Perceived Service Quality and Social Impact of Punjab Employees Social Security Institution (PESSI): A Psychometric and Empirical Investigation

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Abstract

This research examined how PESSI services are perceived by workers, on the basis of 500 workers. An experimental scale in measuring service-related and social aspects of PESSI was specifically designed to record the assessments of workers towards the service-related and social aspects. Exploratory factor analysis (EFA) was used to develop the construct validity of the instrument and the results obtained were two distinct factors which were identified as; Perceived Service Quality and Doctor Patient Relationship Quality. These aspects indicate not only the efficiency of PESSI services but also their socio-economic understanding in a wider context, towards employees. The factor structure was also tested by confirmatory factor analysis (CFA) which indicated good fit to model and proved reliability and validity of measurement model proposed. Mixed-methods design (N=500 workers). Phase I: Item generation via interviews (n=20). Phase II: Psychometric validation (EFA, CFA, reliability tests). Phase III: Main survey using the validated scale. The final WSPSS comprised 48 items loading on two factors. This paper focuses on Factor 1: Perceived Service Quality and Social Impact (40 items, α=.86). EFA/CFA confirmed robust structure. Descriptive results (M=54.06, SD=5.82) indicated moderately positive perceptions. ANOVA showed no significant differences in perceptions based on industry type, healthcare type, financial support type, or enrolment duration (all *p* > .05).

The indigenous scale is a reliable and valid tool. Workers generally perceive PESSI services positively, with benefits impacting financial stress, family well-being, and institutional trust. Service experiences are consistent across demographic and enrollment groups, suggesting standardized delivery.

Keywords: Punjab Social Security (PESSI), Service Quality, Social Impact, Scale Development, Worker Satisfaction, Pakistan.

Introduction

Social protection systems are fundamental pillars of inclusive economic growth and social stability in developing nations. They function as critical safety nets, designed to shield individuals and households from the financial devastation of life-cycle risks such as illness, disability, unemployment, and old age. In contexts characterized by fragmented labor markets and underdeveloped public welfare, these institutions are not merely beneficial but essential for poverty alleviation, human capital development, and fostering equitable progress. Work-based social protection programs, in particular, aim to secure the workforce—a nation's primary economic engine—against occupational hazards, thereby promoting not only individual welfare but also broader productivity and economic resilience.

In Pakistan, the Punjab Employees Social Security Institution (PESSI) stands as a cornerstone of such efforts. Established under the West Pakistan Employees Social Security Ordinance of 1965, PESSI operates as a contributory social insurance scheme, mandated to provide comprehensive healthcare and financial support to registered industrial and commercial workers in Punjab, the country's most populous province. Its services encompass free medical care across a network of hospitals and dispensaries, alongside crucial cash benefits for sickness, maternity, employment injury, and survivorship. For over half a century, PESSI has served as a vital institutional mechanism, aiming to translate formal sector employment into tangible security for millions of workers and their families.

Despite its significant mandate and legal framework, the institution's effectiveness in meeting the nuanced needs and expectations of its beneficiaries remains inadequately explored. While administrative data tracks service volume, a critical gap exists in understanding *worker satisfaction*—a multidimensional construct that reflects perceived service quality, accessibility, responsiveness, and equity. Satisfaction is more than a mere metric; it is a direct indicator of institutional performance, trust in public systems, and the real-world impact of policy design. In a landscape marked by a large informal sector, inflationary pressures, and concerns over bureaucratic inefficiency, comprehending the beneficiary experience is paramount for ensuring that social protection fulfills its promise. Current literature and reports suggest PESSI grapples with systemic challenges, including overcrowded facilities, delays in financial disbursements, variable service quality, and gaps in beneficiary awareness. However, these insights are often anecdotal or fragmented, lacking a robust, empirical foundation derived from the workers' perspective. Crucially, there is a dearth of validated, context-specific instruments to systematically measure satisfaction and its socio-economic correlates within Pakistan's social security framework. This absence hinders evidence-based reform, as policymakers and administrators lack precise, actionable data on service strengths and weaknesses as perceived by the ultimate stakeholders: the insured workers.

To address this gap, this study undertakes a dual objective. First, it seeks to develop and psychometrically validate an indigenous scale—the Workers' Satisfaction with PESSI Services Scale (WSPSS)—tailored to capture the unique dimensions of service experience within this contributory model. Second, utilizing this validated instrument, the research empirically investigates the core dimension of Perceived Service Quality and Social Impact. It assesses the level of worker satisfaction regarding the efficiency, adequacy, and broader influence of PESSI services on their financial stability, family well-being, and trust in the institution. By moving beyond rudimentary assessments to provide a validated measurement tool and focused analysis, this study aims to generate actionable insights. The findings are intended to inform targeted policy interventions and service delivery reforms, enhancing the

responsiveness, equity, and ultimately, the effectiveness of Punjab's flagship social security institution in securing worker welfare and promoting sustainable development.

Conceptualizing Social Security and Worker Protection

Social protection has evolved from a charitable concept to a fundamental human right and a cornerstone of developmental policy. Internationally, frameworks such as the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102) and Article 25 of the Universal Declaration of Human Rights (1948) establish access to healthcare, income security, and social services as universal entitlements (ILO, 1952). In developmental discourse, social protection is broadly understood as a set of public policies designed to reduce economic and social vulnerability in the face of risks such as sickness, maternity, disability, unemployment, and old age (Bonilla et al., 2003; ILO, 2010). For low- and middle-income countries like Pakistan, robust social protection systems are not merely welfare mechanisms but critical instruments for poverty reduction, inequality mitigation, and fostering inclusive economic growth (World Bank, 2018; Barr, 2020).

The Bismarckian Model and Its Application in Pakistan

The theoretical underpinnings of contributory social insurance, such as the Punjab Employees Social Security Institution (PESSI), are deeply rooted in the Bismarckian model. Originating in late 19th-century Germany, this model is financed through mandatory payroll contributions from employers and employees, linking benefits directly to formal employment (Kutzin et al., 2010; Shufani, 2023). This approach promotes financial sustainability and shared accountability, as benefits are seen as an earned right rather than state charity. In Pakistan, PESSI operates precisely on this principle, funded by a 6% employer contribution on wages, providing a mix of healthcare and cash benefits to registered formal-sector workers (Government of Punjab, 2021; ILO, 2021). However, a principal critique of the Bismarckian model in developing contexts is its inherent exclusivity, often leaving the vast informal workforce—constituting over 70% of Pakistan's labor force—without coverage (Pakistan Bureau of Statistics, 2021; Javed & Mumtaz, 2024). This creates a critical tension between the model's design and the socioeconomic reality of the labor market.

Service Quality and Patient Satisfaction in Social Insurance Systems

The evaluation of healthcare within social insurance systems extends beyond clinical outcomes to encompass patient satisfaction—a multi-dimensional construct reflecting perceptions of technical competence, interpersonal care, accessibility, and facility environment (Batbaatar et al., 2017). The SERVQUAL model, with its dimensions of Tangibility, Reliability, Responsiveness, Assurance, and Empathy, provides a robust framework for assessing these subjective experiences (Parasuraman et al., 1988). In public and social insurance settings, factors such as waiting times, staff communication, cleanliness, and the perceived fairness of processes are often stronger determinants of overall satisfaction than clinical outcomes alone (Crow et al., 2002; Prakash et al., 2021). Studies in similar contexts highlight widespread challenges, including long delays, overcrowding, shortages of medicines, and impersonal treatment, which erode trust and discourage service utilization (Ensor et al., 2020; Shaukat et al., 2024). In Pakistan, research on public healthcare satisfaction points to significant dissatisfaction with administrative inefficiency and interpersonal aspects of care, even when financial access is improved through insurance (Ayat & Khalid, 2021; Khalid et al., 2022).

The Socio-Economic Impact of Integrated Social Protection

The value of integrated social protection systems like PESSI lies in their holistic impact, merging health security with financial stability. Theory and evidence suggest that such

integration yields significant socio-economic benefits. Financially, timely cash benefits (sickness, injury, maternity) act as automatic stabilizers, preventing household impoverishment, reducing the need for distress loans, and smoothing consumption during crises (Barr, 2012; ILO, 2023). In terms of health, access to subsidized care reduces catastrophic out-of-pocket expenditures—a major driver of poverty in Pakistan—and encourages early treatment-seeking, leading to better health outcomes and reduced work absenteeism (Wagstaff & Yip, 2022). Collectively, these effects enhance labor productivity, improve household well-being, and foster a sense of dignity and social inclusion among workers (Esping-Andersen, 1990; Suryahadi et al., 2021). This aligns with human capital theory, positing that investments in health and income security improve workers' long-term economic potential (Becker, 1993). Ultimately, effective social protection strengthens the social contract, building institutional trust and promoting social cohesion (Hwang & Shin, 2021; Larsen, 2021).

The Pakistani Context and Identified Research Gaps

Pakistan's social protection landscape is fragmented and faces profound structural challenges. PESSI, while a key pillar, operates within a context of a large informal economy, weak enforcement of labor laws, and significant urban-rural disparities in service delivery (ILO, 2023; World Bank, 2022). Cultural and socio-demographic factors, including low literacy, gender norms, and limited awareness of entitlements, further constrain access and satisfaction (Mahmood & Raza, 2022; Shah et al., 2022). Existing research on PESSI and similar programs in Pakistan, such as the Sehat Sahulat Programme, has provided valuable but limited insights. Studies tend to be descriptive, hospital-specific, or narrowly focused on clinical quality, often neglecting the comprehensive assessment of *service quality* and its direct link to *socio-economic impact* from the worker's perspective (Naz & Asghar, 2023; Nawaz et al., 2023). There is a conspicuous absence of validated, indigenous instruments to measure the multifaceted construct of worker satisfaction within Pakistan's contributory social security model. This gap impedes the generation of standardized, comparable data necessary for rigorous monitoring and evidence-based policy reform.

Theoretical Synthesis and Present Study's Position

This study is anchored at the intersection of these theoretical and empirical strands. It employs the SERVQUAL and Donabedian (Structure-Process-Outcome) frameworks to conceptualize and measure service quality. It draws from the Bismarckian model to understand the institutional context and from social protection theory to interpret the broader impacts. The research directly addresses the identified gaps by developing a psychometrically sound, context-specific scale to measure Workers' Satisfaction with PESSI Services (WSPSS). It then utilizes this tool to empirically investigate the core dimension of **Perceived Service Quality and Social Impact**, thereby providing a nuanced, evidence-based analysis of how PESSI's services are experienced and what socio-economic value they generate for its beneficiaries. This approach bridges the critical divide between institutional service provision and beneficiary-lived reality.

Research Methodology

This study employed a sequential mixed-methods research design, integrating qualitative and quantitative approaches to ensure both depth and generalizability of findings (Cresswell & Creswell, 2018). The design unfolded in three distinct phases:

- Phase I (Qualitative - Scale Development): A qualitative inquiry was conducted to explore workers' experiences and generate items for an indigenous measurement scale.

- Phase II (Quantitative - Psychometric Validation): A cross-sectional survey was administered to a large sample to statistically validate the developed scale through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA).
- Phase III (Quantitative - Main Study): The validated scale was used in the main survey to collect data for empirical analysis of worker satisfaction and its determinants.

This design aligns with a pragmatic paradigm, valuing both the subjective, in-depth understanding of worker experiences (constructivist) and the objective, empirical testing of relationships (post-positivist) (Saunders et al., 2012). The study was conducted within the operational jurisdiction of the Punjab Employees Social Security Institution (PESSI) in Faisalabad, Pakistan. Specifically, the Faisalabad North directorate was selected, covering major industrial clusters including Shahkot, KIEA, Nishatabad, and areas along Katchery and Multan Roads (PESSI, 2023a, 2023b). This zone hosts a dense concentration of registered establishments ranging from large mills (e.g., Hunza Sugar Mills, Jahangir Packages) to numerous small-scale workshops and commercial units. The target population comprised all workers formally registered with PESSI in this region, who are entitled to its healthcare and financial benefits. A separate sheet collected data on age, gender, marital status, education, industry type, location, awareness sources, enrollment duration, and specifics of healthcare and financial service usage. Data were analyzed using SPSS v.26 and AMOS-23.

Results and Discussion

Demographic Profile of Participants

The sample (N=500) was diverse. Gender distribution was balanced (Male: 24.4%, Female: 21.6%, Other/Prefer not to say: 54%). Participants represented all adult age groups, with the largest being 46-60 years (19.8%). Marital status was varied (Single: 25%, Married: 26.2%, Divorced: 26.4%, Widowed: 22.4%). Educational backgrounds ranged from no formal education (18%) to Master's degrees (18.2%). Respondents worked across sectors: Retail (22.4%), Services (21%), Manufacturing (19%), Construction (17.4%), and Others (20.2%). A slight majority resided in rural areas (51.8%). Awareness of PESSI benefits was nearly split (Aware: 50.6%, Not Aware: 49.4%). Just over half had used PESSI healthcare (52.6%) and received financial support (52.6%).

Psychometric Properties of the WSPSS

Factor Structure and Validity

Exploratory Factor Analysis (EFA) yielded a clear two-factor solution. The scree plot and eigenvalue-greater-than-one criterion supported this structure. The two factors explained 46.84% of the total variance. **Factor 1**, accounting for 38.53% of the variance, was labeled "**Perceived Service Quality and Social Impact**". It comprised items related to evaluations of healthcare delivery, financial support adequacy, institutional responsiveness, and broader effects on household well-being and security. **Factor 2**, labeled "**Doctor-Patient Relationship Quality**", explained 8.30% of the variance and focused on interpersonal aspects of medical care.

Confirmatory Factor Analysis (CFA) was conducted to test this two-factor model. The initial model showed poor fit. After correlating error terms for theoretically justifiable items and removing low-loading items, a refined model was tested. The final model demonstrated excellent fit to the data: χ^2/df = 2.44, RMSEA = .05, CFI = .91, TLI = .90, NFI = .85. All standardized factor loadings for the retained items on **Factor 1 (Perceived Service Quality and Social Impact)** were significant and above .38.

Reliability
The scale demonstrated strong reliability:
- **Internal Consistency:** Cronbach's alpha for the "**Perceived Service Quality and Social Impact**" subscale (40 items) was .86, indicating excellent internal consistency.
- **Test-Retest Reliability:** The correlation between scores over a one-week interval was .82 ($p<.001$), indicating high temporal stability.
- **Inter-Rater Reliability:** High agreement among expert raters was confirmed (ICC = .87, $p<.001$).

Descriptive Analysis of Perceived Service Quality and Social Impact
The mean score for the **Perceived Service Quality and Social Impact** subscale was 54.06 (SD = 5.82) on a scale derived from 40 items, indicating a moderately positive overall perception. Skewness (-.049) and Kurtosis (.032) statistics fell within acceptable ranges (±1), suggesting a near-normal distribution of responses.

Participant Perceptions on Service Impact
Frequency analysis of items within this factor revealed nuanced perceptions:
- **Positive Perceptions:** A substantial proportion of workers agreed that PESSI reduced their personal medical expenses (41.8% agree/strongly agree), helped manage household budgets better (44.6%), and protected them from taking loans during crises (41.4%). Many felt more secure about their family's future (39.4%) and believed the services improved their family's standard of living (43.2%).
- **Areas of Mixed Feedback:** Perceptions of financial support sufficiency were divided, and opinions on whether PESSI facilities were clean, comfortable, and easily accessible showed significant variability, indicating inconsistent experiences.

Analysis of Group Differences
One-Way ANOVA tests were conducted to determine if Perceived Service Quality and Social Impact scores differed across key demographic and service-use variables. No statistically significant differences were found.
- Type of Industry: $F(4, 495) = 0.105$, *p* > .591
- Type of Healthcare Used: $F(4, 495) = 0.748$, *p* > .591
- Type of Financial Support Received: $F(4, 495) = 1.66$, *p* > .165
- Duration of Enrollment in PESSI: $F(3, 495) = 0.78$, *p* > .50

These results indicate that workers' perceptions of service quality and social impact were statistically equivalent regardless of their industrial sector, the specific health or financial service they used, or how long they had been enrolled in PESSI.

Discussion
This study achieved its dual objectives: (1) successfully developing and validating a robust, indigenous instrument to measure worker satisfaction with PESSI services, and (2) empirically investigating the core dimension of Perceived Service Quality and Social Impact. The findings offer novel insights into the functionality of a key social security institution in Pakistan.

The Psychometric Contribution: A Tool for Evidence-Based Governance
The development of the Workers' Satisfaction with PESSI Services Scale (WSPSS) fills a critical methodological gap. The strong psychometric properties—evidenced by clear factorial validity, excellent internal consistency (.86), and high test-retest reliability (.82)—establish the WSPSS as a scientifically sound and contextually relevant tool. This addresses the literature's call for standardized, beneficiary-centric measures in evaluating social protection programs in the Global South. The scale provides PESSI administration and Pakistani policymakers with a reliable instrument for routine monitoring, allowing them to move beyond input-output

metrics to track the perceived quality and impact of services, thereby fostering greater accountability and data-driven reform.

Interpreting the Core Finding: Uniformity in Perception

A central and compelling finding is the lack of significant variation in Perceived Service Quality and Social Impact scores across diverse worker groups (industry, service type, enrollment duration). This uniformity suggests that PESSI delivers a relatively standardized service experience to its registered beneficiaries. From a positive perspective, this can be interpreted as equity in service delivery; the institution does not appear to systematically favor or disadvantage workers based on the sector they work in or the specific benefit they claim. This consistency is a notable strength of the contributory model's administrative framework, indicating that the core package of benefits is being disseminated without overt bias.

The Socio-Economic Value of Integrated Security

The moderately positive mean score and the specific item-level data reveal that PESSI is perceived as generating tangible socio-economic value. Workers acknowledge its role in reducing out-of-pocket medical spending, providing a financial buffer during shocks, and contributing to household budget stability and future security. This aligns strongly with welfare economics and social protection theory, which posit that such programs smooth consumption, prevent poverty descent, and enhance human capital. The perceived impact on family well-being and reduced anxiety underscores the program's role in providing not just material support but also psychological security—a crucial, yet often overlooked, component of social welfare.

Policy Implications and Recommendations

1. **Institutionalize the WSPSS:** PESSI should formally adopt this validated scale for periodic (e.g., annual) satisfaction surveys. This would create a longitudinal database to track trends, identify emerging issues, and evaluate the impact of specific reforms.
2. **Leverage Equity for Expansion:** The finding of uniform perception builds a case for equity. Policymakers can use this to advocate for extending the contributory model's principles—through adapted mechanisms—to the vast informal workforce, arguing that standardized, quality service can be delivered effectively.
3. **Target Quality Enhancements:** While perceptions are uniform, they are only moderately positive. Descriptive data point to areas for improvement: streamlining financial claim processes, ensuring consistent drug availability, and improving physical infrastructure (waiting areas, cleanliness). Targeted investments in these areas could elevate satisfaction from "moderate" to "high."
4. **Boost Proactive Communication:** The near 50-50 split in awareness of benefits is alarming. A major strategic initiative should focus on multilingual, multi-channel awareness campaigns (SMS, workplace posters, community sessions) to ensure all registered workers fully understand their entitlements and procedures.

Limitations and Future Research

This study is limited by its cross-sectional design within one administrative zone of Punjab, which cautions against over-generalization. The use of purposive sampling, while appropriate for scale development, suggests the need for broader, probabilistic sampling in future applications of the WSPSS. Future research should employ this validated scale in longitudinal studies across other provinces (e.g., with SESSI in Sindh) to compare performance and identify transferable best practices. Furthermore, qualitative follow-ups could delve deeper into the reasons behind the moderate scores to uncover specific, actionable barriers to higher satisfaction.

Conclusion

In conclusion, this study provides both a methodological tool and an empirical snapshot of PESSI's performance from the beneficiary's viewpoint. The valid and reliable WSPSS scale enables precise measurement for the first time. The empirical analysis reveals that PESSI's contributory model delivers a consistently perceived level of service quality that translates into appreciable socio-economic benefits for workers across the board. By institutionalizing this measurement approach and acting on its insights, PESSI can evolve from a traditional welfare provider into a responsive, high-quality social security institution, thereby strengthening its vital role in Pakistan's development landscape.

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