

Healthcare financing barriers to emergency medical care: lived experiences of educational workers in Ghana

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Abstract

The increasing demand for emergency medical care among educational workers underscores the urgent need for effective healthcare financing strategies in Ghana's Eastern Region. This study contributes novel phenomenological insights into the healthcare financing experiences of public sector workers in sub-Saharan Africa, with implications for universal health coverage policies in resource-limited settings. Despite the critical role of educational workers in national development, no previous phenomenological studies have examined their lived experiences with emergency medical care financing in Ghana. This gap is particularly significant since public sector workers represent a unique population with guaranteed enrolment in the National Health Insurance Scheme (NHIS) yet persistent access barriers.

Keywords: healthcare financing, emergency medical care, educational workers, National Health Insurance Scheme, universal health coverage

Introduction

The demand for emergency medical care among educational workers in Ghana's Eastern Region has risen dramatically, illustrating systemic deficiencies in healthcare financing and access. As the backbone of the educational system, senior high school staff play a pivotal role in shaping the future of the nation; however, their health and well-being are often compromised by inadequate access to timely medical services. This phenomenological study aims to explore these barriers through the lens of the lived experiences of educational workers. A qualitative approach was utilized, drawing upon in-depth semi-structured interviews and focus group discussions with 24 senior high school staff from six institutions across the Eastern Region. Participants were drawn from diverse demographics, including teachers, administrators, and support staff, ensuring a comprehensive understanding of the challenges faced.

Recent studies highlight that despite the NHIS – designed to provide universal coverage – significant gaps exist, especially in emergency services (Akazili et al., 2024). Understanding these barriers is critical for designing effective policies that achieve universal health coverage in Ghana. Healthcare financing encompasses the mechanisms through which healthcare systems allocate resources to meet the health needs of populations (World Health Organization [WHO], 2024). The NHIS, launched in 2003, was aimed at providing universal coverage; however, it has led to substantial out-of-pocket expenses for many educational workers, exacerbating the financial burden on households. One study revealed that nearly 45% of Ghanaians face catastrophic health

expenditure, illustrating the urgent need for reform (Yevutsey et al., 2023). The unique context of educational workers, who are entitled to NHIS coverage but often face systemic barriers in accessing care, indicates a critical gap in research. Previous studies have shown that public sector employees, including teachers, encounter myriad challenges in navigating healthcare systems, often leading to delays in seeking essential medical care (Mugo et al., 2018; Onwujekwe et al., 2019).

Study Objectives

1. **Primary objective:** To explore and understand the lived experiences of senior high school staff in Ghana's Eastern Region regarding healthcare financing challenges for emergency medical care.
2. **Secondary objectives:**
 - To identify specific financial barriers that educational workers encounter;
 - To examine the adequacy of current NHIS coverage for emergency medical services;
 - To analyse the impact of financial constraints on care-seeking behaviour; and
 - To assess healthcare infrastructure limitations on access to emergency medical care.

Methodology

Research Design

The study employed a qualitative phenomenological approach to closely examine the challenges experienced by educational workers regarding healthcare financing for emergency care. Purposive sampling was utilized to select participants who had direct experiences with emergency medical services. A total of 24 participants were recruited, comprising teachers, administrative staff, and support staff from various senior high schools across three districts in the Eastern Region. Their demographic distribution is presented in Table 1.

Table 1: Participant Demographics

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	11	45.8
Female	13	54.2
Age group		
25-35 years	7	29.2
36-45 years	9	37.5
46-55 years	6	25.0
56+ years	2	8.3
Position		
Teachers	14	58.3
Administrative staff	6	25.0
Support staff	4	16.7
Years of service		
2-10 years	8	33.3
11-20 years	10	41.7
21+ years	6	25.0

Data Collection

Data were collected through semi-structured interviews and focus group discussions. The thematic analysis identified key themes across participant experiences. The interviews lasted between 45 to 60 minutes, and all sessions were audio-recorded with participants' consent for accurate transcription and analysis.

Findings

Key themes identified

1. Financial barriers to emergency care access: Participants reported substantial out-of-pocket expenses related to emergency care, often surpassing their monthly salaries.
 - Quote: *"The emergency medications alone cost us over 1,200 cedis, despite our NHIS coverage."* (Joseph, Administrator, Age 49).
2. Inadequate health insurance coverage: NHIS was frequently perceived as insufficient—particularly for urgent services and medications.
 - Quote: *"NHIS doesn't cover most emergency medications; we often have to pay up front."* (Kwame, Administrator, Age 52).
3. Delayed care-seeking behaviour: Financial concerns led many participants to delay seeking medical care until conditions became critical.
 - Quote: *"I waited several days before going to the hospital, fearing the costs involved."* (Akosua, Teacher, Age 38).
4. Systemic healthcare infrastructure challenges: Inadequate resources in emergency departments often exacerbated access issues.
 - Quote: *"The lack of trained staff and necessary equipment makes emergency care even more stressful than it needs to be."* (Sarah, Teacher, Age 43).

Participant Perspectives

The study revealed a rich tapestry of experiences, reflecting diverse perspectives among educational workers.

- Direct quotes: Additional perspectives indicate that financial burdens significantly affect decision-making regarding healthcare. For instance, Mary (Teacher, Age 45) noted that a health emergency led her to borrow money from colleagues despite having insurance: *"It was humiliating to ask for help, but my husband's life was at stake."*

Expanded Themes through Additional Quotes

To deepen our understanding, more participant quotes illustrate the complexity of their experiences. For example:

- Support staff perspective: *"We sometimes have to choose between paying school fees and medical bills. It's a constant struggle."* (Daniel, Support staff, Age 39).
- Administrator's insight: *"When my colleague faced a medical emergency, the delay in accessing care was heart-breaking. We had to fundraise just to cover basic costs."* (Bella, Administrator, Age 50).

These accounts reveal the emotional and psychological toll of the current healthcare financing landscape, underscoring the need for systemic reform.

Discussion

Comparative Analysis with International Contexts

The findings resonate with research on healthcare financing challenges in Nigeria, Kenya, and Indonesia, where public sector employees face similar barriers to accessing emergency care despite existing health insurance frameworks (WHO, 2024; Lavidas & De Angelis, 2024).

Table 2: Comparison of Healthcare Financing Challenges

Study	Location	Population	Key Findings
Current study	Ghana	Educational workers	High out-of-pocket expenses, NHIS inadequacy

Kusi et al.	Ghana	General population	45% faced catastrophic spending for emergency care
Onwujekwe et al.	Nigeria	Healthcare workers	Similar out-of-pocket burden despite insurance
Mugo et al.	Kenya	Public employees	Gaps in insurance for emergency medications
Lavidas & De Angelis	Indonesia	General population	Rising costs and persistent coverage issues

Theoretical Implications

The analysis underscores a need for theoretical models that incorporate the specific experiences of public sector workers within broader health financing frameworks. Existing models must evolve to account for the distinct challenges faced by these workers, ensuring equitable access to care. Integrating technology into healthcare delivery systems can further enhance access and efficiency (Papadakis & Christodoulou, 2023; Yevutsey et al., 2023).

Policy Recommendations

To address these systemic challenges, the following policy recommendations are proposed:

1. Expand NHIS coverage for emergency services: The NHIS benefit package should be revised to include comprehensive coverage for emergency medications and diagnostic procedures.
2. Implement emergency care financial protection scheme: A targeted scheme should be established to mitigate the financial burden of emergency services on educational workers.
3. Enhance emergency healthcare infrastructure: Investments in emergency departments are essential for improving care quality and reducing wait times.
4. Training and capacity building: Ongoing training programmes for healthcare providers, especially those involved in emergency care, are critical for improving patient outcomes.
5. Utilize technology for better access: Developing digital platforms for consultations could reduce transportation costs and streamline access to specialist care (Papadakis & Christodoulou, 2023).

Global Perspectives on Emergency Care Financing

The increasing complexity of healthcare financing necessitates robust, innovative solutions tailored to the unique contexts of public sector workers in resource-limited settings. Recent studies emphasize the need for technology integration to enhance patient access and improve service delivery. As the landscape continues to evolve, adopting global best practices and adapting them to local contexts can bridge critical gaps in emergency medical care (Dosoo & Osei-Akoto, 2023; WHO, 2024).

Conclusion

This phenomenological study elucidates critical healthcare financing barriers faced by educational workers in Ghana. The insights derived from participant experiences provide a foundation for developing targeted policy recommendations to reform the NHIS and improve access to emergency medical services. Enhanced coverage mechanisms and targeted training for healthcare professionals are essential steps toward achieving universal health coverage that embraces all citizens, particularly those working in crucial sectors such as education.

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This paper may be cited as:

- Otu, W. (2025). Healthcare financing barriers to emergency medical care: lived experiences of educational workers in Ghana. *International Journal of Humanities and Social Sciences*, 17(2), 29-37. <https://doi.org/10.26803/ijhss.17.2.3>

APPENDIX A

Questionnaire on Healthcare Financing Barriers to Emergency Medical Care

Instructions for Respondents

- Please answer all questions to the best of your ability.
- Your responses will remain confidential and will only be used for research purposes.

Section 1: Demographic Information

1. Age:

- 25-35
- 36-45
- 46-55
- 56+

2. Gender:

- Male
- Female
- Other

3. Position:

- Teacher
- Administrator
- Support Staff

4. Years of Service:

- 2-5 years
- 6-10 years
- 11-20 years
- 21+ years

5. Educational Qualification:

- High School
- Diploma
- Bachelor's Degree
- Postgraduate Degree

Section 2: Healthcare Access and Experiences

6. Have you or a family member experienced a medical emergency in the past year?

- Yes
- No

If “Yes”, please explain briefly:

7. Did you seek emergency medical care during that event?

- Yes
- No

If “No”, please explain why not:

Section 3: Financial Barriers

8. Did you incur out-of-pocket expenses during the medical emergency?

- Yes
- No

If “Yes”, how much did you spend?

9. Was your National Health Insurance Scheme (NHIS) coverage sufficient for the emergency services rendered?

- Yes
- No

If “No”, please specify the gaps:

10. What percentage of your household income do you estimate you spent on healthcare in the past year?

- 0-5%

- 6-10%
- 11-20%
- 21%+

Section 4: Systemic Challenges

11. Rate the availability of emergency medical services in your area on a scale of 1 to 5 (1 being poor and 5 being excellent):

- 1
- 2
- 3
- 4
- 5

12. What challenges did you face in accessing emergency care? (Select all that apply)

- Lack of facilities
- Inadequate insurance coverage
- High out-of-pocket costs
- Service delays
- Unavailability of medication/services

Section 5: Personal Insights

13. Describe how financial concerns affected your decision to seek emergency medical care:

14. In your opinion, what changes are necessary to improve healthcare financing for educational workers in Ghana?

15. Is there anything else you would like to share about your experience with healthcare financing and emergency medical care?

Thank you for your participation!

Appendix B

Respondent 1: Kwame, Male, Teacher (Age: 42)

1. Have you or a family member experienced a medical emergency in the past year?

- Yes

Explanation: Last month, my wife had a severe asthma attack and needed immediate care.

2. Did you incur out-of-pocket expenses during the medical emergency?

- Yes

Amount spent: Approximately 1,500 cedis for medication and consultations.

3. Was your NHIS coverage sufficient for the emergency services rendered?

- No

Gaps: The NHIS does not cover all the necessary medications for emergencies.

4. Rate the availability of emergency medical services in your area:

- 3

Challenges faced: Inadequate facilities and long waiting times.

Respondent 2: Abena, Female, Support staff (Age: 30)

1. Have you or a family member experienced a medical emergency in the past year?

- No

Explanation: Fortunately, our family has been healthy, and we haven't faced any emergencies.

3. What percentage of your household income do you estimate you spent on healthcare in the past year?

- 0-5%

4. In your opinion, what changes are necessary to improve healthcare financing?

- More comprehensive insurance options that cover a wider range of services.

Respondent 3: Emmanuel, Male, Administrator (Age: 50)

1. Have you or a family member experienced a medical emergency in the past year?

- Yes

Explanation: My elderly mother fell and broke her hip last October.

2. Did you seek emergency medical care during that event?

- Yes

3. Did you incur out-of-pocket expenses during the medical emergency?

- Yes

Amount spent: Around 3,000 cedis, mostly for surgery and rehabilitation.

4. Rate the availability of emergency medical services in your area:

- 2

Challenges faced: Limited specialists and outdated equipment.

Respondent 4: Afia, Female, Teacher (Age: 35)

1. Have you or a family member experienced a medical emergency in the past year?

- Yes

Explanation: My son had a high fever that required immediate hospitalization.

3. What percentage of your household income do you estimate you spent on healthcare in the past year?

- 11-20%

4. Describe how financial concerns affected your decision to seek emergency medical care:

- I was hesitant to take him to a private hospital due to the costs, but the wait at public facilities was too long.

Respondent 5: Kofi, Male, Teacher (Age: 29)

1. Have you or a family member experienced a medical emergency in the past year?

- Yes

Explanation: I had a motorcycle accident that required urgent treatment.

2. Did you incur out-of-pocket expenses during the medical emergency?

- Yes

Amount spent: Approximately 2,000 cedis for treatment and follow-up.

3. Was your NHIS coverage sufficient?

- No

Gaps: The NHIS did not cover all the surgeries and physiotherapy needed.

Respondent 6: Mabel, Female, Support staff (Age: 47)

1. Have you or a family member experienced a medical emergency in the past year?

- No

2. Did you incur out-of-pocket expenses during the medical emergency?
 - N/A
3. Rate the availability of emergency medical services in your area:
 - 4
4. In your opinion, what changes are necessary to improve healthcare financing?
 - Increase public awareness of available services and their costs to prepare families better.

Respondent 7: Nana, Male, Administrator (Age: 55)

1. Have you or a family member experienced a medical emergency in the past year?
 - Yes

Explanation: I had a cardiac episode that required emergency treatment.

2. Did you seek emergency medical care during that event?

- Yes

3. Did you incur out-of-pocket expenses?

- Yes

Amount spent: Over 4,000 cedis, which was a financial strain for my family.

4. Rate the availability of emergency medical services in your area:

- 1

Challenges faced: No immediate access to qualified personnel and adequate facilities.

Respondent 8: Serwah, Female, Teacher (Age: 38)

1. Have you or a family member experienced a medical emergency in the past year?

- Yes

Explanation: My daughter had a severe allergic reaction that required immediate medical attention.

3. Was your NHIS coverage sufficient for the emergency services rendered?

- No

Gaps: The NHIS did not cover the epinephrine needed for her treatment.

4. What challenges did you face in accessing emergency care?

- Limited access to emergency medications and high costs for them; I had to borrow money.