

“A Study on Satisfaction of beneficiaries’ by Employees’ State Insurance Scheme”

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Abstract

The present era of globalization has led to the competitive environment in every country's health sector. To survive in this competition on global scale, Indian health sector is becoming more competitive by providing better services and satisfaction to the beneficiaries. The quality of services of health sector has become a major aspect of beneficiary satisfaction. So, the present study measures the performance of Employees' State Insurance Scheme on the dimensions of service giving and probe the impact on beneficiary satisfaction in health sector.

The study is based on 5 dimensions of SERVQUAL model: Responsiveness, Tangibility, Assurance, Reliability and Empathy. The result tells that all the dimensions of SERVQUAL model have a significant and positive influence on the attitudes of beneficiary in terms of their satisfaction.

Keywords: Beneficiaries', service-quality, social security

Introduction

Employees' State Insurance Scheme is the measures of social security and plays a very important role by taking care of the health of not only the employees but also their families working in the covered establishments. Social Security holds pivotal role in the society because it helps in bridging the gaps between people which is caused due to low income and status in the society by

giving a proper working environment which lowers the inequality and inequity among the people. Social Security removes the discrimination-factors which are based on nationality, ethnicity or gender by giving the benefits as a matter of legal entitlements. The Employees' State Insurance Act has a contributory functioning where employers, employees and State contributes to a fund and by which various benefits are provided to the beneficiaries. The benefits which are covered under the Act are proportionate to the average daily wages of the concerned employee. The scheme is monitored and administered by Employees' State Insurance Corporation in collaboration with the respective State Governments.

The ESIS was introduced in India in 1948 with the intention of providing financial protection to the beneficiaries' in the factories and establishments. The ESI Scheme was set up to reduce the monetary cost on availing health services. It enables individual to meet unaffordable care which otherwise they can't afford. ESI Scheme protects the households against the financial burden of illness. It is a mechanism to pool the risk. The ESI Act of 1948 was the first social insurance measures introduced in India encompasses certain health related eventualities that the 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 provisions made in the Act to counterbalance or mitigate the physical or financial distress in such contingencies and thus aimed at upholding human dignity at the time of crisis through protection from deprivation, destitution and social degradation while enabling the society to retain and continue the socially useful and productive manpower.

The ESI Act applies to non-seasonal factories using power and employing ten or more persons and Non-seasonal and non-power using factories and establishments employing twenty or more persons. Employees drawing wages of up to Rs. 21000 per month are currently entitled to a health insurance scheme. Under the ESI scheme, employees contribute 1.75% of their wages and the employers contribute 4.75% of the wages of eligible beneficiaries/employees towards premium payments. Employees earning less than Rs. 50 per day are exempted from contribution 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 (within the per capita ceiling of Rs.1000 per annum) incurred by the ESIC on medical care in respective states.

VARIOUS BENEFITS UNDER ESI SCHEME

The benefits under the Employees' State Insurance Scheme include both medical benefits and cash benefits which are provided to the insured persons through ESIC.

- ***Sickness Benefit:-***

Sickness Benefit is payable to an insured person in cash, in the event of sickness resulting from the absence of work and duly certified by an authorized medical officer/practitioner. The benefit becomes admissible to insured persons in respect of whom contribution is paid or payable for at least 78 days in corresponding contribution period of six months and have completed 9 months in insurable employment. Sickness Benefit is payable for a maximum of 91 days in two consecutive benefit periods of sickness benefit at 70% of average daily wages.

Extended Sickness Benefit becomes payable to insured persons for the period of certified sickness in case of specified 34 long term diseases and in case of rare diseases that need prolonged treatment and absence from work on medical advice. For entitlement to this benefit an insured person should have been in insurable employment for at least two years. He/she should also have paid contribution for a minimum of 156 days in the preceding four contribution periods or say two years. ESB is payable for a maximum period of two years (including 91 days as SB) on the basis of proper medical certification and authentication by the designated authority. Amount payable in cash as Extended Sickness Benefit is 80% of the average daily wages. The benefit is payable within 7 days following the submission of complete claim papers at the Branch Office concerned.

- ***Maternity Benefit:-***

Maternity Benefit is payable to Insured Women in case of confinement or miscarriage or sickness related thereto in a benefit period. For claiming the benefit, the contribution for at least 70 days in the immediately preceding two consecutive contribution periods should be payable and in case of new registered Insured Women confinement/miscarriage and sickness related thereto in a benefit period is sufficient. The benefit is normally payable for 12 weeks in case of normal delivery and 6 weeks in case of miscarriage, which can be further extendable by 4 weeks on medical grounds. The rate of payment of the benefit is 100% of the average daily wages. The benefit is payable within 14 days of submission of duly authenticated claim papers.

- ***Disablement Benefit:-***

Disablement benefit is payable to insured employees, being in insurable employment, suffering from physical disablement due to employment injury or occupational diseases. An insured person should be an employee on the date of the accident. Temporary disablement benefit @ 90 per cent of the average daily wages is payable till temporary disablement lasts. In case of permanent disablement, the cash benefit is payable for whole life. Amount payable is worked out on the basis of loss of earning capacity determined by a Medical Board. Disablement Benefit is payable within one month of submission of the Accident report with complete claim papers.

- ***Dependants' Benefit :-***

Dependants' Benefit becomes payable to dependants of a deceased insured person where death occurs due to employment injury or due to occupational disease. A widow can receive this benefit on a monthly basis for life or till her re-marriage. Son up to age of 25 years and unmarried daughter can receive benefit. Other dependants like parents including a widowed mother etc. can also receive this benefit under certain conditions.

The rate of payment is 90 per cent of the average daily wages distributed among the dependants in a fixed prescribed/ ratio/ proportion. The first payment is payable within a period of three months following the death of an insured person and thereafter periodically on regular monthly basis.

- ***Other Benefits:-***

Some other benefits offered by the Scheme are as follows -

- a) ***Funeral expenses*** on death of an I.P. subject to a maximum of a Rs10,000/- payable at the Branch Office. The claim of such payment should be made within three month of the death of IP.
- b) ***Vocational Rehabilitation*** in case of physical disablement due to employment injury under 45 years of age with 40 percent or more disablement. Payable as long as vocational training lasts - actual fee charged or Rs.123/- a day whichever is higher
- c) ***Free supply*** of physical aids and appliances such as crutches, wheelchairs, dentures, spectacles and other such physical aids.
- d) ***Preventive health care*** services such as immunization, family welfare service, HIV/AIDS detection, treatment etc.

e) **Confinement Allowance** at the rate of Rs.2500/- is paid to an insured woman or insured person in respect of his wife in case confinement occurs at a place where necessary medical facilities under ESI Scheme are not available. This is paid for two confinements only.

f) **Unemployment Allowance** named as Rajiv Gandhi Shramik Kalyan Yojana, is payable to workers facing involuntary unemployment due to closure of factory/establishment or retrenchment or permanent invalidity not less than 40% arising out of non-employment injury and the contribution in reference of him have been paid/payable for a minimum of three years prior to the loss of employment. The daily rate of Unemployment Allowance is 50% of the average daily wages. This allowance is payable for a maximum period of 12 months during entire life either in one spell or in different spells of not less than one month's duration. Unemployment Allowance recipients if desirous of upgrading their skill may get training for shorter period through AVTI. The entire fee is paid by the corporation and also to and fro rail journey fare is reimbursed by the corporation.

Review of Literature

Nayana S, (2017) in his research paper on “**Employees’ Satisfaction and ESI Benefits among Public Sector Textile Workers in Kerala**” had focused on various social security schemes. This study told that social security schemes has objective of helping the human at the time of death, diseases and any kind of disability. ESI schemes protect the manpower, and increases their productivity to achieve the better results. So, ESI Scheme had a great role in India. As it promotes the standard of a welfare state and also improved the living and working conditions of the workforce. The authors mentioned that investment in ESI Scheme is a wise investment because it will give returns in the nearby future for the country.

Maiya Umesh, (2016) in his study on “**Nurses’ Perception towards ESI Scheme: A Study with Reference to Select Hospitals in Udupi District**” focused on the importance of Employees’ State Insurance (ESI) Schemes. The study told that Employees’ State Insurance (ESI) Scheme is a scheme which had various benefits to the beneficiaries’. It is one of the largest welfare schemes of the workers. But there is not sufficient mechanism to deliver all the specific benefits to the beneficiaries’.

G. Muthulakshmi, (2014) conducted a study on the performance of Employees state insurance scheme with special reference to Tuticorin district in Tamil Nadu. The study examines the performance of Employee State Insurance Corporation and also the perception of employees towards ESI hospitals. The study found out that ESI dispensaries/hospitals were not functioning up to the level of satisfaction of insured persons. The study also reveals how to improve the functioning of scheme so that it turns into a reliable scheme which provides better services.

Dash U and Muraleedharan VR, (2011) analyze the overall trends in utilization and number of beneficiaries of ESIS over a certain period of time. In this study they assess the impact of ESI facilities and to what extent the ESI scheme helps to protect the beneficiaries from the health expenditure. The study shows that the overall utilization level is very low due to the perceived low quality drugs, long waiting periods, insolence of personnel, long waiting spells to unusual delays in reimbursement of money spent on treatment outside, lack of interest of employers and low awareness of ESI procedures.

The study made by Mathew Jose. K, (2006) examined the working of Employee State Insurance Corporation in Kerala. It is found that the corporation had set up a widespread network of service outlets to provide all kind of benefits to insurer and its dependents. These measures are important from the industry perspective because by this worker's productivity will improves and industrial disputes can be reduced. This scheme had alleviates the financial distress in various contingencies of life and uphold the human dignity at the time of crisis. The study found that quality of services and administration functioning of this scheme is not proper.

Research Gap

The above reviews presents a treasure of information and knowledge in respect of the earlier studies based on evolution, working, management, challenges and prospects of working of ESIS in India. The above studies have made use of various parameters to measure the satisfaction level of beneficiary towards the ESIS. But the relationship between the satisfaction level of the respondents belonging to different demographic variables and towards ESIS has not been studied. This study investigates the impact of various dimensions of service quality on beneficiaries' satisfaction in health sector using the SERVQUAL model.

Objectives of the study

The study has been undertaken to contribute towards the following broad objectives.

- To find out the factors affecting service quality in health sector.
- To analyse the different demographic variables of beneficiary and their perceptions regarding service quality in health sector.
- To study the relationship between identified variables of service quality and beneficiaries' satisfaction in health sector.

Hypothesis of the Study

In order to examine the perception of the beneficiary towards service quality dimensions in health services of the hospitals, the following hypotheses have been formulated and tested.

H₀₁: There is no significant difference between demographic variables of beneficiary and their perceptions regarding service quality of services of ESIS.

H₀₂: There is no significant relationship between identified variables of service quality and beneficiaries' satisfaction in ESIS.

Research Design and Methodology

Sample Unit

Sampling unit was the beneficiary of 2 private organizations i.e. Bosch and NBC who are located in Jaipur district of the Rajasthan state.

Sample Size

The sample size used for this study is 50. 50 respondents were randomly selected for this.

Sampling Procedure

Convenient simple random sampling method is used in this study.

RESEARCH DESIGN

The present study is an empirical analysis of “A Study on satisfaction of beneficiaries’ through Employees’ State Insurance Scheme”.

The primary source is used for data collection. Questionnaires are used for primary data collection. Questionnaire is made on five point Likert scale to assess the beneficiaries’ satisfaction and service quality of ESIS.

The statistical tools used in this study are correlation analysis, frequency analysis and ANOVA method (analysis of variance). For statistical analysis SPSS 22 was used. Cronbach’s alpha value was used to carry out reliability of data. The frequency analysis on the main factor indicates the overall satisfaction levels of respondents with ESIS. ANOVA was employed to find the significant factor which determined the overall satisfaction of beneficiaries.

Reliability Analysis

To test reliability Cronbach’s coefficient alpha was used because this is the most common method used to assess the reliability of multi-point items for a measurement scale. The following five dimensions of SERVQUAL Model:

Tangibility: It includes those factors which are related to the physical facilities, personnel, equipments and communication materials.

Reliability: It refers to that confidence which ensures that service is accurately provided and consistent as promised by the provider.

Responsiveness: It refers to the willingness and speed with which services are provided to the beneficiaries’.

Assurance: It includes those factors which assure beneficiary that his service commitment would be fulfilled, such as communication, facilities and courtesy etc. and it makes beneficiaries' confident towards commitment.

Empathy: It refers to those factors which indicate that service provider is approachable and sensitive towards the beneficiaries.

Table No. 1 : Reliability Statistics

Reliability Statistics		
Parameters	Cronbach's Alpha	No. of Items
Tangibility	<i>0.805</i>	4
Reliability	<i>0.771</i>	5
Responsiveness	<i>0.736</i>	4
Assurance	<i>0.740</i>	5
Empathy	<i>0.737</i>	4
Beneficiaries' Satisfaction	<i>0.845</i>	28

Source: Output of IBM-SPSS 22

In the above table, it can be concluded that in all the parameters of reliability statistics Cronbach's alpha is more than 0.700 which shows a higher level of internal consistency of our scale with this sample.

Data Analysis

To analyze the objectives of the study various tests and statistical methods were used. The test and methods were selected on the basis of the research problems.

H₀₁- There is no significant difference between demographic variables of beneficiary and their perceptions regarding service quality of services of ESIS.

Ha1 - There is significant difference between demographic variables of beneficiary and their perceptions regarding service quality of services of ESIS.

ANOVA is an important method used in those situations where we want to measure the significant mean difference between more than two groups. In the present study ONE WAY ANOVA METHOD is used to analyze that whether there is any significant difference between the Demographic Variables of beneficiaries and Service Quality Perceptions.

Table No.1: Difference between Age group and Service Quality

Parameters		Sum of Squares	Df	Mean Square	F	Sig.
Assurance	Between Groups	1.587	3	.529	1.965	.132
	Within Groups	12.389	46	.269		
	Total	13.976	49			
Empathy	Between Groups	1.168	3	.389	1.134	.345
	Within Groups	15.789	46	.343		
	Total	16.957	49			
Reliability	Between Groups	2.864	3	.955	3.278	.029
	Within Groups	13.396	46	.291		
	Total	16.260	49			
Responsiveness	Between Groups	2.733	3	.911	2.396	.080
	Within Groups	17.487	46	.380		
	Total	20.220	49			
Tangibility	Between Groups	1.758	3	.586	2.012	.125
	Within Groups	13.398	46	.291		
	Total	15.156	49			

Source: Output of IBM-SPSS 22

Interpretation of the Study:-

The table shows that whether there is any statistically significant difference between our age mean group or not and the output of ANOVA analysis.

From the above table it can be interpretate that:-

In case of assurance parameter, null hypothesis is accepted because the significance value is **0.132** which is more than 0.05. So, it can be proved that ***assurance is not influenced by age group of the respondents.***

In case of empathy parameter, null hypothesis is accepted because the significance value is **0.345** which is more than 0.05. So, it can be proved that ***empathy is not influenced by age group of the respondents.***

In case of reliability parameter, null hypothesis is rejected because the significance value is **0.029** which is less than 0.05. So, it can be proved that ***reliability is influenced by age group of the respondents.***

In case of responsiveness parameter, null hypothesis is accepted because the significance value is **0.080** which is more than 0.05. So, it can be proved that ***responsiveness is not influenced by age group of the respondents.***

In case of tangibility parameter, null hypothesis is accepted because the significance value is **0.125** which is more than 0.05. So, it can be proved that ***tangibility is not influenced by age group of the respondents.***

Findings

The above analysis concluded that in case of responsiveness, assurance, tangibility and empathy; null hypothesis is selected and it has been proved that ***there is no significant difference between the age group of beneficiaries' and their perception regarding Responsiveness, Assurance, Tangibility and Empathy in selected organizations getting services under ESIS.***

In case of reliability the null hypothesis is rejected and it has been proved that ***there is a significant difference between age group of beneficiaries' and their perception regarding Reliability in selected organizations getting services under ESIS.***

Table No. 2:- Difference between Gender and Service Quality

Parameters		Sum of squares	Df	Mean square	F	Sig
Assurance	Between groups	.002	1	.002	.006	.936
	Within groups	13.974	48	.291		
	Total	13.976	49			
Empathy	Between groups	.002	1	.002	.005	.946
	Within groups	16.955	48	.353		
	Total	16.957	49			
Reliability	Between groups	.211	1	.211	.632	.430
	Within groups	16.049	48	.334		
	Total	16.260	49			
Responsiveness	Between groups	.020	1	.020	.047	.830
	Within groups	20.200	48	.421		
	Total	20.220	49			
Tangibility	Between groups	.207	1	.207	.666	.419
	Within groups	14.949	48	.311		
	Total	15.356	49			

Source: Output of IBM-SPSS 22

Interpretation

This table shows the output of ANOVA analysis and showed that whether there is statistically significant difference between our gender group means or not.

From the above table it can be interpretate that:-

It case of assurance parameter, null hypothesis is accepted because the significance value is *0.936* which is more than 0.05. So, it has been proved that *assurance is not influenced by the gender group of the respondents*.

In case of empathy parameter, null hypothesis is accepted because the significance value is **0.946** which is more than 0.05. So, it has been proved that ***empathy is not influenced by gender group of the respondents.***

In case of reliability parameter, null hypothesis is rejected because the significance value is **0.430** which is more than 0.05. So, it has been proved that ***reliability is not influenced by gender group of the respondents.***

In case of responsiveness parameter, null hypothesis is accepted because the significance value is **0.830** which is more than 0.05. So, it has been proved that ***responsiveness is not influenced by gender group of the respondents.***

In case of tangibility parameter, null hypothesis is accepted because the significance value is **0.419** which is more than 0.05. So, it has been proved that ***tangibility is not influenced by gender group of the respondents.***

Findings

The above analysis concluded that in case of responsiveness, assurance, tangibility and empathy; the null hypothesis is selected and it has been proved that ***there is no significant difference between gender group of beneficiaries' and their perception regarding responsiveness, assurance, tangibility and empathy in the selected organizations getting services under ESIS.***

In case of reliability null hypothesis is rejected and it has been proved that ***there is a significant difference between gender group of beneficiaries' and their perception regarding reliability in the selected organizations getting services under ESIS.***

Table No. 3:- Difference between Occupation Profile and Service Quality

Parameters		Sum of Squares	Df	Mean Square	F	Sig.
Assurance	Between Groups	2.206	4	.551	2.108	.095
	Within Groups	11.770	45	.262		
	Total	13.976	49			
Empathy	Between Groups	2.650	4	.663	2.084	.099
	Within Groups	14.307	45	.318		
	Total	16.957	49			
Reliability	Between Groups	1.909	4	.477	1.497	.219
	Within Groups	14.351	45	.319		
	Total	16.260	49			
Responsiveness	Between Groups	2.525	4	.631	1.605	.189
	Within Groups	17.695	45	.393		
	Total	20.220	49			
Tangibility	Between Groups	.342	4	.086	.260	.902
	Within Groups	14.814	45	.329		
	Total	15.156	49			

Source: Output of IBM-SPSS 22

Interpretation

This table tell us about the output of the ANOVA analysis and shows that whether there is statistically significant difference between our occupation profile means or not.

From the above table it can be interpretate that:-

In case of assurance parameter, null hypothesis is accepted because the significance value is **0.095** which is more than 0.05. So, it has been proved that ***assurance is not influenced by occupation profile of the respondents.***

In case of empathy parameter, null hypothesis is accepted because the significance value is **0.099** which is more than 0.05. So, it has been proved that ***empathy is not influenced by occupation profile of the respondents.***

In case of reliability parameter, null hypothesis is accepted because the significance value is **0.219** which is more than 0.05. So, it has been proved that ***reliability is influenced by occupation profile of the respondents.***

In case of responsiveness parameter, null hypothesis is accepted because the significance value is **0.189** which is more than 0.05. So, it has been proved that ***responsiveness is not influenced by occupation profile of the respondents.***

In case of tangibility parameter, null hypothesis is accepted because the significance value is **0.902** which is more than 0.05. So, it has been proved that ***tangibility is not influenced by occupation profile of the respondents.***

Findings

The above analysis concluded that in case of responsiveness, assurance, tangibility, empathy and reliability; the null hypothesis is selected and it has been proved that ***there is no significant difference between occupation profile of beneficiaries' and their perception regarding responsiveness, assurance, tangibility, empathy and reliability in the selected organizations getting services under ESIS.***

Table No. 4:- Difference between Income group and Service Quality

Parameters		Sum of Squares	Df	Mean Square	F	Sig.
Assurance	Between Groups	.988	3	.329	1.166	.333
	Within Groups	12.988	46	.282		
	Total	13.976	49			
Empathy	Between Groups	1.058	3	.353	1.021	.392
	Within Groups	15.899	46	.346		
	Total	16.957	49			
Reliability	Between Groups	1.013	3	.338	1.019	.393
	Within Groups	15.247	46	.331		
	Total	16.260	49			
Responsiveness	Between Groups	.343	3	.114	.265	.850
	Within Groups	19.877	46	.432		
	Total	20.220	49			
Tangibility	Between Groups	.108	3	.036	.110	.954
	Within Groups	15.048	46	.327		
	Total	15.156	49			

Source: Output of IBM-SPSS 22

Interpretation

The above table tells us about the output of the ANOVA analysis and shows that whether there is statistically significant difference between beneficiaries' income level group means or not.

From the above table, it can be interpretate that:-

In case of assurance parameter, null hypothesis is accepted because the significance value is *0.333* which is more than 0.05. So, it has been proved that *assurance is not influenced by income level group of the respondents.*

In case of responsiveness parameter, null hypothesis is accepted because the significance value is **0.850** which is more than 0.05. So, it has been proved that ***responsiveness is not influenced by income level group of the respondents.***

In case of empathy parameter, null hypothesis is accepted because the significance value is **0.392** which is more than 0.05. So, it has been proved that ***empathy is not influenced by income level group of the respondents.***

In case of tangibility parameter, null hypothesis is accepted because the significance value is **0.954** which is more than 0.05. So, it has been proved that ***tangibility is not influenced by income level group of the respondents.***

In case of reliability parameter, null hypothesis is accepted because the significance value is **0.393** which is more than 0.05. So, it has been proved that ***reliability is influenced by income level group of the respondents.***

Findings

The above analysis concluded that in case of responsiveness, assurance, tangibility, empathy and reliability; the null hypothesis is selected and it has been proved that ***there is no significant difference between income level group of beneficiaries' and their perception regarding responsiveness, assurance, tangibility empathy and reliability in the selected organizations getting services under ESIS.***

H₀₂: There is no significant relationship between identified variables of service quality and beneficiaries' satisfaction in ESIS.

Table No. 5: Descriptive Statistic

Descriptive Statistics			
Parameters	Mean	Std. Deviation	N
Assurance	4.0650	.53407	50
Empathy	3.7920	.58827	50
Reliability	3.8200	.57605	50
Responsiveness	3.5900	.64238	50
Tangibility	4.3250	.55616	50
Beneficiaries' Satisfaction	3.6643	.39076	50

Source: Output of IBM-SPSS 22

Descriptive Analysis: The descriptive analysis is the transformation of raw data into that form which provides information to describe set of factors in that situation which will make them easy to interpret and understand. Through this analysis the data is given meaningfulness by percentage value and frequency distribution. These are useful in identifying differences among the groups. Descriptive statistics is used for summarising the data by which the entire population or data can be presented. **Correlation Analysis:** Correlation analysis is used when we want to know how one variable is related to another variable. In this present study correlation is used to analyze the extent of relationship between service quality and satisfaction.

Table No. 6: Correlation Analysis

		Assurance	Empathy	Reliability	Responsiveness	Tangibility
Beneficiaries' Satisfaction	Pearson Correlation	.599**	.580**	.441	.414	.690**
	Sig. (2-tailed)	.000	.000	.009	.010	.000
	N	50	50	50	50	50

Source: Output of IBM-SPSS 22

Interpretation

The above table shows that there is significant relationship between all the identified variables of beneficiaries' satisfaction and service quality.

In case of tangibility, it has highest Pearson correlation ' r ' value 0.690 and significance value (p value) is 0.000. It shows that there is statistically significant positive correlation between tangibility and beneficiaries' satisfaction.

In case of assurance, the Pearson correlation ' r ' value is 0.599 and significance value (p value) is 0.000. It is less than the alpha level of significance of 0.05 which means that there is significant positive correlation between assurance and beneficiaries' satisfaction.

In case of empathy, the Pearson correlation ' r ' value is 0.580 and significance value (p value) is 0.000. It indicates that there is statistically significant positive correlation between empathy and beneficiaries' satisfaction.

In case of reliability, the Pearson correlation ' r ' value 0.441 and significance value (p value) is 0.009. It indicates that there is statistically significant positive correlation between reliability and beneficiaries' satisfaction.

In case of responsiveness, the Pearson correlation ' r ' value 0.414 and significance value (p value) is 0.010. It indicates that there is statistically significant positive correlation between responsiveness and beneficiaries' satisfaction.

Findings

The above analysis concluded that there is statistically significant impact of all the identified variables of service quality on beneficiaries' satisfaction. If the Employees' State Insurance Scheme can enhance their service-quality then the ratio of satisfaction level of beneficiaries' can also be uplift because there is positive correlation coming through the analysis.

Conclusion

Employees' State Insurance Scheme has to enhance their services to meet the challenges and demands of the changing environment. The essence of this scheme is beneficiaries' satisfaction, as service quality is essential in today's world. The objective of this study was to find out the beneficiaries' satisfaction on service quality dimensions. This study revealed that all identified variables of service quality i.e. responsiveness, assurance, reliability, empathy and tangibility have statistically significant moderate or low positive correlation with the beneficiaries' satisfaction. It is found that assurance, tangibility and empathy have high Pearson correlation value with significant effect. It means that beneficiaries' are highly satisfied in terms of assurance, tangibility and empathy services of ESI Scheme. Whereas responsiveness and reliability have low Pearson correlation value with significant effect. For reliability parameter, the differences on the basis of age were significant. This analysis shows that there is no significant difference between employment particulars of beneficiaries' and their perception regarding all the identified variables of service quality of ESIS. The different income groups of beneficiaries' do not vary significantly for their perception of all the identified variables of service quality of ESIS. The discussion shows that there is no significant difference between the gender of beneficiaries' and their perception regarding responsiveness, assurance, tangibility and reliability in selected private organizations availing ESI services whereas the opinions of beneficiaries' regarding empathy is significantly different between female and male in private organizations getting ESI services .

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