

The Significant Role of Health Insurance in Promoting the Overall Growth of the Country

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In India, while 5 per cent of GDP is spent on health, the government contributes only 0.9 per cent towards it or less than Rs 100 per capita per year. Internationally, this is one of the lowest health expenditures by any government. More than 80 per cent of most government budgets are earmarked for salaries. This means that there are very little funds for drugs, programmes and other activities. The direct impact of employee sickness is reflected in production. In one survey, almost a quarter of the companies lose approximately 14 per cent of their annual working days (more than 51 days in a year) due to sickness, and one can expect an equal percentage of loss in their productivity and profits. To be able to compete with other companies, nationally as well as internationally, a number of firms are forced to drastically reduce the number of sick leaves for their employees. Only a preventive health care strategy can reduce the chance of sickness, and sick leaves.

85 per cent of patients use the private sector for ambulatory care, While 40-60 per cent use the private sector for inpatient care. Using the private sector in India implies out-of-pocket expenditure at the time of illness. This may have two outcomes – either the patient does not access care, or the patient accesses care but is impoverished in the process. Utilization studies in India have reported hospitalization rates in the range of 15 to 20 hospitalizations per 1,000 populations. However, this is considerably lower than African and Asian figures those who do access care are pushed below the poverty line. Studies have shown that more than 40 per cent of hospitalization patients borrow money or sell assets to meet medical costs. In the process, an average of 24 per cent of hospitalized patients become impoverished

Thus it appears that India's poor have problems with accessing hospital care. And those who do access health care have the risk of falling into iatrogenic poverty . One possible solution to this problem is to reduce the financial barrier through health insurance. Unfortunately, currently only about 10 per cent of the population is protected under any health insurance coverage. Of this, most are for employees in the formal sector [Ellis et al 2000]. The informal sector is totally unprotected and has to depend on the aforementioned poorly financed public sector or the expensive private sector to take care of its needs. The government is keen to increase the insurance coverage and has even introduced special health insurance packages for the poor However; these initiatives have not been acceptable to the citizens of the country

Keywords : Health Insurance, Employee Sickness, Mortality, Government Programs

Introduction

Healthcare India - Expenditures

One needs to see health insurance not just from an economic point of view. Health insurance plays important health system functions also: increased access to health care and the protection of households from impoverishment at the time of illness [Kutzin 1998]. In the mid-1990s, health spending amounts to 6 percent of GDP, one of the highest levels among developing nations. The established per capita spending is around Rs320 per year with the major input from private households (75 percent). State governments contribute 15.2 percent, the central government 5.2 percent, third-party insurance and employers 3.3 percent, and municipal government and foreign donors about 1.3, according to a 1995 World Bank study. Of these proportions, 58.7 percent goes toward primary health care (curative, preventive, and promotive) and 38.8 percent is spent on secondary and tertiary inpatient care. The rest goes for non service costs.

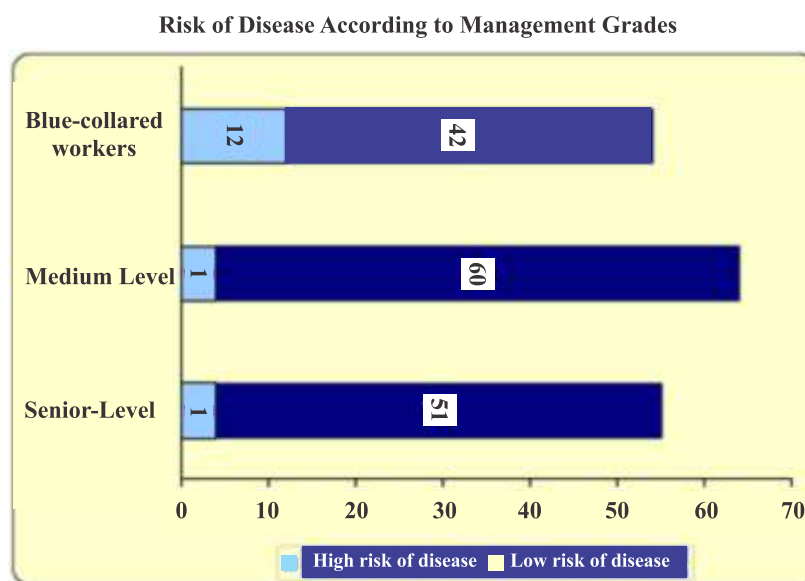
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National Income and Health expenditure of Select Asian Counties (in US Dollars)

Country	Per capita income GNP	Per capital total health expenditure	% of GNP	Public sector Health expenditure per capital	% of T.H.E public sector	Private sector Health Expenditure per capital	% of T.H.E. Private sector
1	2	3	4	5	6	7	8
			3/2		5/3		7/3
Korea	2,370	148.37	5.1	17.87	12	130.49	88.
Malaysia	1830	58.51	3.5	44.97	77	13.53	23.
Thailand	810	32.79	3.8	9.94	30	22.38	73.
Papuang	720	26.18	3.8	23.68	91	2.49	9.
Philippines	560	14.09	2.4	3.76	27	10.33	7.3
Indonesia	490	10.42	2.4	3.90	37	6.52	63.
Sri Lanka	400	9.18	2.3	5.32	58	3.85	42
China	300	11.04	4.0	2.13	19	8.91	81
India	290	12.51	4.3	4.63	37	7.87	63
Burma	200	6.41	3.2	2.29	36	4.12	64
Bangladesh	160	3.80	1.7	1.12	40	2.68	60
Nepal	150	2.11	1.4	1.28	61	0.83	39

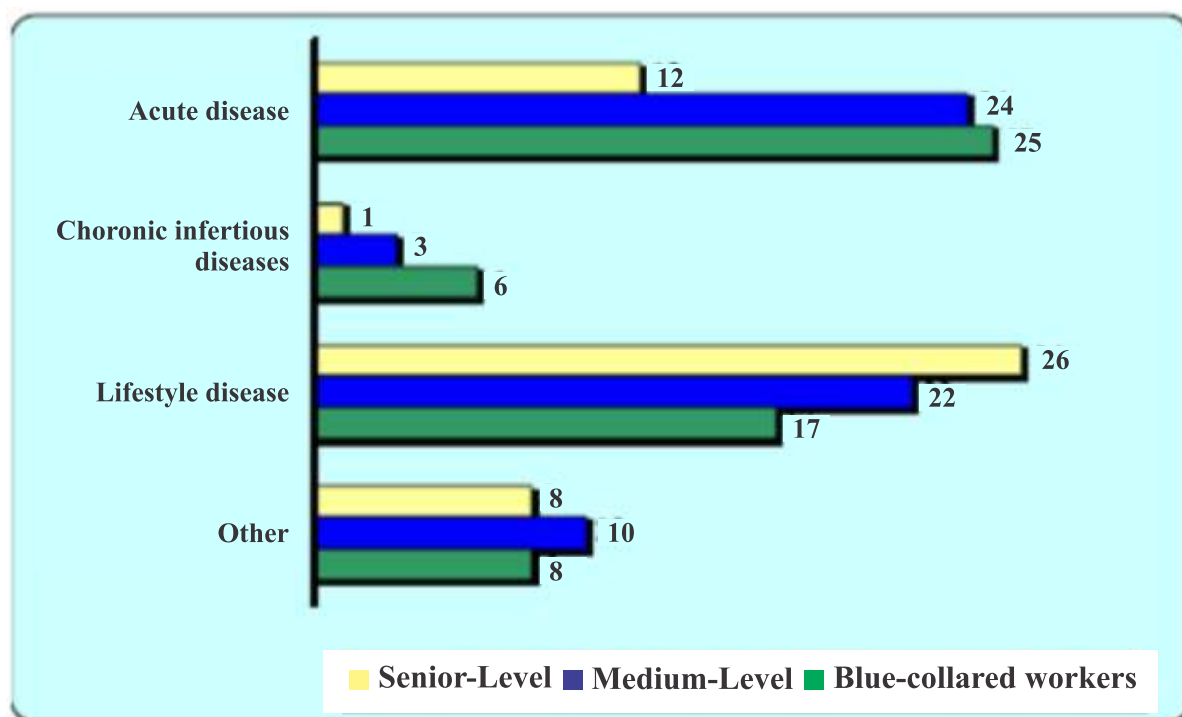
Source : National Seminar on Health Insurance. (Asia Insurance Post – March 2001)

Lifestyle (or chronic) diseases are on the rise. India's National Health Policy 2002 confirms this trend: "The period after the announcement of NHP-83 has also seen an increase in mortality through 'life-style' diseases – diabetes, cancer and cardiovascular diseases". According to WHO's Global Report, Preventing Chronic Diseases: A Vital Investment (2005), the estimated loss in India's national income due to heart diseases, stroke and diabetes. in 2005 was US\$9 billion; These losses are projected to exceed US\$200 billion over the next 10 years in India. However, with preventive measures, an accumulated economic growth of US\$15 billion could be expected.



As we see in Figure, blue-collared workers face a higher risk of disease compared to medium and senior-level employees. It is also true that most of these blue-collared workers are unable to afford expensive curative treatment on their own and are usually not sent for preventive health check-ups by employers, or offered other such facilities, leaving them even more vulnerable. According to a study by the Journal of Occupational and Environmental Medicine, reducing just one health risk increases an employee's on-the-job productivity by 9 per cent and cuts absenteeism by 2 per cent.

Prevalence of Diseases According to Management Grades



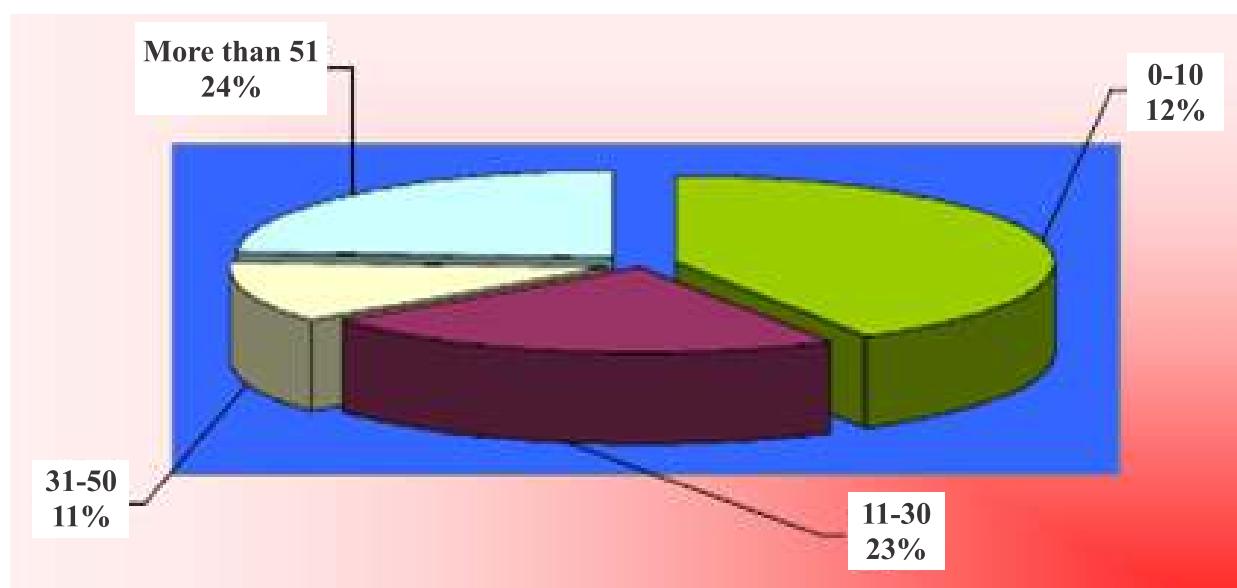
Review of Literature

Key Facts & Findings

1. Per capita government health expenditure in India is one of the lowest in the world – US\$7, as against US\$2,548 in the United States.
2. The estimated loss in India's national income as a result of heart diseases, stroke and diabetes in 2005 was US\$9 billion, and this is projected to exceed US\$200 billion over the next 10 years.
3. Almost a quarter of respondent firms lose approximately 14 per cent of their annual working days due to sickness.
4. In a highly competitive corporate environment, companies cannot afford the absence of their employees due to sickness, etc., or a poor performance at the workplace due to poor health.
5. Preventive health care is the most cost-effective strategy not only for a country with scarce financial resources, but also for resource-rich companies whose rising health spending is affecting their business results and competitiveness.
6. More than 80 per cent of American companies with 50 or more employees have some form of preventive health care programmes for their employees.
7. Two-thirds of respondent firms in India have preventive health care as part of their corporate governance strategy. However, only less than one-third make provision for the whole range of preventive health care measures for their employees.
8. Well-designed employee wellness programmes create 25 per cent reduction in health-plan costs, sick leave, disability pay and workers' compensation.

9. Reducing just one health risk increases an employee's on-the-job productivity by 9 per cent and cuts absenteeism by 2 per cent.
10. 82 per cent of respondent firms agree that preventive health care measures increase a firm's productivity and profitability.
11. 98 per cent of respondent employees who have undergone preventive health check-ups felt that these were beneficial in terms of a better quality of life and performance at work. Even those who did not undergo such check-ups felt that such benefits accrue.
12. 91 per cent of respondent employees want employers to offer preventive health care vouchers to them.

Number of Working Days Lost Due to Sickness in One Year



The direct impact of employee sickness is reflected in production. In one survey, almost a quarter of the companies lose approximately 14 per cent of their annual working days (more than 51 days in a year) due to sickness, and one can expect an equal percentage of loss in their productivity and profits. To be able to compete with other companies, nationally as well as internationally, a number of firms are forced to drastically reduce the number of sick leaves for their employees. Only a preventive health care strategy can reduce the chance of sickness, and sick leaves.

Some Facts on Health Expenditure in India

- The magnitude of health expenditure in India for the year 2001- 02 was about 4.8% of the GDP at current market prices.
- Over three-fourths of all health spending is private spending (70% of total is by households)
- Less than 15 percent of people in India have some form of health insurance coverage.
- More than 40 percent of the people hospitalized had to borrow money / sell assets to cover expenses
- A quarter of those hospitalized fall below the poverty line because of high costs .
- Medical care is one of the 3 main causes of impoverishment in the country.
- Recent NSSO data (60th round) indicates a large share of consumption expenditure is on health (13% in rural, 10% in urban)

*Rao Sujatha, Selvaraju S, Nagpal S, Sakthivel S. Financing of health in India. In: Rao Sujatha, editor. Financing.

Methodology

Objectives

- 1 In India with limited health allocation and ever rising treatment cost, one can not afford the treatment price especially in the non communicable diseases, hence people avoid health consultancy in early stages. I want to explore the important contribution of health insurance in this aspect.
- 2 To asses whether really health insurance is helpful in increasing the trend of people to take up the preventive health care measures in terms of regular visits to doctors thus reducing absenteeism from the work place and indirectly increasing the overall and economic growth of the country.

Tools

Questionnaire

A survey was conducted among doctors and health administrators in which Questionnaire was given to them. This Questionnaire was designed in order to understand the health consultancy habits of insured patients as well as their view regarding health insurance. The language of Questionnaire was simple and easy to understand and was designed in Hindi in order to make easier for participants to complete it and make survey successful. A sample size of 125 is taken in survey. Out of 125, 109 filled responses were received.

Questionnaire was developed, which consisted of five questions. The first question was open ended question. In which different views were taken regarding the different measures which can be taken in order to increase the awareness of health insurance.

Rest questions were having 3 alternative responses: strongly agree, undecided (neutral), disagree which will be scored from 3 (for strongly agree), 2 for undecided (neutral) and 1 for disagree. The maximum score that can be obtained in the questionnaire is 12 and lowest score is 4. Higher score will indicate strong favour for Health insurance whereas lower score will indicate less inclination for Health insurance.

Inclusion criteria

- All the Doctors with post graduation and well experienced in their fields.
- Hospital Administrators with basic qualifications and experienced of at least one year.

Exclusion Criteria

- Nurses and other staff who are dealing directly with the patient care.
- Non-network Hospitals
- Those without the basic mentioned qualifications and experience.

Patients

Limitations

- The study was carried in the city of Udaipur as per the accessibility.
- The study involves vast subject, only the basic aspects have been covered at present.
- It is limited to the views of the healthcare professionals.
- The patients were not taken into the study as right now only the views of the professionals are taken in to consideration in the Indian Scenario.
- The study is limited to information acquired from the hospitals and limited factories and Internet search only.
- This study is totally new concept and only a very few database is available in our country.

Procedure

Primary Data was purely collected by hospital records, Factory records and Questionnaire. Firstly comparison of insured & uninsured patients in the hospitals in 2007, 2008 & 2009 was done. Here we have collected the data of insured & uninsured

patients from the records of different major hospitals of Udaipur region. Here we have collected whole data from hospital record and have not used any sampling method to collect it. Secondly comparison of numbers of visits between insured & insured patients in 2007, 2008 & 2009 was done. Here the numbers of those patients who visited more than 3 times in the hospital for the health check up are taken into considered in order to compare the health Consultancy habits of insured and uninsured patients. Thirdly comparison of no. of working days among insured & uninsured person in factory was done. Here numbers of working days were surveyed in factory of insured and uninsured persons to see the difference between the working days of both. To see weather, really, persons / workers who are insured are more regular in their work and are less suffered with absenteeism which is directly proportionate to economic growth.

Finally The Questionnaire was given to doctors and health administrators. Responding to the questionnaire was wholly voluntary and complete anonymity was maintained. The investigator did not use any form of coercion on the respondents. It was left to them to respond in the manner they wished to and return the forms. This step was implemented to ensure complete confidentiality and privacy of participants and non-instrumentalization and non-discrimination. The survey data was maintained and processed in a form which disables identification of individual answers and respondents. The open-ended questions were also summarized. After administration, scoring of the Questionnaire was done as mentioned.

With the help of computer software, data analysis and compilation was done to tabulate the results. Percentage, mean, critical ratio test and CR value was also calculated for all groups for the significance.

Data collection

1. Coparision of insured & uninsured patients in the hospitals in 2007, 2008 & 2009.
 2. Comparison of no.of visits between insured & insured patient in 2007, 2008 & 2009.
 3. Comparison of no. Of working day's among insured & uninsured person in factory a.
 4. Comparison of No. of working day's among insured & uninsured person in factory b.
 5. Comparison of informations from doctors & health administrators (from questionare).
1. Comparision of insured & uninsured patients in the hospitals in 2007, 2008 & 2009.

Here we have collected the data of insured & uninsured patients from the records of different major hospitals of Udaipur region. Here we have collected whole data from hospital record and have not used any sampling method to collect it. Only concentration was given to the numbers of persons who were insured and uninsured and took treatment from the hospital in order to understand the ratio and the trends of health consultancy habits of insured and uninsured patients in the hospitals in the year of 2007, 2008 and 2009.

NO. OF INSURED & UNINSURED PATIENTS IN THE HOSPITAL IN 2007

S.No.	Name of Hospital	Uninsured	Insured
1.	GBH American Hospital	11787	861
2.	Udaipur Hospital	22287	1560
3.	Aravali Hospital	11115	720
4.	Choudhary Hospital	32540	2247
5.	Saraswati Hospital	18444	740
6.	Geetanjali Hospital	40156	3567

NO. OF INSURED & UNINSURED PATIENTS IN THE HOSPITAL IN 2008

S.No.	Name of Hospital	Uninsured	Insured
1	GBH American Hospital	12734	942
2	Udaipur Hospital	25261	1680
3	Aravali Hospital	11349	810
4	Choudhary Hospital	39580	2487
5	Saraswati Hospital	19648	760
6	Geetanjali Hospital	48311	3721

NO. OF INSURED & UNINSURED PATIENTS IN THE HOSPITAL IN 2009

S.No.	Name of Hospital	Uninsured	Insured
1.	GBH American Hospital	15131	949
2.	Udaipur Hospital	27283	1789
3.	Aravali Hospital	13750	833
4.	Choudhary Hospital	39882	2519
5.	Saraswati Hospital	19980	778
6.	Geetanjali Hospital	49610	3808

2. COMPARISON OF NO.OF VISITS BETWEEN INSURED & INSURED PATIENT IN 2007, 2008 & 2009.

Here the numbers of those patients who visited more than 3 times in the hospital for the health check up are taken into considered in order to compare the health Consultancy habits of insured and uninsured patients.

COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2007

S.No.	Name of Hospital	Uninsured	Insured
1	GBH American Hospital	102	87
2	Udaipur Hospital	248	122
3	Aravali Hospital	113	96
4	Choudhary Hospital	460	305
5	Saraswati Hospital	237	145
6	Geetanjali Hospital	567	397

COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2008

S.No.	Name of Hospital	Uninsured	Insured
1.	GBH American Hospital	111	91
2.	Udaipur Hospital	254	131
3.	Aravali Hospital	116	98
4.	Choudhary Hospital	463	311
5.	Saraswati Hospital	241	148
6.	Geetanjali Hospital	573	413

COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2009

S.No.	Name of Hospital	Uninsured	Insured
1.	GBH American Hospital	117	98
2.	Udaipur Hospital	262	139
3.	Aravali Hospital	121	102
4.	Choudhary Hospital	459	318
5.	Saraswati Hospital	246	154
6.	Geetanjali Hospital	575	411

3. Comparison of no. Of working day's among insured & uninsured person in factory

Here numbers of working days were surveyed in factory of insured and uninsured

Persons to see the difference between the working days of both. To see weather, really, persons / workers who are insured are more regular in their work and are less suffered with absenteeism which is directly proportionate to economic growth.

4. A. Comparison of no. Of working day's among insured & uninsured person in factory a

Total no. of workers working in factory - 986

Total no. of insured person – 416,

Total no. of uninsured person – 570

Insured		Uninsured	
No. of workers	No. of working day's in year	No. of workers	No. of working day's in year
100	307	100	289
100	309	100	301
100	299	100	292
100	310	100	300
16	308	100	301
		70	302

5. B. Comparison of no. Of working day's among insured & uninsured workers in factory b.

Total no. of workers working in factory - 884

Total no. of insured workers – 309,

Total no. of uninsured workers – 575

Insured		Uninsured	
No. of workers	No. of working day's in year	No. of workers	No. of working day's in year
100	303	100	294
100	302	100	293
100	301	100	289
9	294	100	284
		100	281
		75	280

4. Questionnaire

Question 1

It is open ended question in which 4 suggestions were commonly obtained from the doctors / Health Administrators.

1. Education for self awareness
2. Health Consultancy should be free
3. Health Insurance
4. Office Policy

Question 2

	Respondent	%
Strongly agree	72	66.05
Undecided	22	20.18
Disagree	15	13.76

Question 3

	Respondent	%
Strongly agree	79	72.47
Undecided	21	19.26
Disagree	9	8.25

Question 4

	Respondent	%
Strongly agree	89	81.65
Undecided	13	11.92
Disagree	7	6.4

Question 5

	Respondent	%
Strongly agree	101	92.66
Undecided	7	6.4
Disagree	1	91

DATAANALYSIS

2. COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2007

Type	%	Numbers	Df	CR VALUE	.05
Uninsured	1.19 %	287.83	477.83	3.6373507	
Insured	12.58 %	192			

Above table shows the following facts

- In 2007 the % of uninsured persons who went more than 3 times for preventive health check ups was 1.19 and % for insured persons it was 12.58.
- The % difference was 11.39. CR value is 3.6373507 which is more than the table value .01 level (Degree of freedom 480) which shows the present difference between the visits of Insured and uninsured person is significant

2. COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2008

VALUES CALCULATED

Type	%	Numbers	Df	CR VALUE	.05
Uninsured	1.40 %	293	489.66	5.0059389	
Insured	12.08 %	198.66			

Above table shows the following facts

- In 2008 the % of uninsured persons who went more than 3 times for preventive health check ups was 12.08 and % for insured persons it was 1.40.
- The % difference was 10.68. CR value is 5.0059389 which is more than the table value .01 level (Degree of freedom 490) which shows the present difference between the visits of Insured and uninsured person is significant

3. COMPARISON OF VISITS BETWEEN INSURED & INSURED PATIENT 2009

VALUES CALCULATED

Type	%	Numbers	Df	CR VALUE	.05
Uninsured	.833 %	296.60	498.26	5.5090514	
Insured	12.24 %	203.66			

Above table shows the following facts

- In 2009 the % of uninsured persons who went more than 3 times for preventive health check ups was 12.24 and % for insured persons it was .833.
- The % difference was 11.407. CR value is 5.5090514 which is more than the table value .01 level (Degree of freedom 490) which shows the present difference between the visits of Insured and uninsured person is significant.

4. COMPARISON OF NO. OF WORKING DAY'S AMONG INSURED & UNINSURED PERSON IN FACTORYA.

Insured		Uninsured	
No. of workers	No. of working day's in year	No. of workers	No. of working day's in year
100	307	100	289
100	309	100	301
100	299	100	292
100	310	100	300
16	308	100	301
	1533	70	302
Total - 416	1533	Total = 570	Total = 1785
	MEAN = 1533 / 5 = 306.6		MEAN = 1785 / 6 = 297.5
Average no. of working day's in year = 306.6		Average no. of working day's in year = 297.5	
% of working day's in year = 84%		% of working day's in year = 81.5%	
		DIFFERENCE = 84 % - 81.5% = 2.5%	

Type	%	Numbers	Df	CR Value	.05
Uninsured	81.5 %	570	984	1.0215914	
Insured	84 %	416			

Above table shows the following facts

- In factory A the % of working days of uninsured persons was 81.5 while the for insured person it was 84 % which is slightly more.
- The % difference was 2.5. CR value is 1.0215914 which is less than the table value 1.96 at .05 levels (Degree of freedom 980). Hence both the groups do not show any remarkable difference regarding no. of working days.

4. COMPARISON OF NO. OF WORKING DAY'S AMONG INSURED & UNINSURED WORKERS IN FACTORY B.

INSURED		UNINSURED	
No. of workers	No. of working day's in year	No. of workers	No. of working day's in year
100	303	100	294
100	302	100	293
100	301	100	289
9	294	100	284
Total = 309	Total = 1200	100	281
MEAN	1200 / 4 = 300	75	280
		Total = 575	Total = 1721
Average no. of working day's in year = 300		MEAN = 1721 / 6 = 286.83	
% of working day's in year = 82.19%		Average no. of working day's in year = 286	
		% of working day's in year = 78.35%	

VALUES CALCULATED

TYPE	%	Numbers	Df	CR Value	.05
UNINSURED	78.35 %	575	882	1.3532562	
INSURED	82.19 %	309			

Above table shows the following facts

- In factory B the % of working days of uninsured persons was 78.35 while the for insured person it was 82.19% which is slightly more.
- The % difference was 3.84. CR value is 1.3532562 which is less than the table value 1.96 at .05 levels (Degree of freedom 880). Hence both the groups does not show any remarkable difference regarding no. of working days.

5. QUESTIONNAIRE

Questions	Responses					
	Strongly agree		Undecided		Disagree	
	No.	%	No.	%	No.	%
Q.2	72	66.05%	22	20.18%	15	13.76%
Q.3	79	72.47%	21	19.26%	9	8.25%
Q.4	89	81.65%	13	11.92%	7	6.4%
Q.5	101	92.66%	7	6.4%	1	0.91%

Question 1

It is open ended question in which 4 suggestions were commonly obtained from the doctors / Health Administrators.

1. Education for self awareness
2. Health Consultancy should be free
3. Health Insurance
4. Office Policy

Out of these 4 suggestions 46% were agree for self awareness through education. 39% were agreeing for Health Insurance so that person will be free from financial aspect. Rest 15% were agrees for Compulsion. There suggestion was that we should make strict office policy for regular Health Check ups.

Question 2

Out of 109 respondent 72 (66.05%) were in favour of health insurance. They were strongly agreed that one must have health insurance so that a normal person can afford preventive health check ups.

Question 3

Here out of 109 respondent 79 (72.49%) agree that after getting health insurance person will be more aware for his health because of less financial burden.

Question 4

Out of 109 respondent 89 (81.65%) were agree strongly in favour that due to health insurance facilities he will try to investigate more.

Question 5

Out of 109 respondent 101 (92.66 %) were agree on this point that definitely person will have better quality of life because previously he may take all precautions regarding health.

Findings

This section deals with the findings and a detailed analysis of the present study. It consists of the results and analysis of

the primary data obtained from the hospital records, factory records and questionnaire.

- Table 1 presents the comparison of insured & uninsured patients in the hospitals in 2007, 2008 & 2009. It was observed that there is increasing trend of insured patients. The numbers of insured patients were increasing every year.
- Table 2 presents comparison of visits between insured & Un insured patients. It was observed that in 2007 the rate of preventive health check up was eleven times more in insured persons in comparison of uninsured patients. For uninsured patients the mean % rate of visits was 1.19% and for insured patients it was 12.58. In 2008 the mean % was 1.40 % and 12.08 % and in 2009 it was .8335 % and 12.2466%. Over all it was observed that the rate of insured patients was 10 to 11 times more in terms of visiting the doctor for health check ups.
- Table 3 presents comparison of no. of working days among insured & uninsured person in the factory. It was found that the number of working days of insured patients were more. In the survey of one factory the ratio between insured and uninsured was 82.19% and 78.35% respectively. In the survey of another factory this ratio was 84 % and 81.2 %. It clearly indicate that the absenteeism was comparatively less in the insured workers
- Table 4 presents comparison of no. of working day's among insured & uninsured workers in factories. It was observed that the numbers of working days were slightly here in the insured persons . This slight difference may be due to many other reasons like compulsion for job, administration policies, pressure etc. This slight difference was not significant in CR ratio analysis.
- Table 5 presents the idea regarding the implication and acceptance of the health insurance. Through questionnaire it was observed that 60 – 90% doctors and health administrators were in strongly favour of health insurance and they were agree on this point that it will increase the quality of life as well as the economic growth of the country by mainly reducing the absenteeism from the working place. Different views came in Question no 1 which was kept open ended in order to get different views. All were agree that health status of the country can be increased by educating people , by adopting schemes like free consultancy services and strict administrative policies for the compulsion of health insurance.

Conclusion

In India with limited health allocation and ever rising treatment cost, one cannot afford the treatment price especially in the non communicable diseases, hence people avoid health consultancy in early stages. The poor in India need to be protected from high out-of-pocket expenditures on health.

The major contribution in this aspect is life style diseases like diabetes, hypertension, other heart problems obesity, etc. In India the delayed health consultancy habits may be due to

- 1) Poor economic status
- 2) Lack of awareness
- 3) Negligence etc.

It results into chronic diseases and sudden collapse from healthy state and finally leads to absenteeism at work place which directly proportionate to economic growth of the country. The answer for this problem is Health Insurance. In study it was found that persons who are insured having more working days and regular at there working place and there health consultancy habits were also better in comparison of uninsured persons.

It is fact now days the trend for Health Insurance is increasing day by day. It will not only help in assessing the health facilities but also solve the problem of affordability and help in increasing the overall growth of the country.

Recommendations

In this study the role of health insurance in increasing the overall growth of the country was evaluated. On the basis of data collection, critical ratio analysis the recommendations are as follows.

1. As healthcare cost is rising day by day, health insurance should be made compulsory for every person in order to decrease the financial burden, to improve the health awareness among people and to increase the economic growth of the country.

2. Education for health awareness is highly recommended as the study shows significant lacuna in the consulting habits of people which leads to delayed consultation and results into absenteeism at work place and affect the economic growth of country.
3. Introduction of some strict policies regarding health insurance in the government sector as well as in private sector for the health insurance is must.

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