



## A Study of Beneficiaries' Contentment towards Medical Services under Employees' State Insurance Scheme

Sapna Bansal<sup>1</sup>, Tripta Goel<sup>2\*</sup>

<sup>1,2</sup>Faculty of Commerce & Management, BMU, Rohtak, INDIA

\*Corresponding Author: [triptagoel007@gmail.com](mailto:triptagoel007@gmail.com)

**ABSTRACT:** Social security is a hot topic all over the world right now. Many committees and research organisations in India have examined the current social security systems, particularly the State Insurance Scheme for workers. These committees and organisations believe that social security is critical to the economy's health. This is the time for a thorough examination of these projects. Social insurance has become a common practise in the modern world. Countries around the world have come to realise that industrial health is a direct result of a safe and supportive work environment.

**KEYWORDS:** Beneficiaries, Satisfaction, ESI scheme, Employee, Services

### 1. INTRODUCTION

Having health insurance for employees and their dependents is a critical part of society's safety net because it provides coverage for both the employees and their families. A good working environment is critical to society because it helps close the gap between the rich and the poor. By providing legal entitlement to benefits, Social Security eliminates discrimination based on country, race, or gender. "All parties involved in the State Insurance Act, including employers, employees, and state governments, contribute to a fund that provides a wide range of benefits to workers who are covered". According to the law, employees are entitled to benefits based on their daily average earnings. The Employees' State Insurance Corporation regulates and manages this system in collaboration with numerous governmental governments.

For the benefit of the beneficiaries of industries and facilities, ESIS was established in 1948. It was for this reason that the ESI Program was conceived: to help people afford their medical care. It enables people to receive expensive treatment that they would otherwise be unable to afford. In the event of illness, the ESI plan provides financial protection for families. This is a strategy for reducing risk by dispersing it across multiple domains. "To cover medical emergencies, such as sickness, maternity, long-term or short-term

disability or death due to work-related injuries or illnesses that result in lost wages, the ESI Act of 1948 was India's first social insurance programme. Protecting against poverty, misery, and social degradation while allowing society to maintain and continue socially-professional and production-oriented workforces is a goal of the Act's provisions".

Employee Retirement Income Security Act (ERISA) applies to both plants with ten or more employees and those with twenty or more employees (ERISA). There is currently a health insurance benefit for employees earning up to Rs. 25,000. For the ESI scheme, workers pay 0.75 percent of their wages and employers pay up to 3.25 percent of qualified recipients' and employees' salaries starting July 2019. Payroll contributions are not required for employees making less than Rs. 50 per day. Both employees and employers contribute to the ESI fund, which is used to cover administrative costs as well as financial and medical benefits for those who are insured and those who are insured's family. According to the ESI Act, the state governments are responsible for 12.5% of the total medical expenses incurred by ESIC in each state. In literature, 2001 serves as a good example.

### 2. LITERATURE REVIEW

Pujari (2018) Workers' compensation insurance systems are beneficial to them, according to a study. Social Security also protects workers. It's good that the

government has taken a first step toward improving benefits for private-sector workers, but more must be done. Saranya (2018) The various advantages of Employee State Insurance (ESI) have been examined. It is only possible for an organisation to be healthy if both the employee and the company are developing. The importance of ESI awareness cannot be overstated when it comes to increasing productivity in a healthy organisation. Make a musical composition (2018) "There are health benefits available to workers in the organised sector who are covered by social security through Employees' State Insurance (ESI). Because it covers all medical expenses, regardless of the premium, it is superior to other forms of health insurance". More than six decades of geographic and population expansion have resulted in a broader range of services and a more robust infrastructure than ever before. Many people are dissatisfied, even though they have insurance. The ESIC, in Krishnamurti's view, provided social security benefits to organized-sector employees. (2017, p. 1). There is only one source of insurance in the United States that covers all of these things: Social Security. As a result, the company provides its employees and their families with full social security benefits. A person's expectations are not met in these areas by ESI's efforts. Battu and Chundi (2015) conducted a survey of employees' perceptions of Employee State Insurance benefits. When it comes to implementing the ESI benefits, the employer's positive perception and moral commitment are crucial. Maternal benefits for women working in different sectors vary greatly according to Pradhan and Kar's (2015) study. Gaps in coverage and insurance benefits indicate that plants are not expanding at the rate they should. An effort was made by Panaiik in 2011 to understand the realities of ESI recipients in the scientific community. It's a common sight in the city of Cuttack. An investigation into how much the government spends in this area and whether or not the plan's intended beneficiaries are receiving it is the focus of this study. After a pilot study revealed 14 factors, the perception measurement technique was used to better understand the ESI issues. As time went on, Dash and Muraleedharan examined how many ESIS beneficiaries were actually using it (2011) The ESI plan and its facilities are examined in this study to see how well it protects beneficiaries from medical expenses. The Employee State Insurance Corporation in Kerala was the focus of Mathew's investigation (2006). After a thorough investigation, it was discovered that the corporation has built a vast network of service centres to provide insurance and their employees with a variety of services. Such measures are critical for businesses because they can increase output and decrease labour disputes. Social security in the United States relies heavily on the ESI programme (Employee State Insurance). Health insurance, on the other hand, only covers a portion of the cost of medical treatment. There is a need to know how employees feel about ESI and what it can do for them, according to researchers. Descriptive research is the

primary focus. Worker satisfaction and understanding of the ESI action are the primary foci of this research. The study included a total of 100 participants. Jaientkumar (2017) The ESI system is used by a wide range of businesses, including transportation companies, hotels, restaurants, movie theatres, newspapers, shops, and medical and educational institutions. The number of establishments that must be covered is still limited to 20 in some states, however. To be eligible for ESI coverage, workers in the factories and institutions listed above must earn less than Rs. 15,000. Employer and employee contributions fund the ESI Scheme.

### 3. RESEARCH METHODOLOGY

Designing a study is an important step in the research process because it demonstrates how all of the major components of a research project work together to answer the research questions (Trochim, 2005). "The masterplan" is defined in the context of research design as "a set of advance decisions that make up the masterplan specifying the methods and procedures for collecting and analysing the needed information" (Burns and Bush 2002). The research design has an impact on the type of data, data collection method, sampling method, schedule, and budget (Hair, Wolfinbarger, Bush and Ortinau, 2003). The primary goal of research design is to align the intended methodology with the study's problems (Churchill and Iacobucci 2004; Malhotra 1999).

**Purpose of the study:** ESI services in Delhi NCR, the national capital and a union territory, are more developed and advanced than in other states and territories, according to the study. The densely populated area of Delhi NCR provides its residents with a wide range of economic, social, and cultural benefits. There hasn't been enough research done on insured's with the inclusion of ESIC staff because the staff contribute significant amounts of time and money to ESIC on a monthly basis based on their pay scales and pay matrices. This study will look into the medical services provided by the employees' state insurance plan to see how satisfied the beneficiaries are with them.

**Type of Research Design:** The goal of this study is to learn how satisfied employees' state insurance beneficiaries are with medical services. As a result, it is descriptive in nature, as it aims to determine the extent of relationships between a set of factors that affect beneficiaries' satisfaction. The main benefit of employing a correlational design is that it allows researchers to pinpoint the most important factors influencing beneficiaries' satisfaction with medical care provided through the state insurance programme for employees.

**The Study Setting:** Correlational studies are carried out in natural settings, whereas rigorous causal studies are carried out in specially constructed laboratory settings.

**Time Horizon of the Study:** Because only one sample of respondents is drawn from the target population and information is obtained only once from this sample, this study is a single cross-sectional study (Malhotra and Birks, 2006). The data was only collected once for the study's purposes, over a period of several months.

**Data Collection:** Aids in the definition of the marketing research question and the development of a strategy. It's a term that refers to the process of gathering data on the variables under consideration. The information and data used in this study came from primary sources. This study used a structured, closed-ended questionnaire to collect primary data and conduct the survey. We gathered responses to the self-administered questionnaire method.

#### 4. DATA ANALYSIS:

SPSS software was used to analyse all of the data collected in order to conduct a comprehensive, descriptive, and inferential statistical analysis.

##### 4.1 Sampling method

Marketing research heavily relies on sampling to collect, analyse, and interpret market data (Latham, 2007). Sample selection is a method of conducting research in which a sample of the population is chosen and analysed. It is a subset of a larger population, known as a sample, which is referred to as "sample of the whole" (Frey, Lawrence, Botan, and Kreps, 2000). When describing samples, "taste" of the group or "sample" have both been used (Berinstein and Paula 2003).

In order to be considered representative, a sample must "represent the characteristics of at least a known number of units in the population" (Lohr and Sharon, 1999). A study by Cochran and William found that researchers could save money, improve research efficiency (speed), and increase research flexibility (as well as accuracy) by using proper sampling methods (1953). For this study, we used the following method of sampling:

**4.2 Sample size:** This refers to how many data points are included in a statistical sample. Generally speaking, the larger the sample, the better will be the study's ability to draw generalisations about the population. Calculate the number of findings or replicates that should be included in the statistical analysis. When drawing conclusions about the population from a sample, the size of the sample is crucial. It took 400 participants to complete this study. 200 of which are ESIC staff and remaining 200 are employees of private sector. Each and every one of the 400 participants in the survey was included in the final results.

**4.3 Sampling techniques:** The methods used to select the sample entities are referred to as sampling techniques. Non-probability sampling methods were used to collect responses from the respondents. Self-administered/structured questionnaires and sketches of the survey invitations will be sent to those who

express an interest, and they can be completed at any of the participating stores.

**4.4 Target population:** Total number of people from whom a sample can be drawn. A participant in an investigation is referred to as a sample. When conducting research, it's essential to know who you're trying to reach. They're called "samples" when they're part of an experiment. Participant participants are referred to as "participants" in this context.

#### 4.5 Result and discussion

##### Demographic Profile of the Respondents:

Personal Profile		N = 400	%
Gender	Male	220	55
	Female	175	43.75
	Others	5	1.25
Age group	18-28 year	98	24.5
	29-38 year	99	24.75
	39-50 year	105	26.25
	51-60 year	98	24.5
Marital Status	Married	160	40
	Unmarried	200	50
	Other	40	10
Educational Status	Uneducated	50	12.5
	Primary	95	23.75
	Senior Secondary	100	25
	Graduate	125	31.25
	Other	30	7.5
Family Members Dependency	0-2 Member	100	25
	3-4 Member	189	47.25
	5-6 Member	71	17.75
	More than 6	40	10
Residential Place	Urban	200	50
	Semi Urban	180	45
	Rural	20	5
Employment Status	Temporary	250	62.5
	Permanent	150	37.5
Service Period	0-2 years	80	20
	3-10 year	120	30
	11-20 year	180	45
	20 & above	20	5

This research focuses on ESIC beneficiaries in Delhi and its environs. The demographics of the sample respondents are presented in Table 4.1. In a survey, male respondents (55%) outnumber female respondents (43.75%) and others (1.25%). 24.5 percent of those polled are between the ages of 18 and 28, 24.75 percent are between the ages of 29 and 38, 26.25 percent are between the ages of 39 and 50, and 24.5 percent are over 60. The marital status of the respondents reveals that 40% are married, 50% are single, and 10% are other. 12.5 percent of respondents are uneducated, 23.75 percent are in primary school, 25% are in senior secondary school, 31.25 percent are

graduates, and 7.5 percent are other. According to the table, 25% of respondents have a dependency on 0-2 family members, 47.25 percent have a dependency on 3-4 family members, 17.75 percent have a dependency on 5-6 family members, and 10% have a dependency on more than 6 family members. According to the respondents' primary residences in the survey, 50 percent of respondents were from urban areas, 45 percent from semi-urban areas, and 5% from rural areas. The majority of respondents (62.5%) are employed on a temporary basis, while the remaining (37.5%) are employed on a long-term basis. According to length of service, 20% of respondents have less than two years of experience, 30% have three to ten years of experience, 45 percent have eleven to twenty years of experience, and 5% have more than twenty years of experience.

Percentage statistics summary of satisfaction level of insured person towards medical services in ESIC dispensaries/hospitals

S.No	Statement	1	2	3	4	5
1.	Availability of medicines in ESIC dispensaries/hospitals	20	21.25	22.5	17.5	18.75
2.	Patient facilitation counter/service in ESIC dispensaries/hospitals	20.25	24.75	25	17.5	12.5
3.	Availability and cleanliness of waiting rooms in ESIC dispensaries/hospitals	17.5	19.25	16.5	22	24.75
4.	Availability and cleanliness of washrooms in ESIC dispensaries/hospitals	19	21.5	23.5	24.5	11.5
5.	Health condition information provided by medical staff in ESIC dispensaries/hospitals	30	32.5	27	5	5.5
6.	Patient counselling by Doctors in ESIC dispensaries/hospitals	22.5	32	27.5	15	3
7.	Patient counselling by Nurses in ESIC dispensaries/hospitals	27.25	25.5	20.5	18	8.75
8.	Patient counselling by Pharmacists in ESIC dispensaries/hospitals	3	17.5	20	27.25	32.25
9.	Availability of Doctors in ESIC dispensaries/hospitals	19.5	26.75	31.25	7.5	15
10.	Availability of Nurses in ESIC dispensaries/hospitals	24.5	22	12	14.5	27
11.	Availability of Pharmacists in ESIC dispensaries/hospitals	30	32.5	10	22.5	5
12.	Ease and speed of treatment process in ESIC dispensaries/hospitals	45	47.5	3.75	2.5	1.25
13.	Trust and confidence in Doctor's treatment in ESIC	5	7.5	15	37.5	35

	dispensaries/hospitals					
14.	Courteousness of Doctors in ESIC dispensaries/hospitals	9.75	14.75	22.25	28.5	24.75
15.	Courteousness of Nurses in ESIC dispensaries/hospitals	37.25	39.75	7.5	12.5	3
16.	Courteousness of Pharmacists in ESIC dispensaries/hospitals	10.5	13	20.5	23	33
17.	Care by Nurses in ESIC dispensaries/hospitals	45	22	16.5	11	5.5
18.	Work behaviour of Doctors.	19.25	11.75	14.25	24.25	30.5
19.	Work behaviour of Nurses	10	18.75	21.25	23.75	26.25
20.	Work behaviour of Pharmacists	25	12.5	10	22.5	30

1. Highly satisfied 2. Satisfied 3. Dissatisfied 4. Highly Dissatisfied 5.No Opinion

#### 4.6 Hypothesis Testing

##### Contentment level of beneficiaries' towards medical services provided under ESI scheme:

H0: There is no significant difference contentment level of beneficiaries' towards medical services provided under ESI scheme

H1: There is a significant difference contentment level of beneficiaries' towards medical services provided under ESI scheme

To check the above hypotheses, t-test is applied.

**Table:** t-test of contentment level of Insured person's/ employees (& their family members, retired and permanently disabled persons) and ESI staff towards medical services provided under ESI scheme

Independent Samples Test						
		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Contentment level	Equal variances assumed	0.028	0.868	1.985	398	0.048
	Equal variances not assumed			1.985	397.934	0.048
Insured person's (N=200, mean =2.78), ESI staff (n=200, mean =3.04)						

The analysis of t-test in the table shows that the p value is 0.048, which is statistically significant. So, since the null hypothesis is true, we can say that there is a significant difference in contentment level of Insured person's/ employees (& their family members, retired and permanently disabled persons) and ESI staff towards medical services provided under ESI scheme.

Further, to check the impact of contentment level of ESIC staff/ ESIC employees (& their family members & pensioners) on medical services provided under ESI scheme, Regression is applied.

Regression of contentment level of ESIC staff/ ESIC employees (& their family members & pensioners) on medical services provided under ESI scheme

	Unstandardized Coefficients	SE	Standardized Coefficients	T	Sig.
Constant	2.679	0.16		16.77	0
Contentment level	0.115	0.05	0.115	2.312	0.021

From the above table of Regression analysis, it is clear that, contentment level of ESIC staff/ ESIC employees (& their family members & pensioners) on medical services provided under ESI scheme as  $\beta = 0.115$  and  $p = 0.000$ . Therefore, null hypothesis is rejected and alternate hypothesis is accepted. Thus, there is a significant impact of contentment level of ESIC staff/ ESIC employees (& their family members & pensioners) on medical services provided under ESI scheme (H2).

## 5. CONCLUSION

Every country's health-care industry has become extremely competitive since the current era of globalisation. To compete on a global scale, Indian health sector beneficiaries' services and satisfaction are being improved. The quality of healthcare services is increasingly influencing patient satisfaction. As a result, the current study investigates the impact of the Employees' State Insurance Scheme on health-care beneficiary satisfaction and assesses its efficacy across service delivery dimensions. As of this writing, the year is 2019. (Jain & Kaondal),

You'll have access to a large social safety net through the ESI programme. More fundamental economic risks, such as illness, disability, death, and pregnancy, must also be considered. This type of insurance covers all medical expenses, regardless of how much you pay in premiums. In 2014, we went through a period of transition (Pillai)

The Employee State Insurance Scheme (ESI) was established by the Employee State Insurance Act of 1948 to oversee the ESI Program. Employees' interests were protected by an insurance system established by this Act of 1948 in the event of illness, pregnancy, temporary or permanent disability, or death as a result of workplace damage. The Affordable Care Act provides affordable healthcare coverage for employees and their immediate family members. A key provision of the new law exempted employers from the Maternity Benefit Act and the Workmen's Compensation Act of 1923. Employees can also take advantage of the Act's benefits, which are in accordance with ILO agreements. Employees who have signed up for the system will be covered by a comprehensive medical plan as long as they are unable to recover their health and return to work. This insurance can help you make up the difference in your

income if you are unable to work due to illness, pregnancy, or a workplace injury.

## REFERENCES

- Gumber, A. (2001). Extending Health Insurance to the Poor: Some Experiences From Sewa Scheme, Health and Population Perspectives and Issues, 1-14.
- Insurance Scheme, International Journal of Management, Technology and Engineering ISSN NO: 2249-7455.
- Jagannadham, K. S. (1965) Employees' State Insurance Scheme - A Critique of the Utilization of Reserves. The Economic Weekly, pp. 786-790.
- Jain, M & Kaondal, K.(2019). A Study on Satisfaction of beneficiaries' by Employees' State
- Kudched Kar, L.S. (2010) Aspects of Personal Management and Industrial Relation, 2010, P. 112.
- Maiya Umesh, (2016) "Nurses' Perception towards ESI Scheme: A Study with Reference to Select Hospitals in Udupi District".
- Muthulakshmi.G (2014). A Study on the Performance of the Employees State Insurance Scheme (ESI) With Special Reference to Tuticorin District, Golden research thoughts, 1-7.
- N.D. Kappor (2008) Introduction to commercial and Industrial Law, P. 3
- Nayana S, (2017) "Employees' Satisfaction and ESI Benefits among Public Sector Textile Workers in Kerala".
- Nyman, J.A, (1999) The value of health insurance: the access motive. Journal of Health Economics, 18, pp. 141-152.
- Scheme (ESI) With Special reference to Tuticorin District, Golden research thoughts, 1-7.
- Sharma, A.K., 1997. Factors affecting satisfaction from employee's state insurance corporation services provided at the dispensaries, Health and Population - Perspectives and Issues. 20(1), pp. 38-47
- Tealgu Paul (2009) Employees relation Vol. 25, Issue 5 P. 428 – 452.