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EFFECT OF HEALTHCARE BENEFITS ON JOB SATISFACTION OF EMPLOYEES IN NIGERIA: A FOCUS ON CORRECTIONAL SERVICE

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Abstract

In Nigeria, the healthcare system is underfunded and neglected, which has led to significant problems for the industry. However, the majority of federal employees, including those in the Nigerian Correctional Services, are covered by their employers' health plans. Despite their involvement in healthcare, companies' reasons for offering workers health insurance have received very little attention. The study looked at how healthcare benefits affected employees' job satisfaction in the Nigerian Correctional Service's Ilorin command. With the help of a standardized questionnaire, 260 personnel were chosen at random from the 724 officers in the Ilorin command. Utilizing multiple regression analysis, the data was examined. The results showed that job happiness is highly impacted by healthcare benefits. The study came to the conclusion that employee work satisfaction is significantly impacted by healthcare benefits. The introduction of the health coverage among the government employees has drastically improved access to healthcare delivery. The study therefore recommends government should increase the healthcare benefits and create informatison forum that would enable employees at all levels benefits from the healthcare delivery services.

Keywords: Healthcare-Benefits, Insurance, Job Satisfaction, Lifestyle, Wellbeing

JEL CLASSIFICATION: H51, M5

1. Introduction

Basic healthcare access is essential for human welfare generally and for development. Healthcare is viewed as a fundamental human right in addition to other basic need including food, water, sanitation, housing, and education (UNDP 2021). The improvement of people's abilities and functionalities—both essential for making the most of financial resources for effective and fulfilling involvement in the workforce—depend on the health of the population. Despite this, there are still many places where access to health services is severely limited, especially in low- and middle-income nations like Nigeria where there are various levels of poverty. More specifically, health status is impacted

by inequality, which also hinders access to and delivery of healthcare (Tilipman, 2022). More inclusive social protection measures, ranging from the direct provision of subsidized healthcare, are implemented by governments in response to such challenges. In order to provide universal health care for the entire population, social health insurance is most frequently provided in developing nations (Azam 2018; Wagner et al. 2018; Bernal, Carpio, & Klein 2017).

A significant development issue has been affecting developing countries' inability to provide the resources and care that their poor populations need in the area of health (Li, & Zhang, 2013). The insufficient financial resources allocated to satisfy

these needs have further weakened the public effort to help the people overcome these difficulties. Consequently, using user costs to pay for health care services (World Bank, 2014). As a result, most economies now have insurance programs to support and improve access to healthcare. It has been determined that insurance is a method of risk transfer that is primarily employed to protect against unanticipated contingencies. It has been determined to be a social program that offers cash compensation for the effects of adversity. The pool of collected contributions from all scheme participants is used to fund the indemnification (Osei et al. 2022). Insurance does address risk, and it provides monetary compensation to people who experience loss (Robert, 2010).

Nigeria's healthcare system is made up of both publicly and privately run medical facilities. When the federal minister of the day filed a bill in parliament calling for the adoption of a healthcare system in the Lagos region, the first attempt to build one in Nigeria was made that year. Unfortunately, the Nigerian Medical Association vehemently opposed the suggestion after it was put up. The group that recommended the model for the current National Health Insurance Scheme (NHIS) was commissioned by the health minister of the time in 1988. Despite the fact that the law establishing the programme was passed in May of 1999, it didn't go into effect until 2005 due to administrative bungling (Okoroafor et al, 2022). Given the length of time between the law's enactment and its implementation, the private sector was given the chance to develop private health insurance. After the health program's official debut in June 2005, it received a presidential mandate that called for all Nigerians to be covered by social health insurance by the year 2015. Compared to when the programme launched in 2005 with a countrywide coverage of 3% of the entire Nigerian population, there has been an improvement as of late.

This made access to healthcare challenging, which had a negative impact on workforce wellbeing. The impact of NHIS programmes has drawn a lot of attention in recent years due to the quick expansion of health insurance programmes in Nigeria and many other developing nations. Previous empirical studies in the context of healthcare insurance incentives, such as those by Gouda, Hodge, Bermejo, and Jimenez-Soto

(2016) and Bishwajit, Hodge, Firth, Bermejo Zeck and Jimenez-Soto (2016), have primarily concentrated on the effects of health insurance coverage on organisational performance. The impact on the employees' wellbeing is not given any thought.

A substantial body of research has been done on how having health insurance affects job satisfaction (Wagner et al, 2018). However, most such studies were either in advanced economy or in conventional settings. The modus operandi of uniformed men and as to what constitutes the benefits derived from the health insurance schemes remains debatable. While Medicare was mostly beneficial in enrolling individuals in the formal sector, little attempts were made highlighting healthcare insurance benefits. In most developing countries, Nigeria in particular there is a clear lack of universal coverage of health care and little equity. Access to healthcare is severely limited in Nigeria. Inabilities of the consumers to pay for the services as well as the healthcare provision that is far from being equitable have been identified among other factors to impose the limitation. Financing of public health services in Nigeria has been through government subvention funded mainly from earnings from petroleum exports and user fees for patients.

Today, the majority of federal employees and the organised private sector of the economy in Nigeria obtain their health coverage through their place of employment (Oluwatola, et al. 2022). The majority of extremely small businesses also provide health insurance, despite the fact that they have more difficulties doing so than large businesses do. These employment-based plans pay for the majority of working families' health care costs and nearly one-fourth of national health spending, but they only cover smaller percentages of the population. Despite the fact that employers play a significant role in the health insurance industry, very little focus has been placed on the reasons why they offer health insurance to their employees.

Geographically, the study was carried out in all the Nigerian correctional service Ilorin Command. The command comprises of the correctional centers in Okekura, Madala, Lafiagi, Omuaran, the Booster Station and the headquarters of the command. All federal Government parastatals, Agencies, Security outfits ministries have long key in to the Nigerian health insurance scheme (NHIS). The Nigerian

Correctional Service is one of the paramilitary agencies with large number of staff and branches in Kwara State.

- i. Investigate the impact of healthcare access on the wellness of the NCS Ilorin command staff
- ii. Assess the impact of healthcare coverage on the lifestyle of the NCS Ilorin command staff.

Research Hypotheses

- i. H_{01} : access to healthcare does not have significant effect on the wellbeing of the staff of NCS Ilorin command
- ii. H_{03} : healthcare coverage does not have significant effect on the lifestyle of the employees in NCS Ilorin command

2.1 Conceptual Issues

Universal Health Coverage

No matter their financial situation, everyone should have access to high-quality healthcare services (such as treatment, rehabilitation, and palliative care). This is known as universal health coverage (UHC) (Sanogo et al, 2019). Unfortunately, many people and communities in Nigeria still struggle to get access to high-quality healthcare services. The majority of individuals in LMICs lack access to high-quality healthcare and risk management (Sanogo, et al. 2019; Fadlallah, et al. 2018). Quality in Nigeria refers to timely access to safe, cheap, and effective medical care without regard to socioeconomic class (Friebel et al, 2018). Due to a number of issues, including a lack of healthcare providers and their unequal distribution, service capacity issues (such as a shortage of medical supplies and staff), late payments to healthcare workers, difficulty accessing primary health centres physically, and low pay, access to and coverage of essential healthcare services are poor in Africa.

2.2 Performance of Employees

According to Rivai (2013), the term "performance" can refer to some or all of an organization's actions or activities over the course of a given period, with reference to a number of standards. According to Gibson (2013), performance is the end outcome of

efforts made in support of organisational objectives like quality, efficiency, and other work effectiveness standards.

Based on the explanations of some of these, it can be concluded that performance is the result of qualitative and quantitative employee work achieved by him to realise the goals of the organisation or company. According to Wulandari, Djawoto, and Prijati (2021), there are three elements that influence performance:

- a. Internal environmental factors that affect an organization's performance include management systems, compensation plans, the workplace culture, organisational strategy, and support for the resources required to do the job.
- b. Organizational external environmental factors may take the shape of occurrences in the organization's external environment that have an impact on employee performance.
- c. Internal aspects of the workforce It consists of both factors that are inherent from birth, such as talent, nature, personal, physical, psychological, and family circumstances, and factors that are acquired as he matures, such as knowledge, skills, work ethic, experience, and motivation.

2.3 Employee Lifestyle

According to Well and Tiger (2015), a lifestyle is a way of living, spending time, and making purchases. According to Armstrong (2015), a person's lifestyle in the world of life is expressed by the activities, interests, and viewpoints they have. The times and technology are closely related to lifestyle. The more widely used a lifestyle is by people in daily life, the older we get and the more advanced our technology gets. In a different sense, a person's lifestyle can influence them in a favorable or negative way, depending on how they lead it.

2.4 Job satisfaction

Job satisfaction cannot be understood from just one term because it has a very broad scope. Employment satisfaction is the term used to describe happy or positive feelings that come from evaluating a person's job and professional experience (Permana et al, 2021;

Valentine *et al*, 2011). According to Tnay *et al*, (2013) definition, job satisfaction is viewed as a confluence of psychological and environmental factors that might lead someone to really express happiness with the task completed. In order to validate this definition, consider how much job satisfaction is reflected by what makes people feel satisfied (Darmon, 2011). The sensation of ease is the essence of a happy workplace. Job satisfaction fluctuates while at work and is impacted by mood and emotions. Mood states are typically more fleeting, have a causal object, and stay longer. Workplace incidents that cause emotions are simpler to recall than negative feelings (Tabarsa & Nazari, 2016). There are two types of job satisfaction: intrinsic and extrinsic. Extrinsic work satisfaction refers to characteristics of a job that are unrelated to it, such as compensation and management style, whereas intrinsic job satisfaction refers to responses to characteristics of the job that are relevant to it, such as expertise, autonomy, and variety (Tnay, Othman, Siong, & Lim, 2013). Employee fulfilment and work descriptions are some examples of internal job satisfaction (Yurchisin & Park, 2010).

2.5 Employee Well-being

Employee well-being is the state of an individual's mental, physical and general health as well as experiences of satisfaction both at work and outside of work (Nielsen *et al.*, 2017). Employee wellbeing can be operationalised in terms of psychological well-being, social well-being, workplace wellbeing and subjective well-being (Pradhan & Hati, 2019). Psychological well-being refers to inter and intra-individual levels of positive functioning, including one's relatedness with others and self-referent attitudes such as the sense of mastery and personal growth (Burns, 2017). Social well-being refers to one's assessment social relationships, how others react to them, and how one interrelates with social institutions and community (Cicognani, 2014). Workplace well-being describes all aspects of an individual's work-life, including quality and safety of the working physical environment and the climate at work and work organisation (Burke & Richardsen, 2019).

Subjective well-being defines the various evaluations, positive and negative, that people make of their lives and the affective reactions of people to their

experiences (Bryson *et al*, 2017). Simply put, subjective well-being is the extent to which a person believes or feels that her life is going well (Nima *et al*, 2020). Employee well-being is associated with traits of optimism, confidence, sociability and other dispositions that encourage goalorientation and active involvement in an organisation. Personal experiences of well-being can sometimes make a difference in employees' job performance as they observe how their positive or negative moods appear to be shaping their behaviour (Warr & Nielsen, 2018). Krekel, Ward and De Neve (2019) posit that employee well-being positively affects the employees leading to heightened motivation hence better job outcomes and organisational citizenship. Krishantha (2018) indicates employee well-being leads to high job performance, organisational citizenship behaviours, flexible effort, reduced employee turnover and absenteeism. Therefore, employees who experience employee well-being are productive employees affecting the performance of the organisation.

2.6 Theoretical Framework

The study is underpinned by the agency theory where the agent and the principal are obligated to complement each other through incentives. The agent in accomplishing its duties is obligated to the duty of care to operate such an organization in the best interests of the owners for a pre-determined reward and ultimately performance. Agency Theory was developed by Jensen and Meckling (1976) and is entrenched in private property and modern entities on the distinction of the owners of a firm from its management. Dong *et al*, (2021) suggested that problems will continue to rise with agency relationships in cases where the principal (in this regard, shareholders) appoints the agent (management) to carry out operational activities of the firm on their behalf. The agent in performing its duties is obligated to the principal fiduciary duty of care to operate such an organization in the best interests of the owners for a pre-determined reward (Essien & Ntiedo, 2017). The authors opined that conflict of interest inevitably occurs between the agent and the principal especially when principal(s) do not participate in the least bit in the operation of such a firm. This is based on the theory which assumes that a model of an agent as a

selfish man, individualistic and self-serving and only wishes to maximize his satisfaction even when it is at the expense of the principals.

Agency theory believes that there is always a divergence of objectives between managerial goals and the goals of shareholders. Problems of the agency could be caused by wrong or under informed decisions and moral hazards (Raimo *et al*, 2021). Moral hazard in this sense refers to a situation caused by inadequacies in contract terms between the parties which lead the management to take decisions that are not optimal even if they are opportunistic in nature (Adelopo, 2010).

While moral hazards tend to happen after the contract, adverse selection may occur both before and after the contract between the principal and the agent (Adelopo, 2010). Adverse selection refers to the possibility of the principals or shareholders hiring agent who do not have the right type and kind of skills that may enable them to deliver the expected returns. Adelopo (2010) attributed this to the presence of material asymmetry between the parties or unavoidable imperfections while agreeing contract terms. Noting that shareholders possess various risk altitudes that are sometimes different to that of management, the continued presence of information asymmetry can induce principals to adopt control measures. More often, these controls necessitate the deployment of resources which inadvertently results in increase of operational costs is often referred to as agency costs.

Diana *et al.*, (2009) pointed that is generally known that agents could adopt their extensive understanding of accounting framework to present financial reports as they deem fit. These frameworks are highly dependent on decisions of the firm in order to accord some form to financial reports naturally prepared in compliance with existing accounting reporting guidelines. To display their effectiveness and appropriateness of their conducts, agents would usually lay emphasis on their positive outcomes.

Agency theory describes the relationship between agents and principals. It prescribes the perceived pros and cons of this relationship. In many cases, agents have been found to act in their own personal interests as opposed to those of the principals and other relevant stakeholders. These issues form the backdrop for the establishment of a healthcare benefits

framework, and for the purpose of this study, the effects of this framework on the performance of staff of NCS.

For a better and broader understanding of health insurance incentives, it is pertinent to conceptualise the problems every organisation encounter through the perspectives of the principal and the agent. Agency theory highlights these issues and challenges and provides a holistic view of the relationship and issues.

2.7 Empirical Review

Aregbeshola and Khan's (2018) study focused on the financial burden of out-of-pocket (OOP) medical expenses on households in Nigeria. Secondary data from the Harmonized Nigeria Living Standard Survey (HNLSS) of 2009/2010 was utilized to assess the catastrophic and impoverishing effects of OOP health payments on households in Nigeria. Data analysis was carried out using ADePT 6.0 and STATA 12. The study showed the urgency with which policy makers need to increase public healthcare funding and provide social health protection plan against informal OOP health payments in order to provide financial risk protection which is currently absent among high percentage of households in Nigeria.

Incentives for higher performance in the healthcare industry can take many forms, according to Abduljawad and Al-Assaf (2011). The goal of the study is to inspire and motivate participants to work hard and achieve better results. They may include monetary or non-monetary incentives and may be applied to consumers, individual providers or institutions. One such model is the Pay-for-Performance system. In this system, beneficiaries are compared with one another based on a set of performance indicators and those that achieve a high level of performance are rewarded financially. This system is meant to recognise and primarily to reward high performers. Its goal is to encourage beneficiaries to strive for better performance. This system has been applied in several countries and for several recipients and settings. Early indications show that this system has had mixed effects on performance.

In a two-part study, Tesse et al. (2021) investigated whether incentives were thought to be appropriate for patients who were taking at least one medication for diabetes, asthma, hypertension, hyperlipidemia, heart disease, or chronic obstructive pulmonary disease. They also looked at relationships between perceived appropriateness and patient characteristics. A cross-sectional online survey was administered via Qualtrics Panels to US adults taking at least 1 prescription medication for a chronic condition. The results describe patient preference for financial or social recognition-based incentive, perceived appropriateness of adherence incentives (5-point Likert scale), self-reported adherence (Medometer), and demographics. Analyses included descriptive statistics with chi-square and independent t-tests comparing characteristics between participants who perceived incentives as being appropriate or inappropriate and logistic regression to determine predictors of perceived appropriateness. 1,009 individuals completed the survey. Of the 1,009 total survey participants, 933 (92.5%) preferred to receive a financial (eg, cash, gift card, or voucher) rather than a social recognition-based incentive (eg, encouraging messages, feedback, individual recognition, or team competition) for medication adherence. 740 participants (73%) perceived medication adherence incentives as being appropriate or acceptable as a reward given for taking medications at the right time each day, whereas 95 (9%) perceived incentives as being inappropriate. Remaining participants were neutral. Hispanic ethnicity (OR = 0.57; 95% CI = 0.37-0.89); income under \$75,000 (OR = 0.48; 95% CI = 0.28-0.84); no college degree (OR = 0.60; 95% CI = 0.37-0.96); and adherence (OR = 0.99; 95% CI = 0.98-0.99) were significant predictors. The majority of patients perceived incentives as appropriate and preferred financial incentives over social recognition-based incentives. Perceived appropriateness for medication adherence incentives was less likely among certain groups of patients, such as those with Hispanic ethnicity, lower annual income, no college degree, and higher levels of adherence. These characteristics should be taken into account when structuring incentives.

3. Methodology

3.1. Research Design

The study used descriptive with cross-sectional survey approach. This will be addressed using a quantitative method. The study on health insurance incentives in Nigeria is homogenous which requires approach using deductive reasoning. The study shall describe the concepts and sought the opinion of the respondents on the phenomenon. The cross sectional research survey provides an in-depth and a better understanding of the variables under study and the survey method permits flexibility in terms of data collection. More so, these allow the study use of first hand source of information and allows interface with the respondents on the field. Consequently, the study will adopt a mono method approach for data collection as this provides better data and deeper understanding of the variables under study.

3.2 Population of the Study

The population of the study will comprised of 724 Staff of Nigerian correctional services Kwara State Command. The NCS is one of the largest uniformed command in Kwara State. To this end the population of the staff of the NCS is provided based on the records from the Admin Department of the command.

3.3 Method of Data Collection

Data collection for this study will be sourced through primary sources; questionnaire and interview. The questionnaire shall be open ended using a five point Likert scale of agreement (strongly disagree, disagree, neutral, agree & strongly agree) will be distributed to the respondents. The questionnaire will be broken into two parts, Section A had the preliminary and demographic information while Section B will be broken sections analyzing the independent and dependent constructs of the study. Structured in-depth interviews will be conducted on selected members of the sample.

3.4 Model Specification

The analysis of these two constructs is done with the use of X and Y as the equation stated that is Health Insurance Incentives as X and employee performance as Y

Construct and Variable Analysis

Healthcare benefitss Independent Construct

Independent Variables x_1 : = Access to healthcare x_2 : = Health Benefit x_3 : = Health coverage x_4 : = Healthcare subsidy

Job satisfaction..... Dependent Constructs

Dependent Variables

Yi- job satisfaction

E = Error term, (0, 1) normally distributed with mean 0 and variance

Therefore;

$$Y = F(x_1 + x_2 + x_3 + x_4 + e).$$

3.5 Method of Data Analysis

The data was analysed through the use of descriptive and inferential statistics. The descriptive was presented

in tables, graphs and charts. Descriptive statistics entailed determination of measures of central tendency such as mean and measures of dispersion such as standard deviation and percentages. The Inferential statistics shall include Mann-Whitney U test, this is informed by the fact that the study consists of and independent variable that has two categorical independent groups

4. Results and Discussion

This section presents the results of analysis for the data that were collected via the questionnaire designed for this study. This study explains the effect of healthcare on job satisfaction. An aggregate of 270 copies questionnaire were distributed to the staff of the correctional services in Kwara State and 260 were eventually utilized.

Table 1: Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	147	56.5	56.5	56.5
	Female	113	43.5	43.5	100.0
	Total	260	100.0	100.0	

Source: Authors Computation, 2022

The responses revealed that out of the total respondents 147 (56.5%) are male while the female employees comprises of 113(43.5%) at the Kwara

State command of the correctional services. This is an indication that there are more male respondents than the female respondents.

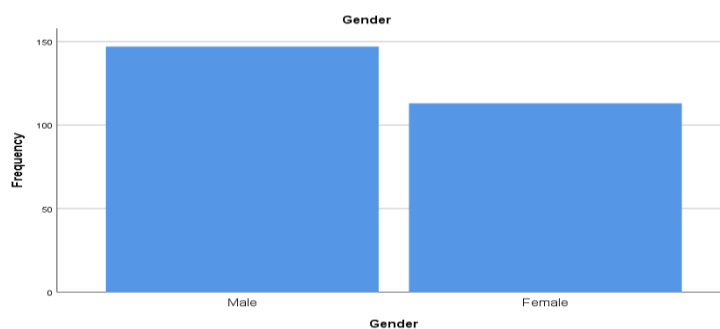


Fig. 1: Graphic representation of gender distribution

Table 2: Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	33	12.7	12.7	12.7
	Married	179	68.8	68.8	81.5
	Widowed	48	18.5	18.5	100.0
	Total	260	100.0	100.0	

Source: Authors Computation, 2022

Of the 260 valid respondents, 33 (12.7%) of the respondents are single, 179 (68.8%) of the respondents are married; while 48(18.5%) are widowed. This is an implication that the majority of the respondents are married. The summary is shown in Table 2 above

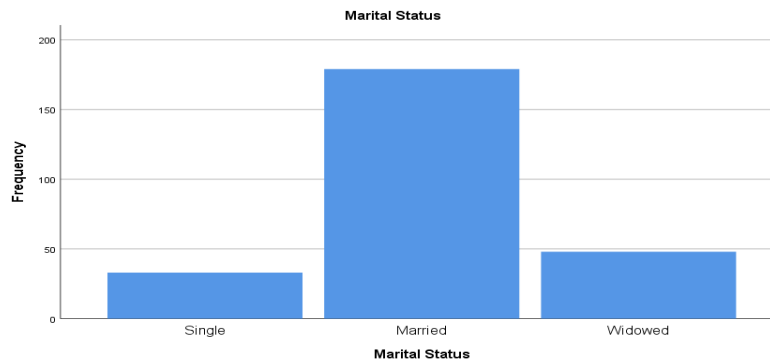


Fig. 2 Graphic representation of marital status distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary School	45	17.3	17.3	17.3
	ND/NCE/Alevel	74	28.5	28.5	45.8
	HND/BA/BSc	93	35.8	35.8	81.5
	MA/MSc	31	11.9	11.9	93.5
	Others	17	6.5	6.5	100.0
	Total	260	100.0	100.0	

Source: Authors Computation, 2022

From Table 3 above, the study obtained the demographic of the respondents in terms of their educational qualifications at the various correctional centres in the State. The result showed that employees with secondary school comprises of 45(17.3%); those with ND/NCE/ and A Level comprised of 74(28.5%), HND/BSc accounted for 93(35.8%) respondents;

MA/MSc are 31(11.9%); 17(6.5%) of the respondents comprised of other categories of qualifications which are not captured in this instruments. The result indicates that majority of the respondents have degree and above, hence could provide the required information for this study.

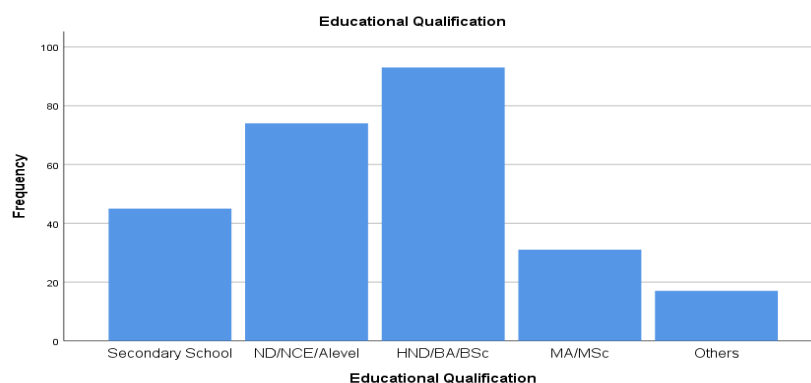


Fig. 3 Graphic representation of educational status distribution

Test of Hypotheses

Ho₁: access to healthcare does not have significant effect on the wellbeing of the staff of NCS Ilorin command

Table 4: Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.546 ^a	.461	.446	.58916	1.897
Source: Authors Computation, 2022					
a. Predictors : (Constant), AH5, AH2, AH4, AH3					
b. Dependent Variable: JS3					

Table 4 presents the model summary of the test of hypothesis on the statement access to healthcare does not have significant effect on the wellbeing of the staff of NCS Ilorin command. The Coefficient of Determination (R Square) and Adjusted R square

values are 0.541 and 0.461 respectively. This implies that 54.6% variation in wellbeing is explained by access to healthcare. Durbin-Watson Statistics value (1.897) shows that there is no evidence of serial correlation in the model.

Table 5: ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.702	4	1.425	4.106	.003 ^b
	Residual	88.514	255	.347		
	Total	94.215	259			
Source: Authors Computation , 2022						

Table 5 presents the Analysis of Variance (ANOVA) for the model. F-Statistics (4.106) and probability value (0.003) show that the overall model is statistical

significant. In other words, healthcare coverage variables significant effects on well-being as a job satisfaction index in employees in NCS Ilorin command

Table 6: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.721	.151		11.420	.000		
	AH2	.169	.048	.234	3.504	.001	.828	1.207
	AH3	-.038	.058	-.046	.654	.004	.739	1.353
	AH4	-.053	.065	-.054	-.805	.002	.834	1.200
	AH5	-.093	.057	-.113	-1.622	.001	.759	1.317
Source: Authors Computation, 2022 a. Dependent Variable JS3								

Table 6 presents the coefficients of the explanatory variables (AH2, AH3, AH4 and AH5). The result also revealed that explanatory variables were significant at 5% because the probability values of these variables are less than 0.05. The standardized coefficient value shows that HC2 has most effect on Wellbeing within NCS command in Ilorin. This is because it has the highest standardized coefficient value (0.654). This indicate

that the null hypothesis which state that access to healthcare does not have significant effect on the wellbeing of the staff of NCS Ilorin command is here by rejected and the alternate hypothesis is accepted. This corroborate the studies of Abduljawad, and Al-Assaf, (2011) which examined incentives for better performance in health care have several modes and methods.

Ho₂: health coverage does not have significant effect on the lifestyle of the employees in NCS Ilorin command

Table 7: Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.614 ^a	.546	.527	.59490	1.986
Source: Authors Computation, 2022					
a. Predictors: (Constant), HC5, HC2, HC4, HC1, HC3, b. Dependent Variable: JS3					

Table 7 presents the model summary of the test of hypothesis on the statement health coverage does not have significant effect on the lifestyle of the employees in NCS Ilorin command. The Coefficient of Determination (R Square) and Adjusted R square

values are 0.614 and 0.546 respectively. This implies that 61.4% variation in wellbeing is explained by access to healthcare. Durbin-Watson Statistics value (1.986) shows that there is no evidence of serial correlation in the model.

Table 8: ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.324	5	.865	2.443	.003 ^b
	Residual	89.892	254	.354		
	Total	94.215	259			
Source: Authors Computation, 2022						
a. Dependent Variable: JS3						
b. Predictors: (Constant), HC5, HC2, HC4, HC1, HC3						

Table 8 presents the Analysis of Variance (ANOVA) for the model. F-Statistics (2.443) and probability value (0.003) show that the overall model is statistical significant. In other words, healthcare coverage

variables significant effects on lifestyle as a job satisfaction index in employees in NCS Ilorin command

Table 9: Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.823	.212		8.585	.000		

	HC1	.046	.062	.050	.749	.000	.850	1.176
	HC2	.046	.052	.057	.885	.003	.897	1.115
	HC3	.005	.078	.005	.070	.000	.799	1.252
	HC4	-.196	.063	-.191	-3.106	.002	.989	1.011
	HC5	.049	.063	.049	.789	.001	.961	1.040
Source: Authors Computation, 2022 a. Dependent Variable: JS3								

Table 9 presents the coefficients of the explanatory variables (HC1, HC2, HC3, HC4 and HC5). The result also revealed that explanatory variables were significant at 5% because the probability values of these variables are less than 0.05. The standardized coefficient value shows that HC2 has most effect on Wellbeing within NCS command in Ilorin. This is because it has the highest standardized coefficient value (0.885). This indicate that the null hypothesis which state that health coverage does not have significant effect on the lifestyle of the employees in NCS Ilorin command is here by rejected and the alternate hypothesis is accepted. This is an affirmation of the study of Tesse et al (2021) in a duo study

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- objective explored perceived appropriateness of incentives among patients.
- ## 5. Conclusion and Recommendations
- The study concluded that healthcare benefits have significant effect on employee job satisfaction. The introduction of the health coverage among the government employees has drastically improved access to healthcare delivery. The study therefore recommend government should increase the healthcare benefits and create information forum that would enable employees at all levels benefits from the healthcare delivery services.
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