

Effectiveness of Medical Benefits under ESI Scheme: A Study on the Employees of Organised Sector in Kolkata

Abstract

The role of social security systems for a developing country like India is very much relevant. These systems help in improving the living and working conditions of people as well as safeguarding them from future uncertainties. The Employees State Insurance Scheme is an integrated multi dimensional health insurance and social security scheme. Medical benefit scheme of Employees' State Insurance Corporation of India (ESI) provides a full comprehensive medical care to the insured persons and their families. The wide range of quality services provided under Medical benefit scheme influences the subscribers to avail such benefits. The present paper is an attempt to study the effectiveness of medical benefits provided under ESI scheme in different areas of Kolkata.

Keywords: Medical Benefits, ESI Schemes, Social Security, Insured Persons, Recent Developments

Introduction

Social security is a dynamic concept that aims at upholding human dignity through participatory approach and collective social action in the event of economic distress and physical suffering arising from death, disease and disablement. The system is based on the principle of pooling smaller resources for larger individual and collective social gains. The International Labour Organisation (1942) defines social security as "the security that society furnishes, through appropriate organisations, against certain risks to which its members are exposed. These risks are essentially contingencies against which the individual of small means and meagre resources cannot effectively provide by his own ability or foresight alone, or even in private combination with his fellows these risks being sickness, maternity, invalidity, old age and death. It is the characteristic of these contingencies that they imperil the ability of the working man to support himself and his dependents in health and decency." According to this definition, all the nations should undertake adequate measures for providing the citizen with benefits, designed to prevent or cure diseases, to support when unable to earn.

The Employees State Insurance Scheme is an integrated multi dimensional health insurance and social security scheme.

The promulgation of Employees' State Insurance Act, 1948 by the Parliament was the major legislation on social security for workers in independent India. The scheme provides social protection to employees in the organised sector and their dependents in contingencies, such as, sickness, maternity or death and disablement due to an employment injury or occupational disease. The Scheme provides full medical care to insured persons and their dependents and also provides cash benefits to compensate for loss of wages or loss of earning capacity in different contingencies, stated above. The ESI Scheme is administered by the Employees' State Insurance Corporation of India, a statutory body set up by the Government of India as per the provisions of the ESI Act.

The present paper is an attempt to study the effectiveness of medical benefits provided under ESI scheme in different areas of Kolkata on the basis of interviews with a structured questionnaire.

Review of available literatures

Dr. Satpathy, Dr. Patnaik & Dev (2011), in their article, "Role of employees State Insurance (ESI) in the Cuttack district of Odisha: a survey" experienced that most of the people benefited by the ESI Scheme at the same time some people need to change the mind set to derive the benefits out of this Scheme. Cuttack district is in the capital region of



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Odisha, therefore, they concluded that the implementation of programme is successful to some extent but for rest of Odisha further research is needed.

Dash and Muraleedharan (2011) In their study, "How Equitable is Employees' State Insurance Scheme in India?: A Case Study of Tamil Nadu" tried to assess the utilisation pattern of the ESI facilities and to what extent the ESI Scheme helps protect the beneficiaries from the catastrophic health expenditure. The findings show that the overall utilisation level is very low due to; perceived low quality drugs, long waiting periods, insolence of personnel, unusual delays in reimbursement of money spent on treatment outside and low awareness of ESI procedures. They also suggested some remedial measures.

Dr. Jeyapragash and Padma Priya (2013) in their study "Insured Persons' Satisfaction on ESI Corporation –Special Reference to Dindigul" have stated that- to create a cordial atmosphere and smooth relationship between enterprises, Employees State Insurance Corporation and insured persons, it is essential to satisfy the need of the insured persons by betterment and extension of various facilities provided by ESI Corporation.

Muthulakshmi (2014) in his study "A study on performance of the ESI scheme with special reference to Tuticorin district" tried to scrutinize the performance of the Employees' State Insurance Corporation, particularly, the perception of employees on ESI hospitals in Thoothukudi city of Tamilnadu. This study shows that the majority of respondents availed the Inpatient Service in the ESI Hospital but significant differences in opinion among the different beneficiaries are noticed. The author also reveals that there is huge scope to improve the functions of ESI Corporation and implementing better services by incorporating the suggestions.

Dr. Maiya (2016) in his study "Nurses' perception towards ESI scheme : A study with reference to selectd hospitals in Udupi district" showed that there was no significant association between level of satisfaction and monthly family income, there is also no association between level of satisfaction and other demographic variables as age, gender, religion, dependent members, and awareness about ESI. Hence, this study reveals that level of satisfaction is independent of selected demographic variables and monthly family income.

Objectives of the study

1. To study the medical benefits received by the insured persons
2. To study the awareness level of the people about the benefits under ESI scheme.
3. To determine whether there is any difference between perception of male and female respondents with respect to the level of satisfaction regarding medical benefits under ESI scheme.
4. To determine whether there is any difference between perception of respondents of different ages, monthly incomes and educational levels with respect to the level of satisfaction regarding medical benefits under ESI scheme.

Limitations of study

1. The study was restricted to Kolkata only.
2. The sample size was limited.

Research Methodology

Selection of samples for the study

There are three ESI hospitals in Kolkata namely; Manicktala ESI hospital, Sealdah medical Supdt ESI hospital and ESI-Post graduate institute of medical sciences & research, Joka. There are seven ESI dispensaries in Kolkata namely; S.D. Chandni chowk (0011), S.D. Dharmatala (0012), S.D. Central Kolkata (0061), S.D. Beliaghata (0071), S.D. Salt Lake (0072), S.D. Khidderpore (0091), S.D. Tiljala (0092). In order to make the study a focused-one the researcher has chosen Manicktala ESI hospital from north Kolkata and two service dispensaries namely; S.D. Dharmatala (0012) and S.D. Central Kolkata (0061). The study covers 45 respondents who are subscribers to ESI scheme and are engaged in the organised sector. All the respondents had taken treatment in ESI dispensaries but only 30 respondents out of 45 had taken in –patient treatment in ESI hospital. The researcher has tried to include insured persons of different ages, monthly incomes and educational levels to obtain a representative sample of insured persons in Kolkata.

Collection of data

This study is essentially a primary study. The data has been collected by using a structured questionnaire. Secondary data used for this study has been collected from relevant books, journals, articles and websites.

Tools for analysis

Basic statistical tools such as questionnaire, tables, averages, percentages, charts and graphs have been used for the study. Apart from the use of descriptive statistics, non parametric tests such as Mann-whitney U test and Kruskal-wallis H test have been used for analyzing the data for arriving at the conclusion.

Developments of ESI corporation in India

Employees' State Insurance Corporation came into existence to ensure social security amongst the working class people in the organised sector. The scheme was launched on February 24, 1952 by the then Prime Minister of India, Pt. Jawaharlal Nehru, who also became the first insured person under the scheme. Since then it has emerged as an unique multidimensional health insurance scheme, based on the principles of 'pooling of risks and resources', catering to the needs of the covered workers in the hours of need by providing them full medical benefits. Currently, ESI Corporation has a huge infrastructure comprising of 151 hospitals, 1418 dispensaries, 307 Specialist Centres, 1017 IMP Clinics countrywide and arrangements with other institutions to provide medical care to beneficiaries.¹

In-patient and diagnostic services in basic specialities are available at ESI hospitals and out-patient services are provided at State Insurance Dispensaries.

Statistical Data Regarding ESI Scheme (All India) as on 01.01.2015.

Total No. of ESI Hospitals	151
Hospitals run by ESI Corporation	36
Hospitals run by State Government	115
Total number of Dispensaries	1418
Total number of ISM unit	140
Total number of hospital beds (Including annexes/revised beds)	23188
Total number of Doctors	7763
Total number of IMP clinics	1017

Source: Standard Note on Employees State Insurance Scheme (As on 1.1.2015)

Recent Developments in ESI Corporations**Launch of ESIC 2.0: Health Reforms Agenda of ESI Corporation**

Shri Narendra Modi, Hon'ble Prime Minister launched a series of Health Reforms initiatives of ESI Corporation at Vigyan Bhawan, New Delhi on 20.07.2015. Health Reforms Agenda of ESI Corporation includes the followings:

1. Information technology project **Panchdeep** of ESI Corporation which includes online availability of Electronic Health Record of ESI Beneficiaries (Insured Persons and their family members)
2. **Abhiyan Indradhanush**: Ensuring the change of bedsheet according to VIBGYOR pattern during the week i.e. to be changed every day.
3. Medical Helpline No. 1800 11 3839 for providing 24x 7 emergency guidance from casualty/emergency of ESI Hospitals
4. Special OPD for Sr. Citizens and differently-abled persons in ESIC hospitals.²

Other developments are:

1. Extending the coverage of ESI Scheme in North-East States like Arunachal Pradesh, Mizoram, Manipur, Andaman & Nicobar Island and providing opportunity to the construction workers to be included in ESI scheme.
2. ESI smart cards known as **Pehchan card** are being introduced since 2009 to enable the holder to access ESI hospitals across the country. There is one smart card for the entire family including the dependents—spouse, children, father and mother.

Benefits under ESI scheme

Under the ESI scheme, employees contribute 1.75% of the wages and employers contribute 4.75% of the wages of eligible beneficiaries/employees towards premium payments. The contributions made by the employees and the employers are deposited in a common pool known as the ESI Fund, which is used for meeting administrative expenses as well as cash and medical benefits to insured persons (IP) and their dependents. The state governments, as per the ESI Act, contribute 12.5% of the total expenditure incurred by the ESIC on medical care in respective states.

The objectives of ESI scheme are to provide benefits in cash and kind which include:

1. Medical Benefit (for self and family);
2. Sickness Benefit (for self);
3. Maternity Benefit (for self);

4. Disablement Benefit, both temporary and permanent (for self);
5. Dependents' Benefit (for family);
6. Funeral Expenses (to a person who performs the last rites of an IP);
7. Rehabilitation Allowance (for self);
8. Vocational Rehabilitation for the IPs;
9. Old age Medicare (for self and spouse);
10. Medical Bonus (for insured women and IP's wife).

Medical Benefit

Medical benefit means medical care to the insured persons and their families when he/she enters insurable employment. Medical benefit is provided in kind through a network of Hospitals, Dispensaries, Annexes, Specialist Centre, IMP Clinics and arrangements with other institutions to provide medical care to beneficiaries. The range of services provided covers preventive, promotive, curative and rehabilitative services. Besides the out-patients services through dispensaries of IMP Clinics, the in-patient service arrangements exist through ESI Hospitals or arrangements with other hospitals. This benefit is uniform to all according to their requirement without disparity or linking it to their wages and contributions paid. There is no upper ceiling on expenditure on medical care of beneficiaries. Insured Persons and their family members are provided Artificial Limbs, Aids and Appliance at free of cost and all Diagnostic facilities are provided through ESI owned Hospitals and in case of sophisticated tests like CT Scan, MRI etc., contractual arrangements are made.

According to section 56 of ESI Act 1948, "an insured person or (where such medical benefit is extended to his family) a member of his family whose condition requires medical treatment and attendance shall be entitled to receive medical benefit."

An insured person and his dependants are entitled to medical benefits from the day of entry into insurable employment. Specialized medical care and super specialty medical care as per requirement of the patient are provided along with the medical facilities under AYUSH i.e. Ayurveda, Yoga, Unani, Siddha and Homeopathy.³

Medical benefits are of two types:

1. In-patient medical care

In-patient services are provided through a chain of 151 ESI hospitals spread across the country which includes 36 directly run ESIC hospitals & 115 State ESI hospitals with a total bed strength of 23188. Super specialty services for beneficiaries are mainly provided through tie-up arrangements with reputed corporate hospitals. Tie-up arrangement for super specialty treatment has been made with more than 1000 hospitals across India.

2. Out-patient medical care**i. Insurance Medical Practitioner**

Private Medical Practitioners are appointed as panel doctors. A panel doctor should have his own consulting room and dispensary. Each panel doctor is allowed to

register maximum 2000 insured person & their family units. Currently there are 1017 IMPs all over the country.

ii. Service Dispensaries

The out-patient medical care including essential lab investigations under the ESI Scheme is provided through dispensaries established for the exclusive use of the Insured Persons and their families, manned largely by full-time Medical Officers. There are 1418 service dispensaries under ESI scheme all over the country.

iii. Hospital OPD

ESI hospitals provide outpatient services under various specialties and super specialties like Medicine, Surgery, Paediatrics, Gyne.& Obst., ENT, Eye, Cardiology, Nephrology, Neurology, Urology, etc, through outpatient dispensaries all over the country .

ESI scheme benefits in West Bengal

In West Bengal medical benefit is imparted through the Directorate of ESI (Medical Benefit) Scheme under the Department of Labour, Government of West Bengal.

The package of medical benefit consists of primary care, secondary care including hospitalization and tertiary care i.e. Super Specialty services though in house facilities, as well through tie up arrangements with reputed Medical Institutions in the state. Drugs & Dressings and other treatment aids like spectacles, hearing aid, denture etc. are supplied to the beneficiaries free of cost. There is also provision of ambulance service, immunisation and vaccination service at all the ESI centres in the state. The ESI (Medical Benefit) Scheme also participates in National Health Programmes like RNTCP for control of TB and HIV/ AIDs control programme. There is one Blood Bank for collection and supply of blood to the beneficiaries.⁴

Empirical survey & findings

For the purpose of analysis sample respondents have been divided into two categories:

- A. Insured persons working in factories
- B. Insured persons working in establishments

Section A

Personal details of insured persons

1. Gender-wise breakup of the sampled insurance persons

Table: 1

Gender	Insured Persons					
	Factories		Establishments		Total	
	No.	%	No.	%	No.	%
Male	12	60	14	56	26	58
Female	08	40	11	44	19	42
Total	20	100	25	100	45	100

Source: survey data

From the Table: 1, it is found that 60% of insured persons in factories are male and 40% are female while the same in establishments are 56% and 44% respectively. Out of total respondents 58% are male and 42% are female.

2. Age-wise Break Up of the Insured Persons

Table: 2

Age	Insured Persons					
	Factories		Establishments		Total	
	No.	%	No.	%	No.	%
Below 25 years	04	20	02	8	06	13
25 – 35 years	03	15	08	32	11	24
35 – 45 years	08	40	06	24	14	32
45 – 55 years	02	10	05	20	07	16
Above 55 years	03	15	04	16	07	15
Total	20	100	25	100	45	100
Mean age	35 years		33 years		34 years	

Source : survey data

Age-wise break-up of the insured persons shows that there is difference in the age of the insured persons selected from factories and establishments. 40 per cent of the insured persons in factories came under the age group of 35 to 45 and the same in establishments is 24%. Out of total respondents, those who were below 25 years came to 13 per cent and those who were above 55 years came to 15%. Therefore, it is found that most of the respondents (32%) are of age group 35 to 45 years who are getting the benefits of ESI scheme.

3. Levels of Education of Insured Persons

Table: 3

Levels of Education	Insured Persons					
	Factories		Establishment		Total	
	No.	%	No.	%	No.	%
Illiterate	-	-	-	-	-	-
Below secondary	02	10	03	12	05	11
Secondary level	04	20	01	4	05	11
Higher secondary level	09	45	04	16	13	29
Degree level	02	10	12	48	14	31
Post graduate level			01	4	01	2
Other professional qualification (if any)	03	15	04	16	07	16
Total	20	100	25	100	45	100

Source: survey data

The above table depicts that 45 per cent of the insured persons in factories and 16 per cent in establishments are educated up to higher secondary level. The insured persons who passed secondary level were 20 per cent in factories and 4 per cent in establishments. There were only 10 per cent graduates in factories but their representation in establishments came to 48 per cent. However, no insured persons both in factories and in establishments were found illiterates. Some respondents had other professional qualifications like diploma in computer applications or any other technical qualifications but their educational qualifications were not considered here.

4. Monthly income from employment of the insured persons

Table 4

Monthly Income (₹)	Insured Persons					
	Factory		Establishment		Total	
	No.	%	No.	%	No.	%
0 to 3000	03	15	-	-	03	07
3001 to 6000	08	40	05	20	13	28
6001 to 9000	05	25	08	32	13	29
9001 to 12000	04	20	03	12	07	16
12001 to 15000	-	-	09	36	09	20
Total	20	100	25	100	45	100
Mean	₹6001		₹9420		₹7900	

Source: survey data

Table 4, shows that the monthly income from employment was less than ₹3000 for only 7 per cent of the insured persons and it was ₹6001 to 9000 for 28 per cent of the insured persons. 20 per cent of the insured persons were getting a monthly income of ₹12001 to 15000 and 16 per cent were getting ₹9001 to 12000. While the average monthly income of the insured persons in factories is ₹6001 that of the insured persons in establishments is ₹9420. The average monthly income of the entire sample came to ₹7900.

5. Number of insured persons aware about ESI scheme

Table:5

Responses	Insured persons					
	Factory		Establishment		Total	
	No.	%	No.	%	No.	%
Aware	14	70	22	88	36	80
Unaware	06	30	03	12	09	20
Total	20	100	25	100	45	100

Source: survey data

The insured persons who are unaware about the ESI scheme revealed that they are aware about medical benefits only and not about all other cash benefits.

6. Number of insured persons taken /not taken in-patient treatment from ESI hospitals

Table: 6

Responses	Insured Persons					
	Factory		Establishment		Total	
	No.	%	No.	%	No.	%
Taken	12	60	18	72	30	67
Not- taken	08	40	07	28	15	33
Total	20	100	25	100	45	100

Source: survey data

The above table shows that 60% of insured persons in factories and 72% of insured persons in establishment had taken in-patient treatment from ESI hospitals. Therefore, 67% of total respondents had taken further treatment from ESI hospitals.

Section B

Non parametric Tests

Mann-whitney U test

In line with the objectives of the study, we have considered the following hypotheses to ascertain the perception of respondents regarding effectiveness of medical benefits under ESI scheme:

- Null hypothesis (H₀₁):** There is no difference between perception of male & female working in factories with respect to the awareness about ESI scheme.
- Null hypothesis (H₀₂):** There is no difference between perception of male & female working in establishment with respect to the awareness about ESI scheme.
- Null hypothesis (H₀₃):** There is no difference between perception of male & female working in factories with respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries.
- Null hypothesis (H₀₄):** There is no difference between perception of male & female working in establishments with respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries.
- Null hypothesis (H₀₅):** There is no difference between perception of male & female working in factories with respect to the level of satisfaction regarding immunization facilities.
- Null hypothesis (H₀₆):** There is no difference between perception of male & female working in establishments with respect to the level of satisfaction regarding immunization facilities.
- Null hypothesis (H₀₇):** There is no difference between perception of male & female working in factories with respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
- Null hypothesis (H₀₈):** There is no difference between perception of male & female working in establishments with respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
- Null hypothesis (H₀₉):** There is no difference between perception of male & female working in factories with respect to the level of satisfaction regarding artificial limbs, aids and appliances.
- Null hypothesis (H₀₁₀):** There is no difference between perception of male & female working in establishments with respect to the level of satisfaction regarding artificial limbs, aids and appliances.

**Table: 7
Test Statistics^{a,b}**

	Mann-Whitney U	Asymp. Sig.(2-tailed)
Awareness about ESI scheme benefits	44.000	.698
Level of satisfaction regarding treatment of doctors in ESI dispensaries	47.500	.966
Level of satisfaction regarding immunization facilities	13.000	.694
Level of satisfaction regarding in-patient treatment of doctors in ESI hospitals	11.000	.373
Level of satisfaction regarding artificial limbs, aids and appliances	2.000	.264

- a. Nature of employment in private sector = work in factories
- b. Grouping Variable: Gender

From table: 7, it is observed that,

1. H_{01} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.698$), meaning that there is no significant difference between perception of male & female working in factories with respect to the awareness about ESI scheme.
2. H_{03} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.966$), meaning that there is no significant difference between perception of male & female working in factories with respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries.
3. H_{05} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.694$), meaning that there is no significant difference between perception of male & female working in factories with respect to the level of satisfaction regarding immunization facilities.
4. H_{07} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.373$), meaning that there is no significant difference between perception of male & female working in factories with respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
5. H_{09} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.264$), meaning that there is no significant difference between perception of male & female working in factories with respect to the level of satisfaction regarding artificial limbs, aids and appliances in ESI hospitals.

Table: 8
Test Statistics^{a,b}

	Mann-Whitney U	Asymp. Sig. (2-tailed)
Awareness about ESI scheme benefits	73.000	.697
Level of satisfaction regarding treatment of doctors in ESI dispensaries	62.500	.394
Level of satisfaction regarding immunization facilities	9.000	.464
Level of satisfaction regarding in-patient treatment of doctors in ESI hospitals	30.500	.370
Level of satisfaction regarding artificial limbs, aids and appliances	5.500	.317

- a. Nature of employment in private sector = work in establishment
 - b. Grouping Variable: Gender
- From table: 8, it is observed that,
1. H_{02} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.697$), meaning that there is no significant difference between perception of male & female working in establishment with respect to the awareness about ESI scheme.

2. H_{04} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.394$), meaning that there is no significant difference between perception of male & female working in establishments with respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries.
3. H_{06} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.464$), meaning that there is no significant difference between perception of male & female working in establishments with respect to the level of satisfaction regarding immunization facilities in ESI dispensaries.
4. H_{08} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.370$), meaning that there is no significant difference between perception of male & female working in establishments with respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
5. H_{010} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.317$), meaning that there is no significant difference between perception of male & female working in establishments with respect to the level of satisfaction regarding artificial limbs, aids and appliances in ESI hospitals.

Kruskal-wallis H test

To find out whether there is any difference in perception between respondents of **different ages, different monthly incomes and different educational levels** in respect to the level of satisfaction regarding medical benefits under ESI scheme researcher has considered the following hypotheses:

- a. **Null hypothesis (H_{011}):** There is no difference between perceptions of female respondents of different ages working in both factories & establishments in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
- b. **Null hypothesis (H_{012}):** There is no difference between perceptions of male respondents of different ages working in both factories & establishments in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
- c. **Null hypothesis (H_{013}):** There is no difference in perception between respondents of different monthly incomes in respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries
- d. **Null hypothesis (H_{014}):** There is no difference in perception between respondents of different educational levels working in factories in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
- e. **Null hypothesis (H_{015}):** There is no difference in perception between respondents of different educational levels working in establishments in respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries.

Table: 9
Test statistics

	Chi-Square	Df	Asymp. Sig.
Level of satisfaction of female respondents of different ages regarding in-patient treatment of doctors in ESI hospitals	5.523	3	.137
Level of satisfaction of male respondents of different ages regarding in-patient treatment of doctors in ESI hospitals	1.522	4	.823
Level of satisfaction of the respondents of different monthly incomes regarding treatment of doctors in ESI dispensaries	17.424	4	.002
Level of satisfaction of the respondents of different educational levels working in factories regarding in-patient treatment of doctors in ESI hospitals	1.484	3	.686
Level of satisfaction of the respondents of different educational levels working in establishments regarding in-patient treatment of doctors in ESI hospitals	1.777	4	.777

From Table: 9, it is observed that,

1. H_{011} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.137$), meaning that there is no significant difference between perceptions of female respondents of different ages working in both factories & establishments in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
2. H_{012} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.823$) meaning that there is no significant difference between perceptions of male respondents of different ages working in both factories & establishments in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
3. H_{013} is rejected at 5% level of significance, as $p < 0.05$ ($p= .002$), meaning that there is significant difference between perceptions of respondents of different monthly incomes working in both factories & establishments in respect to the level of satisfaction regarding treatment of doctors in ESI dispensaries. From the study researcher has found that the respondents of lower monthly income (3000 to 6000) were mostly satisfied with treatment of doctors in ESI dispensaries. Most of them said that they go to ESI dispensaries each time when they are sick. On the other hand, respondents of higher monthly income (12000 to 15000) were more reluctant to go to ESI dispensaries for their shabby conditions.

4. H_{014} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.686$), meaning that there is no significant difference between perceptions of respondents of different educational levels working in factories in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.
5. H_{015} is accepted at 5% level of significance as the $p > 0.05$ ($p= 0.777$), meaning that there is no significant difference between perceptions of respondents of different educational levels working in establishments in respect to the level of satisfaction regarding in-patient treatment of doctors in ESI hospitals.

Conclusions & Recommendations

The study shows that 60% of insured persons in factories and 72% of insured persons in establishment had taken in-patient treatment from ESI hospitals. Therefore, only 67% of total respondents had taken further treatment from ESI hospitals. Majority of respondents were dissatisfied with large number of formalities to be fulfilled for claiming benefits under ESI scheme.

From the **Mann-whitney U** test it is observed that there is no significant difference between perception of male and female working in factories with respect to the awareness about ESI scheme and level of satisfaction regarding treatment of doctors, drugs & dressings and immunization facilities in ESI dispensaries. The same is also true for the respondents working in establishments.

Most of the respondents both male and female were mostly not satisfied about treatment in ESI dispensaries and other services/facilities provided under medical care. In the ESI dispensaries the conditions are akin to any government-run hospital. It is seen from the experience of the respondents that these service dispensaries handle high patient loads and are poorly equipped with inadequate infrastructure, medicines, etc. Therefore they are not operating effectively and people choose to go to other private practitioners at that level.

The interviews with patients and the data obtained suggest that the ESI hospitals are able to provide secondary level of care and the functioning is mostly like a government hospital system. However the tests and medications at this level are reasonably effective and little better than government run hospitals.

Therefore, on the basis of study some suggestions like enhancement of the awareness about the ESI Scheme among the insured persons and employers, improvement in the quality of services in ESI hospitals and dispensaries, simplifying the formalities to be followed for claiming benefits, etc, can be extended to create a cordial atmosphere and smooth relationship between enterprises, ESI Corporation and insured persons. It will definitely improve the efficiency of the ESI so that it can become an important machinery to provide protection to the employees of organised sector and their dependents.

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