



An Analysis of Satisfaction Level of the Beneficiaries on Availing Services of ESIC Dispensaries in Assam

KEYWORDS

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ABSTRACT *The Government of India, as a social security measure, had formulated the ESI Act of 1948 being first social insurance measures in India providing protection against certain health related eventualities that workers are generally exposed to, such as sickness, maternity, temporary or permanent disablement, occupational disease or death due to employment injury, resulting in loss of wages or earning capacity- total or partial. The ESI Corporation was set up by the Government of India on 24th February 1952 to administer and execute the Scheme of Employees' State Insurance. Under the ESI Scheme, the Corporation provides the medical benefit to the insured persons and their dependents in the form of medical care. All insured persons and their dependents are entitled to free, full and comprehensive medical care under the ESI Scheme. Whereas, the primary, outpatient, inpatient and specialist services are provided through a network of ESI dispensaries and hospitals. Super specialty services are provided through a large number of empanelled medical institutions on referral basis. Therefore, this paper examines the effectiveness of the benefits provided to the insured persons regarding their satisfaction level in the facilities provided in the ESI dispensaries.*

Introduction

Every human being of a society needs some sort of protection against providential mishaps over which common masses has no control. In the early stages, workers sought protection against the contingencies they were exposed to through small savings, employers' liability or private insurance. Later, protective legislations became common on the theory that the employer who set up a factory created an environment, which was likely to cause injury to his employees, and the loss sustained by the victim should be a charge on the employer. Public authorities and private corporations beyond a particular size had the capacity to discharge this liability, but all wage earners did not necessarily work in big undertakings. Small employers, who were pre-dominant, found it difficult to give benefits to their workmen, particularly when claims were made in a bunch in respect of any accident. Insurance companies came forward to take over the employer's liability in return for a premium, but this not turns out to be a satisfactory arrangement. India is a labour abundant country and many of its population are living in the rural areas, mainly consisting of middle and low-income groups. These groups of people necessitate the provision of health insurance, although their capacities to pay insurance premiums are very low. This indicates inequalities in healthcare industry.

Medical Benefits under ESIC

Under the ESI Scheme, the Corporation provides the medical benefit to the insured persons and their dependents in the form of medical care. An insured person and his/her dependents become entitled to medical care from the date he/she enters in the insurable employment and the entitlement continues as long as the insured person is in insurable employment. All insured persons and their dependents are entitled to free, full and comprehensive medical care under the ESI Scheme. The package covers all aspects of health care from primary to super-specialty services. Whereas, the primary, outpatient, inpatient and specialist services are provided through a network of ESI dispensaries and hospitals. Super specialty services are provided through a large number of empanelled medical

institutions on referral basis.

The Objective:

The effectiveness of the benefits under the ESI scheme can best be judged by the quality of medical benefits (medical care) provided to the insured persons and their dependents. To support the statement the following variables are taken into considerations for the analysis-

- Level of satisfaction of the insured persons regarding the Services of Doctors
- Level of satisfaction of the insured persons regarding the Drugs and Dressing
- Level of satisfaction of the insured persons regarding the Laboratory Test

Methodology:

For the purpose of the study, primary data are collected from the insured persons with field survey through questionnaire. Again related secondary data are collected from the six branch offices of Assam out of the ten branch offices available.

Sample Size:

The sample for the study consists of 100 enterprises (selected through proportionate allocation) covered under the ESI Scheme and 382 insured persons selected from the enterprises by using the **Krejcie and Morgan's** formula of "Determining Sample Size for Research Activities".

Data Analysis:

To attain the objectives of the study, the data was analyzed by applying simple analytical tools and statistical techniques/test statistics. Statistical tools like proportion/percentage, and averages were also used.

Findings and Analysis:

In the study, an enquiry was made among the insured persons who prefer treatment from ESI dispensaries, for assessing their level of satisfaction in the services and facilities provided for medical care. It was found that out of **382** sample

sizes, a total of **235 (62%)** insured persons approached the ESI dispensaries for taking treatment. Their responses and Chi-Square test results are given below-

a. Services of Doctors

The following table reflects the level of satisfaction of the IPs regarding the Services of Doctors-

Table 1: Level of Satisfaction of the Insured Persons regarding the Services of Doctors

| Enterprises where the IPs work | | | | | | |
|---|---------|---------|---------------|---------|-------|---------|
| Level of satisfaction regarding the Services of Doctors | Factory | | Establishment | | Total | |
| | No. | Percent | No. | Percent | No. | Percent |
| Strongly Satisfied | 3 | 2 | 2 | 3 | 5 | 2 |
| Satisfied | 9 | 5 | 2 | 3 | 11 | 5 |
| Neither Satisfied nor Dissatisfied | 9 | 5 | 7 | 10 | 16 | 7 |
| Dissatisfied | 133 | 82 | 52 | 73 | 185 | 78 |
| Strongly Dissatisfied | 10 | 6 | 8 | 11 | 18 | 8 |
| Total | 164 | 100 | 71 | 100 | 235 | 100 |

Source: Field Study

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| Tabulated Value of χ^2 (Chi-square) for 4 d.f. at 5% level of significance is 9.488 |
| Calculated Value: 4.726 |
| Result/Conclusion: Since Calculated Value < Tabulated Value, therefore it is Not Significant |

Table 1, reveals that 82% of the insured persons in factories and 73% of the insured persons in establishments were dis-satisfied by the services of doctors provided in ESI dispensaries. Further, the Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments with regard to the services of doctors.

b. Drugs and Dressing

The table below reflects the level of satisfaction of the IPs regarding the Drugs and Dressing-

Table 2: Level of Satisfaction of the Insured Persons regarding the Drugs & Dressing

| Enterprises where the IPs work | | | | | | |
|---|---------|---------|---------------|---------|-------|---------|
| Level of satisfaction regarding the Services of Doctors | Factory | | Establishment | | Total | |
| | No. | Percent | No. | Percent | No. | Percent |
| Strongly Satisfied | 5 | 4 | 6 | 6 | 11 | 5 |
| Satisfied | 17 | 13 | 14 | 13 | 31 | 13 |
| Neither Satisfied nor Dissatisfied | 7 | 6 | 7 | 6 | 14 | 6 |
| Dissatisfied | 92 | 73 | 78 | 71 | 170 | 72 |
| Strongly Dissatisfied | 5 | 4 | 04 | 4 | 09 | 4 |
| Total | 126 | 100 | 109 | 100 | 235 | 100 |

Source: Field Study

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| Tabulated Value of χ^2 (Chi-square) for 4 d.f. at 5% level of significance is 9.488 |
| Calculated Value: 1.279 |
| Result/Conclusion: Since Calculated Value < Tabulated Value, therefore it is Not Significant |

Table 2, reveals that, as regards to the availability of drugs and dressings in ESI dispensaries, most of the insured persons 72% were dis-satisfied. There is no significant difference in the opinion among the insured persons in factories and establishments as to the availability of drugs and dressings, as shown by the Chi-Square test.

c. Laboratory Test

The table below reflects the level of satisfaction of the IPs regarding the **Laboratory Test**-

Table 3: Level of Satisfaction of the Insured Persons regarding the Laboratory Test

| Enterprises where the IPs work | | | | | | |
|---|---------|---------|---------------|---------|-------|---------|
| Level of satisfaction regarding the Services of Doctors | Factory | | Establishment | | Total | |
| | No. | Percent | No. | Percent | No. | Percent |
| Strongly Satisfied | 3 | 2 | 3 | 3 | 6 | 3 |
| Satisfied | 22 | 18 | 19 | 16 | 41 | 17 |
| Neither Satisfied nor Dissatisfied | 16 | 13 | 12 | 11 | 28 | 12 |
| Dissatisfied | 75 | 60 | 69 | 62 | 144 | 61 |
| Strongly Dissatisfied | 7 | 7 | 9 | 8 | 16 | 7 |
| Total | 123 | 100 | 112 | 100 | 235 | 100 |

Source: Field Study

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| Tabulated Value of χ^2 (Chi-square) for 4 d.f. at 5% level of significance is 9.488 |
| Calculated Value: 2.375 |
| Result/Conclusion: Since Calculated Value < Tabulated Value, therefore it is Not Significant |

Table 3 reveals that 61% of IPs was dis-satisfied and 7% were strongly dis-satisfied regarding the Laboratory Test that carried out in ESI dispensaries. Further, they revealed that they had to go to the private laboratories for most of the tests, which is time consuming and expensive.

Findings of the Study:

The major findings of the study on the basis of the analysis of the data are summarized below-

- Most of the IPs who took treatment in ESI dispensaries was not satisfied with the various services/facilities provided for medical care.
- The IPs were not satisfied with the availability and services of doctors, availability of drugs and dressings, facilities for laboratory test, specialists' services, facilities for in-patient treatment, facilities for family welfare and health improvement.
- 82% of the insured persons in factories and 73% of the insured persons in establishments were dis-satisfied by the services of doctors provided in ESI dispensaries and only 5% and 2% respectively were either Satisfied or Strongly Satisfied

- d. As regards to the availability of drugs and dressings in ESI dispensaries, most of the insured persons 72% were dis-satisfied. Those who were not satisfied disclosed that they got reimbursement of medicines bought from outside shop after a long period
- e. 61% of IPs was dis-satisfied and 7% were strongly dis-satisfied regarding the Laboratory Test that carried out in ESI dispensaries. Further, they revealed that they had to go to the private laboratories for most of the tests, which is time consuming and expensive.

Suggestions

The Corporation should improve the quality of medical care provided by the ESI dispensaries and hospitals. At least in some cases, specialist care should be provided with reimbursement facilities regarding some diseases, where the insured persons seek treatment of their choice hospitals. Moreover, to enable the insured persons to avail of the benefits the Corporation has to relax the eligibility conditions and simplify the official formalities.

Conclusion:

The success of a health insurance programme depends on how effectively the benefits reach the poor. "Health for All" in India with 1.17 billion people is indeed a tall order. But it also presents a great opportunity, as India is telling the world. Scholars have advocated for a policy matrix. It is suggested that the delivery of health insurance should be left to the private sector and that the government should focus its efforts on improving the regulatory and enabling framework (World Bank, 2005:51).

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