

SATISFACTION OF FEMALE PATIENTS: A SURVEY OF DHQ ZANANA HOSPITAL DERA ISMAIL KHAN, KPK, PAKISTAN

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ABSTRACT

Health is basic need of every age and almost every country of world is spending much of its resources on providing health facility to its public. Health problem in Pakistan, having a population of 118.6 million people with 3.1% growth rate (ESP, 2012), are tremendously increasing and poses multiple threats to continued economic and social development in country. In Pakistan different government and private medical colleges are producing doctor's at large scale but we are still not in position to achieve health for all (Zahir, 1992: 93). The incidence of ill health and premature deaths among the poor in Pakistan is very high. Many of the women's premature deaths are due to a high rate of maternal mortality from Hemorrhage, infection toxeing, obstructive labor and primitive abortion methods. Thus women especially poor of rural areas, are caught in problems which needs to be explored. This study was conducted to understand the problems of female patients in DHQ Zanana Hospital, DIKhan, which is a beneficiary institution established by government for the welfare of women population of DIKhan division (District Tank and District DIKhan). The hospital is located at Kachehry in Road DIKhan city and administratively, it is the part of District Headquarter Hospital, DIKhan. It is the only female hospital in DIKhan division, not only patients from DIKhan but also from areas situated near DIKhan like Jandula, Wana and Bhakkar depends on this hospital for their treatment. The staff and patients of Zanana Hospital DIKhan was population of the study. Purposive sampling was used in terms of doctors and nurses however but random in case of patients. The reason was that the doctors and nurses were identifiable and calculated but patients were numerous therefore, whoever could be contacted, in case of the respondent of this study. A very small number of patients get some medicines from hospital store, off course limitation of budget is there, but miss-use of available medicine in the hospital store is also responsible for the lack of free medicine facility. Low quality medicines are accepted, which doctors do not want to prescribe.

KEY WORDS; Health, Mortality, Economic and social development, Female patients.

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INTRODUCTION

Human beings make a society and healthy human beings make a healthy society. However, every society has its share of unhealthy human beings. Illness, disease and invalidity may be a curse for society, but their victims certainly are not, as they are as much a part of society as the healthiest individuals (Goyal, 1997:342).

The last 150 years has witnessed a global transformation in human health that has led to people living longer, healthier and more productive lives. While having profound consequences for population size and structure, better health has also boosted rate of economic growth world wide (Bloom, Canning, and Jamison)

This is the age of social welfare. All countries of the world are focusing a human development because human capital is mostly important factor of production. Which share 64% of the world total income (....., 2012)?

Health is basic need of every age and almost every country of world is spending much of its resources on providing health facility to its public. Health problem in Pakistan, having a population of 118.6 million people with 3.1% growth rate (ESP, 2012), are tremendously increasing and poses multiple threats to continued economic and social development in country. In Pakistan different government and private medical colleges are producing doctor's at large scale but we are still not in position to achieve health for all (Zahir, 1992: 93).

The lack of health facilities and having no proper utilization of available resources is reflected in the high rate of infant mortality (93 per thousand) and over all death rate of 9 per thousand (ESP, 2012).

In every nation, women play a major role in its development and provision of basic health facilities to a female are as necessary as for a male. But in Pakistan, 34% people are living below the poverty level (ESP, 2012). In these situations women are facing several problems and health is one of them. As for as health care is concerned, women suffer seriously due to reproduction, physical work loads, malnutrition and inaccessibility to proper health care. The incidence of ill health and premature deaths among the poor in Pakistan is very high. Many of the women's premature deaths are due to a high rate of maternal mortality from Hemorrhage, infection toxeing, obstructive labor and primitive abortion methods.

Thus women especially poor of rural areas, are caught in problems which needs to be explored. This study was conducted to understand the problems of female patients in DHQ Zanana Hospital, DIKhan, which is a beneficiary institution established by government for the welfare of women population of DIKhan division (District Tank and District DIKhan). The hospital is located at Kachehry in Road DIKhan city and administratively, it is the part of District Headquarter Hospital, DIKhan. It is the only female hospital in DIKhan division, not only patients from DIKhan but also from areas situated near DIKhan like Jandula, Wana and Bhakkar depends on this hospital for their treatment.

Government Zanana Hospital comprises on different sections and wards including genecology and children ward besides private rooms, Operation Theater, X-rays rooms, laboratory, Administration and OPD branch. The major issue identified, explored and analyzed in this research is the administrative deficiencies as found in the health administration of DHQ Zanana Hospital, DIKHAN. The pilot study conducted prior to large scale also gave a glimpse of the intensity of administrative shortcomings as dominating the overall health problems in the selected hospital.

2. LITERATURE REVIEW

2.1 Introduction

Developed as well as developing countries impose a tax on its citizens for provision of health care, yet Pakistan lacks such taxation system. Even people affording tax come to government hospitals for free treatment, which overburden the healthcare units thus it is impossible for government to run the hospitals properly. Millions of rupees are allocated to health sector every year in budget but still they are insufficient for provision of proper health infrastructure and facilities. Pakistani government spends only 0.8 percent of GDP on health care service as against 6.8% in Hungary and Canada, 5.4% in Italy and 4.8% in Portugal (.....?).

According to ESP (2012), in Pakistan there are only 2000 nurses taking care of 80,000 beds with only one nurse for nine patients. There are around 17 medical colleges in Pakistan but there is not even a single university for nursing in government sector. There are only 4 government nursing colleges, 2 under federal government, one in KPK and one in Punjab (ESP, 2012). There is none in Sind or Baluchistan. There are total 18 nursing schools in government (Ishfaq, 1998). When there is shortage of nurses they make errors in treatment and medication. When nurses are less in number they do not have much time to talk to patients and cannot tell patients how they should take care of themselves when they go home (Owely: 1990).

In Pakistan, every government in past made tall promises to provide medical facilities to the poor but none of these did much to investigate the sufferings of sick citizens, who are being denied basic medial aid in hospitals. Low priority has been given to public health and small amount of funds are allocated for hospitals (Malik: 1998). In most of the cases, no serious action is taken against the negligent behavior of doctors (Wolfe: 1990).

Since the inception of scheme of basic health service in 1959, good progress has been made in creating the physical, infrastructure of health institution, however the proper functioning of these institutions almost always remained questionable and these are believed to be under utilized (Mahmud-1978). Hospital without equipment, doctor without drugs and rural clinics without drinking water or electricity often the rule rather than exception in the developing countries (Gertler and Gane, 1990).

World Bank (1991) has noted a marked decline in living quality of health professional in the KPK, a factor compounded by the lack of in-service training and supportive supervision for the personnel attribute this

phenomena to the small funds for the training of personnel and proper management of centers (Bhur 1990). The shortages of nurses have an impact on patient's care. Errors in treatment and medication increase when they have a shortage. They all do not have time to spend talking to patients about the health issues and care, patient need to know (Parker and Parter-1991).

Pharmaceutical companies are spending larger sums on trips, gifts and other benefits to doctors in order to influence their prescription decisions, which effect the basic medical standard. Doctor who accepts these things are jeopardizing their objectivity and compromising on the trust of their patients (Allan F. Parter and Jason R. Parter 1991). There is a big gap between the amounts of negligent between doctors and the amount of serious disciplinary action that are taken against them for their intentional negligence that comes under criminal procedures (Alan F. Parter 1991).

In Pakistan since 1970, a greater attention was focused on expansion of physical infrastructure but it was not supported by similar increase in operational funding, consequently in many cases infrastructure is available but un utilized (Bhur, 1990). Doctors Zaem ul Haq (2012) has noted a malpractice on part of doctors as they intensively refer patients for medical tests outside the hospitals in order to provide financial benefits to their friends who have there own laboratories. Shaib Sheikh (2011) argues that there is development in the quality of doctors. Poor supply of drugs is a well documented factor in decreasing the utilization rate of rural health facilities (Mahmud, 1978). Low salaries in KPK have led to extensive private practice of the health facilities by the medical staff (World Bank). DHQ Zanana hospital DIKhan has the capacity of 1300 patients. Substantial improvements are required in general cleanliness, hygiene, maintenance and operation of hospital building and equipment (Huma, 1997).

3. RESEARCH METHODOLOGY

3.1 Population & Sampling

The staff and patients of Zanana Hospital DIKhan was population of the study. Purposive sampling was used in terms of doctors and nurses however but random in case of patients. The reason was that the doctors and nurses were identifiable and calculated but patients were numerous therefore, whoever could be contacted, in case of the respondent of this study. So, it was impossible to fill questionnaire from the patients of researcher's choice. Thus only those patients were contacted who were available and willing to cooperate in filling the questionnaire and ready for interview. Detail of the total sample is given in Table 1.

Table 2 List of Respondents

	Designation	No of Respondents	Instrument for Data Collection
1	Doctors	3	Interview
2	Nurses	5	Interview
3	Other Staff	7	Interview
4	Patients	50	questionnaire
	Total Respondents	65	

3.2 Data Collection, Analysis & Interpretation

Data has been collected primarily through questionnaires and interviews. Secondary data was also collected to identify basic variables, their operational definitions, relationships between the variables and so on. Major source of analytical data, however, were the questionnaires. Both qualitative and quantitative analyses were used to make sense of the raw data collected from books, reports, and quaternaries. For statistical analysis of data, a data matrix was prepared.

3.3. Concepts and Variables

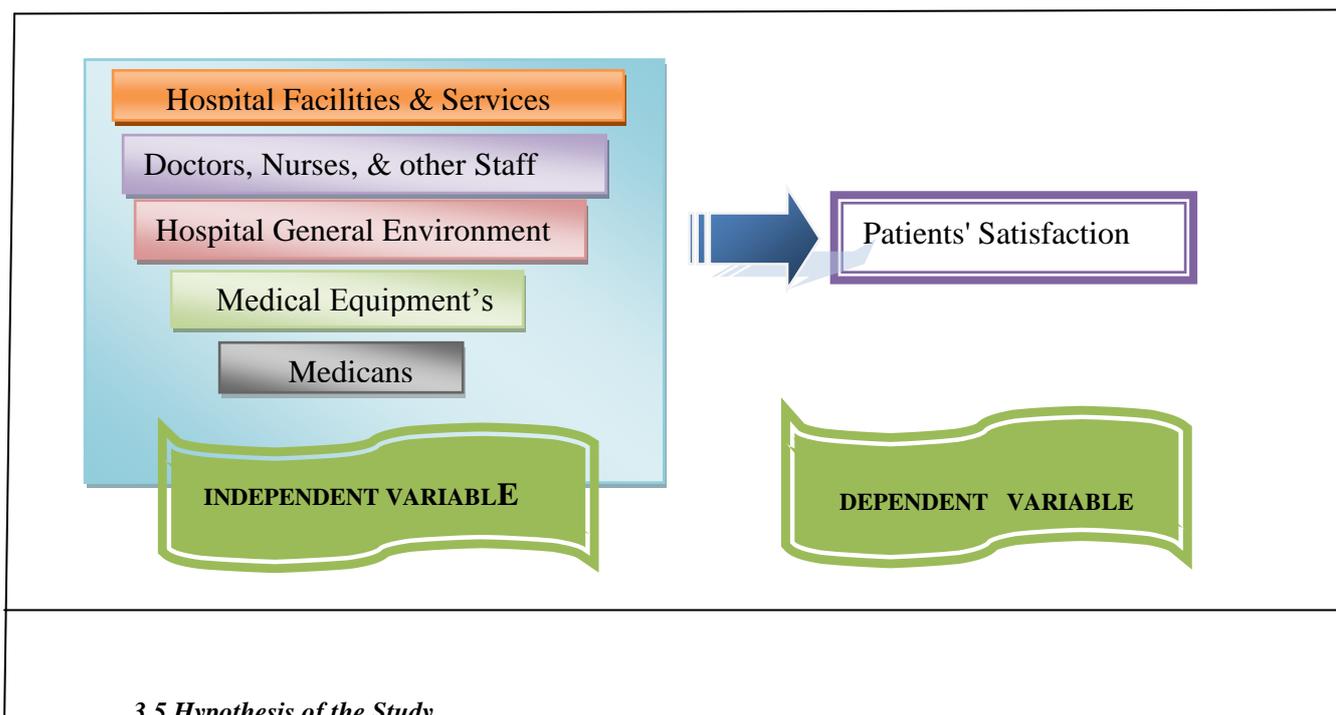
Literature survey provides concepts that are used as variables of study. All the possible attributes of these concepts is also explored from the same literature review. "Concepts are building blocks of theory. They are abstract elements representing classes of phenomena within the field of study. Variable is a special kind of concept (Babbie, 1993: 49)."

Table 3: Working Definitions of the Concepts (variables & dimensions)

SN	VARIABLES	DIMENSIONS	WORKING DEFINITION
1	Hospital Facilities & Services [Opinion from the Hospital Staff]	Doctors, Nurses & Other Staff	Doctors, nurses and administrative staff.
		Medical Facilities	Operation theatres, Testing equipments etc.
		Medicines	Self-explanatory
		General Environment	Accommodation of staff and patients, Cleanliness of the space etc.
2	Patient's Satisfaction [Opinion from Patients]	Doctors, Nurses & Administrative Staff	How far patients are satisfied with the doctors, nurses and administrative staff?
		Medical Facilities	Whether patients have feel good about the medical facilities?
		Medicines	How far medicines are available to the patients?
		General Environment	How the physical environment of the hospital is defined by the patients?

3.4. Theoretical Framework

Figure 1: Schematic Diagram of Theoretical Framework



3.5 Hypothesis of the Study

This research tested the following hypotheses:

1. The perceptions about the hospital facilities and services determine the level of patients' satisfaction. So, greater the ranking on hospital facilities and services, greater will be the patients' satisfaction. There is POSITIVE CORRELATION between the two variables.
2. There are MORE complaints about the doctors, nurses and paramedic staff.
3. Patients are MORE worried about the condition and quality of medical facilities, medicines and the hospital physical environment.

FINDINGS;

Newspapers, radio and TV, all continuously keep on highlighting the health problems in the country. Although our health conditions are far better than we had at the partition however, we are far back than we had to as compared to the fellow countries which got freedom at the same time as we did. Hospitals are in very poor conditions while public sector hospitals are worst. The problems are several and almost every patient is affected, rich or poor. Poor has no money to avail the health services, rich is embarrassed with the general disorder in the health facilities and services all over the country as money can not buy everything.

Quaternaries were used to collect patients' opinion about the hospital facilities, services, medicines and general environment of the hospital. While doctors and nurses were interviewed after the data from patients was analyzed. This was done with an objective of getting a second opinion on the view of patients.

Doctors and nurses offered several reasons for the problems in the hospital. Most of the identified issues related to the lack of resources and attitude of the patients. Doctors were more worried about the resources in terms of facilities as well as the manpower. Lack of funds is the leading hurdle in improving the hospital facilities and services to the level of patient's satisfaction.

4.1 General Information about Patients

Q No. 1. Since how long you are visiting this hospital?

Category	No of responses	Percentage
First time	18	36
2-15 days	9	18
2-8 months	13	26
1-12 years	10	20
Total No	50	100

Q No. 2. How many times do you or your family visit the hospital in a month?

Category	No of responses	Percentage
First time	28	56
Once in a month	15	30
After 1 or 2 months	7	14
Total	50	100

Q No. 3. Common purposes of the visits to hospital are for:

Category	No of responses	Percentage
Serious purposes	15	30
Seasonal purposes	19	38
Both purposes	16	32
Total	50	100

4.2 Hypothesis Testing

Table 4.2: a Hypotheses Testing & Results Summary

	<i>Hypotheses</i>	<i>Analytical Tool Used</i>	<i>Result</i>
1	The perceptions about the hospital facilities and services determine the level of patients' satisfaction. So, greater the ranking on hospital facilities and services, greater will be the patients' satisfaction.	Correlation Analysis	Accepted
2	There are MORE complaints about the doctors, nurses and paramedic staff.	Descriptive Statistics	Rejected
3	Patients are MORE worried about the condition and quality of medical facilities, medicines and the hospital physical environment.	Descriptive Statistics	Accepted

HYPOTHESIS NO 1:

The perceptions about the hospital facilities and services determine the level of patients' satisfaction. So, greater the ranking on hospital facilities and services, greater will be the patients' satisfaction.

[Hypothesis was substantiated with a POSITIVE correlation score of 0.436014]. See the application of Pearson Correlation Analysis.

CORRELATION ANALYSIS

X = Hospital Facilities & Services

Y = Patients' Satisfaction

Table 3 : Correlation Computations Table

S. No	X	Y	X-X	(X-X) ²	Y-Y	(Y-Y) ²	SUX	SUY	P
1	4	3.55	0.75	0.5625	0.6	0.36	0.882	1.36	1.19952
2	4	4	0.75	0.5625	1.05	1.1025	0.882	2.38	2.09916
3	4	3	0.75	0.5625	0.05	0.0025	0.882	0.11	0.09702
4	4	4.4	0.75	0.5625	1.45	2.1025	0.882	3.29	2.90178
5	3.6	2.77	0.35	0.1225	-0.18	0.0324	0.411	-0.40	-0.1644
6	3.6	2.66	0.35	0.1225	-0.29	0.0841	0.411	-0.65	-0.26715
7	3.6	2.55	0.35	0.1225	-0.4	0.16	0.411	-0.90	-0.3699
8	3.6	2.88	0.35	0.1225	-0.07	0.0049	0.411	-0.15	-0.06165
9	3.4	2.66	0.15	0.0225	-0.29	0.0841	0.176	-0.65	-0.1144
10	2.6	2.88	0.15	0.0225	-0.07	0.0049	0.176	-0.15	-0.0264
11	3.6	2.66	-0.85	0.7225	-0.29	0.0841	-1	0.65	0.65
12	3.8	3	0.35	0.1225	0.05	0.0025	0.0411	0.11	0.04521
13	3.6	3.33	0.55	0.3025	0.38	0.1444	0.647	0.86	0.55642
14	4	3.22	0.55	0.3025	0.27	0.0729	0.647	0.61	0.39467
15	4	2.66	0.35	0.1225	-0.29	0.0841	0.411	-0.65	-0.26715
16	4	3.44	0.75	0.5625	0.49	0.2401	0.882	1.11	0.97902
17	3.6	2.88	0.35	0.5625	-0.07	0.0049	0.882	-0.15	-0.1323
18	3.6	2.55	-2.25	0.5625	-0.4	0.16	0.882	-0.90	-0.7938
19	1	1.77	0.15	0.1225	-1.18	1.3924	0.411	-2.68	-1.10148
20	3.4	3	-0.85	0.1225	0.05	0.0025	0.411	0.11	0.04521
21	2.6	3.44	-0.25	5.0625	0.49	0.2401	-2.64	1.11	-2.9304
22	3	2.77	0.15	0.0225	-0.18	0.0324	0.176	-0.40	-0.0704
23	3.4	2.66	0.35	0.7225	-0.29	0.0841	-1	-0.65	+0.65
24	3.4	3.44	-2.25	0.0625	0.49	0.2401	-0.294	1.11	-0.32634
25	3.4	2.77	0.15	0.0225	-0.18	0.0324	0.176	-0.40	-0.0704
26	3.6	3.22	0.15	0.0225	0.27	0.0729	0.176	0.61	0.10736

27	1	3	0.15	0.1225	0.05	0.0025	0.411	0.11	0.04521
28	3.4	3	0.15	5.0625	0.05	0.0025	-2.647	0.11	-0.29117
29	3.4	2.77	0.15	0.0225	-0.18	0.0324	0.176	-0.40	-0.0704
30	3.4	2.77	0.15	0.0225	-0.18	0.0324	0.176	-0.40	-0.0704
31	3.4	2.88	0.15	0.0225	-0.07	0.0049	0.176	-0.15	-0.0264
32	3.4	2.77	0.15	0.0225	-0.18	0.324	0.176	-0.40	-0.0704
33	3.4	3	0.15	0.0225	0.05	0.0025	0.176	0.11	0.01936
34	3.4	2.77	-0.15	0.0225	-0.18	0.0324	0.176	-0.40	-0.0704
35	3.6	3.22	0.35	0.1225	0.27	0.0729	0.411	0.61	0.25071
36	3	2.77	0.25	0.0625	-0.18	0.0324	0.294	-0.40	-0.1176
37	2.6	2.77	-0.65	0.4225	-0.18	0.0324	0.764	-0.40	+0.3056
38	3.4	3.11	0.15	0.0225	0.16	0.0256	0.176	0.36	0.06336
39	3.4	3.11	0.15	0.0225	0.16	0.0256	0.176	0.61	0.06336
40	3.4	3.22	0.15	0.0225	0.27	0.0729	0.176	1.11	0.10736
41	4	3.44	0.75	0.5625	0.49	0.2401	0.882	0.86	0.97902
42	4	3.33	0.75	0.5625	0.38	0.1444	0.882	0.86	0.75825
43	4	3.33	0.75	0.5625	0.38	0.1444	0.882	0.61	0.75825
44	4	3.22	0.75	0.5625	0.27	0.0729	0.882	0.11	0.53802
45	4	3	0.75	0.5625	0.05	0.0025	0.882	-0.40	0.97902
46	2	2.77	-1.25	1.5625	-0.18	0.0324	-1.470	-1.65	0.588
47	1.8	2.22	-1.45	2.1025	-0.73	0.5329	-1.705	-1.15	2.81325
48	1.6	2.44	-1.65	2.7225	-0.51	0.2601	-1.941	-1.65	2.23215
49	1.2	2.22	-2.05	4.2025	-0.73	0.5329	-2.411	-1.65	3.97815
50	1	2.22	-2.25	5.0625	-0.73	0.5329	-2.64		4.356
	162			36.665		9.7271			21.8007
	.6			SDX =0.85		SDY= 0.44			2.2945

$$\bar{X} = \Sigma x/n = 124.39/35 = 3.554$$

$$\bar{Y} = \Sigma y/n = 152.27/35 = 4.3505$$

$$SD(x) = \sqrt{\Sigma dx^2/n} = 36.665/50 = 0.85$$

$$SD(y) = \sqrt{\Sigma dy^2/n} = 9.7271/50 = 0.44$$

r = Average of products

$$= ((SU(x)) * (SU(y))) / n$$

$$= 21.8007/50$$

$$= 0.436014$$

HYPOTHESIS NO 2:

There are MORE complaints about the doctors, nurses and paramedic staff.

[Surprisingly, this Hypothesis was REJECTED because descriptive statistics appeared as such]. See Tables on question 4, 5, 6, 7 and 8 below.

Q No. 4. Doctors are enough for the hospital.

Category	No of responses	Percentage
Strongly agree	0	0
Agree	8	16
Indifferent	6	12
Disagree	13	26
Strongly disagree	23	46
Total No	50	100

Q No. 5. They are cooperative and caring.

Category	No of responses	Percentage
Strongly agree	6	12
Agree	35	70
Indifferent	3	6
Disagree	2	4
Strongly disagree	4	8
Total No	50	100

Q No. 6. Nurses are dutiful.

Category	No of responses	Percentage
Strongly agree	0	0
Agree	34	68
Indifferent	6	12
Disagree	6	12
Strongly disagree	4	8
Total No	50	100

Q No. 7. Paramedic staff is well trained.

Category	No of responses	Percentage
Strongly agree	5	10
Agree	28	56
Indifferent	8	16
Disagree	2	4
Strongly disagree	7	14
Total No	50	100

Q No. 8. Staff is always on duty.

Category	No of responses	Percentage
Strongly agree	6	12
Agree	35	70
Indifferent	2	4
Disagree	4	8
Strongly disagree	3	6
Total No	50	100

HYPOTHESIS NO 3:

Patients are MORE worried about the condition and quality of medical facilities, medicines and the hospital physical environment.

[Very supportive data came in; therefore the Hypothesis 3 was ACCEPTED on the basis of descriptive statistics]. See Tables on question no 10 to 22 below.

MEDICAL EQUIPMENTS

Q No. 11. Operation theaters are fully equipped.

Category	No of responses	Percentage
Strongly agree	0	0
Agree	5	10
Indifferent	11	22
Disagree	8	16
Strongly disagree	26	52
Total No	50	100

Q No. 12. Hospital posses all required equipments for diagnosis of diseases.

Category	No of responses	Percentage
Strongly agree	0	0
Agree	1	2
Indifferent	4	8
Disagree	13	26
Strongly disagree	32	64
Total No	50	100

MEDICINES

Q No. 18. There are no medicines in the hospital.

Category	No of responses	Percentage
Strongly agree	39	78
Agree	10	20
Indifferent	1	2
Disagree	0	0
Strongly disagree	0	0
Total No	50	100

Q No. 19. Hospital medicines are sold out to the market.

Category	No of responses	Percentage
Strongly agree	24	48
Agree	9	18
Indifferent	15	30
Disagree	2	4
Strongly disagree	0	0
Total No	50	100

Q No. 20. Medicines are very expensive.

Category	No of responses	Percentage
Strongly agree	34	68
Agree	10	20
Indifferent	3	6
Disagree	3	6
Strongly disagree	0	0
Total No	50	100

Q No. 21. Medicines are not easily available.

Category	No of responses	Percentage
Strongly agree	34	68
Agree	12	24
Indifferent	2	4
Disagree	2	4
Strongly disagree	0	0
Total No	50	100

Q No. 22. Available medicines are always of low quality.

Category	No of responses	Percentage
Strongly agree	28	56
Agree	8	16
Indifferent	6	12
Disagree	8	16
Strongly disagree	0	0
Total No	50	100

HOSPITAL'S GENERAL ENVIRONMENT

Q No. 9. Hospital has hygienic environment.

Category	No of responses	Percentage
Strongly agree	0	0
Agree	7	14
Indifferent	2	4
Disagree	12	24
Strongly disagree	29	58
Total No	50	100

Q No. 13. There are no proper waiting rooms for patients.

Category	No of responses	Percentage
Strongly agree	21	42
Agree	15	30
Indifferent	4	8
Disagree	1	2
Strongly disagree	9	18
Total No	50	100

Q No. 14. Most places are untidy.

Category	No of responses	Percentage
Strongly agree	28	56
Agree	8	16
Indifferent	6	12
Disagree	6	12
Strongly disagree	2	4
Total No	50	100

Q No. 15. Patient's attendants/relatives wait at the gate of the hospital.

Category	No of responses	Percentage
Strongly agree	33	66
Agree	11	22
Indifferent	1	2
Disagree	5	10
Strongly disagree	0	0
Total No	50	100

Q No. 16. Summer is more miserable for both the patients and their attendants.

Category	No of responses	Percentage
Strongly agree	35	70
Agree	13	26
Indifferent	2	4
Disagree	0	0
Strongly disagree	0	0
Total No	50	100

Q No. 10. There is enough accommodation for the staff and patients

Category	No of responses	Percentage
Strongly agree	0	0
Agree	5	10
Indifferent	6	12
Disagree	9	18
Strongly disagree	30	60
Total No	50	100

Q No. 17. There is lack of proper space management in the hospital.

Category	No of responses	Percentage
Strongly agree	28	56
Agree	12	24
Indifferent	7	14
Disagree	2	4
Strongly disagree	1	2
Total No	50	100

CONCLUSIONS & RECOMMENDATIONS;

1. **Availability of quality medicines:** A very small number of patients get some medicines from hospital store, off course limitation of budget is there, but miss-use of available medicine in the hospital store is also responsible for the lack of free medicine facility. Low quality medicines are accepted, which doctors do not want to prescribe. Further more some times medicines showed in hospital records are of a standard company, while medicines provided to patients are not of that company but of some other low company. It is the duty of hospital management to point out and punish those persons who are responsible for such kind of acts, and should make a provision for providing quality medicines to patients free of cost.
2. **Investigation facility:** Inside the hospital clinical investigation is not satisfactory. Some test facilities (aids, echo etc) are not available. To provide the investigation facilities to patients in odd hours and to avoid unreliable results, management must provide more technical staff. In critical financial situations management may charge nominal fee from patients. Management can get reasonable budget from government by showing solid argument about investigation facilities developed inside the hospitals to higher authorities. It is the duty of hospital management to provide almost all types of required facilities, sufficient in quantity and quality.
4. **Doctor's visits in evening hours:** Most of the patients (76.36%) complained for non availability of doctors in evening hours. Some doctors think that there is no need of regular evening visits and they pay visits if necessary. Some times patients wait for doctors in the ward in the evening hours, because of absence of the doctors at that time. The management should note the matter and take remedial measure to solve the problem.
 - a. **On call system be made effective:** There is no call system for doctors in all wards. This system should be made effective by providing communication facility to the concerned persons on call.
 - b. **Cooling arrangement in wards:** Despite the availability of air conditioners in all wards, most of them are not in operation due to the absence of any regular and proper maintenance. To ensure cooling arrangements in the wards, all air conditioners should be properly and regularly maintained.
 - c. **Facilities at causality:** According to patients, doctors, and researcher observations, the facilities available at causality unit are not satisfactory. Casualty unit should be facilitated with more staff, blood banks, minor operation theatre, and presence of consultant, mobile X-ray machine and sufficient life saving drugs. The sanitation is very unsatisfactory in the casualty unit which needs to be improved.

- d. **Cleanliness system needs improvement:** Cleanliness system in the hospital is not satisfactory according to patients and doctors. The cleanliness and sanitary system of toilets is poor. Toilets are cleaned only once a day due to which the condition of toilets becomes very bad in second time. No washing by sweepers, poor condition of commodes, shortage of water, and ill smell create distortion in the sanitary system and ultimately becomes a cause of suffering of patients and their attendance. To improve cleanliness system in hospital, shift system should be introduced for sweepers and there should be strict control and supervision over them.
- e. **Availability of cleaned bed sheets:** Sometimes bed-sheets become blemish with patients bleeding, vomiting, pissing etc, which require urgent change otherwise it suffer patients and other people at ward. Patients complained that bed-sheets are changed only once a week whatever the condition is. It is suggested to change bed-sheets according to satiation.
- f. **Planning and development of hospital:** Limited budget is termed as the main cause of the multitude of problem. However it should be interpreted either way. It is a cause of poor service as well as the effect of inefficiency of management securing financial allocation from government always need elaborate planning and convincing arguments. So despite the financial problems of the health department, reasonable budget could be attained by preparing an elaborate development plan for DHQ Zanana Hospital DIKhan to seek government as well as non government support to enhance the role of this important institution.

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