

Level of Satisfaction with Employer-Based Private Health Insurance in Pakistan

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Abstract

The research focused on the satisfaction level of the employees of public and private sector organizations who are provided health insurance by their respective employers. The study identified the different factors which influence the level of satisfaction of employees. Level of satisfaction was further divided into five dimensions and it was found that satisfaction with hospital management, technical competence, and personal attention was relatively greater than the other dimensions i.e. insurance cost and convenience. Marital status and the level of income of employees were not a contributing factor in the level of satisfaction of employees. Satisfaction level of employees at different managerial levels was found to be somewhat similar. Male employees and employees working with the companies having more than 500 employees were more satisfied with private health insurance as compared to female employees and employees of small companies having less than 500 employees.

Keywords: Private Health Insurance, Pakistan, Employee Satisfaction

1. Introduction

The competition in the business world is cut throat and as the world progresses and unifies into a global marketplace, the intensity of this competition would only become fiercer. In such a dynamic environment, every organization needs healthy workers and employees just so it remains in competition and is not eliminated from the industry. A healthy workforce means a more productive and thus a more profitable organization. A sick workforce on the other hand means higher rate of absenteeism and decrease in performance. This is exactly where employer based health insurance comes into play. (Constella Futures, 2008) defined health insurance as “an instrument wherein ‘an individual or group purchase health care coverage in advance by paying a fee called premium.’ In other words, it is an instrument, which helps to defer, delay, reduce, or altogether avoid payment for health care incurred by individuals and households.

The insurance remains in force only for an agreed period in return for the purchaser paying an agreed premium. Policies can cover only the policyholder or the policyholder and immediate family members. The particular hospitals and medical services covered are clearly defined in the insurance policy”.

Objectives

- Measurement of the satisfaction level of employees with employer based private health insurance in Pakistan.
- Provide an overview of employer based private insurance scenario as prevailing in the country.

Significance

The research study will influence many users, which include:

- Organizational policy makers who are responsible for making the policies related to employee physical and mental health.
- Organizational Decision makers who make the decisions related to employee’s health insurance plans.
- Decision makers at insurance service providers who are responsible for designing and implementing different health care products.

2. Literature Review

Unfortunately, the amount of literature related to Pakistan is insignificant because private health insurance in corporate setting is still an idea in its early stages.

According to (EMRO, WHO, 2010) the advent of private health insurance (offered as a group service) in Pakistan was in the 1970s. Unfortunately, not until recently the importance of this form of non-life insurance was acknowledged. The cost of medical care is on an all-time high and skyrocketing inflation is putting the pressure on population. In such testing times, employers as well as individual customers were desperately looking for a solution. Solution was private health insurance, which provided a professionally regulated and administrated health care plans for the entire organization. Although such form of insurance is making its mark in Pakistan but there are a number of obstacles in its way, which are making it difficult for the companies to improve their market share and increase profitability.

Organization for Economic Cooperation Development (Drechsler & Jütting, 2005) observed that in emerging economies, the presence of private health insurance is found in large commercial corporations as well as in small non-profit organizations. It was found that in these countries the employer-based insurance is restricted to medium sized or larger organizations as smaller ones do not find it feasible to provide health care plans to its employees.

According to (Abrejo and Shaikh, 2008) in Pakistan the health insurance services are divided into private and public sectors. The public sector health insurance services are only limited to a handful of organization, which include law and order organizations, military and bureaucracy. All of this sums up to only 3 percent of the entire employed workforce in Pakistan.

(Reinhardt, 2009) commenting on the cost of offering health insurance plans to employees concluded that the employees are not bothered as to how the premiums are being paid as they consider the benefit of health insurance a part and parcel of their salary. Although many experts are of the opinion that

employers are squeezing the amount of premiums from the very salaries of their employees. Employers are not really contributing anything themselves. This gives a false impression to the employees that the health benefits are in addition to their regular pay. Employer based health insurance also functions only as long as a person is employed. The moment he resigns or is laid off, his health insurance is also discontinued. It is very demotivating, as a person already, facing loss of employment has to undergo the mental stress of loss of health insurance.

As mentioned earlier, economist are of the view that ultimately it is the employees which are paying for their health insurance but studies like (Swartz, 2006) showed that even in such a case, employees do reap the benefit of being part of a group insurance. It would be far more costly for an employee to buy health insurance as an individual than buying it as a part of a large pool in an organization. Moreover, an employee can also supersede the discrimination of adverse selection bias when being insured through the employer. The adverse selection bias is a major hurdle in case of non-group insurance policies when a person has to pay higher premium just because of having not-so-favorable health background. When it comes to group insurance, not the health rather the number of people is under consideration so a person having a history of relatively bad health may end up paying the same (and less) amount as his colleagues with a good health record of accomplishment.

Although the idea that group insurance significantly reduces, adverse selection bias is firmly rooted but recent studies like (Bhattacharya & Vogt, 2006) and (Ellis & Ma, 2007) have challenged this idea quite convincingly. These studies have attributed the reduction of bias to reasons other than the buying of employer-based health insurance.

According to (Schone & Cooper, 2001), larger the company the more likelihood is there that the company would construct a health plan on its own with hiring a third party. It is an advantage as studies have shown that the satisfaction level of employees is higher in the cases where they are empowered to select the type and form of their health insurance plan.

This study (Davis, Guterman, Doty & Stremikis, 2009) conducted in U.S indicated a number of aspects on which the satisfaction of an insured person can be measured. These aspects include, (1) Wide coverage which would include insuring an employee against different medical ailments (2) Flexibility in choosing health insurance services (3) Freedom in choosing health service provider (4) Better management of the entire health plan (5) Easy and convenient access to medical professionals and facilities (6) Reduction in the amount paid by the employee himself as to share the cost of his health insurance with the employer (7) Not being able to get health insurance services at all due to lack of coverage or high costs (8) Problems faced in getting health services by the poor and sick or in the case of a company, by lower level employees belonging to lower income levels (9) Having less number of chronic diseases reported.

(EBRI, 2011) researched and found that there is a certain demographic of people who are mostly satisfied with their health insurance plans provided through the employer in U.S. These people are characterized by belonging to higher income bracket and having higher level of education.

Interestingly during a survey in which organizations were asked about the relevant importance of determinants of health insurance plan, only forty-five percent of the companies rated satisfaction of employees as “very important”. Apparently, profit not welfare is the aim. Despite of this looming negativity that employers rate cost far more significant than employee satisfaction; employee in the research are still of the view that their employers are the best judge when it comes to deciding their health benefits. Where it might seem a disadvantage for employees but there are benefits to reap. When

employers are in charge of choosing, they take up the entire headache of negotiating and managing the plan. Even during the course of employment if any discrepancy arises, employee does not have to worry about it. Therefore, in a way employees are better off with the responsibility of deciding their health insurance plans off their shoulders (Trude & Ginsburg, 2009).

3. Research Methodology

The purpose of study conducted was to measure the level of satisfaction of employees in Pakistan who are subscribed to the health insurance plan provided to them by their respective employers. It can be characterized as a survey research as it involved administrating questionnaires to a large number of target population. It was a cross sectional study as the questionnaires were being administered at one point in time.

The questionnaire was divided into two sections. The first section consisted of 15 questions regarding general demographics and the second question consisted of 35 questions, which were there to measure the level of satisfaction. The second section was based on a five point Lickert scale. Before administering the questionnaire, pilot testing of all the questions was conducted. Total of 25 questionnaires were distributed which amounts to approximately 7% of the total sample size.

Sampling technique used was multi-stage sampling. It is defined as “a sampling method in which the population is divided into a number of groups or primary stages from which samples are drawn; these are then divided into groups or secondary stages from which samples are drawn, and so on” (The McGraw-Hill Companies, Inc., 2003). Using multistage sampling, first of all different sectors of industry were identified in the country as shown in Table 1.

Secondly, a list of companies was derived belonging to each of these sectors and having physical presence in Lahore were drawn. Finally, from among these companies, 14 were selected and list of their employees was obtained. 640 employees were selected randomly for the data collection process.

4. Data Analysis & Results

Reliability Analysis

The alpha coefficient for the entire questionnaire was .859, which suggests that the items included had a high internal consistency and were closely related as a group. It is important to note that a reliability coefficient of .80 or higher is considered “good” in researches related to social sciences.

Descriptive Statistics

Table 2 and Table 3 show the frequency and percentage of demographic variables. While Table 4 depicts the responses to the questionnaire measuring the level of satisfaction of employees with employer based private health insurance.

Table 5 shows the result of Mann-Whitney test. According to this table level of satisfaction was found to be higher in employees belonging to age group, which was above 27 years of age. The same age group was also found to be more satisfied with the hospital management and the convenience of the entire procedure. Insurance cost, technical competence and personal attention of doctors was not a factor among different age groups determining their satisfaction level.

Marital status of the employees was found to have absolutely no impact on the satisfaction level of employees and they were equally satisfied with their health insurance plan but when it came to gender, a difference was found to exist between the male and female population. The male population was found to be slightly more satisfied with their insurance plans than the female population. Although on the dimension, personal attention both populations did not have any difference but other than that female population turned out to be less satisfied on all accounts.

Satisfaction level with the employer-based health insurance was found to be more in employees working in large firms with more than 500 employees on dimensions such as personal attention, convenience, insurance cost, and overall satisfaction. On dimensions hospital management and technical competence, employees of both small and large companies were found to have no differences.

The sample size of public companies as compared to the private companies was small in this research but the results showed that the satisfaction level of employees working in public sector companies was far greater than the employees working in private sector companies.

Table 6 shows the result of Kruskal-Wallis test. It can be deduced that when it comes to figuring the level of satisfaction among employees working at different managerial levels in the company, it was found that there was not much difference among them. Except for the dimension, convenience in which middle and lower level employees were found to be less satisfied than the executive level employees.

Categorizing the employees depending on their average monthly medical expense, no difference was found in their overall satisfaction. In rest of the dimensions i.e. hospital management, personal attention and insurance cost, people having relatively lower average medical expense (below 5000) were found to be more satisfied with their health insurance plan. Interestingly level of income of employees failed to produce any difference in level of satisfaction among them.

Although number of dependents of employees was also found, not to be a contributing factor for the level of satisfaction with health insurance but across two dimensions i.e. hospital management and insurance cost, employees with less than or equal to 4 dependents were found to be more satisfied as compared to employees with more than 4 dependents.

Considering the years since an employee had been subscribed to a health insurance plan, it was found in our research that employees who have been availing employer based health insurance for more than 5 years had a higher level of satisfaction with their health insurance plan.

When employees were divided on the basis of yearly limit on health insurance plan, it was found that across two dimensions; hospital management and technical competence, employees did not have any difference in level of satisfaction. Still, when the overall satisfaction level was analyzed, employees with yearly limits in the higher brackets i.e. in the ranges of Rs. 60,000 to Rs. 100,000 and above, were found to have higher level of satisfaction.

Lastly, when employees were analyzed across different Industrial sectors for the level of satisfaction, those working in Telecom sector were found to have higher level of satisfaction when compared to other sectors. Like in the case of yearly limit on health insurance plan, in this case as well, no significant relationship could be found between the satisfaction level of employees and the dimensions; hospital management and technical competence.

5. Conclusion

In our research, employees of private and public sector organizations belonging to all managerial levels i.e. executive, middle and lower level and who were availing health insurance benefits from their employers were surveyed.

We have tried to find relationships between different demographics and level of satisfaction of employees with the employer based private health insurance plans. Satisfaction level was further divided into five dimensions i.e. hospital management, technical competence, personal attention, convenience and insurance cost. Demographics were also tested against all of these dimensions individually.

- Overall the employees seemed to be inclined towards agreeing that their level of satisfaction is high when it comes to health insurance provided by their respective employers.
- Across three dimensions; hospital management, technical competence and personal attention the level of satisfaction was found to be relatively greater than the satisfaction with insurance cost and convenience. The highest rated was hospital management with which majority of the employees were satisfied while insurance cost was rated lowest with which least number of employees were satisfied.
- The results in the final analysis concluded that marital status and the level of income of employees were not a contributing factor in the level of satisfaction of employees as no significant relationship between them could be deduced.
- People with higher than 27 years of age were found to be relatively more satisfied.
- Similarly in the male population and in large companies where the number of employees was greater than 500, level of satisfaction of employees with health insurance was found to be higher as compared to female population and small firms with less than or equal to 500 employees respectively.
- Public companies were found to be keeping their employees more satisfied when it comes to health insurance especially the telecom sector employees who were high in satisfaction level.
- Although when employees were compared across different managerial levels, their satisfaction level was found to be somewhat similar except for only one dimension (convenience) where middle and lower level employees seemed to have higher satisfaction levels than executive level employees.
- Analyzing individually, people with lower average monthly medical expenses (below 5000) and with less number of dependents (less than or equal to 4) were found to have maintaining higher level of satisfaction with their health plans.
- Years of subscription to employer health insurance plan and the yearly cap on the spending under health insurance were also found to be contributing factors in our research. Employees who had been subscribed to the health insurance plan for more than five years and employees with yearly cap on spending in the range of Rs. 60,000 to Rs. 100,000 and above were found to have enjoying higher satisfaction level as compared to people with less subscription years and yearly limit on insurance spending.

Limitations

Below are listed the limitations which were faced during the conduction of this research.

1. The return rate of the questionnaire turned out to be approximately 58% as out of 640 questionnaires distributed only 370 were returned with successful completion. Out of the total questionnaires distributed, 30 were online surveys but only 10 were completed successfully. Therefore the online return rate was equal to almost 33%.
2. The human resource departments of many firms were reluctant to allow the conduction of research in fear that it might divulge company's secret information although the questionnaire did not ask any personal questions which could have revealed the identity of the employee or the company for which he was working. Still, the companies did not cooperate.
3. Employees themselves were reluctant to respond to surveys owing to their hectic schedules. Moreover the willingness to assist in research work was found to be lacking.
4. Many firms only allowed conducting survey in only one department of the organization.

Recommendations for Future Study

Following recommendations are being made for the purpose of future study.

1. The study was conducted in only one city (Lahore) and it can be expanded to more cities for improved results.
2. The female representation in the sample was small so the focus should be made towards organizations which have higher number of females.

Similarly number of public organizations in the sample could also be increased to get a better perspective.

Telecom
Information Technology
Financial Services
Personal Goods
Textile
Chemicals
Pharmaceuticals

Table 1: Industrial Sectors Selected

Category		Frequency (%)
Age	≤ 27	163 (44.1)
	>27	207 (55.9)
Marital Status	Single	175 (47.3)
	Married	195 (52.7)
Gender	Male	293 (79.2)
	Female	77 (20.8)
Company Type	Private	345 (93.2)
	Public	25 (6.8)

Table 2: Frequency and Percentage of Demographic Variables

Category		Frequency (%)
Number of Employees in the Company	≤ 500	156 (42.2)
	> 500	214 (57.8)
Position in the Company	Executive Level	104 (28.1)
	Middle Level	180 (48.6)
	Lower Level	86 (23.2)
Sector of the Company	Telecom	187 (50.5)
	IT	95 (25.7)
	Others	88 (23.8)
Average Monthly Income	≤25000	94 (25.4)
	25001-50000	201 (54.3)
	>50000	75 (20.3)
Number of Dependents	≤ 2	128 (34.6)
	3-4	151 (40.8)
	> 4	91 (24.6)
Yearly Limit on Health Plan	< 20,000	36 (9.7)
	Rs.20,000-40,000	59 (15.9)
	Rs.40,001-60,000	64 (17.3)
	Rs.60,001-100,000	47 (12.7)
Years since Health Insurance Taken	> Rs. 100,000	164 (44.3)
	< 1 year	78 (21.1)
	1-2 years	114 (30.8)
	3-5 years	122 (33)
Average Monthly Medical Expense	> 5 years	56 (15.1)
	≤ 2500	128 (34.6)
	2501-5000	92 (24.9)
	5001-7500	25 (6.8)
	> 7500	125 (33.8)

Table 3: Frequency and Percentage of Demographic Variables

	S.A	A	U	D	S.D
1. The registration process at the hospital is simple and quick	72 (19.5)	221 (59.7)	39 (10.5)	28 (7.6)	10 (2.7)
2. Hospital premises is clean and well maintained	63 (17)	230 (62.2)	55 (14.9)	15 (4.1)	7 (1.9)
3. Toilets are kept clean at the hospital	46 (12.4)	184 (49.7)	81 (21.9)	37 (10)	22 (5.9)
4. Hospital rooms are comfortable and tidy	52 (14.1)	198 (53.5)	83 (22.4)	31 (8.4)	6 (1.6)
5. The canteen/refreshment facility at the hospital are adequate	38 (10.3)	156 (42.2)	96 (25.9)	60 (16.2)	20 (5.4)
6. Arrangement for vehicle parking is well managed	38 (10.3)	198 (53.5)	70 (18.9)	48 (13)	16 (4.3)
7. My private health records are well protected	52 (14.1)	190 (51.4)	111 (30)	13 (3.5)	4 (1.1)
8. Doctors examine me in detail/thoroughly	50 (13.5)	220 (59.5)	72 (19.5)	23 (6.2)	5 (1.4)
9. Hospital is well equipped for providing medical care	46 (12.4)	216 (58.4)	82 (22.2)	23 (6.2)	3 (0.8)
10. I do not doubt the diagnosis of my doctor	36 (9.7)	216 (58.4)	88 (23.8)	23 (6.2)	7 (1.9)
11. Medical staff is well aware of the latest medical developments	40 (10.8)	188 (50.8)	101 (27.3)	38 (10.3)	3 (0.8)
12. Specialist doctors are available for my specific health problem	42 (11.4)	198 (53.5)	95 (25.7)	31 (8.4)	4 (1.1)
13. Doctors are qualified and able	40 (10.8)	236 (63.8)	79 (21.4)	13 (3.5)	2 (0.5)
14. The medical staff takes all the precautionary measures while treating me	28 (7.6)	207 (55.9)	107 (28.9)	23 (6.2)	5 (1.4)
15. I am happy with the outcome of my medical care	31 (8.4)	199 (53.8)	102 (27.6)	24 (6.5)	14 (3.8)
16. Doctors are attentive to my problems	34 (9.2)	212 (57.3)	90 (24.3)	27 (7.3)	7 (1.9)
17. Hospital's administrative staff is helpful/friendly	22 (5.9)	177 (47.8)	108 (29.2)	53 (14.3)	10 (2.7)
18. The para-medical staff (nurses etc) are courteous and helpful	29 (7.8)	176 (47.6)	100 (27)	52 (14.1)	13 (3.5)
19. Doctors give me sufficient time during the checkup.	24 (6.5)	183 (49.5)	101 (27.3)	50 (13.5)	12 (3.2)
20. Doctors do not make me worry about my condition	34 (9.2)	179 (48.4)	118 (31.9)	33 (8.9)	6 (1.6)
21. I am allowed to share my opinion regarding my treatment	38 (10.3)	192 (51.9)	107 (28.9)	28 (7.6)	5 (1.4)
22. Doctors clearly explain the medical terms	32 (8.6)	173 (46.8)	113 (30.5)	43 (11.6)	9 (2.4)
23. Doctors properly explain the reasons behind conducting any medical tests	33 (8.9)	191 (51.6)	94 (25.4)	40 (10.8)	12 (3.2)
24. I usually do not have to wait in doctor's office for my turn	20 (5.4)	108 (29.2)	103 (27.8)	97 (26.2)	42 (11.4)
25. Hospital's location is conveniently accessible	28 (7.6)	177 (47.8)	85 (23)	66 (17.8)	14 (3.8)
26. I can get an appointment with the doctor without any delay	29 (9.5)	133 (35.9)	85 (23)	88 (23.8)	35 (9.5)
27. It is easy to get lab tests and X-rays	30 (8.1)	164 (44.3)	87 (23.5)	67 (18.1)	22 (5.9)
28. Doctors are available 24 hours of the day	33 (8.9)	114 (30.8)	106 (28.6)	88 (23.8)	29 (7.8)
29. My insurance plan allows sufficient choice in selection of hospital	40 (10.8)	189 (51.1)	84 (22.7)	45 (12.2)	12 (3.2)
30. It is simple to complete claim forms and other related paperwork	30 (8.1)	186 (50.3)	76 (20.5)	61 (16.5)	17 (4.6)
31. My insurance plan covers all my health services	30 (8.1)	172 (46.5)	74 (20)	64 (17.3)	30 (8.1)
32. I do not want to switch to another health plan	30 (8.1)	155 (41.9)	84 (22.7)	75 (20.3)	26 (7.0)

33. I do not see any room for improvement in my present health insurance plan	20 (5.4)	115 (31.1)	97 (26.2)	110 (29.7)	28 (7.6)
34. I do not have to worry about funds when getting medical care	25 (6.8)	149 (40.3)	73 (19.7)	96 (25.9)	27 (7.3)
35. The amount I have to pay for my medical treatment is reasonable	28 (7.6)	136 (36.8)	70 (18.9)	104 (28.1)	32 (8.6)

Table 4: Level of Satisfaction

S.A = Strongly Agree, **A** = Agree, **U** = Uncertain, **D** = Disagree, **S.D** = Strongly Disagree

Test Variable	Grouping Variable	P value
Hospital Management	Age	0.042*
Technical Competence		0.566
Personal Attention		0.364
Convenience		0.012*
Insurance cost		0.194
Satisfaction Level		0.022*
Hospital Management	Marital Status	0.072
Technical Competence		0.53
Personal Attention		0.161
Convenience		0.218
Insurance cost		0.952
Satisfaction Level		0.622
Hospital Management	Gender	0.023*
Technical Competence		0.004*
Personal Attention		0.152
Convenience		0.000*
Insurance cost		0.008*
Satisfaction Level		0.000*
Hospital Management	Number of Employees in the Company	0.561
Technical Competence		0.09
Personal Attention		0.000*
Convenience		0.003*
Insurance cost		0.000*
Satisfaction Level		0.000*
Hospital Management	Type of Company	0.001*
Technical Competence		0.009*
Personal Attention		0.000*
Convenience		0.000*
Insurance cost		0.000*
Satisfaction Level		0.000*

Table 5: Mann Whitney Test

(*) Significance at 0.05 level of significanc

Test Variable	Grouping Variable	P value
Hospital Management		0.133
Technical Competence		0.462
Personal Attention	Position in the Company	0.656
Convenience		0.032*
Insurance cost		0.23
Satisfaction Level		0.233
Hospital Management		0.038*
Technical Competence		0.179
Personal Attention	Average Medical Expense	0.038*
Convenience		0.468
Insurance cost		0.003*
Satisfaction Level		0.087
Hospital Management		0.866
Technical Competence		0.142
Personal Attention	Average Level of Income	0.092
Convenience		0.773
Insurance cost		0.296
Satisfaction Level		0.518
Hospital Management		0.016*
Technical Competence	Number of Dependents	0.899
Personal Attention		0.741
Convenience		0.25
Insurance cost		0.032*
Satisfaction Level		0.736

Test Variable	Grouping Variable	P value
Hospital Management		.002*
Technical Competence		0.141
Personal Attention	Number of Years since Health Insurance Taken	.000*
Convenience		.000*
Insurance cost		.000*
Satisfaction Level		.000*
Hospital Management		0.105
Technical Competence		0.91
Personal Attention	Yearly Limit on Health Insurance Plan	.008*
Convenience		.045*
Insurance cost		.000*
Satisfaction Level		.020*
Hospital Management		0.586
Technical Competence		0.054
Personal Attention	Sector of the Company	.000*
Convenience		.003*
Insurance cost		.000*
Satisfaction Level		.000*

Table 6: Kruskal-Wallis Test

(*) Significance at 0.05 level of significance

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