



AN EMPIRICAL STUDY ON DEPENDENCE OF EMPLOYEES' STATE INSURANCE HOSPITALS WITH THE TIE- UP HOSPITALS – WITH SPECIAL REFERENCE TO KARNATAKA

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ABSTRACT

Infrastucture forms a critical part of health service deliver in any country. The study covers the availability of infrastructural facilities in ESI hospitals of Karnataka and also based on various infrastructural problems that are faced in ESI Hospitals of Karnataka due to the incomplete healthcare infrastructural facilities and medical equipments ESI hospitals that adversely affect patient's health and sending them regularly to Tie-up Hospitals which lead to interhospital transfer of critical ill patients and tries to investigate how they are depending on Tie-up Hospitals. A comprehensive survey was made at the hospitals situated in the research area through primary and secondary data in order to record the infrastructural problems in ESI hospitals. It has been suggested that proper attention of government, provision of sound infrastructure and proper medical equipments and healthcare facilities will reduced the dependence of Tie-up hospitals.

KEY WORDS: Tie-up hospitals, perceptions of Doctors, infrastructure facilities

INTRODUCTION

Employee's State Insurance is a social tool, which reduces or eliminates the risk of insured persons and beneficiaries' life and property. It is a social oriented system, as life is uncertain and full of risks, the insurance is essential to meet such unforeseen circumstances.

"Every person just after God believes in Hospital", Better hospital infrastructure is good health of the people; Hospitals form an important arm of the healthcare delivery system. Health Infrastructure is an important indicator to understand the health infrastructure is known to be the elementary need to have a good health condition. Hospital infrastructure includes hospital building, medical equipment and other healthcare facilities. In developing

countries like India, the quality of the underlying health system is poor as compared to those of comparable nations. High population pressure coupled with wide geographical area is making the existing infrastructure insufficient and inaccessible.

REVIEW OF LITERATURE

Kleezkowski et al, (1984) have revealed poor infrastructure generally leads to poor quality of service, which in turn not only wastes resources but it positively dangerous to the health and welfare of the patients and the community at large. The poor suffer more if government services are not functional or are of poor quality as they do not have any other choice. B. O. Ogunde

and H.O. Olafimihan (2009) seek to examine the impact of facilities and equipment as predicting effective health care delivery in state hospitals, this paper finds, equipment and adequacy of facilities and equipment actually predicted effective health care delivery service while availability of facilities and equipment did not predict effective health care delivery services. Theodore (2012) The research study investigates various problems that are faced by patients and Hospital due the incomplete healthcare infrastructure facilities which lead to inter hospital transfer of critical ill patients and also identify systematic barriers to optimal integration of transfer as a mechanism for improving patient outcomes and value of care. Gouda & Ganeshkar (2013) study was based on how the health infrastructural facilities available in the state and finds in the study area there are so many reasons for the poor growth of health infrastructure facilities, such as lack of physical infrastructure like., supplies, diagnostic facilities, laboratory equipments, etc. Shortage of building facilities for health centres, inadequacies of critical

health services etc. Sudip Ghosh (2014) research study investigates various problems that are faced by patients and Hospital staff in the hospital and also identify the scarcity of facilities like lack of infrastructure and medical equipments situated in research area. This study also aims to access the satisfaction level of the patients approaching public hospitals for health care services.

TIE-UP HOSPITALS

Nothing can be more important to the state than its public health; the state's paramount concern should be the health of its people. In order to give better treatment to the Insured Person's and their family members the Department is having tie-up arrangements with Private Hospitals and Nursing Homes where there is no ESI Hospitals as well as where the ESI Hospitals do not have infrastructural facilities and medical equipments etc.

The purpose of the protocol is inter-hospital patient transfer means transfer of patients from ESI hospitals to private hospitals due to lack of adequate infrastructural facilities.

TIE-UP HOSPITALS STATISTICS

ESI HOSPITALS	NO. OF TIE-UP HOSPITALS
Mysore	6
Bangalore	24
Davangere	1
Hubli	4
Belgaum	1
Mangalore	7
Dandeli	-

STATEMENT OF PROBLEM AND NEED FOR THE STUDY

The level of infrastructural facilities available in Employees' State Insurance Hospitals is low and unable to reach and bring vast segment to the public. So ESI Hospitals depend on Tie-up Hospitals. Therefore it is necessary to identify the level of dependence of Employees' State Insurance Hospitals with the Tie- up hospitals.

OBJECTIVES OF THE STUDY

1. To know the perceptions of doctors about the Tie-up Hospitals in Karnataka.
2. To identify the level of dependence of Employees' State Insurance Hospitals with the Tie- up hospitals.

RESEARCH METHODOLOGY:

The research methodology of the study is presented as below:

The study is conducted using both analytical and descriptive type of methodology. The study depends on primary and secondary data. This study is conducted to validate the questionnaire and to confirm the feasibility of the study.

DATA COLLECTION

Primary Data collection will be on the basis of structured questionnaire.

Questionnaire will be consisting a set of questions concerning the dependence of Tie-up

Hospitals and questions referring to the perception of Doctors.

SAMPLING SIZE AND DESIGN

Survey is conducted by using well formulated questionnaire. Random Sampling is applied for generating data. The respondents are population of Doctors is selected from Employee's State Insurance Hospitals. Totally 127 respondents returned filled questionnaires, for the information regarding the level of dependence of Employees' State Insurance Hospitals with the Tie- up hospitals.

SCALING TECHNIQUE IN THE QUESTIONNAIRE

The questionnaire used Statements in closed-ended and Likert's 5 point scale. The responses of these sections are obtained from the employees of ESI Hospitals

in the 5 point scale, which ranges as follows:

- (1) Yes (2) Yes/But Sometimes (3) No
(5) – Strongly Agree (4) – Agree (3) – Neutral (2) – Disagree
(1) – Strongly Disagree

SECONDARY DATA

The Secondary data are collected from Journals, Articles, published data, Reports, Books, Periodicals, Research Papers, Websites, Manuals.

SCOPE OF THE STUDY

This study is conducted among employees from Employees' State Insurance Hospitals in Karnataka. In fact the survey samples will cover only the perception of Doctors of 7 ESI Hospitals and the study covers to identify the level of dependence of Tie up hospitals.

SAMPLING TECHNIQUE

This study preferred non-probability sampling.

DATA ANALYSIS TOOL:

Data Collected will be presented and analysed using tables. The study includes simple percentage of calculations:

Simple percentage

$$= \frac{\text{Number of respondent}}{\text{Total number of respondents}} * 100$$

DATA ANALYSIS AND INTERPRETATION

The data for the study is collected from 7 ESI Hospitals in Karnataka – Mysore, Bangalore, Davangere, Hubli, Dandeli, Belgaum and Mangalore. The respondents are Doctors.

Table No. – 1

PERSONAL INFORMATION				
SL. NO.	PARTICULARS	CLASSIFICATION	F	%
1.	GENDER	MALE	90	70.87
		FEMALE	37	29.13
2.	AGE	21-30	08	6.30
		31-40	41	32.30
		41-50	47	37.00
		51-above	31	24.40
3.	EDUCATION	GRADUATE	22	17.32
		POST GRADUATE	105	82.68
		OTHER SPECIALISATION	-	-
4.	STATUS OF WORKING ON	REGULARIZED POST	99	77.96
		CONTRACT BASIS	16	12.60
		TEMPORARY BASIS	12	9.44
5.	EXPERIENCE	1-10	35	27.55
		11-20 YEARS	57	44.88
		21-30 Y	34	26.78
		30- above YEARS	01	0.79

Table No.1 gives clear information: About Gender says 70.87% male doctors and only 29.13% doctors it says very less female doctors working in ESI Hospitals in Karnataka. It gives information that doctors age between 41 and 50 is 37% which is highest and 21 to 30 ages of doctors is only 6.30% which is least. Education- majority doctors are post

graduates i.e., 82.68%, it was found only 17.32% are graduates. Regularized post of doctors at maximum level is 77.96%, contract basis is 12.60% and Temporary basis are at very low level i.e., 9.44%. Finally experience of the doctors depicts 11-20 years experienced doctors are maximum 44.88% and above 30 years experienced doctors is very low only 0.9%.

Table No. - 2

TIE-UP HOSPITALS FACILITIES					
SL No.	Statements		Yes	Yes/But Sometimes	No
1.	Are you satisfied with the Tie up hospitals?	F	42	49	36
		%	33.07	38.58	28.35
2.	Are you satisfied by sending patients to Tie up hospitals?	F	56	40	31
		%	44.10	31.50	24.40
3.	Do the Tie up hospitals are costlier than ESI hospitals?	F	121	06	0
		%	95.28	4.72	0
4.	Do you agree ESIC facing difficulties in funding to Tie up hospitals expenditures?	F	85	30	12
		%	66.93	23.62	9.45
5.	Is ESI hospitals are dependent on Tie up hospitals?	F	98	18	11
		%	77.17	14.17	8.66

Table No.2 gives picture about the perception of Doctors of Tie-Up Hospitals. 38.58% of doctors are satisfied with Tie-Up Hospitals only for sometimes, 33.07% are fully satisfied and 28.35% are not satisfied. 44.10% of doctors are satisfied by sending their patients to Tie-Up Hospitals, 31.50% are satisfied only for sometimes and 24.40% are not satisfied. A maximum respondent that is 95.28% accepted that Tie-Up Hospitals are costlier than ESI Hospitals,

only 4.72% of respondents say sometimes costlier and none of them said it is cheaper. 66.93% of sample agreed that ESIC facing difficulties in funding to Tie-Up Hospitals expenditures, 23.62% if sample agreed but sometimes and very low i.e., 9.45% of sample didn't agree. Majority of respondents that is 77.17% accepted ESI Hospitals are dependent on Tie-Up Hospitals, only 14.17% accepted sometimes and least of respondents that 8.66% said didn't accepted.

Table No. - 3

TIE-UP HOSPITALS FACILITIES							
SL NO.	Statements	SA	A	N	DA	SDA	
1.	Are you satisfied with the measures taken by the Corporation for providing Tie up hospitals on the ESI Scheme?	F	10	49	39	10	19
		%	7.87	38.58	30.72	7.87	14.96
2.	Satisfied with the services/facilities provided in Tie up hospitals for medical care?	F	7	82	12	21	5
		%	5.51	64.57	9.44	16.54	3.94
3.	ESI hospitals sending their patients to Tie up hospitals regularly	F	27	75	14	10	1
		%	21.26	59.05	11.02	7.87	0.80
4.	Sending ESI hospital patients to Tie up hospitals is better	F	14	40	39	30	4
		%	11.02	31.50	30.71	23.62	3.15
5.	Due to non-availability of infrastructure facilities patients are sending to Tie up hospitals	F	68	47	10	1	1
		%	53.54	37.00	7.88	0.79	0.79
6.	Due to non-availability of medical equipments for surgeries ESI hospitals depend on Tie up hospitals	F	72	33	16	5	1
		%	56.69	25.98	12.59	3.94	0.79
7.	Patients with serious ailment are send to Tie up hospitals	F	75	42	7	1	2
		%	59.05	33.07	5.51	0.80	1.57
8.	Patients are satisfied with the Tie up hospitals	F	10	70	43	2	2
		%	7.87	55.12	33.88	1.57	1.57
9.	Tie up hospitals infrastructure facilities is better than ESI hospitals	F	30	77	10	8	2
		%	23.62	60.63	7.88	6.30	1.57
10.	ESI hospitals finds difficulty in bearing the heavy expenses of Tie-up hospitals	F	44	44	19	12	8
		%	34.65	34.65	14.96	9.44	6.30

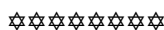
Table No.3 shows that 46.45% of respondents agreed that the measures taken by the corporation for providing Tie-up Hospitals under ESI scheme are satisfied, to that 22.83% of respondents are disagreed with the ESIC measures for Tie-up Hospitals. It was also found out of

that 70.08% of sample agreed that they are satisfied with the facilities provided in Tie-up Hospitals for medical care and 20.48% are not satisfied with the facilities. It came to light that 80.31% of respondents agreed to send their ESI hospitals patients to Tie-up Hospitals regularly whereas

8.67% were disagreed. Moreover out of sample that 42.52% of doctors agreed that sending patients of ESI hospitals to Tie-up Hospitals is better, but 26.77% disagreed. It shows that 90.54% of respondents agreed that patients are sending to Tie-up Hospitals due to non-availability of infrastructure and very low that is 2.37% were disagreed. It states that 82.67% were agreed due to non-availability of medical equipments for surgeries ESI hospitals depends on Tie-up Hospitals whereas 4.73% of the sample disagreed. 92.12% of sample agreed that the patients with serious ailment are sending to Tie-up Hospitals and 2.37% of sample were disagreed. 62.99% respondents agreed that the patients are satisfied with Tie-up Hospitals, whereas 3.24% of samples disagreed. 84.25% of sample agreed that the Tie-up Hospitals have better infrastructure facilities than ESI hospitals. 7.87% of samples were disagreed. Majority of respondents that is 69.30% were agreed that ESI Hospitals finds difficulty for heavy expenses of Tie-up Hospitals. It was found that 15.74% were disagreed.

CONCLUSION

It came to light that most of the respondents are satisfied with the measures taken up by the ESIC schemes, but due to non availability of infrastructural facilities and medical equipments for the surgeries and serious ailment patients are require better facilities so majority of the respondents agreed to send their patients to Tie-up hospitals and sending them regularly and also agreed that Tie-up hospitals are have better infrastructural facilities than ESI hospitals, nearly 60% of the patients satisfied with the tie-up hospitals but 95% of respondents perception that tie-up hospitals are costlier than ESI hospitals. Hence it has been suggested that proper attention of government and must provide a role model and demand excellence of everyone with a provision of sound infrastructural facilities and proper medical equipments to balance the existing problems and reduce the dependency on Tie-up hospitals.



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