



Factors Induced the Insured Persons For Treatment in ESI Dispensaries

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ABSTRACT

PCP plays very significant role in the field of distance education (DE). The PCP is organizing to solve distance learning problems. Advancement of new technologies, online tutorials, Personal Contact Programme (PCP) makes distance education more flexible. PCP is organizing for the counseling and guidance of learners. An attempt has been made in this paper to study learner's attitudes toward Social security may generally be defined as protection provided by the society to its members against providential mishaps over which a man has no control. This protection is provided through Employees' State Insurance Corporation of India. Social security measures vary from country to country, but the following common features are necessary for a scheme to be designated as social security:

- i) The aim of the scheme must be either to give curative or preventive medical care, or to guarantee income in case of involuntary loss of all or a large part of income from work or to grant additional income to persons with dependents.
- ii) The system must be instituted by legislation, which attributes certain individual rights to or imposes definite obligations upon a public, partly public or autonomous organization.
- iii) A public, partly public or autonomous organization, must administer the system.
- iv) The benefits or services are provided in three major ways: social insurance, social assistance and public service.

The present study has been undertaken to examine the performance of the Employees' State Insurance Corporation. More specifically, the study attempts to study the factors induced the insured persons for treatment in ESI dispensaries. It aims to study PCP in distance education. To what extent PCP is suitable and beneficent according to their attitudes with gender difference. Random sampling technique has been used in selection of the sample of distant learners. The result shows that there is significant difference between attitude towards PCP among male and female distant learners. The outcomes are derived after the filled up questionnaire received from students of distant IGNOU study Centre (AMU) in the academic year 2011 and 2012.

KEYWORDS

ESI, Grievances Redress Cell, Treatment, Insured Persons

INTRODUCTION

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- v) The aim of the scheme must be either to give curative or preventive medical care, or to guarantee income in case of involuntary loss of all or a large part of income from work or to grant additional income to persons with dependents.
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- vii) A public, partly public or autonomous organization, must administer the system.
- viii) The benefits or services are provided in three major ways: social insurance, social assistance and public service.

The present study has been undertaken to examine the performance of the Employees' State Insurance Corporation. More specifically, the study attempts to study the perception of employees on ESI hospitals in Dindigul.

SELECTION OF SAMPLE ENTERPRISES

The required numbers of enterprises for the study (60) were selected at random from the two branch offices, in the ratio of the total number of enterprises in the branch offices of Dindigul district. Thus, 36 enterprises from Dindigul branch office

and 24 from Palani branch office were selected. The enterprises selected consist of both factories and establishments. They were selected in the ratio of the total number of the factories and the establishments in the respective branch offices. Thus, the enterprises selected consist of 38 factories and 22 establishments.

SELECTION OF SAMPLE INSURED PERSONS

20 per cent of insured persons from each of the sample enterprises were selected at random. The selected insured persons consisted of both males and females on the basis of the total number in each category. Thus, the selected 260 insured persons consisted of 162 insured persons (115 males and 47 females) from 75 factories and 98 insured persons (62 males and 36 females) from 45 establishments.

COLLECTION OF DATA

Both primary and secondary data were used for the study. The primary data were collected from the respondents based on structured interview schedule. Discussions were also held with high-level officials of the ESI Corporation, the leaders of various trade unions and office bearers of the employers' association. The secondary data were collected from the publications of the ESI Corporation, reports, books and periodicals.

TOOLS OF ANALYSIS

The data collected were suitably classified and analyzed keeping in view the objectives of the study. For the purpose of analysis, statistical tools like averages, percentages and chi-square test were used. The chi-square test was applied to examine the significance of variation in the opinion among the respondents.

PERCEPTION OF EMPLOYEES

In this section, an attempt has been made to assess the perceptions of the insured persons regarding the performance of the Corporation under the ESI Scheme in Dindigul. The analysis has been made on the basis of certain variables.

An enquiry made among the insured persons who prefer treatment in ESI dispensaries to find out the various factors that induced them for taking treatment in ESI dispensaries. The factors induced the respondents for treatment in ESI dispensaries are given in Table 1.1.

Table 1.1 Factors Induced the Insured Persons for Treatment in ESI Dispensaries

Responses	Insured Persons					
	Factory		Establishment		Total	
	No.	Percent	No	Percent	No	Percent
Good Treatment	17	15	28	32	45	22
Free Medical Care	45	40	45	52	90	45
Medical Certification	38	34	13	14	51	25
Convenience to Go	12	11	2	2	14	8
Total	112	100	88	100	200	100

Table value at 95% confidence level for 3 d.f. = 7.82
Calculated value = 19.49

The study reveals that 22 per cent prefer ESI dispensaries on assurance of good treatment. Free medical care induced 45 per cent of them to prefer ESI dispensaries. Compared to factories (40 per cent), the number of insured persons in establishments (52 per cent) under this category is higher. 25 per cent prefer ESI dispensary mainly for medical certification for the purpose of claiming sickness benefit.

As the calculated value is more than the table value, the null hypothesis “there is no significant difference among the insured persons in factories and establishments as to the factors induced the respondents for treatment in ESI dispensaries” is rejected. It is statistically found that there is a significant difference among the insured persons in factories and establishments as to the factors induced the respondents for treatment in ESI dispensaries.

An enquiry was also made among the insured persons who do not prefer treatment in ESI dispensaries to find out the factors that prevented them from taking treatment in ESI dispensaries. The particulars regarding the various factors prevented the respondents taking treatment in ESI dispensaries are given in Table 1.2.

Table 1.2 Factors Preventing the Insured Persons from taking Treatment in ESI Dispensaries

Responses	Insured Persons					
	Factory		Establishment		Total	
	No.	Percent	No	Percent	No	Percent
Lack of Doctors	13	26	3	32	16	27
Lack of Medicines and Facilities	27	54	3	32	30	50
Lack of Confidence	10	20	4	36	14	23
Total	50	100	10	100	60	100

Table value at 95% confidence level for 2 d.f. = 5.99
Calculated value = 2.44

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It is observed that 27 per cent of them do not prefer ESI dispensaries due to lack of doctors. Lack of medicines and other facilities for treatment have prevented another 50 per cent. It is important to note that 23 per cent of them do not have confidence to take treatment from ESI dispensaries.

As the calculated value is less than the table value, the null hypothesis “there is no significant difference of opinion among the insured persons in factories and establishments as to the factors preventing the insured persons from taking treatment in ESI dispensaries” is accepted. It is statistically found there is no significant difference of opinion among the insured persons in factories and establishments as to the factors prevented the respondents for taking treatment in ESI dispensaries.

AWARENESS OF GRIEVANCES REDRESS CELL

The Corporation has set up an elaborate system at various levels for speedy redress of grievances and complaints. Managers in charge of branch offices, insurance medical officers in charge of dispensaries and medical superintendents in charge of hospitals are responsible for the redress of grievances and complaints at the grassroots level. At the regional level, Regional Director and Public Grievance Officer are responsible for the redress of grievances and complaints. An enquiry was made among the insured persons to find out their awareness of the Grievances Redress Cell. The particulars regarding awareness of grievances redress cell are shown in Table 1.3.

Table 1.3 Awareness of Grievances Redress Cell

Sources	Insured Persons					
	Factory		Establishment		Total	
	No.	Per cent	No	Per cent	No	Per cent
Aware	50	31	36	37	86	33
Not aware	113	69	61	63	174	67
Total	163	100	97	100	260	100

Table value at 95% confidence level for 1 d.f. = 3.84
Calculated value = 1.14

It is inferred from the table 33 per cent of the insured persons were aware of the Grievances Redress Cell (Table 5.28). As the calculated value is less than the table value, the null hypothesis “there is no significant difference in the responses of insured persons who aware of grievance redress cell in factories and establishments” is accepted. It is statistically found there is no significant difference in the responses of insured persons who aware of grievance redress cell in factories and establishments.

CONCLUSION

The efforts are to be made on the part of the Corporation to enhance the level of awareness among the insured persons about the ESI Scheme. The Corporation should also make sure that all the insured persons covered under the ESI Scheme are getting the printed educational material about the Scheme in a language known to them. Besides the print media, the Corporation can also consider press publicity, electronic media, seminars and workshops in this regard. The Corporation can adopt a policy whereby the insured persons can seek treatment from the hospitals of their choice, at least, in some cases requiring specialist care, ensuring reimbursement by the Corporation.