

AN ANALYTICAL STUDY OF PATIENTS' HEALTH PROBLEMS IN PUBLIC HOSPITALS OF KHYBER PAKHTUNKHWA PAKISTAN

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Abstract

This research study investigates various problems that are faced by patients in Central Public Hospitals of Khyber Pakhtunkhwa province of Pakistan. Under the elaborated dimensional analyses, the study aims to identify the scarcity of facilities in public hospitals that adversely affect patients' health. A comprehensive survey was made of the hospitals situated in the research area through structured interview schedule in order to record the perception of respondents regarding health problems in public hospitals. A total of 150 respondents particularly patients were randomly selected in the mentioned hospital. The data has been statistically verified in the form of chi-square test and correlation technique in order to examine the association and relationship of dependant and independent variables. It has been found that patients in public hospital face variety of problems in health sector in regard of facilities and treatment. It has been suggested that proper attention of government, provision of sound infrastructure and proper medical equipments with check and balance and health facilities will reduced the existing problem at public hospital.

Key Words: Health, Hospital. Public Hospital, Patients Problems, Existing Facilities in Hospitals, Medical Equipments

Background of the Study

Health is state of functional fitness that emphasizes on social and personal resources, as well as physical capacities. In human beings, the extent of an individual's physical, emotional, mental and social ability to cope with his/her environment is termed as health. The World Health Organization (2010) defines health as a state of complete physical, mental, and social well being, and not merely the absence of diseases or injury (Nadir, 2003:9). Good health is a prerequisite for the adequate functioning of any individual or society, if our health is sound, we can engage in numerous types of activities. But if we are ill, distressed, or injured, we may face the curtailment of our usual round of daily life and we may also become so preoccupied with our state of health that other pursuits are of secondary importance or quite meaningless (Jalal, 2009). Diseases are found in every society, it is a harmful deviation from the normal structural or functional state of an organism. A diseased organism commonly exhibits signs or symptoms indicative of its abnormal state. Thus, the normal condition of an organism must be understood in order to recognize the hallmarks of disease. Nevertheless, a sharp demarcation between disease and health is not always apparent (FICHP Ottawa, 2000).

Human beings are subject to many complications including numerous diseases. Some of the diseases are very chronic where the patients need hospitalization. Generally there are two types of hospitals, which act as care units for the patients including the private and public or civil hospitals. A private hospital is usually owned by a for-profit company or a non-profit organization and privately funded through payment for medical services by patients themselves, by insurers, or by foreign embassies. A public hospital or government hospital is mostly owned by a government and receives governmental funding.

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This type of hospital provides medical care as free of charge, the cost of which is covered by the funding the hospital receives however majority of hospitals lie in public domain (Fisherman, 1997). In private hospitals the patients pay huge sums to the doctors for their treatment. The expenses of the private hospitals are unaffordable for the poor people that push the patients to public or civil hospitals and are entangled in substandard conditions (Landman, et al, 2001). The unavailability of proper medical facilities in the public hospitals in Pakistan has negative impacts on the general health of people where the staff remains negligible (Verdonk, 2006:6)

A study conducted by UNICEF (1992) showed that doctors in many underdeveloped and developing countries spend 54 seconds per patient at district hospitals and rural dispensaries; they take 37 seconds per patient to dispense medicine. The qualified doctors are more inclined to highlight in private clinics where government employed doctors maintain a dual obligation with their responsibilities (Ehsani, J. et.al, 2003). Like other social sectors, health governance in Pakistan is identified with poor and inefficient service delivery. Health care provision depends on efficiently combining financial resources, human resources, and supplies, and delivering services in a timely fashion distributed especially throughout the country (Akashi, et al, 2003). To ensure good governance in this sector it is equally important that health services should be delivered efficiently and health professionals must be accountable to the public and government for their actions. In Pakistan, lack of voice and accountability; government ineffectiveness; low level of regulatory quality; weakness in establishing the rule of law; lack of transparency and, corruption -- all are impediments to good governance in this sector (Sania, 2011).

Besides the noteworthy spoiled status of patients in public sector hospitals, the attendants of the patients are nevertheless behind to confront the pathetic conditions and bear a tough time whenever they stay in hospitals with the patients (William,1992:34). According to Pakistani Foreign Medical Students & Graduates Report (2009), Pakistan has a total of only 144,403 doctors which mean 77 doctors per 100,000 people that indicates the lowest ratio of doctors per 10 million patients in the world. As compensation from public hospitals is very low and many of those doctors and nurses try to find job in private clinics, no wonder that public hospitals experience shortage of medical personnel. Therefore, when a patient comes for the medical help to the public hospital, very often it is the case that hospital has no specialists with appropriate skills or knowledge, or there is a lack of staff which can give very basic help (Eriksen, 1998:294). The health care system in Pakistan is a mix of public and private initiative. In terms of physical infrastructure, public sector is stronger than the private sector although in terms of coverage, the health care system of the country should be termed as a privatized one. Besides the private sector there are some NGOs, which also play a significant role in providing health services (Sania, 2011;).

In the context of patients' problems in public hospitals, Lomas (1998:8) recognizes that in both developed and developing countries, the standard of health services that public expect is not been provided. A very high proportion of the population in many developing countries including Pakistan, and especially in rural areas, do not have any access to standard health services, which can be used by only the privileged few and urban dwellers (Krym, 2009:11). Although there is the recognition that health is a fundamental human right, there is a denial of this right to millions of people who are caught in the vicious circle of poverty and ill-health. In addition, there has been a growing dissatisfaction with the existing health services and a clear demand for better health care (MPHSA, 2006). How can we help to implement this declaration, while at level of tertiary health care especially government hospitals, poor patients that are the major population of Pakistan, are still facing problems for obtaining proper facilities for their treatment" (Saeed, 2010).

Furthermore, the victims of poor medical care are those who have to rely on government hospitals, which are overcrowded, short staffed and have meager funds to provide for medicines and health supplies. Moreover, syringes and surgical equipments are repeatedly used on different patients without adequate sterilization allowing further spread of deadly viral infections among unsuspecting patients. Worse still, medical waste is not disposed of properly and used medical equipment is scavenged outside hospitals only to be sold (Deogonka, 2004).

In Pakistan, health planning is solely the responsibility of central government. Ministry of Health controls the health care system with de-concentration of some power at the local level. None but the higher level officials take the decisions that are distant from policy implementation. Targets are set, activities are planned, and resources are allocated by the Ministry without much consultation with those who know the local level conditions. For this centralized tendency, over-targeting is a common characteristic of our health sector plan (Shaikh and Juanita, 2004:6). However miss governance is prevailing in the management of drug and equipment in the public hospitals.

A huge quantity of supplied medicine and equipment is left unutilized and unconsumed due to poor management. Very often, it is alleged that doctors encourage the patients to purchase medicine from outside because of unawareness of the medical officer about availability and quantum of medicine stock in the store (Acker, 1998:206). Moreover, physicians are getting bribe from the private medicine suppliers. Lack of transparency in management creates the scope for the fourth class employees of the hospitals to sell drugs of hospital stores to outside pharmacies many pharmaceutical/drug shops admit of buying medicine from the hospital staff at cheaper rate. Many private clinics admit of procuring expensive equipment and supplies from the public sector supply system (Shaikh and Juanita, 2004:1). Access to health services depends on the availability of service (i.e. the availability of physicians, health centers, and hospitals) to the actual as well as potential users. In Pakistan, health facilities in both public and private sector are distributed in an unjust way, which makes the services inaccessible to low income and rural people. Along with such unjustified distribution of services between urban and rural areas, delivery of services also varied depending on the level of income (rich and poor), which is evident in discriminatory access to services. The poor in Pakistan bear higher health risks and suffer the burden of excess mortality and morbidity. The poor in general are more prone to illness and diseases than the non-poor. The poorest households are likely to use health care services and are less willing to pay for improved services compared to other socio-economic groups (Mace, 1998).

Statement of the Problem

Disease is a problematic situation and natural phenomenon in which the victims usually visit the doctor at public hospital or private clinic. Certain diseases are such that they can be cured only in the hospitals. Hospitalization of the patient depends upon the type of disease that the patient suffers from. In certain cases a patient has to stay in the hospital for months. Since independence, health and fertility indicators in Pakistan have improved substantially with the infant mortality rate and the total fertility rate (Lewis, 2006). Despite these, the vast majority of the Pakistani population continues to suffer from poor health. There are two types of hospitals prevalent in the world for health care one is Public Hospitals and another is Private Hospitals. In Pakistan, public hospitals are not in a condition to provide proper medical care to the people. Whenever a poor person falls ill he/she becomes dependent on public hospital as he/she cannot afford the high expenses of private hospital. In public hospital, the patients have to face a number of problems (Mamdani, 2007).

The government's efforts are to provide health facilities at the various levels in public hospitals of the area though free of cost and managed by trained professionals has however, not lead to desired level of use of the services. Primary health care services are greatly underutilized, despite repeated efforts by the government to improve these services. Lack of voice and accountability, government ineffectiveness, low level of regulatory quality, weakness in establishing rule of law, lack of transparency, mismanagement, lack of adequate human and financial resources, and, corruption all are impediments to good services in health care sector focusing in the area under study. In Pakistan, government is viewed as the primary actor in the health sector. The overall health status in Pakistan represents an unimpressive picture although some developments have taken place in this sector during the past years but the situation is unsatisfactory (Babar, 2004).

The country has adopted primary health care policy for achieving health for all, but policy achievement in the health sector is very poor. Social and economic inequalities exist to the highest extent in Pakistan which adversely affects the health of people (Ministry of Health, 2003). Medical care is an extremely scarce and expensive service in the country. The Government delivery system is not efficient enough to cover the target population. If take an overall look, we find that Pakistan, with about 187 million people in 896,096 sq km, is one of the densely populated countries. Its problems are many and health is one of them. As a result, poor and inadequate health services are acting as obstacles against the overall development of this country (Khan, 2008). As like Central Hospitals of the target area, the conditions of almost all public hospitals add to the worries of the patients and their attendants. Lack of the proper health facilities, harsh attitude of the medical staff of the public hospitals toward the patients and their attendants and ignorance of the government create difficulties and disappointments for the patients and their attendants.

Objectives of the Study

- To examine the existing problem at public hospital and the perception of patients towards facilities of public hospital and performance of staff.
- To identify and describe the conditions of poor patients at public hospital and treatment facilities

Hypotheses of the Study

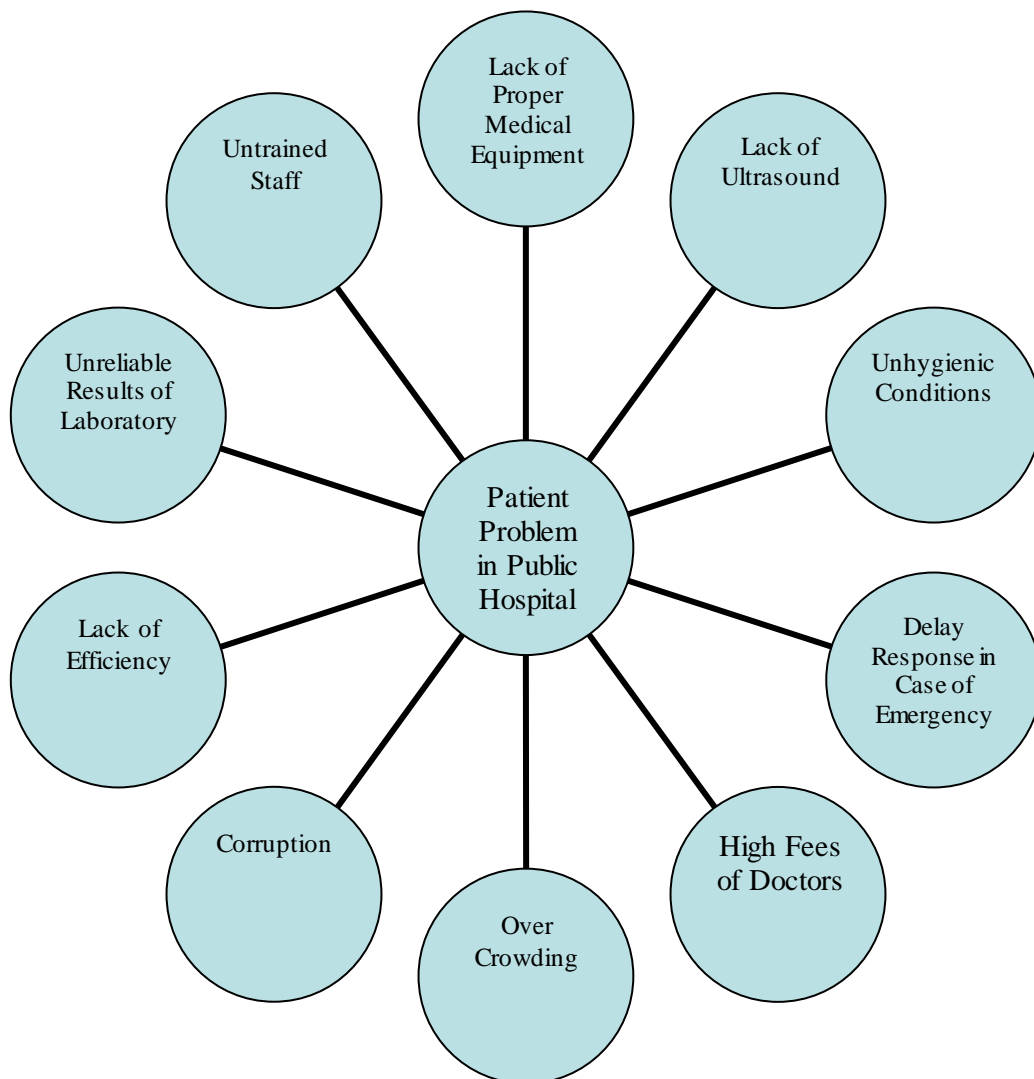
H₁: Inadequate healthcare facilities and weak performance of public hospital increases patients’ problems.

H₂: Poor economic status of the community leads to higher dependency on public hospitals.

Methodology of the Study

In Pakistan public health system does not exist at its self-posed yet. Analysis of official statistics represents an unsatisfactory scenario. The doctor-population, doctor-nurse, nurse-population ratios remain far below the standard level. Though in terms of infrastructural health facilities, Pakistan is one of the well resourced countries. However the health sectors in public hospital were in worst form (Howard, et. all, 2007). In this regard, the current research study investigates to determine the problems faced by the patient in the public or government hospitals, and to analyze and evaluate of existing medical facilities at public hospital and finally to overview and inquire the attitude of the medical staff towards their patients. This research activity is conducted in District *Swat* focusing on *Central Saidu Sharif public Hospital Khyber Pakhtunkhwa* province of Pakistan. A comprehensive survey was made of the hospital that reflected a total population as 2000 approximately. Among which there are 165 Doctors, 240 Nurses, 180 Paramedics (dispensers and Technicians). Total bed capacity of this hospital is about 500 patients while the average patient flow (Emergency, OPD, Admissions) is more than 500 per day. Usually there is minimum one attendant with each patient. Total of 150 respondents were selected focusing on patients and their attendants through simple random sampling technique using structured interview schedule as a technique of data collection (District Survey Report, 2010).

Study Matrix



Results and Discussions

The data has been statistically analyze in the form of table, frequencies, percentage and the application of chi-square test and correlation analysis in order to examine the relationship and association of dependent variable with independent one. The response of respondents is recorded on two point scale i.e. to low extent and to greater extent abbreviated as (TLE) and (TGE) accordingly. However, charts are drawn at the end of each table in order of clarity and understanding of the existing facilities and patient problems in public hospitals.

Table-1

A hospital is an institution providing medical and surgical treatment and nursing care for ill and injured people, while a public or government hospital is a hospital which is owned by government and receives government funding and providing medical facilities in regards of health (Hjordahl, 1992)). In this connection, this table explicitly demonstrates the existing facilities in public hospital and patients problems. The statistical analyses further elucidate that there is lack of medical equipments in public hospital which are counted (22%;78%) to lower extent and greater extent accordingly. As William (2005:45) argues most of the people particularly poor ones are dependent on public hospitals but in many cases, these hospitals lack basic facilities which are utmost necessary for diagnoses and patients care that adversely affect the health of patients. Similarly the quantitative analysis demonstrate as (29%;71%) to lower and greater extent sequentially that public hospital lack of proper sterilization facilities which indirectly affect the patient health. In this regard, Neha (2006) argues that Patients in the public hospitals around the globe especially in Asian countries face various problems. Proper medical care is not available to the people. Attendants of the patients also have a very tough time whenever they have to stay in hospitals with the patients. However the data further portray constituting to lower and greater extent in the form of percentage such as (29%;71%) chronologically that the results of laboratory in public hospital is unreliable which further creates complications in health arena.

In addition the statistical analysis further describes (00%;100%) respondents argue to lower and greater extent that majority of public hospitals the ultrasound result is not up-to the standard and there is no proper check and balance on that ultimately results in patients' suffering. However the data further elucidates that there is lack of clean drinking water facilities in the target hospital which is analyzed in the form of percentages such as (33%;67%). The descriptive analysis further investigates that there is no alternative solution in case of electric supply to the hospital, which adversely influences the heat and thermal conditions on patients' health that is contributed as (31%;69%) to lower and greater extent. In this connection, Babar (2004) elucidates that, in broad outline, investigation indicates that public hospitals are highly stressed institutions due to staff shortage, unmanageable workloads and management failures, weak functioning, problems and breakdowns not addressed, dysfunctional management, inadequate facilities, staff is stressed high workloads, stressed health, high levels of conflict, poor staff-patient relations, and public health outcomes are poor. It means inadequate patient care, poor and inconsistent clinical outcomes, increased costs of poorly managed illness. Further the unhygienic conditions contribute to the patients' problems in public hospitals in manner (7%;39%) TLE and TGE accordingly.

In continuation to the above analyses, the collected data further reveals that there is lack of washrooms in the public hospitals, which is counted as TLE and TGE (36%;64%) sequentially. The doctor-population, doctor-nurse, nurse-population ratio remain far below the standard and further creates health problems in public hospitals that is supported by (11%;89%) to TLE and TGE respondents accordingly. Similarly, the quantitative analysis investigate that in public hospitals there is lack of high quality medicine, which has been supported by (100%) to greater extent, which worsens patient health at public hospitals.

In addition with respect to the mentioned observations and analysis of different variables in table-1 along-with the strong support of respondents and the application of Chi Square test with Correlation, the hypothesis-1 has been proved as valid and authentic. The results of the applied test palpably shows that the independent variables are in a strong connection and association with dependant variables that are persevering to influence each other in the mentioned settings of public hospital in accordance to the patients' problems. The value of chi-square test is ($P=.000^{**}<.05$ where there is highly significant relationship between existing facilities and patients' problems in public hospital. The value ($\chi^2 = 2.415$, D.f. =7), shows highly significant association among the independent and dependant variable. Further the correlation technique validates the results in a manner that (**Correlation is highly significant at the 0.01 level (2-tailed), $r(150) = 0.955$; $p < .01$. $r^2 = 0.91$. Since 95% of the variance is shared, the association is obviously a strong one), which conclude, inadequate healthcare facilities and weak performance of public hospitals increase patients problems. (see Table-I-II and Figure-1).

Table-I: Existing Facilities in Public Hospital and Patient Problem

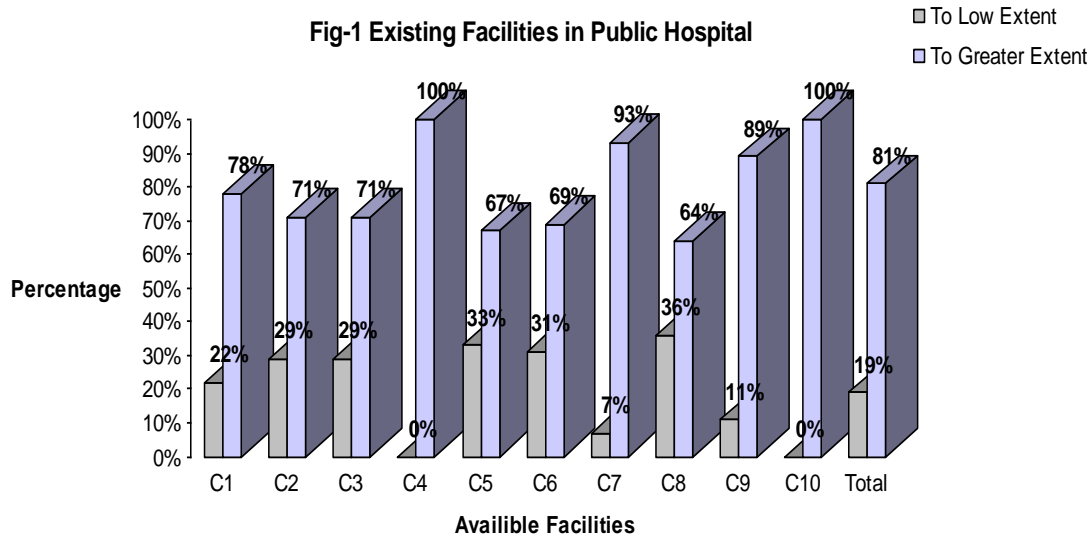
Available facilities in Public Hospital	Patient Problem		Total
	To Low Extent	To Greater Extent	
Lack of medical equipments	04(22%)	14(78%)	18 (100%)
No proper Sterilization	04 (29%)	10(71%)	14 (100%)
Unreliable results of laboratory	06 (29%)	15(71%)	21 (100%)
Lack of ultrasound examination	00 (00%)	11 (100%)	11(100%)
Lack of clean drinking water	04 (33%)	08 (67%)	12 (100%)
Electricity failure	04 (31%)	09 (69%)	13 (100%)
Unhygienic conditions	01(07%)	14 (93%)	15 (100%)
Lack of washroom	04 (36%)	07 (64%)	11(100%)
Scarcity of beds for patients	02(11%)	17(89%)	19(100%)
Lack of high quality medicines	00(00%)	16(100%)	16(100%)
Total	29 (19%)	121 (81%)	150(100%)

($P=.000^{**} < .05$ there is highly significance relationship between existing facilities and patient problems in public hospital, ($\chi^2 = 2.415$, D.f. =7)

Table-II: CORRELATION

		Patient Problems	Existing Facilities
Patient Problems	Pearson Correlation	1	0.955**
	Sig. (2-tailed)		.000
	N	150	150
Existing Facilities	Pearson Correlation	0.955**	1
	Sig. (2-tailed)	.000	
	N	150	150

(**Correlation is highly significant at the 0.01 level (2-tailed), $r(150) = 0.955$; $p < .01$. $r^2 = 0.91$.)
 (Since 95% of the variance is shared, the association is obviously a strong one)



Denotations

(C1= Lack of Medical Equipment; C2=No Proper Sterilization; C3= Unreliable Result of Laboratory; C4= Lack of Ultrasound Examination; C5= Lack of Clean Drinking Water; C6= Electricity Failure; C7= Unhygienic Condition; C8= Lack of Washroom; C9= Scarcity of Beds for Patient; 10= Lack of High Quality Medicine.)

Table-3

Major portion of population in the target area is poor and they are dependent on Public Hospitals. While getting treatment in public hospitals, people have to face a number of problems that are utmost necessary to be identified, inquired, analyzed and presented for solution. In this regard, the table below expresses the patients' response and perception about public hospitals and health problems. The statistical analyses demonstrate that in majority cases at public hospital there is delay response in case of emergency as there is high ratio of absenteeism among the hospital staff; including doctors, sweepers, nurses, etc which constitute in a manner i.e. (5%;95%) to lower and greater extent accordingly and increases health hazards at public hospital. In this regard Khuwaja, et.all, 2004:16) elucidate that; a mind shaking fact was found that Sweepers, medical technicians, nurses and even physicians have been reported to be absent for months, there is lack of availability of doctors and medical staff in case of emergency" (Hatcher, 2008). The Quantitative analysis further demonstrates the facts in percentage i.e. (12%;88%) to TLE and TGE that high fee of doctor is also one of the major facts that patients face in public hospitals. As majority of Pakistani population are poor and they cannot afford the high expenses of private hospital, therefore they chose public hospitals with that it will be affordable in regard of monetary; the situation is voice versa in public hospitals (Girdhar, 2007).

The analysis further specify that most of the public hospitals in the area under study are overcrowded having a huge scarcity of beds and other basic facilities due to a high population flow that is supported by strong observation (27%;73%) to lower and greater extent systematically. The analyzed data reveals that there is high percentage i.e. (8%;92%) to lower and greater extent at public hospitals which further results into worsening health conditions. Explaining the level of corruption at public hospitals Hassan and Rehman (2007) argue the poison of corruption has spread in all the body veins of our country. Health sector is not an exception to it and particularly at public hospitals there is siphoning of public funds for private gains, financial leakages, illegal profits, embezzlement, incentives, informal payments, procurement frauds and overpayment for supply etc are the main threats to health sector in Pakistan. The table explores that OPDs in public hospitals are not properly functioning; the fact is supported by (20%;80%) to lower and greater extent chronologically. Evidently Farooq (2004) describes that dysfunction of OPD and lack of instructions for the patients to locate labs, OPD wards further increase the complications of the patients at public hospitals. The analysis further demonstrates in percentage i.e. (6%;94%) to TLE and TGE, that in public hospital there is no proper checkup of the patients as the doctors follow the medical decision rule; they are not interested in the identification and solution of diseases rather they are engaged in accumulation of money in the form of fees (Patel, V., 2007:13).

It has also found by the researchers that lack of efficiency and effectiveness among the hospital staff further distress health standard in public hospitals; this argument is supported by respondents (07%;93%) to lower extent and greater extent accordingly. Further the research study exposes that in public hospitals the doctor and other staff are not sincere with their duties and patients complications rather they are interested in business therefore they suggest private clinic for the patient for curing or treatment of diseases supported as (15%;85%) to lower and greater extent. At last the statistical analysis reflects (6%;94%) that there is discrimination in public hospitals while dealing and curing the patients, the poor patients are discouraged where as the rich ones are encouraged as there is personal interest of the doctor and other medical staff.

The collected information and analysis of the data from respondents patently elaborates that the connection of dependant and independent variables is quite explicit. In addition, the empirical data best exemplifies and authenticates the proposed statement i.e. hypothesis-2 as valid and accurate on the basis of its strong association with the prevalent structure of public hospital and patients problems. The independent variables congregationally conspire to restrict patients to public hospital and creates problem in health sectors. Furthermore, the statistical analysis in the form of chi-square test expresses as ($P=0.000^{**} < .05$ there is highly significant relationship between patient response and perception about public hospital and health problems, ($\chi^2 = 3.415$, D.f. =7), the relationship of dependant and independent variables is highly significant that validates the proposed hypothesis.

Further the correlation analysis authenticate the results in the context of patient problem in public hospital (**Correlation is highly significant at the 0.01 level (2-tailed), $r(150) = 0.985$; $p < .01$. $r^2 = 0$, since 97% of the variance is shared, the association is obviously a strong one), which conclude that poor economic status of community increase dependency of people on public sector hospitals (see Table-III-IV and Figure-2).

Table-III: Patient Responses and Perception about Public Hospital and Health Problems

Patient Response and Perception	Health Problems		Total
	To Low Extent	To Greater Extent	
Delay response in case of emergency	01(05%)	18(95%)	19 (100%)
High fees of doctor	02 (12%)	14(88%)	16 (100%)
Over crowding	03 (27%)	11(73%)	15(100%)
Corruption	02(08%)	12(92%)	13(100%)
Not proper functions of OPD	02 (20%)	08 (80%)	10 (100%)
No proper checkup of the patients	01 (06%)	16(94%)	17 (100%)
Lack of efficiency among the staff	01(07%)	14 (93%)	15 (100%)
Wants to get rid of patient	03(19%)	13 (81%)	16(100%)
Suggests private clinic	02(15%)	11(85%)	13(100%)
Discrimination	01(06%)	15(94%)	16(100%)
Total	18(12%)	132 (88%)	150(100%)

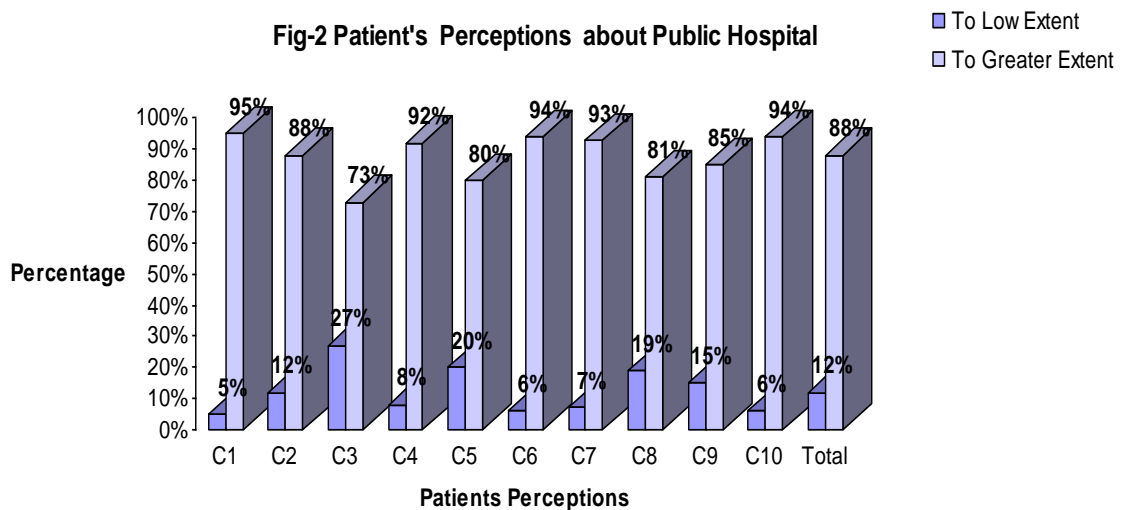
($P=.000^{**} < .05$ there is highly significance relationship between patient response and perception about public hospital and health problems, ($\chi^2 = 3.415$, D.f. =7)

Table-IV: CORRELATION

		Health Problems	Patient Perception
Health Problems	Pearson Correlation	1	0.985**
	Sig. (2-tailed)		.000
	N	150	150
Patient Perception	Pearson Correlation	0.985**	1
	Sig. (2-tailed)	.000	
	N	150	150

(**Correlation is highly significant at the 0.01 level (2-tailed), $r(150) = 0.985$; $p < .01$. $r^2 = 0.97$.)
 (Since 97% of the variance is shared, the association is obviously a strong one)

Fig-2 Patient's Perceptions about Public Hospital



Denotations

(C1= Delay response in case of emergency; C2= High fees of doctor; C3= Over crowding; C4= Corruption; C5= Not proper functions of OPD; C6= No proper checkup of the patients; C7= Lack of efficient among the staff; C8= Wants to get rid of patient; C9= Suggests private clinic; 10= Discrimination.)

Conclusions

It has been concluded from the data analyses and literature that majority of local people are dependent on public sector hospitals in the research area with respect to health problems. There are difficulties that are faced by patients and their attendants. Hospital staff is frustrated as well due to lack of facilities and extra workload. Majority of the respondents were found to be disappointed with the facilities of the hospital and performance of staff. They gave responses to the researchers with great interest and cooperation and said “we are looking for some one to listen to our problems and convey them to people having authority of solving the problem”.

Resultantly, the respondents (patients) expressed that coming to the private hospital is their compulsion as the conditions of public hospitals are not good that much which could make the public hospital a priority. It is perceived from the study that majority of the patients are not satisfied with the services provided. It is world wide felt necessity that hospital's emergency contact number should be known to the people to get the serious patient shifted timely to the hospital but unfortunately a huge portion of respondents said that they have never seen Central Hospital's emergency contact number any where. It was found that only some of medication is provided by the hospital for emergency cases while the others are supposed to be brought by the attendants where the arrangement of blood is wholly solely the responsibility of patients or their attendants.

An unpleasant fact in public hospital is that doctor is available very rarely if the admitted patient's condition get worse and often paramedical staff enhances their experiments through handling the serious patients. Interviewees mentioned that conducting police F.I.R (First Information Report) it is very dangerous practice for the life of bullet injured patient who is brought to the emergency. The life of patient is important, first his/her life should be saved and then the procedures should be completed. Many of chronic diseases are transmitted via medical instruments because number of patients is examined with the same equipments; the satisfaction level with sterilization of these equipments was low.

When we come to analyze the facilities and results quality of hospitals' medical laboratories, researchers found that patients were getting only some of medical test done within the hospital but they were not satisfied with its results. Patients are available with the facility of X-ray but on the contrary the results of such a facility are rejected by the doctors that is unreliable. In addition, the ultrasound facility is available in the hospital but that is only used for V.I.P patients while the common patients have no access to them. Furthermore, the most igniting results came to forefront that there is no facility of clean drinking water for the patients along-with no facility of generator etc during the sweltering heat and even no heater in the freezing cold.

In the nutshell, it has been concluded from the overall discussion that the public sector hospitals in the area under study reflects the pathetic picture of vulnerability where the subject masses are agonized rather than treated. The concerned authorities have no consent regarding the issue while the victimized population are spending the lives in miseries and apathy.

Recommendations

The current study recommends few of the remedies that would assist to hamper the miseries and augment the privileges to common patients in public sector hospitals in the area under study:

The healthcare system is a complicated structure and simple solutions are difficult to deliver. On the basis of the views of respondents and findings of research, it is recommended that the government should increase budget for healthcare sector and construct more wards and offices within the hospitals and make necessary repair within existing buildings. To ensure better and qualitative health service, it is very much necessary to bring enough, competent and eligible people to this field.

The government must admit that majority of doctors are more inclined towards their private practice and some leave public hospitals to make more money. There should be a proper and strict check and balance on such culprits who intentionally prefer the private clinics rather than the hospitals. In addition, the skilled doctors and practitioners should be appointed to increase the quality of treatment and favor of the patients.

To avoid the frustrations of medical staff with non-working equipment, the procedures should be curtailed and it should be ensured by the authorities that only medicines and equipments of standard qualities are made available.

After life, precious thing in this world is time; a second late once cannot be regained. It is the need of the hour to find all the medical facilities under the one roof to save patients from wondering for their Medical Tests, X-Rays, and Ultrasound examination, which not only consume their time but also become the victims of these private laboratories located outside the hospitals having charges of their own will. Full time qualitative functioning of all the stated examination facilities should be made sure.

An efficient and committed administration, working closely with dedicated staff can make public hospitals excellent centers of health care. Similarly, eminent people with professional management experience should be invited to participate in hospital management. Because a corrupt head of an institution does not and can not object on the corruption of his/her subordinates.

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