative.

The effects of the challenges with the coverage provided by the Medicare program can also take many other forms. Firstly, it can result in low motivation and morale among hospital employees which can affect job satisfaction and in the long run affect patient care (Bonenberger et al., 2014). Secondly, it may cause increased staff turnover rates, including resignations, transfers to other facilities or higher rates of absenteeism which would undermine both the stability of the personnel and the continuity of patient management. Employee engagement and organizational culture may be impacted negatively if staff

members believe that the hospital is not committed to their well-being because they are unhappy with the Medicare program (Kang et al., 2023).

To fully address the shortfalls of the Medicare system, it is crucial to know and comprehend the views and experiences of staff and their beneficiaries. This study hopes to determine the difficulties staff and their beneficiaries encounter whilst using KBTH Medicare and how these affect this novel initiative.

This study sought to ascertain staff satisfaction with the coverage of the Korle Bu Teaching Hospital Medicare system. The inquiry examined the variables affecting worker satisfaction, gauged the level of unhappiness, investigated the underlying reasons, and pinpointed any possible repercussions. It is hoped that at the end of the study will come out a thorough knowledge of the problem and how this can affect the Medicare Scheme.

In summary, the problem lies in the limited understanding of staff satisfaction with the Medicare Scheme at Korle Bu Teaching Hospital, despite its intended role in supporting employee health and welfare. Persistent concerns about inadequate coverage, delays in claims processing, and limited communication may negatively impact staff morale, retention, and the quality of healthcare delivery. Without a clear assessment of these issues, efforts to improve the Scheme may fall short. Therefore, this study seeks to examine the level of staff satisfaction with the Medicare Scheme, identify key challenges, and provide evidence-based recommendations to enhance its effectiveness and impact on both staff well-being and hospital operations.

1.3 General Objectives

The study sought to assess staff satisfaction with the Medicare scheme at Korle Bu Teaching Hospital.

1.3.1 Specific Objectives

The specific objectives of the study were to:

1. To assess the level of awareness of staff on the Medicare Scheme at the Korle Bu Teaching Hospital
2. To assess the level of satisfaction of staff at Korle Bu Teaching Hospital on medical insurance (Medicare).
3. To examine the factors that contribute to employee satisfaction with medical insurance coverage (Medicare).

1.4 Research Questions

The following research questions were investigated.

1. What is the level of awareness of staff members with the Medicare Scheme at the Korle Bu Teaching Hospital?
2. What is the level of satisfaction of the staff of Korle Bu Teaching Hospital with medical insurance (Medicare)?
3. What factors influence employee satisfaction with medical insurance coverage (Medicare)?

1.5 Significance of the study

This research holds vital implications for both the hospital's operational efficiency and the overall well-being of its employees. Firstly, understanding staff satisfaction with the Medicare scheme is crucial for enhancing the hospital's service quality. Satisfied employees are more likely to be engaged, motivated, and committed to their work. By identifying areas of dissatisfaction within the Medicare scheme, the hospital can address these concerns and create an environment that fosters higher levels of employee engagement. This, in turn, can positively impact patient care quality and contribute to the hospital's reputation for excellent healthcare services.

Secondly, the study's findings will directly influence staff retention and recruitment efforts. Job satisfaction, particularly related to essential benefits like healthcare coverage, plays a significant role in retaining skilled and experienced healthcare professionals. High staff turnover rates can disrupt the continuity of patient care and lead to increased operational costs. By uncovering factors that affect staff satisfaction with the Medicare scheme, the study can guide the hospital's strategies for retaining valued employees and attracting new talent. Moreover, the insights gained from this research will inform evidence-based decision-making. The hospital's administration can use the study's results to assess the effectiveness of its current healthcare benefits package and make informed adjustments based on staff feedback. This not only contributes to employee satisfaction but also aligns with the hospital's commitment to providing a supportive and responsive work environment. Additionally, the study's significance extends to the broader healthcare sector. As healthcare institutions worldwide grapple with workforce challenges and employee well-being, the findings from this study can serve as a valuable reference point for best practices. Sharing the outcomes with the healthcare community can contribute to the development of standardized approaches to addressing employee satisfaction

concerns related to healthcare coverage.

In summary, the significance of this study lies in its potential to improve both the hospital's operations and the quality of work life for its employees. By identifying and addressing areas of dissatisfaction within the Medicare scheme coverage, the study contributes to an enhanced work environment, improved patient care, better staff retention, and the advancement of evidence-based practices in healthcare settings beyond the Korle Bu Teaching Hospital.

1.6 Conceptual Model/ Framework

The purpose of this conceptual framework is to guide the assessment of staff satisfaction with the Medicare scheme at Korle Bu Teaching Hospital. The framework is grounded in the Expectancy Disconfirmation Theory (EDT), which posits that satisfaction arises when individuals' expectations are met or exceeded by their actual experiences. Additionally, it draws from Andersen's Behavioral Model of Health Service Use, which classifies factors influencing healthcare utilization into predisposing, enabling, and need factors.

The proposed model categorizes the factors influencing satisfaction into four main domains:

1. Socio-Demographic Factors

These predisposing factors may shape staff members' expectations and interactions with the Medicare scheme:

Age: Different age groups may have varying healthcare needs and expectations. Older staff may have more frequent healthcare needs, leading to a deeper appreciation of accessible medical benefits. They may also be more tolerant of minor service inefficiencies compared to younger

employees with higher service expectations. (Mohammed et al.,2011).

Sex: Health experiences and needs may differ between men and women. Men and women experience different health conditions and healthcare interactions, which can lead to differing levels of satisfaction. For example, women may be more critical of reproductive and maternal health service availability. (Odonkor et al.,2019).

Level of Education: Education can shape expectations, health literacy, and understanding of scheme benefits. Higher educational attainment often correlates with greater health literacy, which influences how individuals understand and assess healthcare services. Educated staff may have higher expectations and may be more critical. Odonkor et al. (2019) and Fofie (2016) found education to significantly influence insurance satisfaction.

Marital Status: Family obligations and support systems may affect perceived adequacy of coverage. Married employees may assess satisfaction based on how well the scheme supports their family members. Single individuals may evaluate based on personal convenience. Mohammed et al. (2011) highlighted marital status as a significant factor in client satisfaction.

Religion: Religious values can shape preferences for healthcare services. Religious beliefs may influence healthcare preferences, such as the acceptability of certain treatments or providers, affecting satisfaction.

Occupation: Job roles and exposure may affect both risk and need for healthcare. Different staff roles have different risk levels and expectations. For instance, frontline healthcare workers may value quick access and mental health services more. Getaneh et al. (2023) identified occupation as a predictor of insurance satisfaction.

2. Economic Factors

These enabling factors affect access and perceived value of the Medicare scheme:

Salary/Income: Higher income levels may reduce sensitivity to gaps in scheme coverage or delays in refunds. Employees with higher incomes may supplement the scheme with private care, thus perceiving it as less critical. Conversely, low-income earners may see the scheme as vital but may also be more sensitive to out-of-pocket costs. Mohammed et al. (2011) and Fofie (2016) noted income as directly influencing client satisfaction.

Out-of-pocket Expenses (OOP): The extent of expenses not covered by the scheme may influence satisfaction. If the Medicare scheme does not fully cover common services, or delays reimbursement, staff members incur extra expenses, reducing satisfaction. Fofie (2016) and Haile et al. (2021) found high OOP costs linked to dissatisfaction with medical insurance.

3. Scheme-Related Factors (Program Characteristics)

These refer to staff members' actual experiences with the scheme's operations:

Awareness and Level of Knowledge: Understanding the scheme's coverage, rules, and benefits affects utilization and expectations. Adequate information empowers employees to use the scheme properly and avoid frustrations. Lack of understanding may lead to underutilization or unmet expectations. Nsiah-Boateng et al. (2019) emphasized the role of scheme knowledge in enhancing clientexperience.

Duration of Enrollment: Longer membership may provide deeper experience, influencing satisfaction. Longer exposure allows for a fuller understanding and perhaps a more forgiving view of service inconsistencies. Kipo-Sunyehzi et al. (2020) found a relationship between duration of enrollment and satisfaction.

Ease of Accessing Services: Includes the process of appointment scheduling, claims submission, and administrative efficiency. Barriers to using scheme benefits — whether physical, bureaucratic, or digital — negatively impact satisfaction Aljarallah et al. (2023) documented access-related issues as key dissatisfaction triggers in insurance schemes.

Timeliness of Refunds/Reimbursements: Delays in refunds can negatively impact satisfaction. Also, delays in claims processing can cause financial distress and reduce confidence in the scheme. Jacobson et al. (2020) stressed the need for prompt reimbursement in maintaining client satisfaction.

Coverage of Services: The perceived adequacy of the services offered. If essential or high-frequency services are excluded, staff may feel inadequately protected. Mohammed et al. (2020) found gaps in service coverage to be a major source of dissatisfaction.

Quality of Customer Support: Responsiveness and helpfulness of scheme administrators. Friendly, responsive, and helpful administrative support can improve perception even when other areas struggle. Haile et al. (2021) highlighted the importance of responsive service staff

4. Perception Factors

This domain captures the subjective evaluation of the scheme:

Perceived Fairness: This refers to whether staff feel they are treated equally under the scheme, regardless of rank or department.

Perceived Adequacy of Services: Relates to how well employees think the scheme meets their health needs — including preventive, curative, and specialized care.

Trust in the Scheme: Confidence in scheme administrators and processes. It includes belief in the reliability and transparency of scheme managers and processes

Satisfaction with Communication and Transparency: Clarity and openness of information shared about the scheme. Employees appreciate being kept informed about how the scheme operates, especially during changes or delays. Haile et al. (2021) stressed clear communication as a key determinant of satisfaction

These perception variables act as **mediators** between experiences and overall satisfaction.

Outcome Variable:

Staff Satisfaction with the Medicare Scheme: This is the dependent variable and central focus of the study. It results from the combined and interacting effects of sociodemographic characteristics, economic conditions, scheme operations, and perceptions.

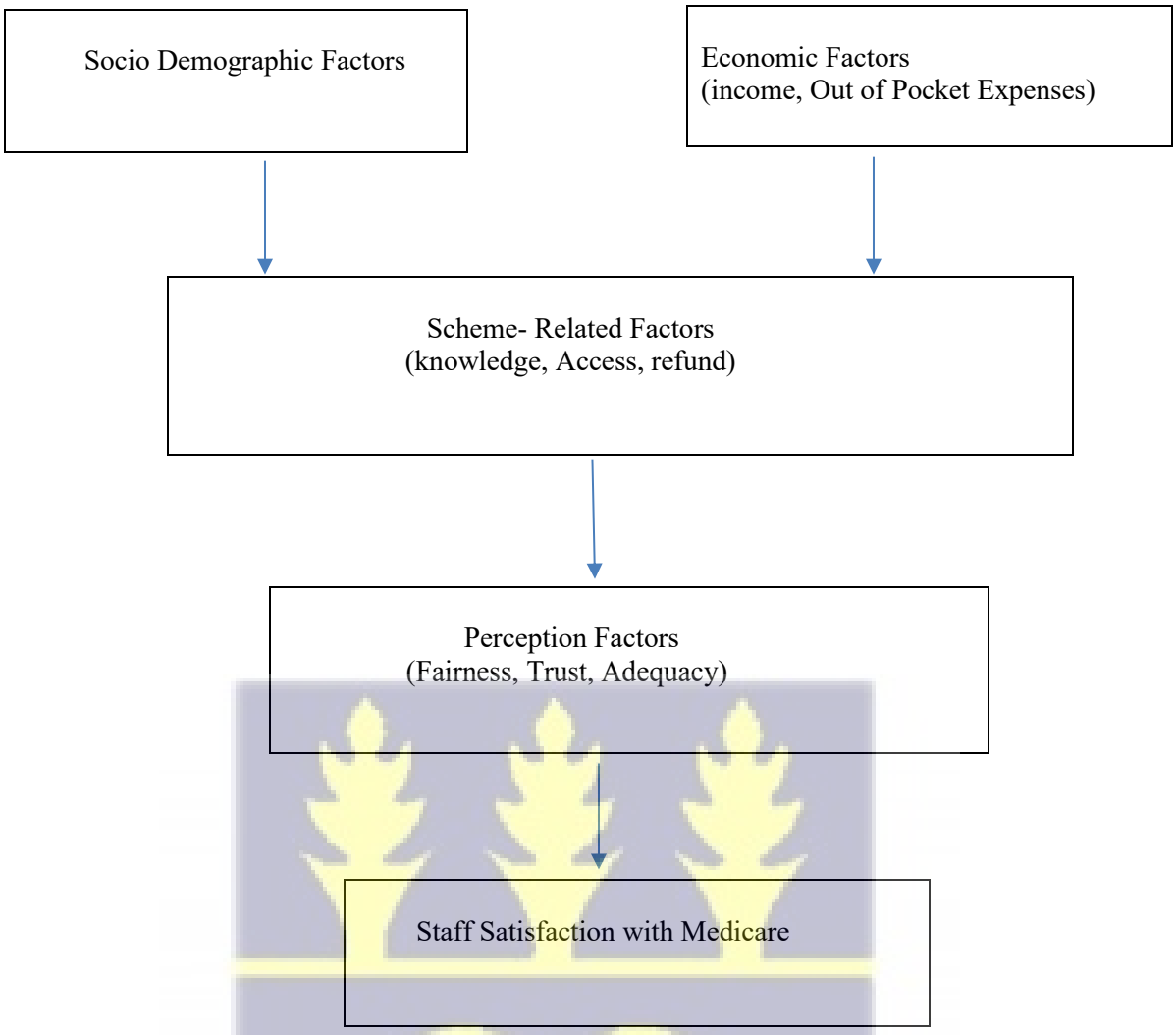

Figure 1.1 Conceptual Framework

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter covers the literature review relevant to the research study. It presents a discussion of literature as portrayed by researchers whose research interest borders on the focus of this study satisfaction with health insurance scheme. Specifically, this chapter discusses the overview of health insurance in Ghana, employee satisfaction, health insurance coverage, healthcare benefits, employee engagement, level of awareness of staff on the Medicare Scheme, level of satisfaction of staff on the Medicare scheme, and factors that contribute to employee satisfaction with Medicare.

2.1 Overview of Health Insurance in Ghana Health Financing in Ghana

Health financing refers to the mechanisms through which financial resources are generated, allocated, and utilized to ensure the provision of health services. In Ghana, health financing is characterized by a mix of public, private, and donor funding sources, with the goal of achieving universal health coverage (UHC) and equitable access to quality healthcare services. Historically, Ghana's health sector was predominantly funded through government budget allocations and donor support. However, with economic challenges and the burden of out-of-pocket payments increasing, the government introduced a number of reforms to improve financial protection and service accessibility. One of the most significant developments in Ghana's health financing landscape was the establishment of the National Health Insurance Scheme (NHIS) in 2003, under the National Health Insurance Act, 2003 (Act 650), later revised in 2012 (Act 85).In Ghana, the inception of the National Health Insurance Scheme (NHIS) took place in August 2003 to ensure

equal and high-quality healthcare access for all citizens, regardless of their socioeconomic attributes (Kipo-Sunyehzi et al., 2020). The NHIS was established to provide financial risk protection against the cost of basic healthcare services for its members, and it has since played a critical role in improving healthcare accessibility and affordability for Ghanaians. The scheme has been instrumental in mitigating the financial burden associated with healthcare services, thereby contributing to the overall improvement of the country's healthcare delivery system (Blanchet et al., 2012). The NHIS has also been recognized for its efforts in promoting equitable access to healthcare services, particularly for vulnerable and marginalized populations across the country (Dalinjong & Laar, 2012).

Overseeing this scheme is the National Health Insurance Authority (NHIA), while the National Health Insurance Fund (NHIF), established under Act 650 of 2003, was created to finance the healthcare needs of Ghanaian individuals (Gajate-Garrido & Owusua, 2013). The NHIF obtains its financial resources from diverse channels, including 2.5% of the 17.5% value-added tax (VAT), 2.5% of the 17.5% Social Security and National Insurance Trust (SSNIT) contributions from formal sector employees, dividends generated from NHIA investments, charitable donations, and premiums paid by beneficiaries of the scheme (Gajate-Garrido & Owusua, 2013). Notably, the NHIS offers exemptions from premiums for specific groups such as individuals aged 70 and above, SSNIT pensioners, children below 18 years of age, expectant mothers, and those benefiting from the Livelihood Empowerment Against Poverty (LEAP) initiative, a pro-poor government-led social intervention (Jehu-Appiah et al., 2012).

2.1.1 Employee Health Insurance

Offering health insurance as an employee benefit is generally one of the simplest but most effective steps to reward and attract talent (Reshmi & Mulla, 2023). Employee health insurance is a benefit extended by an individual's employer to their employees. It does not only cover the person working for the employer but

also covers the rest of the family members under the policy (O'Brien, 2003). When a company provides health insurance assistance, they pay full or partial premiums for the health insurance policy. Health insurance is typically a matter of agreement between an employer and employees (Buchmueller et al., 2013). Typically, health insurance coverage is an employee prosperity and value plan established or maintained by an employer or by an employee organization like a union, or both, that provides health care for members and their dependents through insurance coverage or settlement.

Employee health insurance policies enable the employee to have medical checkups after fixed intervals as they have tie-ups with hospitals and laboratories. It provides hospitalization coverage including pre and post-hospitalisation expenses as well as reimbursements of fees of specialists and other medical practitioners for after-treatment checkups (Blanchet et al., 2012). It also provides for hospital cash allowance, which is provided to meet daily expenses like travel etc. It also provides cover for domiciliary treatment. Even, pre-existing diseases are also covered by employee health insurance policies, which usually have a waiting period depending upon policy to policy (O'Brien, 2003). Employee health insurance is not only beneficial to employees but to their employers as well. It enables employers to retain their assets, which is generally its employees. This is the primary reason for employers investing in group insurance for their employees.

Employee health insurance can also deliver various benefits, such as increasing productivity because the employee feels engaged towards the organization, boosting morale, and helping shape a positive company culture. The main point of a medical insurance plan for employees is to protect and support the health and well-being of staff so they can remain active and productive members of the company (Reshmi & Mulla, 2023).

2.2 Employee Satisfaction with Medicare Scheme

A key idea in organizational psychology and human resources management is employee satisfaction (Wieneke et al., 2019). It describes the contented emotional and psychological condition that workers feel about their workplaces, their jobs, and the entire company. Job happiness, workplace morale, and the congruence of employees' expectations with their actual experiences are only a few examples of the numerous aspects of employee satisfaction (Sohail Butt et al., 2020). Companies understand that maintaining staff happiness is essential for both employee well-being and organizational performance since happy workers are more inclined to be engaged, productive, and dedicated to accomplishing the organization's goals (Zhang et al., 2020).

Moreover, research on staff satisfaction has demonstrated that it directly affects worker motivation, productivity, and retention. Employees often display higher levels of workplace engagement and dedication when they are happy with their working environment and the perks, they get (Irabor & Okolie, 2019). A spirit of teamwork and collaboration is more likely to be fostered in the workplace by contented personnel. Yet, individual tastes, demands, and perceptions might differ greatly; employee satisfaction is not a term that applies to everyone (Rahman et al., 2012). As a result, firms must consider a variety of elements that affect employee happiness and adjust their strategy as necessary (Specchia et al., 2021). Organizations may improve the supportive and rewarding work environment for both workers and the overall performance of the business by identifying and addressing the factors that influence staff happiness (Tran et al., 2018).

In summary, employee attitudes and actions inside firms are greatly influenced by staff satisfaction, which is a multifaceted notion. It affects employee engagement, retention, and overall organizational success in a variety of ways. Businesses that put a high priority on employee satisfaction are better able to build a pleasant workplace culture and a committed and motivated team (Lambert et al., 2020).

2.3 Health Insurance Coverage

Employee-sponsored health insurance is the term used to describe a complete healthcare plan or insurance program that is offered to employees by a company, sometimes an employer, as a part of their benefits package (Ecker, 2022). In the context of employee benefits and healthcare delivery within enterprises, health insurance coverage is also a crucial idea. It strives to guarantee that workers have access to essential medical care without putting an undue financial burden on them. The range of services covered by the health insurance program might include a variety of things, including outpatient care, hospital stays, prescription drugs, routine healthcare, and specialist medical procedures (Egilman et al., 2019).

Employee happiness and work satisfaction are inextricably related to the idea of health insurance coverage (Adams, 2019). Employees are more likely to have peace of mind regarding their health and financial stability when they have access to comprehensive and efficient healthcare coverage. This has a favourable effect on their general level of work satisfaction, engagement, and dedication to their company (Chan et al., 2022). Also, health insurance coverage may affect how appealing a company is to prospective employees, giving it a competitive edge in hiring and keeping staff (Maliha et al., 2022).

Businesses are cognizant of the considerable effects health insurance coverage and its design may have on employee satisfaction and organizational results (O'brien, 2003). An organization's dedication to employee welfare is demonstrated by a well-designed and comprehensive coverage plan, which also helps to foster a supportive workplace environment (O'brien, 2003). On the other side, insufficient or uneven coverage can result in discontentment among employees, a decline in their motivation, and a rise in the rate of turnover. Organizations may improve employee happiness, general well-being, and organizational performance by comprehending and successfully managing the notion of health insurance coverage (Borg et al., 2023).

2.4 Healthcare Benefits

To assist employees' medical requirements and advance their general well-being, businesses give their staff a range of perks as part of their remuneration package (Barber et al., 2020). Moreover, healthcare benefits are an essential component of employee pay and well-being in firms. This idea covers a spectrum of medical services, remedies, and benefits that companies provide to assist staff members' physical health and medical needs (Abu-elezz et al., 2020). These benefits are created to make sure that workers can receive necessary healthcare treatments without experiencing excessive financial pressure, which promotes a sense of security and general well-being (Kalt et al., 2020).

Moreover, the idea of healthcare benefits encompasses several elements, including medical insurance coverage, prescription drug programs, dental and vision care, preventative health services, and specialty therapies (Naslund et al., 2020). These benefits are designed to cover both expected and unanticipated medical requirements, offering workers complete protection to preserve and enhance their health. By providing healthcare benefits, businesses show their dedication to their workers' well-being outside of the scope of their employment obligations, promoting a positive and compassionate workplace culture (Men & Yue, 2019).

A fundamental need for people and their families is also met by healthcare benefits, which boost employee happiness and retention (Callow et al., 2020). The likelihood that an employer values and appreciates its employees increases with access to well-designed healthcare benefits, which in turn promotes better levels of work engagement and loyalty (Malm et al., 2019). Moreover, as potential workers frequently take healthcare coverage into account when considering employment possibilities, these perks can have a favourable influence on an organization's attempts to recruit new personnel. Overall, healthcare benefits are crucial for fostering a healthy workplace environment, promoting employee well-being, and boosting an organization's productivity (Ito, 2019).

2.5 Employee Engagement

Employee engagement refers to the level of commitment, passion, and involvement an employee has towards their work, colleagues, and organization as a whole on an emotional, cognitive, and behavioural level (Sun & Bunchapattanasakda, 2019). Employee engagement is an important and complex idea with significant consequences for corporate performance (Rahman et al., 2012). It refers to the level of commitment, emotional investment, and participation that workers have in both their work and the company. Employee engagement goes beyond simple work happiness to show a greater degree of dedication and excitement that motivates people to put their all into their jobs (Lee et al., 2020).

Moreover, Employee involvement primarily includes three aspects: emotional, cognitive, and behavioural (Chanana & Sangeeta, 2021). Employees who are emotionally involved have a strong feeling of connection to the organization's mission and a sense of purpose in their job (Frempong et al., 2018). Employees must cognitively match their beliefs and aspirations with those of the company and understand the value of their efforts to be engaged. Employees who are actively involved in their work environments take on difficulties voluntarily, look for possibilities for professional development, and work well with others (Rasool et al., 2021).

Lastly, organizational success and general well-being are strongly related to the idea of employee engagement. Employees who are truly invested in the success of the company are more likely to be productive, inventive, and creative (Frempong et al., 2018). Moreover, engagement affects employee retention since highly engaged workers are less inclined to look for employment elsewhere. Organizations may increase employee engagement and benefit from a motivated and effective staff by creating an atmosphere that promotes open communication, career prospects, and a feeling of purpose (De-La-calle-durán & Rodríguez-Sánchez, 2021).

2.6 Empirical Literature Review

This section aims to present and synthesize the findings, methodologies, and conclusions of previously conducted studies in the field, demonstrating how they contribute to the understanding to determine staff satisfaction with the Medicare scheme coverage at Korle Bu Teaching Hospital.

2.6.1 Level of awareness of staff on the Medicare Scheme

A comprehensive review of existing literature reveals that staff awareness of healthcare schemes, such as the Medicare Scheme, plays a vital role in shaping their perceptions and overall satisfaction (Nsiah-Boateng et al., 2019). Although studies emphasize the importance of adequate knowledge and understanding of healthcare coverage among staff members, indicating that increased awareness can lead to more favourable attitudes towards such schemes, findings suggest that the duration of enrollment in healthcare programs is associated with a deeper understanding of the scheme's benefits, leading to heightened awareness and informed decision-making among employees (Kipo-Sunyehzi et al., 2020).

Furthermore, the accessibility and transparency of information regarding health insurance have been highlighted as critical factors influencing staff awareness (Mwinuka et al., 2023). There is the need to underscore the significance of efficient communication channels and educational initiatives in promoting staff engagement and understanding of healthcare coverage options. By synthesizing the findings from these various sources, this study seeks to enhance the current body of knowledge by offering an in-depth examination of the current level of staff awareness regarding the Medicare Scheme at the Korle Bu Teaching Hospital.

2.6.2 Level of Satisfaction of staff on the Medicare scheme

Husaini (2019) conducted a study in Jigawa State, Nigeria, assessing clients' satisfaction with the National Health Insurance Scheme (NHIS). The findings indicated that a significant majority (80.6%) of clients expressed satisfaction with the healthcare services provided under NHIS. This aligns

with the results of Kurfi et al. (2017), who conducted a cross-sectional study at the Federal Medical Centre, Keffi, Nasarawa-State, Nigeria, involving 421 NHIS enrollees aged 18 to 60 years.

Research suggests that employees generally find employer-provided benefits appealing, with empirical evidence demonstrating a positive correlation between fringe benefit provision and job satisfaction (Artz, 2010; Bender et al., 2005; Heywood & Wei, 2006). However, an exception exists as employer-provided health insurance provision has been found to be negatively related to job satisfaction (Artz, 2010). Adewole et. al. (2020) conducted a descriptive cross-sectional study in a tertiary hospital in southwest Nigeria, assessing enrollees' knowledge and satisfaction with NHIS services. While the study revealed good knowledge of NHIS, the level of satisfaction with service delivery was not exceptionally high. Similarly, Adeniji et al. (2020) conducted a study on enrollees' knowledge and satisfaction with NHIS in a tertiary hospital in the southwest, indicating that, the satisfaction with service delivery was not notably high.

In another study by Ewulum et al. (2022) in north-central Nigeria, which was a descriptive survey among hospital clients enrolled in the formal sector program of the NHIS, the study highlighted poor knowledge among enrollees regarding their entitlements for enrolling in NHIS, correlating with a lower level of satisfaction (Ewulum et al., 2022).

2.6.3 Factors that contribute to employee satisfaction with medical insurance coverage (Medicare)

Employee satisfaction with health insurance is influenced by various factors related to health providers and the healthcare delivery process. Research has explored the connection between socio-demographic characteristics and satisfaction with health insurance. Studies by Abubakar et. al. (2022) and Hall and Dorman (2009) indicate that older enrollees tend to report greater satisfaction with mental healthcare services, with age being the strongest correlate of satisfaction. Socio-demographic factors

like education, marital status, and social status also play a role, with marginal associations found for being married and having higher social status.

Marvel (2018) study on the utilization of NHIS services at Kubwa General Hospital reveals satisfaction with health workers' attitudes but dissatisfaction with waiting times, record officers' attitudes, and pharmacy department interactions. Mohammed et al., (2011) found low satisfaction among Ahmadu Bello University staff, linked to factors such as marital status (especially in polygamous unions), knowledge of health insurance, duration of enrollment, and awareness of financial contributions. Positive provider attitudes reduced waiting times, and constant availability of hospital personnel were identified as significant predictors of satisfaction.

Ibiwoye et al. (2008) report high NHIS usage among civil servants, with occupation, income, and socio-economic factors influencing usage. Ewulum et al. (2022) study in north-central Nigeria identifies sex, age, education level, income, and knowledge of entitlements as significant factors influencing enrollees' satisfaction. Kurfi et al. (2017) study at Federal Medical Centre, Keffi, shows overall good patient satisfaction with NHIS services. Similarly, Kodom et al. (2019) and Nketiah-Amponsah et al. (2009) link satisfaction with factors like education, knowledge of the scheme, enrollment duration, facility cleanliness, consultation time, pharmaceutical services, and health worker attributes.

Regarding income, research finds that middle-income workers exhibit the strongest correlation between health insurance provision and job satisfaction. A negative health insurance-job satisfaction link is observed among middle-aged, middle-income families with young children. Workers most dependent on their employer for health insurance, especially those ineligible for alternative coverage, express lower job satisfaction, suggesting a disutility associated with reliance on a particular job for health insurance (Adams & Artz, 2015).

2.7 Chapter Summary

This chapter provided some information on the overview of health insurance in Ghana, employee health insurance, staff satisfaction, Medicare scheme, healthcare benefits, organizational culture, and employee engagement. An empirical review of prior studies on the research objectives was also looked at.

CHAPTER THREE

METHODS

3.0 Introduction

This chapter outlines the methods utilized in this study, covering the study area, research design, variables, data collection techniques, tools for data collection, data analysis procedures, and ethical considerations applied throughout the research.

3.1 Study Area

The study was conducted at Korle Bu Teaching Hospital. The Korle Bu Teaching Hospital is a tertiary healthcare facility in Ghana, established on October 9, 1923. It is a 2000-bed capacity facility with an average daily outpatient attendance of 1500 and about 250 in-patient admissions and the third biggest referral centre in Africa. It is also the leading national referral centre and is located in Accra, the capital city of Ghana, in the Ablekuma Sub-district of the Accra Metropolis. The hospital provides services to a large population and employs a substantial workforce with over 8000 staff including healthcare professionals and support staff. It has 21 clinical and diagnostic departments, three Centers of Excellence and fourteen (14) Sub Budget Management Centres (Sub BMC) which was the focus of the study.

3.2 Research Design

This study adopted a cross-sectional design, utilizing quantitative methods for data collection and analysis. The choice of a cross-sectional study design allows for data collection and analysis at a single point in time (Asenahabi, 2019). Questionnaires served as the primary tool for data gathering, enabling the generalization of sampled data to the broader population (Fowler, 2009).

3.3 Study Population

Different cadres of healthcare staff in the fourteen Sub- Budget Management Centres of Korle Bu Teaching Hospital took part in the study. This consisted specifically of medical doctors, nurses, pharmacists, and administrative staff who had enrolled on the Medicare Scheme and had utilized it and those who had also enrolled on it but had not utilized it.

3.4 Sample size determination

In this study, the sample size (n) was determined using the single population proportion formula as follows:

$n = z^2\, p(1-p)\, /d^2$

n = minimum sample size z = standard normal deviation (1.96)

P = satisfaction level

(1-p) = non-satisfaction level d= margin of error, set at 5% = 0.05

with a satisfaction level, p=42.1 percent from a previous study in Northeast Ethiopia (Getaneh et al., 2023), a sample size of 375 with 5% attrition = 394

3.5 Sampling Technique

A multistage sampling was used to select respondents which included all staff enrolled on Medicare who have utilized the scheme and those who have not utilized the scheme. The population was stratified into fourteen (14) Sub-Budget Management Centre. A second stratification into the various cadres of healthcare was conducted. A sampling frame was created by obtaining the list of members under each Sub Budget Management Centre who have enrolled on Medicare. Using simple random sampling technique, selection was done from an envelope or shuffled papers with "Yes" or "No" written on them.

3.6 Study Variables

3.6.1 Dependent Variables

The dependent/outcome variable was Staff Satisfaction with the Medicare Scheme at the Korle Bu Teaching Hospital. Satisfaction was self-reported using a structured questionnaire, which included both single item and multi-item Linkert scale questions designed to assess various dimensions of satisfaction with the Scheme

3.6.2 Independent Variables

The independent variables were,

- Demographic background: age, sex, level of education, marital status, number of dependents, age of dependents.
- Economic Factors: salary/income level, out of pocket expenses
- Perception on scheme: perceived fairness, perceived adequacy of services, trust in the scheme and satisfaction with communication and transparency.
- Coverage and Comprehensiveness: range of services, specialty treatments
- Accessibility and Ease of Utilization: network coverage, availability of healthcare providers.

3.7 Sources of Data

Collecting primary data through questionnaires is a widely accepted practice (Kabir, 2016). A questionnaire is a standardized tool that gathers data by asking participants to respond to a predetermined set of questions (Sileyew, 2020; Simply Psychology, 2024). This method was chosen for its efficiency in collecting data from large groups quickly and cost-effectively. Additionally, questionnaires allow respondents to reflect on their answers, are easy to administer and analyze, and help minimize biases that can arise from personal interactions. (Men & Yue, 2019). They also helped to minimize biases that may arise from personal interactions (Fofie, 2016). To ensure data

reliability, closed-ended questions were used to collect data based on the research variables.

3.7.1 Primary Data

Primary data was used in this study because data was gathered directly from participants, using a structured questionnaire. Primary data refers to information that is collected for the first time and is specific to the issue under investigation (Taherdoost, 2021). The use of primary data collection methods allows for a more focused and targeted approach to addressing the research objectives. The data collection process spanned one month, ensuring timely and efficient acquisition of relevant information from the participants.

3.8 Data Collection

Data for the study was collected using a structured questionnaire. The questionnaire was distributed to eligible participants in the various Sub-Budget Management Centres. Participants self-administered the questionnaires at their respective offices.

The questionnaire was divided into sections, including a Likert-scale section designed to measure the level of staff satisfaction with the Medicare Scheme. Another section explored various factors that may influence employee satisfaction with medical insurance coverage, such as coverage options and claim processing.

The questionnaire was pre-tested for clarity, validity, and reliability before its use in the study. Both printed copies and digital forms (via Google Forms) were made available to participants. This ensured flexibility and improved participation across the different staff categories.

3.9 Data Collection Instrument

Ghauri et al. (2020) defined data-collecting instruments or tools as devices used or tools used to gather data, such as a paper questionnaire or a computer-assisted interviewing system. Common data collection methods include case studies, checklists, interviews, sometimes observations, surveys, and

questionnaires. For this study, a questionnaire was employed as the primary data collection method.

3.9.2 Questionnaire

Data on factors such as respondents' satisfaction with the Medicare scheme and demographics was gathered via a structured and self-administered questionnaire. To gauge the connection between staff satisfaction and the Medicare scheme, the survey included closed-ended questions with answer possibilities on Likert scales or multiple-choice forms. To investigate the moderating effects of sex and age, demographic questions were also added. The questionnaire approach is the most effective way to collect data for a survey, opined Wudu (2021). It is far more time and money efficient than alternative approaches. Similarly, this approach facilitates data gathering and analysis.

3.10 Data Analysis

The analytical approach involved examining the correlation among variables to facilitate data generation and analysis, utilizing appropriate statistical methods (Asenahabi, 2019). This analysis provided insights into the relationships between various independent variables, such as sociodemographic factors, economic aspects, and perceptions of the Medicare scheme, and the dependent variable of staff satisfaction.

The data collected through the questionnaires was entered into Excel. Data was then cleaned and processed using statistical software, allowing for the computation of descriptive statistics, correlations, and regression analyses to determine the influence of different factors on staff satisfaction with the Medicare scheme. This approach enabled comprehensive understanding of the factors contributing to staff satisfaction and the challenges within the current Medicare program at the Korle Bu Teaching Hospital.

Data collected from respondents was coded during entry into excel and exported to STATA (version 17) for analysis. Subsequently, descriptive statistics was used to summarize and present the results including percentages, frequencies, and measures of central tendency such as means, modes,

and medians, using Stata (version 17) Software for statistical analysis. Confidence intervals were also employed to estimate the precision of the proportion estimate. Sub-group analysis was also conducted based on demographic variables, such as age, gender, and job role, to identify any variations in satisfaction levels among different groups Logistic regression analysis was then performed to identify the factors that significantly contribute to employee satisfaction with the Medicare scheme with independent variables such as sociodemographic factors, economic aspects, and perceptions of the Medicare scheme involved in the analysis. This analysis pinpointed the most influential aspects of medical insurance coverage affecting employee satisfaction.

3.11 Reliability and Validity

Reliability, as defined by Saunders et al. (2018), refers to the consistency and dependability of a data collection procedure or methodology, ensuring that the findings remain stable and consistent over time. It encompasses the extent to which other researchers can draw identical observations or conclusions from the same data.

They also define reliability as transparency in how meaningful interpretations are derived from raw data, thereby ensuring the credibility and trustworthiness of the research outcomes. A pilot study was conducted prior to the main study at the Korle Bu Polyclinic to evaluate the research tools and procedures. The pilot study aimed to eliminate unclear items, identify potential issues with the administration of the instruments, evaluate the clarity of data collection instructions, determine the feasibility of the study, anticipate and address any procedural or logical challenges, and conduct a preliminary (dummy) data analysis. The researcher distributed the questionnaires and provided participants with explanations for any questions they found difficult.

3.12 Ethical Considerations

3.12.1 Ethical Clearance

Ethical approval was sought from the Institutional Review Board of the Korle Bu Teaching Hospital for the study (KBTH-IRB 000282/2023). This was to ensure the rights of participants were respected during the study.

3.12.2 Consent from Participants /Informed Consent

Participants were required to provide consent to be part of the study after they had been well informed about the study and what was expected of them. Participants were made aware that they could refuse to participate in the study or withdraw whenever they wanted to. It was explained to them that the refusal or withdrawal from participation will not affect their employment or ability to access care under the Medicare scheme. This was because participation was not mandatory but voluntary. They were allowed to ask questions or raise concerns which were addressed.

3.12.3 Confidentiality

Participants provided personal information during data collection. However, this information was kept confidential and not exposed to anyone. Questionnaires did not require the participant's name hence participants' identities were anonymous. Participants were made to complete the questionnaires at their convenient time and place. This served to guarantee participant's privacy in answering the questionnaire.

3.12.4 Potential Risks and Benefits

There were no known risks associated with the study. The information derived from the study also provided insights into the strengths and weaknesses of the scheme and led to the development of strategies to improve employee satisfaction, which could have far-reaching effects on the management of the Medicare Scheme at Korle Bu Teaching Hospital.

3.12.5 Compensation

The study participants did not receive any compensation for their involvement.

3.12.6 Research and Funding

The study did not receive any external funding, it was for the award of a master's degree in public health from the School of Public Health, College of Health Sciences University of Ghana therefore all costs were borne by the researcher.

3.12.7 Data Storage and Usage

The questionnaires were coded and securely stored by the researcher. The collected data was coded, entered within 72 hours of collection, and saved on the researcher's password-protected personal computer, accessible only to the researcher.

For backup, additional copies of the data were put on a password-protected external hard drive, with security encryption only known to the investigator.

3.12.8 Conflict of Interest

I declare that there was no conflict of interest with regard to this work.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter outlines the study's findings and is organized into four sections. The first section focuses on the demographic characteristics of respondents; section two assesses the level of awareness of staff on the Medicare Scheme at the Korle Bu Teaching Hospital; the third section explores the level of satisfaction of staff at Korle Bu Teaching Hospital on medical insurance (Medicare), whereas the fourth section touches on the factors that contribute to employee satisfaction with medical insurance coverage.

4.2 Demographic Characteristics of Respondents

The demographic characteristics encompassed characteristics that were related to the respondents themselves such as their age, sex, religion and employment role in the facility among others. The study considered 394 respondents (58.4% females and 41.6% males) in the final analysis. Table 4.1 presents the demographic characteristics of the respondents.

The median age of the respondents was 35 years [interquartile range (IQR)= 43-30]. The median age of the males was 35 (IQR = 43-30) with the majority (73.2%) between 30 and 49 years. Also, the median age of the females was 35 (IQR = 42-31) with the majority (74.3%) between 30 and 49 years.

The distribution of marital status of the respondents showed that more than half (57.6%) were married. More females (62.2%) than males (51.2%) were married. Also, 45.1% of males and 35.2% of the females were single while 3.1% of the respondents were either divorced, separated or widowed. Furthermore, the majority of both sexes (82.9% for males and 90.9% for females) were Christians while 11.2% were Muslims.

The professional designation of the respondents included Nurse (39.9%), Administrative Staff (38.3%), Medical Doctor (8.1%) and Pharmacist (5.8%). The majority (65%) had more than 5 years of working experience while 14.5% had more than 20 years of working experience. The majority of both sexes (85.2% for males and 88.8% for females) earned more than GH¢2000 on average.

Table 4.1: Demographic characteristics of respondents

Characteristics	Male		Female		Total	
	n	%	n	%	n	%
Age						
Median (IQR)	35 (43-30)		35 (42-31)		35 (43-30)	
20 – 29	32	19.5	41	17.8	73	18.5
30 – 39	73	44.5	110	47.8	183	46.5
40 – 49	47	28.7	61	26.5	108	27.4
50 – 59	11	6.7	17	7.4	28	7.1
60 and above	1	0.6	1	0.4	2	0.5
Marital Status						
Single	74	45.1	81	35.2	155	39.3
Married	84	51.2	143	62.2	227	57.6
Divorced/Separated/Widowed	6	3.7	6	2.6	12	3.1
Religion						
Christian	136	82.9	209	90.9	345	87.6
Muslim	24	14.6	20	8.7	44	11.2
Others	4	2.4	1	0.4	5	1.3
Employment Role						
Administrative Staff	76	46.3	75	32.6	151	38.3
Medical Doctor	19	11.6	13	5.7	32	8.1
Nurse	38	23.2	119	51.7	157	39.9

Pharmacist	9	5.5	14	6.1	23	5.8
Others	22	13.4	9	3.9	31	7.9
Work Experience (Years)						
< 5	61	37.2	77	33.5	138	35.0
5 – 9	47	28.7	51	22.2	98	24.9
10 – 14	19	11.6	48	20.9	67	17.0
15 – 19	12	7.3	22	9.6	34	8.6
20 and above	25	15.2	32	19.9	57	14.5
Average Monthly Income						
500 – 1000	3	1.9	4	1.8	7	1.8
1001 – 2000	21	13.0	21	9.4	24	10.9
2001 – 3000	58	35.8	89	39.9	147	38.2
Above 3000	80	49.4	109	48.9	189	49.1
Total	164	41.6	230	58.4	394	100.0

4.3 Awareness and Utilisation of Medicare Scheme among Staff at the Korle Bu Teaching Hospital

This section assesses the level of awareness and enrolment unto the Medicare Scheme. Figure 4.1 presents the awareness of the Medicare Scheme among the respondents. The result showed that many of both sexes were aware of Medicare: males – 93.9% (95% CI: 89.0-96.7) and females – 97.4% (95% CI: 94.3-98.8).

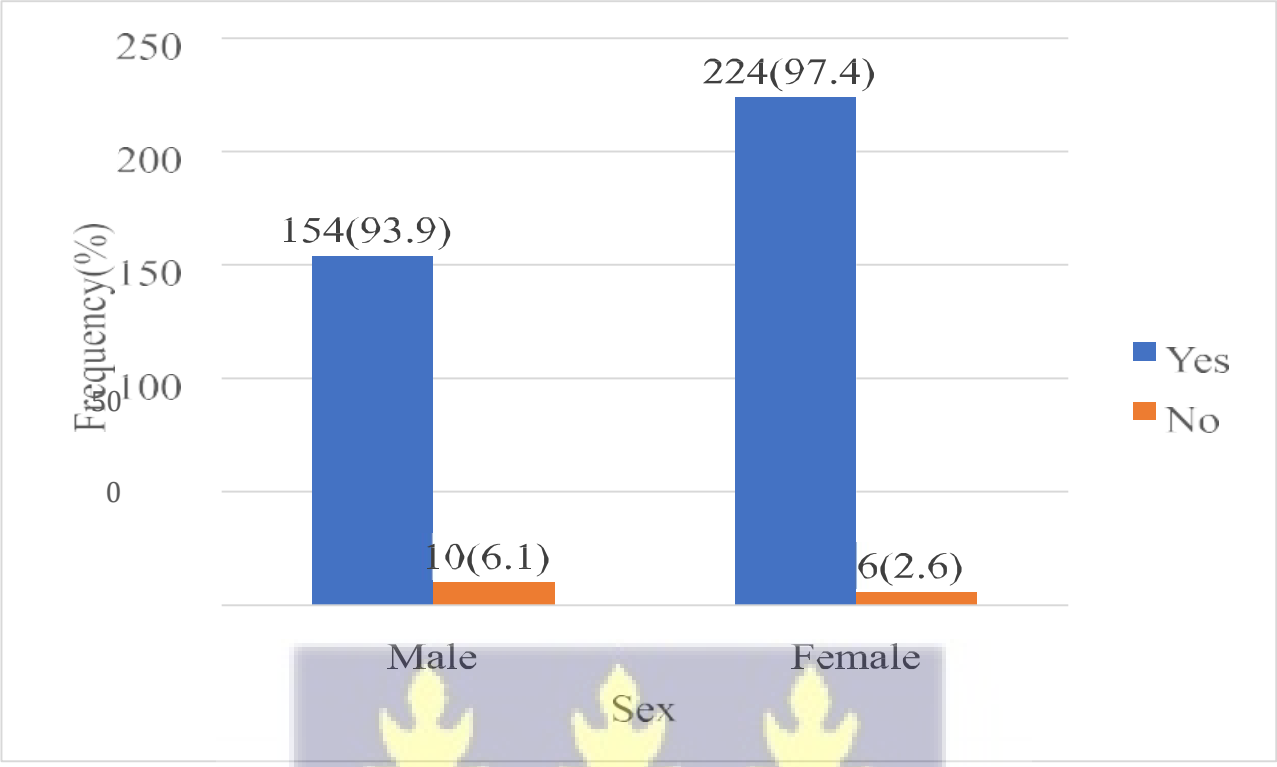

Figure 4.1: Awareness of Medicare Scheme among respondents

The respondents' sources of information on the Medicare Scheme included communication from HR or management (72.6%), colleagues/coworkers (23.2%) and organisation's website (3.5%) (see Table 4.2).

Table 4.2: Respondents' source of information on the Medicare Scheme

Source	Frequency	Percent
Colleagues or coworkers	89	23.2
Communication from HR or Management	278	72.6
Organisation's website or intranet	14	3.7
During Performance Review	1	0.3
Forum	1	0.3

Figure 4.2 presents the proportion of respondents enrolled on the Medicare Scheme. It was observed that more males (81.3%; 95% CI: 75.0-86.9) than females (73%; 95% CI: 66.9-78.4) were enrolled on Medicare. The overall rate of enrolment was 76.7% (95% CI: 72.2-80.6).

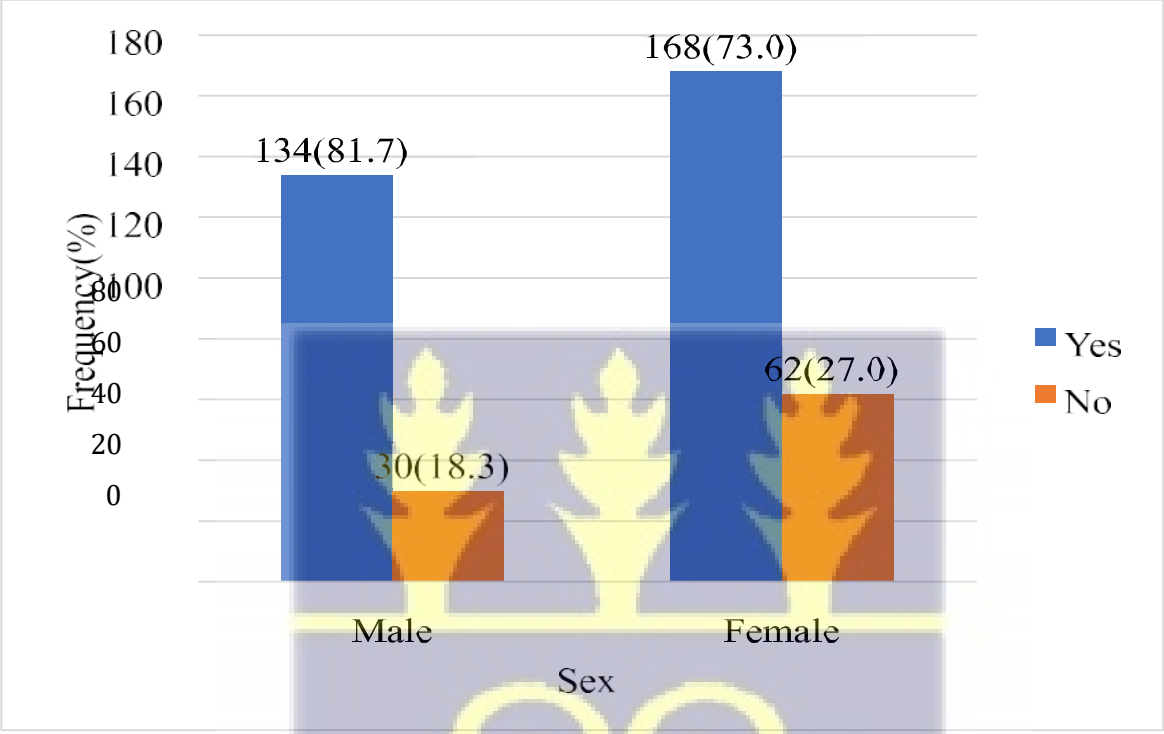

Figure 4.2: Proportion of Respondents enrolled on the Medicare Scheme

Figure 4.3 presents the duration (in years) of enrolment unto the Medicare Scheme. It was observed that the majority of both sexes (77.1% for males and 68.7% for females) had been enrolled unto the Medicare for between 1 – 5 years while more females (25.3%) than males (15.3%) had been enrolled for between 6 – 9 years.

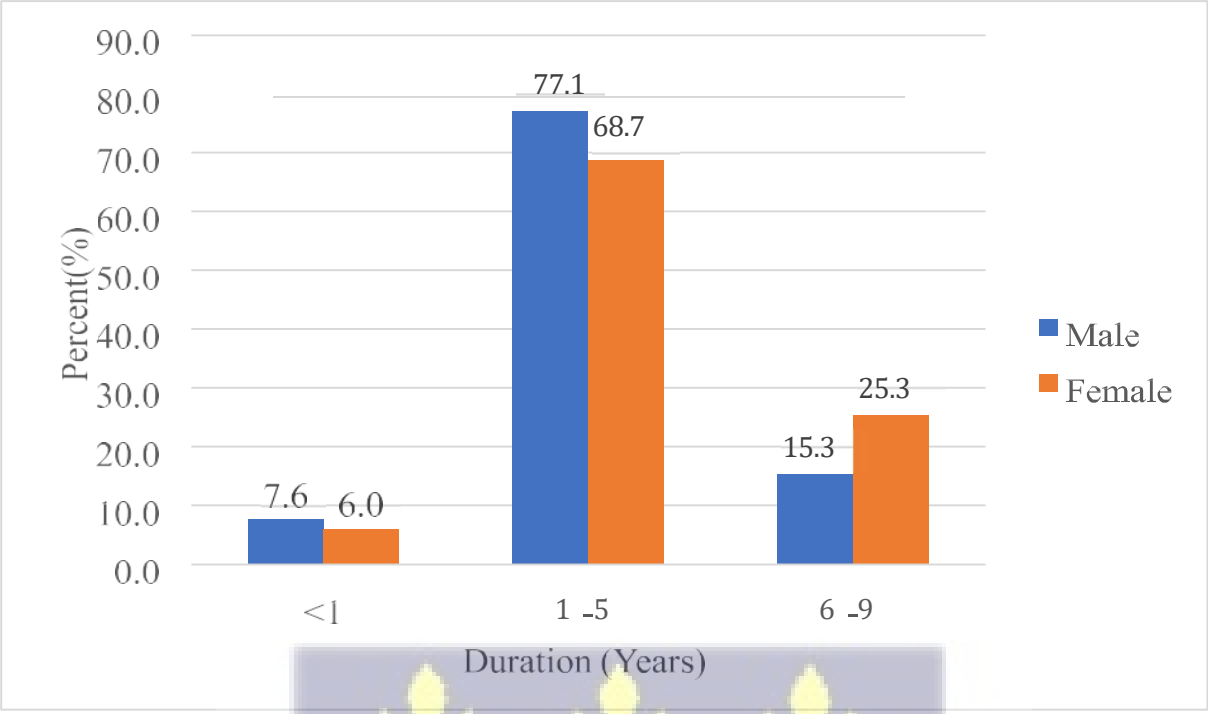

Figure 4.3: Respondents' years of enrolment unto Medicare Scheme

For a greater proportion of both sexes (59.1% for males and 53.0% for females) they had never utilized Medicare personally or by their dependents for the past 12 months. However, 44.6% and 39.4% of female and male respondents respectively, had utilized the services between 1 – 4 times (Figure 4.4).

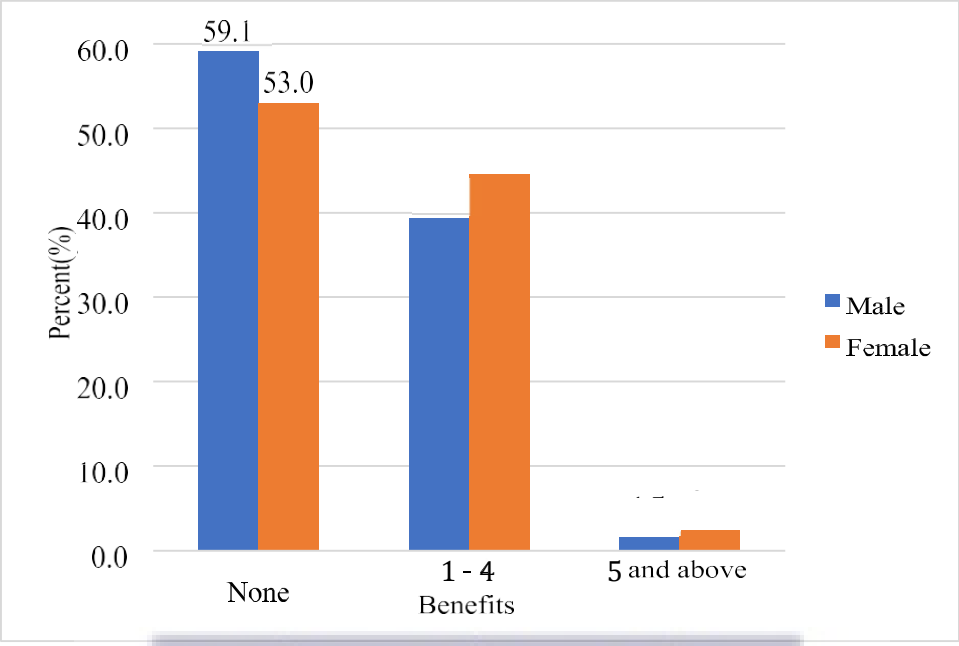

Figure 4.4: Utilisation of Medicare for the past 12 months

The study further explored respondents' reasons for either enrolling or not unto the Medicare Scheme. Respondents' reasons for not enrolling unto Medicare included lack of knowledge of the details of the scheme (45.5%), personal private insurance coverage (21.7%), coverage options not meeting their needs (21.0%) high cost of premium (9.8%), and delays in refund (0.7%) (Table 4.3).

Table 4.3: Respondents' reasons for not enrolling on the Medicare scheme

Reasons	Frequency	Percent
Not aware of details of scheme	65	45.5
Personal private insurance coverage	31	21.7
Coverage options do not meet my needs	30	21.0
High cost of Premium	14	9.8
Delays in refund	1	0.7
Spouse's work insurance	1	0.7
Scheme does not cater enough for health of staff when needed	1	0.7

Respondents' reasons for enrolling on Medicare included recommendations from colleagues or supervisors (35.9%), affordability of premium (19.4%), convenience and ease of enrolment process (16.8%), comprehensive coverage options (15%), and positive experiences with the scheme in the past (12.9%) (Table 4.4).

Table 4.4: Respondents' reasons for enrolling on Medicare Scheme

Reasons	**Frequency**	**Percent**
Affordable premium cost	75	19.4
Convenient and easy enrollment process	65	16.8
Positive experience with the scheme in the past	50	12.9
Recommended by colleagues or supervisors	139	35.9
Comprehensive coverage options	58	15.0

4.4 Level of satisfaction of staff at Korle Bu Teaching Hospital on Medicare

This section assessed respondents' level of satisfaction with Medicare. Their level of satisfaction in terms of coverage, medical services, ease of refund, access to information and benefits among others were assessed. Table 4.5 presents their level of satisfaction.

It was observed that less than half (34.1%) of the respondents enrolled on the Medicare were satisfied with the coverage options offered while about the same proportion (32.8%) were dissatisfied. Also, 35.4% were satisfied with the range of medical services covered. However, less than quarter (22.9%) of the subscribers were satisfied with the claim/refund process. Regarding access to information on the scheme, 33.1% were satisfied while 32.1% were dissatisfied. A greater proportion of the subscribers (44.7%) were dissatisfied with the process of applying for and receiving refunds from the scheme.

Table 4.5: Respondents' Level of Satisfaction with Medical Insurance (Medicare)

Statement	Dissatisfied		Neutral		Satisfied	
	n	%	n	%	n	%
How satisfied are you with the coverage options offered by the medical insurance (Medicare) scheme?	99	32.8	100	33.1	103	34.1
Please indicate your satisfaction level regarding the ease of the claim/refund process under the medical insurance (Medicare) scheme.	128	42.4	105	34.8	69	22.9
How satisfied are you with the range of medical services covered by the medical insurance (Medicare Scheme)	90	29.8	105	34.8	107	35.4
Are you satisfied with the accessibility of information about your medical insurance (Medicare) plan, including policy details, updates, and changes?	97	32.1	105	34.8	100	33.1
How satisfied are you with the process of applying for and receiving refunds for medical	135	44.7	113	37.4	54	17.9

expenses through the medical insurance
(Medicare Scheme)?

A greater proportion (61.2% for males and 57.7% for females) of the subscribers indicated that they would recommend the scheme to other Korle Bu Staff who had not subscribed (Figure 4.5). Again, a greater proportion (58.2% for males and 49.4% for females) of subscribers were likely to retain their subscriptions (Figure 4.6).

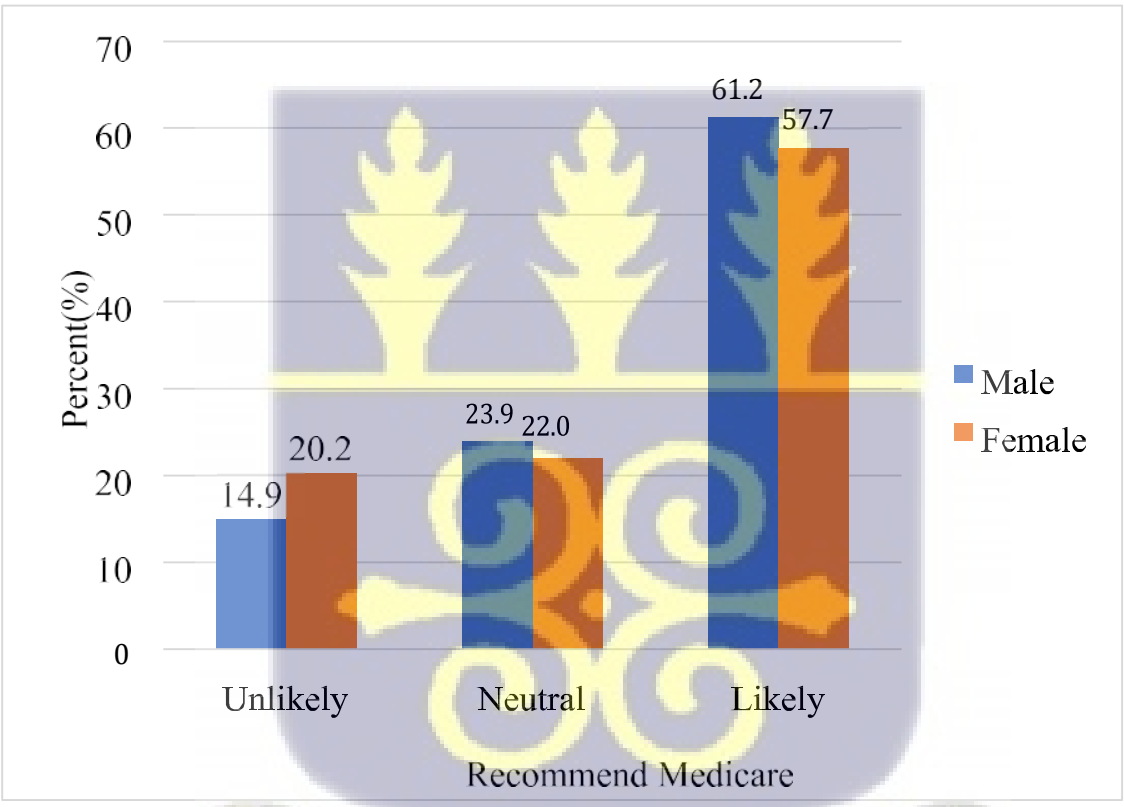

Figure 4.5: Likelihood of recommending Medicare Scheme to others

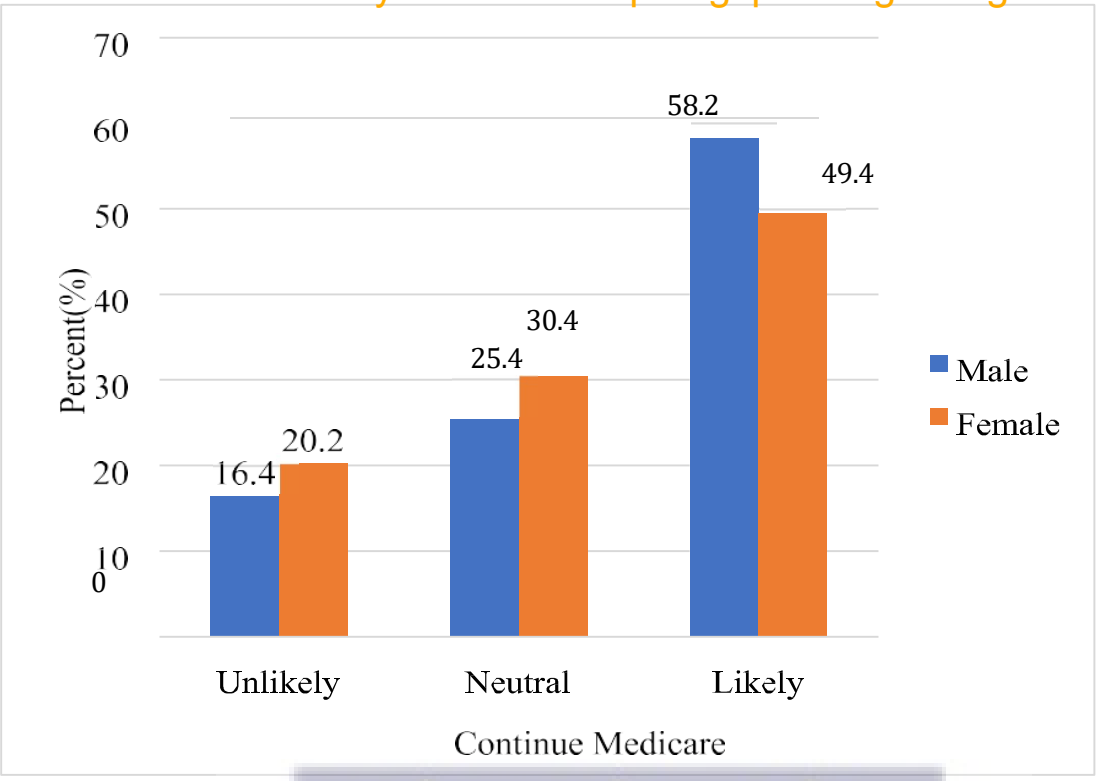

Figure 4.6: Likelihood of continuing Medicare Scheme

Respondents' level of satisfaction with benefits in terms of meeting needs was further assessed and is presented in Table 4.6.

The results showed that for more than half of the respondents, benefits from Medicare did not meet their needs. About 42% indicated that the benefits somewhat met their needs while 15% indicated that it did not meet their needs. For 38.6%, the benefits received met their needs.

Table 4.6: Level of satisfaction with benefits from the Medicare Scheme

Benefits	Male		Female		Total	
	n	%	n	%	n	%
Strongly meets my needs	5	4.9	5	4.2	10	4.6
Meets my needs	48	47.1	37	31.4	85	38.6
Somewhat meet my needs	39	38.2	53	44.9	92	41.8
Does not meet my needs	10	9.8	23	19.5	33	15.0
Total	102	100.0	118	100.0	220	100.0

The overall satisfaction of the respondents with the scheme including their likelihood to recommend and maintain their subscription was assessed and is presented in Table 4.7. More than half (57.3%) of the respondents were satisfied with the Medicare Scheme (95% CI: 51.6-62.8). More males (62.7%; 95% CI: 54.2-70.5) than females (53%; 95% CI: 45.4-60.4) were satisfied with the scheme.

Table 4.7: Overall Satisfaction of Respondents with the Medicare Scheme

Satisfaction	Male		Female		Total	
	%	95% CI.	%	95% CI.	%	95% CI.
Satisfied	62.7	54.2-70.5	53.0	45.4-60.4	57.3	51.6-62.8
Not satisfied	37.3	29.5-45.8	47.0	39.6-54.6	42.7	37.2-48.4

The study further assessed the aspects of Medicare that the subscribers appreciate most, and the areas that need improvement. Theme A (Table 4.8) presents aspects of the scheme most appreciated by the respondents.

Table 4.8: Theme A - Aspect of Medicare most appreciated by respondent

Theme	Description	Subtheme	No. of times mentioned
Cost of premium	What aspects of the medical insurance / Medicare scheme do you appreciate the most?	• Affordable premium	6
Coverage		• Coverage for dependants	25
		• Free care for staff	30
Refund			18
Outpatient services			2
Comprehensive coverage			2

The areas of the scheme that require improvement are presented in

Table 4.9 under Theme B. Table 4. 9: Theme B – Aspect of Medicare that needs improvement

Theme	Description	Subtheme	No. of times mentioned
Refund process	What areas do you think could be improved?	Delays in refund	67
Upfront payment		Out-of-pocket	22
Documentation		Long procedures	10
Coverage		Coverage of drugs	11
Accessing scheme			3
Inpatient services			2

4.5 Factors that contribute to employee satisfaction with coverage of the Medicare Scheme

The factors influencing respondents' level of satisfaction with Medicare were further assessed using logistic regression and are presented in Table 4.8. The OR is the unadjusted odds ration while aOR is the adjusted odds ratio.

Table 4.10: Factors influencing satisfaction with Medicare

Variable	OR (95% CI)	p - value	aOR (95% CI)	p - value
Sex				
Female	reference		reference	
Male	1.49 (0.94-2.37)	0.091	0.75 (0.33-1.74)	0.508
Age (in years)				
Less than 40	reference		reference	
40 and above	0.76 (0.47-1.21)	0.243	0.83 (0.33-2.07)	0.685
Marital Status				
Single	reference		reference	
Married	0.54 (0.33-0.88)	0.013	0.48 (0.19-1.22)	0.124
Divorced/Separated/Widow	2.37 (0.49-11.5)	0.284	2.42 (0.17-34.8)	0.515
Average Income				
3000 and below	reference		reference	
Above 3000	0.57 (0.35-0.91)	0.017	1.05 (0.44-2.50)	0.919
Out of Pocket Payment				
No	reference		reference	
Yes	1.37 (0.82-2.26)	0.226	1.93 (0.755.02)	0.175
Addressed Inquiries				
No	reference		reference	
Yes	12.4 (7.12-21.8)	<0.001	6.39 (2.82-14.5)	<0.001
Benefits				
No	reference		reference	
Yes	26.1 (13.7-49.8)	<0.001	16.6 (6.76-40.7)	<0.001
Refund				
Dissatisfied	reference		reference	

Satisfied	21.7 (9.58-49.3)	<0.001	7.0 (2.21-22.0)	<0.001
Medical Services Covered				
Dissatisfied	reference		reference	
Satisfied	9.55 (5.08-17.9)	<0.001	2.17 (0.71-6.6)	0.174
Access to Information				
Dissatisfied	reference		reference	
Satisfied	9.03 (4.73-17.2)	<0.001	0.94 (0.29-3.0)	0.914
Application Process				
Dissatisfied	reference		reference	
Satisfied	56.5 (7.7-415)	<0.001	13.6 (0.70-265)	0.085

OR: unadjusted odds ratio aOR: adjusted odds ratio

Addressing inquiries on Medicare was observed to be a significant determinant of satisfaction among the respondents. The findings showed that subscribers whose concerns regarding coverage, claims, or benefits were addressed promptly and effectively at the Medicare Office were about 6.4 time [OR: 6.39(2.82-14.5); p – value <0.001] more likely to be satisfied with the scheme compared to those who were not attended to promptly.

Benefits from the scheme were also observed to be a significant determinant of satisfaction with the scheme. The findings showed that subscribers who had benefited from the scheme were about 16.6 times [OR: 16.6(6.76-40.7); p – value <0.001] more likely to be satisfied with the scheme compared to those who had not received benefits.

Ease of access to claims/refunds was also observed to be a contributory factor to the level of satisfaction with the scheme. The findings showed that subscribers who received claims/refunds with ease were about 7 times [OR: 7.0 (2.21-22.0); p – value <0.001] more likely to be satisfied with the scheme compared to those who did not receive refund promptly.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter interprets the study results and compares them with findings from similar studies in the literature, including international, regional, and local research and the implications with respect to the conceptual framework are discussed. Findings on the level of awareness of staff on the Medicare Scheme at the Korle Bu Teaching Hospital, the level of satisfaction of staff with medical insurance (Medicare) and the factors that contribute to employee satisfaction with medical insurance are discussed in reference to relevant literature. While this chapter aims to discuss the Medicare program, the dearth of literature specifically on staff Medicare program necessitated the incorporation of literature on National Health Insurance Programs. Valuable insights from this literature were applied with careful consideration of their relevance and limitation.

5.2 Level of awareness of staff on the Medicare Scheme at the Korle Bu Teaching Hospital

Staff awareness of healthcare schemes, such as the Medicare Scheme, plays a vital role in shaping their perceptions and overall satisfaction (Nsiah-Boateng et al., 2019). In the current study, most 95.9%; (95% CI: 93.5-97.5) of the respondents were aware of the Medicare Scheme. The vast majority of both sexes were aware of Medicare: males – 93.9% (95% CI: 89.0-96.7) and females – 97.4% (95% CI: 94.3-98.8). The awareness of the Scheme reflected in its enrollment as the rate of enrolment was 76.7% (95% CI: 72.2-80.6) in support of the findings of Nsiah-Boateng et al. (2019) and Kipo-Sunyehzi et al. (2020) who posited that increased awareness could lead to more favourable attitudes towards such schemes. Thus, the awareness of the Medicare Scheme among the staff of Korle-Bu might have contributed greatly to its high rate of subscription. Several studies have shown that individuals tend to make better financial decisions for themselves, increasing their economic security and well-being as far as the insurance policies are concerned when they are well informed. Therefore, the growing need for financial

education for the families to make better financial decisions and to increase their economic security has been widely recognized. The welfare of healthcare workers and their families is crucial in the realization of Goal 3 of the Sustainable Development Goals (SDGs) which aims to ensure healthy lives and the promotion of well-being for all, at all ages. Realizing the importance of enhancing awareness regarding insurance, the service providers as well as the hospital administration should launch awareness campaigns with the aim of roping all staff unto an insurance scheme.

The findings also showed that the majority of both sexes (77.1% for males and 68.7% for females) had been enrolled on the Medicare for between 1 – 5 years while more females (25.3%) than males (15.3%) had been enrolled for between 6 – 9 years. This finding is in corroboration with the findings of Kipo-Sunyehzi et al. (2020). who opined that the duration of enrollment in healthcare programs is associated with a deeper understanding of the scheme's benefits, leading to heightened awareness and informed decision-making among employees. People tend to make decisions based on experiences which is said to be the best teacher. Individuals may be lured into an insurance policy through awareness but their experience with the scheme or service providers may heighten their understanding for informed decision-making. Through understanding and good experience with the scheme, individuals may win others unto the scheme. Therefore, education on the scheme should not end after staff have been enrolled on the scheme. Staff should be guided to understand how to assess all the benefits associated with the scheme as the sustainability of the scheme is highly dependent on the subscription of the clients.

5.3 Level of satisfaction of staff with medical insurance (Medicare)

An organization's dedication to employee welfare is demonstrated by a well-designed and comprehensive coverage plan, which also helps to foster a supportive workplace environment (O'brien, 2003). The study therefore assessed the level of satisfaction of staff with the provision of the Medicare scheme. It was observed that more than half (57.3%) of the respondents were satisfied with

the Medicare Scheme. This is an indication that an appreciable proportion of staff (more than 42%) enrolled on the scheme were not satisfied. This corroborates the findings of Ewulum et al. (2022), Adeniji et al. (2020) and Adewole et al. (2020) who concluded that the level of satisfaction with the service delivery under the National Health Insurance Scheme was low. Beneficiaries' satisfaction and the factors associated with it have been known to provide evidence for policy revision, decision-making and retention and subscription of old and new clients (Getaneh et al., 2023). In the current study, more than half of the respondents (58.2% for males and 49.4% for females) were likely to retain their subscription based on their level of satisfaction with the scheme. This finding has a major indication on the Medicare scheme. Firstly, if the scheme is to lose about half of its clients after maturity due to lack of satisfaction, the sustainability of Medicare should be of major concern to the service providers as well as the hospital management as far as the welfare of the healthcare workers is concerned. Secondly, the level of satisfaction with the scheme is an indication that the primary goal of Medicare which is achieving a healthy, committed and well-motivated workforce should be of concern to management (Nsiah-Boateng et al., 2019). The health and well-being of the population lie greatly on the well-being of healthcare workers. Therefore, the hospital management should ensure that Medicare is meeting it primary goal of health security to staff.

5.4 Factors that contribute to employee satisfaction with medical insurance

Factors contributing to employee satisfaction with the Medicare Scheme included prompt response to enquiries, benefits, and ease of access to claims/refunds. Subscribers whose concerns regarding coverage, claims, or benefits were addressed promptly and effectively were about 6 times more likely to be satisfied, those who had benefits from the scheme were about 17 times more likely to be satisfied, and those who received claims/refund with ease were about 7 times more likely to be satisfied with the scheme.

The finding of prompt response to enquiries influencing the satisfaction of respondents with the scheme is in support of the findings of Ramadhan and Soegoto (2020) and Nagvadia (2021) who posited that responsiveness has an effect on service quality and implication for customer satisfaction. Every customer of the service industry expects the employees to provide them individual attention and respond to their queries immediately. Employee interaction is very crucial as far as customer satisfaction is concerned. Clients at any point in time are going to make enquiries on their existing or new policies and seek assistance as and when they face any challenge. An organisation's swift response to address these concerns has been shown be improve upon customer satisfaction. This is implication that, the service providers need to prioritise addressing enquiries from clients as well as potential clients.

Also, the main objective of insurance is the cover when an unforeseen event occurs. The fulfillment of client's expectations of insurance benefits cannot be overemphasized as far as their satisfaction with the scheme is concerned. The findings of the study that those who benefit as well as receive the benefits with ease are more likely to be satisfied corroborates the findings of several studies (Geng et al., 2021; Getaneh et al., 2023; Okyere-Mensah et al., 2023). Geng et al. (2021) posited that the major predictor for patient satisfaction with health insurance was the fulfilment of patient expectations of insurance benefits. Thus, the findings of this study can be helpful for policymakers to focus on client-centred policy and satisfaction by optimizing insurance schemes to meet staff expectations. Policymakers are suggested to pay close attention to staff demands and rationally formulate evidence-informed reimbursement policies that meet their expectations.

5.5 Limitations of the study

While the study was appropriately focused on health workers at Korle Bu Teaching Hospital, the findings may not be generalizable to health workers in other institutions or regions, especially those under different working conditions or benefit schemes. Future studies should include multiple health facilities across different regions and healthcare settings.

There was limited existing literature on the specific health insurance scheme for health workers at Korle Bu Teaching Hospital. This constrained the extent to which findings could be compared or contextualized within existing research. Further research should be encouraged to build a stronger evidence base on institutional health insurance schemes for health workers in Ghana and similar contexts

Also, the study did not capture the views of key informants such as the insurance providers on the subject matter. Future studies could assess the views of insurance providers to ascertain the enablers as well as challenges thereof to improve upon the system.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents a summary of the major findings of the study as well as the conclusions, recommendations and suggestions for future research. The chapter focuses on the implications of the findings from the study for policy formulation. The recommendations are made based on the key findings and major conclusions arising from the study.

6.2 Summary of the study

The purpose of this study was to assess staff satisfaction with the Medicare scheme at Korle Bu Teaching Hospital. The study was purely based on primary data with the target population being different cadres of healthcare staff in the fourteen Sub-BMCs of Korle Bu Teaching Hospital of which a total of 394 were sampled. These included Nurse (39.9%), Administrative Staff (38.3%), Medical Doctor (8.1%) and Pharmacist (5.8%). The majority (65%) of the respondents had more than 5 years of working experience while 14.5% had more than 20 years of working experience. This is an indication that the majority of the respondents may be abreast with the subject matter.

The study showed that the majority of both sexes were aware of Medicare: males – 93.9% (95% CI: 89.0-96.7) and females – 97.4% (95% CI: 94.3-98.8). Their main sources of information on the Medicare Scheme included communication from HR or management, colleagues/coworkers, and the organisation's website.

The findings also showed that more males (81.3%; 95% CI: 75.0-86.9) than females (73%; 95% CI: 66.9-78.4) were enrolled unto the Medicare. The overall rate of enrolment was 76.7% (95%

CI: 72.2-80.6). The majority of both sexes (77.1% for males and 68.7% for females) had been enrolled unto the Medicare for between 1 – 5 years while more females (25.3%) than males (15.3%) had been enrolled for between 6 – 9 years.

The study further showed that more than half (57.3%) of the respondents were satisfied with the Medicare Scheme (95% CI: 51.6-62.8). More males (62.7%; 95% CI: 54.2-70.5) than females (53%; 95% CI: 45.4-60.4) were satisfied with the scheme. Factors contributing to employee satisfaction with the Medicare Scheme included prompt response to enquiries, benefits, and ease of access to claims/refunds. Subscribers whose concerns regarding coverage, claims, or benefits were addressed promptly and effectively were about 6 times more likely to be satisfied, those who had benefits from the scheme were about 17 times more likely to be satisfied, and those who received claims/refund with ease were about 7 times more likely to be satisfied with the scheme.

6.3 Conclusions

1. The study demonstrated a high level of awareness of the Medicare Scheme among staff at Korle Bu Teaching Hospital, with nearly all male (93.9%) and female (97.4%) respondents being knowledgeable about the scheme. This widespread awareness is crucial for ensuring that staff are informed about their benefits.
2. The overall enrollment rate of 76.7% (95% CI: 72.2-80.) is substantial, with higher enrollment observed among females (55.6%) compared to males (44.4%). The majority of enrollees have been participants for 1-5 years, indicating a stable base of scheme users.
3. Satisfaction with the Medicare Scheme was moderate, with 57.3% of respondents expressing contentment (95% CI: 51.6-62.8). Males report slightly higher satisfaction (62.7%) compared to females (53%).

4. Key factors contributing to satisfaction include the promptness in responding to inquiries, the perceived benefits of the scheme, and the ease of accessing claims and refunds.

6.4 Recommendations

6.4.1 Recommendations for Stakeholders

(National Insurance Commission, Private Insurance Companies)

1. Promote Awareness and Enrollment: Continue efforts to raise awareness about the Medicare Scheme, particularly targeting underrepresented groups. Ensure that all staff members, especially newly employed, are fully informed about the scheme's benefits and enrollment procedures.

2. Improve Communication and Responsiveness: Enhance the responsiveness of the Medicare Scheme administration to staff inquiries. Implement systems to ensure timely and efficient handling of questions and concerns to improve overall satisfaction.

3. Identify and address influencing factors on client satisfaction: The current study revealed a number of factors such as responsiveness, benefits, and ease of receiving refunds as influencing client satisfaction with the Medicare Scheme. There is the need to periodically identify related influencing factors on client satisfaction which could assist in guiding policy and decision making to improve upon the service.

4. Automate the claims process for fast-track release of refunds: The study revealed ease of receiving claims/refunds as one of the influencing factors of customer satisfaction with the Medicare Scheme. However, the majority of the clients were not satisfied with the refund process. The management of the Medicare Scheme should automate the claims process for easy and quick release of refunds.

6.5 Future Research

Future studies could expand the scope to include other health facilities (both public and private) to assess the insurance status of other health workers and the level of satisfaction thereof. Future studies could explore other factors that could influence the enrolment of staff unto Medical Insurance. Also, the views of key informants could be solicited to enrich the findings of future studies of this nature.

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APPENDIX I: SURVEY QUESTIONNAIRE

My name is Hannah Reynolds, a postgraduate student at the University of Ghana School of Public Health. This survey instrument has been designed to enable me carry out research on the topic: "ASSESSMENT OF S T A F F SATISFACTION WITH THE MEDICARE SCHEME AT T H E KORLE BU TEACHING HOSPITAL". Any information provided will be used for academic purposes ONLY. There are no risks associated with your participation, and your responses will remain confidential and anonymous.

Section A: Demographic Information:

1. Sex:
   - ☐ Male
   - ☐ Female
2. Age_____
3. Marital Status
   - Single ☐
   - Married ☐
   - Divorced ☐
   - Separated ☐
   - Widowed ☐
4. Religion
   - Christian ☐
   - Muslim ☐
   - Traditionalist ☐

   Other_____

5 Employee Role/ Occupation:
   - ☐ Medical Doctor
   - ☐ Nurse
   - ☐ Pharmacist
   - ☐ Administrative Staff

☐
Others ☐

6. How many years have you worked at Korle Bu? _____
7. Average Monthly Income: _____
8. What is your rank?_____
9. Years Enrolled in the Medicare Scheme: _____
10. In the last 12 months, how many times have you or your dependents used the Medicare to access care? _____

Section B: The level of Awareness on the medical Insurance (Medicare)

1. Are you aware of the medical insurance (Medicare) scheme for staff provided by Korle Bu Teaching Hospital?

- Yes ☐
- No ☐

2. How did you hear about the medical insurance (Medicare) scheme initially?

- Communication from HR or management ☐
- Colleagues or coworkers ☐
- Organization's website or intranet ☐
- Other (please specify): _____ ☐

3. Are you currently enrolled in the medical insurance (Medicare) scheme provided by Korle Bu Teaching Hospital?

- Yes ☐
- No ☐

4. If you are not currently enrolled in the medical insurance (Medicare) scheme, please indicate the reason for not participating. (Select all that apply)

- I have my own private health insurance coverage ☐

- ☐ The coverage options do not meet my needs
- ☐ The premium cost is too high
- ☐ I am not aware of the details of the scheme
- ☐ Other (please specify): _____

5. If you are currently enrolled in the medical insurance (Medicare) scheme, please indicate the factors that influenced your decision to participate. (Select all that apply)

- ☐ Comprehensive coverage options
- ☐ Affordable premium cost
- ☐ Recommended by colleagues or supervisors
- ☐ Convenient and easy enrollment process
- ☐ Positive experiences with the scheme in the past
- ☐ Other (please specify): _____

Section C: Level of Satisfaction of Staff on Medical Insurance (Medicare)

instruction: On a scale of 1 – 5 please indicate your overall level of satisfaction with the Medicare scheme.

Where 1 = very dissatisfied; 2 = Dissatisfied; 3 = Neutral; 4 = Satisfied; 5 = Very satisfied

1. How likely are you to recommend the Medicare scheme to other Korle Bu Staff who are not on the scheme
   - ☐ Very Likely
   - ☐ Likely
   - ☐ Neutral
   - ☐ Unlikely
   - ☐ Very unlikely
2. How satisfied are you with the coverage options offered by the medical insurance (Medicare) scheme?
   - ☐ Very Dissatisfied
   - ☐ Dissatisfied

- Neutral
- Satisfied
- Very Satisfied

3. Do benefits offered by the Medicare Scheme meet your needs?
   - Yes
   - No

4. If Yes, how well do the benefits the Medicare scheme offers meet your needs?
   - Strongly meets my needs
   - Meets my needs
   - Somewhat meets my needs
   - Does not meet my needs

5. Please indicate your satisfaction level regarding the ease of the claim/refund process under the medical insurance (Medicare) scheme.
   - Very Dissatisfied
   - Dissatisfied
   - Neutral
   - Satisfied
   - Very Satisfied

6. How likely are you to continue using the Medicare Scheme?
   - Very likely
   - Likely
   - Neutral
   - Unlikely
   - Very unlikely

Section D: Factors Contributing to Employee Satisfaction with Medical Insurance Coverage (Medicare)

1. How satisfied are you with the range of medical services covered by the medical insurance (Medicare Scheme)

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

2. Have you made any out-of-pocket payments/expenses when using the medical insurance (Medicare scheme)?
   Yes No
3. Do you believe/agree that the out-of-pocket expenses associated with the medical insurance (Medicare Scheme) are reasonable considering your financial situation?

- Agree
- Strongly Agree
- Disagree
- Strongly Disagree

4. Were your inquiries and concerns regarding coverage, claims, or benefits addressed promptly and effectively at the Medicare Office?

- Yes
- No

5. Are you satisfied with the accessibility of information about your medical insurance (Medicare) plan, including policy details, updates, and changes?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

6. , How satisfied are you with the process of applying for and receiving refunds for medical expenses through the medical insurance(Medicare Scheme)?

- Very Dissatisfied ☐
- ☐ Dissatisfied
- ☐ Neutral
- Satisfied ☐
- Very Satisfied ☐

Have you encountered any difficulties or delays in the refund process that affected your satisfaction with the medical insurance/ Medicare scheme?

- Very Dissatisfi☐
- Dissatisfied ☐
- Neutral ☐
- ☐
- Satisfied
- Very Satisfied ☐

8. Overall, how satisfied are you with your medical insurance/ Medicare scheme?

- Very Dissatisfied☐
- Dissatisfied ☐
- Neutral ☐
- Satisfied ☐
- Very Satisfied ☐

9. What aspects of the medical insurance / Medicare scheme do you appreciate the most, and what areas do you think could be improved?

.....
.....
.....
.....
.....
.....

Do you have any additional feedback or suggestions for enhancing the medical insurance/ Medicare scheme?

- Yes
- No ☐ ☐

11. If yes, provide a ..ef suggestion below else leave it blank

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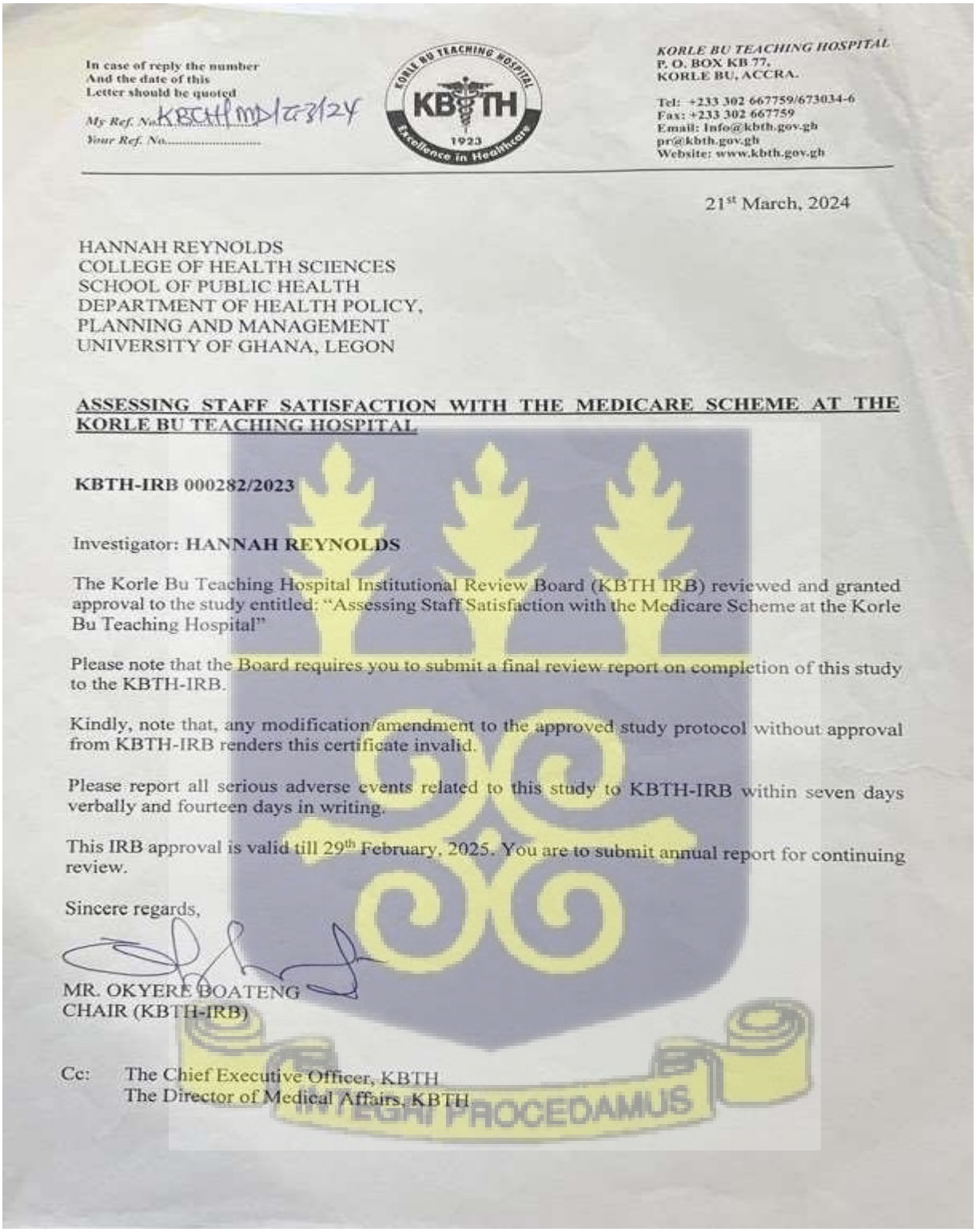
APPENDIX II: ETHICAL CLEARANCE



In case of reply the number
And the date of this
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My Ref. No. KBTH/MD/ca/3/24
Your Ref. No.....

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21st March, 2024

HANNAH REYNOLDS
COLLEGE OF HEALTH SCIENCES
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PLANNING AND MANAGEMENT
UNIVERSITY OF GHANA, LEGON

ASSESSING STAFF SATISFACTION WITH THE MEDICARE SCHEME AT THE KORLE BU TEACHING HOSPITAL

KBTH-IRB 000282/2023

Investigator: **HANNAH REYNOLDS**

The Korle Bu Teaching Hospital Institutional Review Board (KBTH IRB) reviewed and granted approval to the study entitled: "Assessing Staff Satisfaction with the Medicare Scheme at the Korle Bu Teaching Hospital"

Please note that the Board requires you to submit a final review report on completion of this study to the KBTH-IRB.

Kindly, note that, any modification/amendment to the approved study protocol without approval from KBTH-IRB renders this certificate invalid.

Please report all serious adverse events related to this study to KBTH-IRB within seven days verbally and fourteen days in writing.

This IRB approval is valid till 29th February, 2025. You are to submit annual report for continuing review.

Sincere regards,

MR. OKYERE BOATENG
CHAIR (KBTH-IRB)

Cc: The Chief Executive Officer, KBTH
The Director of Medical Affairs, KBTH