AN ANALYTICAL STUDY ON PATIENTS SATISFACTION AND MEDICAL FACILITIES PROVIDED BY PUBLIC HOSPITAL: WITH SPECIAL REFERENCE TO DHUBRI CIVIL HOSPITAL, JHAGRARPAR

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Abstract: Health care comes under the basic need of the human being; it is a responsibility of state to provide these facilities through health care units to prevent from common and fatal diseases to the society. Human capital is very unique and the most important element for the development of nations; healthy minds can change the world around them with their creativity, efficacy and productivity. The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients.

The research study investigates various problems that are faced by patients in Dhubri civil hospital, Assam. Under the elaborated dimensional analysis, public sector hospitals are generally considered poor service providers, mismanaged and politicized units and also identify the scarcity of facilities situated in research area through structured interview schedule in order to record the perception of respondents regarding health problems in Dhubri civil hospital. This study also aims to access the satisfaction level of the patients approaching public hospitals for health care services with a deep focus upon socio-demographic status of the patients.

It has been found that patients in Dhubri civil 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, proper medical equipments and skilled employees will reduced to existing problems at Dhubri Civil Hospital.

Keywords: Health, Care, Service, infrastructure and Problem.

1. INTRODUCTION

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. 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 purists are of secondary importance or quite meaningless.

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

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foreign embassies. A public hospital or government hospital is mostly owned by a government and receives governmental funding.

Health care scenario is fast changing all over the world. Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the hospitals. Improved socioeconomic status and easier access to medical care has led to high expectations and demands from consumers of hospital services. For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance.

A patient is the ultimate consumer of the hospital. He is the person in distress. He expects from hospital comfort, care and cure2. Patient forms certain expectations prior to visit. Once the patient come to the hospital and experience the facilities, they may become either satisfied or dissatisfied. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society. The goal of any service organization is creation of satisfaction among customers.

The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. The modern era where it is the right of every patient to demand best possible care in Government hospitals, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient.

Satisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any object or event after gathering some experience over time. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society.

Health care comes under basic need of the human being; it is responsibility of the state to provide these facilities at minimum cost and with an easy access. Service is intangible in nature. Therefore, it is general assumption that services are difficult to measure. Health care services are people based thus, are heterogeneous in nature depends upon mood, environment, actions and circumstances of service provider and service receiver; doctors treat same disease with variations and patients vary in their opinions as well for the same consultant.

It is widely believed that Public sector hospitals are generally considered poor service providers, mismanaged, and politicized units. There is a lack of public trust and confidence in government hospitals in terms of quality services provided at their end due to insufficient infrastructure facilities, lack of responsiveness, low reliability, and absence of empathy, obsolescent equipments, and minimal medicines availability. This leads to overcrowding, and in a result usually moving to a sharp decline in the quality of services.

Public hospitals in India are also overcrowded. They lack in basic facilities, supplies of medicines, staff, doctors, infrastructure, modern technology, low funds to run operations of the units properly etc.

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.

On the other hand, private hospitals are providing better services. Private hospitals are fully dedicated towards money making and they have no slogan to serve humanity; it is the most lubricate business and fast growing sector in our country. Those who can afford have access, poor are out of boundaries. This is the social imbalance which may come near to equilibrium if state plays its role with honesty, dedication and sincerity to provide public hospitals sufficient funds and facilities to make them more competent and progressive. This is a great challenge to address and a responsibility of the state to provide these facilities at minimum cost with an easy access to the common men to save them from agony and illness. Service quality is abstract concept which is difficult to measure. According to Oliver (1980), "Service quality can be measured through the difference between customers' expectation and their actual experience after receiving services; greater the experience than expectation more it leads towards customers' satisfaction in other case the outcome is vice versa."

2. RESEARCH PROBLEMS

It is general perception that majority of the patients approach to the governmental hospitals are Poor, socially deprived, ignorant and are vulnerable part of society; have no additional savings to fulfil the medical emergencies. How they are treated for the basic needs (like health facilities) is very important to know for governments, management of the Hospitals

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and even by other stakeholder. The services provided by public hospitals are generally considered unsatisfactory. The basic focus of the research is to assess satisfaction level of the patients approaching public hospitals for health care services taking into account the socio demographic status of the patients.

3. OBJECTIVES OF THE STUDY

The main objective of the study is to assess satisfaction level of the patients in a public hospital and the sub objectives are:

- To study the overall satisfaction level of the patients admitted in Dhubri Civil Hospital;
- > To identify and described the conditions of patients at the Hospital and treatment facilities;
- To examine the existing problems of Dhubri Civil Hospital and the perception of patients towards the facilities of the Hospital and performance of staff.

4. SCOPE OF THE STUDY

The study will be limited to one hospital i.e. Dhubri Civil Hospital. This will not take into account all public hospitals operating in the country and even private hospitals are also out of box in the study.

Very few studies carried out in Dhubri for measuring satisfaction of patient with hospital services. The purpose of present study is to carry out the patient's satisfaction of Dhubri Civil Hospital and the services provided by getting feedback from indoor patients of that hospital.

5. METHODOLOGY OF THE STUDY

The study is empirical in nature which was undertaken based on primary data collected through a field survey. A well-structured schedule is prepared to collect information from the respondents. However, the schedule is finalised after a pilot survey. The information collected through the respondent's schedule was supplemented by the information collected through Focus Group Discussion.

There are a few research conducted so far upon the health services in the Dhubri district. So; at the absent of adequate literature, this research work becomes a challenging work. The available secondary information was used to develop an understanding about the history, service facilities and problems faced by Dhubri Civil Hospital.

| Overall research design: | Descriptive Research |
|-----------------------------|---|
| 2. Sources of Data | Primary data Secondary Data |
| 3. Sampling method | Simple Random Sampling Method |
| 4. Population of the study | 3782 out of which 2920 were female and 862 were male patients |
| 5. Sample Size | 200 patients from indoor patient Department |
| 6. Tools of data collection | Observation and personal interview through schedule |

6. LIMITATIONS OF THE STUDY

This is only a baseline study with a lesser sample, which was carried out for evaluating hospital services as it was a self funded project. A continuous ongoing process of evaluating the services at the time of discharge is required for getting definitive results. We believe the scores obtained from the present study can serve as baseline against which to compare the results from future surveys.

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7. BREIF DESCRIPTION OF THE STUDY AREA

The study was conducted in Dhubri civil hospital which is situated at Jhagrarpar in the district of Dhubri. The following chapter provides a brief profile of Dhubri district and also provides all the information regarding the facilities and services provided by Dhubri civil hospital.

7.1 A REVIEW OF DHUBRI CIVIL HOSPITAL

The 200 bedded Dhubri Civil Hospital is located at Jhagrarpar of Dhubri town. The distance from the bus stop and railway station to the hospital is below 2 Kms. The hospital is located near the residential area with available modes of transportation. The hospital is under the Dharmashala block PHC and has a wide coverage area including all the three sub-divisions of Dhubri district. From the hospital records it is found that patients from Garo-Hills district of Meghalaya and from Kokrajhar district also come to that hospital for their treatment. Due to its wide coverage area, the Dhubri civil hospital is a prime health care unit in the district.

The old hospital building was established on 6th July, 1982. The newly constructed 200 bedded four stored building of the hospital was established on 26th January, 2011; but no lift facility is available for the patients and a lesser no. of wheel chair movement is provided. The area of the hospital is approximately 21 acres. The hospital has a total of 8 wards with 217 numbers of indoor beds. In the hospital campus, residential facilities are available only for the trainee nurses. Parking place inside the hospital campus is also available. At present, hospital authority also provides ATM facility for their patients. The table below shows the distribution of beds in various wards and departments of the hospital.

7.2 HOSPITAL BEDS

| Sl. | NAME OF THE WARDS | NO. OF BEDS |
|------|-----------------------|-------------|
| No. | | |
| 1 | MALE MEDICAL WARD | 38 |
| 2 | FEMALE MEDICAL WARD | 30 |
| 3 | MATERNITY WARD | 36 |
| 4 | FEMALE SURGICAL WARDS | 20 |
| 5 | MALE SURGICAL WARD | 21 |
| 6 | BURN WARD | 10 |
| 7 | EYE WARD | 10 |
| 8 | ENT WARD | 6 |
| 9 | CHILDREN WARD | 38 |
| 10 | PAYING CABIN | 8 |
| TOTA | AL | 217 |

SOURCE: SUPERINDENT OFFICE, DHUBRI CIVIL HOSPITAL

7.3 MANPOWER OF DHUBRI CIVIL HOSPITAL

| Name of the HEAL | DOC | TOR | | | NUR | SE | | | | | | LAI | в те | СН | | PI | HARN | MAC | IST |
|------------------------|-----|-----|---|----|-----|----|----|----|----|----|---|-----|------|----|---|----|------|-----|-----|
| TH | S | R | С | T | GNM | | | | Al | NM | [| S | R | С | T | S | R | С | T |
| INSTI TUTIO N | | | | | S | R | С | Т | R | С | T | | | | | | | | |
| CIVIL HOSPI TAL | 28 | 23 | 2 | 29 | 37 | 24 | 22 | 46 | 4 | 1 | 5 | 5 | 9 | 0 | 9 | 8 | 7 | 0 | 7 |

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7.4 DETAILS OF SPECIALIST DOCTOR POSTED AT DHUBRI CIVIL HOSPITAL

| Sl | Category of specialist | No. of specialist doctors in position |
|-----|------------------------|---------------------------------------|
| No. | | |
| 1 | Obstetric & Gynocology | 4 |
| 2 | Anaesthesist | 1 |
| 3 | Paedtrician | 2 |
| 4 | Medicine | 2 |
| 5 | Surgeon | 3 |
| 6 | Ophthalmology | 7 |
| 7 | ENT | 2 |
| 8 | Pathologist | 1 |
| 9 | Dermatologist | 1 |
| 10 | Dentist | 1 |
| 11 | MO(Homeo) | 1 |
| 12 | MO(AYUR) | 1 |
| 13 | MO (MBBS) | 2 |
| 14 | Psychiatrics | 1 |
| TOT | AL | 29 |

7.5 MANPOWER GAP AS PER IPHS NORMS OF 200 BEDED CIVIL HOSPITAL AS COMPARE TO DHUBRI CIVIL HOSPITAL

| Sl No. | CATEGORY OF SPECIALIST DOCTORS | AS PER IPHS NORMS | PRESENT POSITION AT CIVIL HOSPITAL, DHUBRI | GAP/REQUIREMENT |
|-----------|--------------------------------|-------------------|--|-----------------|
| 1 | MEDICINE | 2 | 2 | 0 |
| 2 | SURGERY | 2 | 3 | -1 |
| 3 | OBSTETRIC & GYNAE | 3 | 4 | -1 |
| 4 | PAEDIATICS | 3 | 2 | 1 |
| 5 | ANAESTHESIA | 2 | 1 | 1 |
| 6 | OPTHALMOLOGY | 1 | 7 | -6 |
| 7 | ORTHOPAEDICS | 1 | 0 | 1 |
| 8 | RADIOLOGY | 1 | 0 | 1 |
| 9 | PATHOLOGY | 2 | 1 | 1 |
| 10 | ENT | 1 | 2 | -1 |
| 11 | DENTAL | 1 | 1 | 0 |
| 12 | MO | 13 | 2 | 11 |
| 13 | DERMATOLOGY | 1 | 1 | 0 |
| 14 | PSYCHIATRY | 1 | 1 | 0 |
| 15 | MICROBIOLOGY | 1 | 0 | 1 |
| 16 | FORENSIC SPECIALIST | 1 | 0 | 1 |
| 17 | AYUSH DOCTORS | 1 | 2 | -1 |
| 18 | STAFF NURSE | 90 | 46 | 44 |
| 19 | LAB TECH | 9 | 9 | 0 |
| 20 | PHARMACIST | 7 | 7 | 0 |

^{***}SOURCE: SUPERINDENT OFFICE, DHUBRI CIVIL HOSPITAL

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7.6 SERVICES PROVIDED BY THE HOSPITAL

- 1. 24 HOURS EMERGENCY SERVICES
- 2. 24 HOURS NORMAL DELIVERY AND C STATION FACILITY
- 3. OBSTETRICS CARE
- 4. AMBULANCE FACILITY
- 5. GENERATOR BACKUP FACILITY
- 6. BLOOD BANK
- 7. FAMILY PLANNING
- 8. MTP SERVICES
- 9. X-RAY
- 10. ULTRASOUND
- 11. ECG
- 12. ALL KIND OF BLOOD TEST
- 13. DAILY IMMUNIZATION
- 14. EMERGENCY AND GENERAL SURGERY
- 15. 200 BED AND PAYING CANTEEN FACILITY
- 16. VIP CABIN
- 17. GENERAL SURGERY OT
- 18. C-SECTION OT
- 19. EYE OT
- 20. FREE DOTs FACILITY
- 21. JANSANKHYA STHIRATA KESH (JSK)
- 22. JANANI-SHISHU SURAKSHA KARYAKRAM (JSSK)
- 23. SPECIAL NEW BORN CARE UNIT (SNCU)

Apart from the facilities, the Dhubri civil hospital has also provided the following services:

- 1. INTERGATED COUNSELLING AND TESTING CENTRE (ICTC)
- 2. REGIONAL DIAGNOSTIC CENTRE
- 3. ANTI-RETROVIAL TREATMENT CENTRE(ART)
- 4. NUTRITION REHABILITATION CENTRE
- 5. DISTRICT DISABILITY REHABILITATION CENTRE
- 6. DISTRICT DRUG WAREHOUSING
- 7. RASHTRIYA SWASTHYA BIMA YOJNA FACILITY (RSBY)

The above listed facilities and services of Dhubri Civil hospital are fully functional and operating properly.

7.7 PERFORMANCE REPORT OF DHUBRI DHUBRI CIVIL HOSPITAL

The performance report of Dhubri civil hospital for the year 2010 to 2014(up to July) is shown in the table below:

| SL. | PERFORMANCE | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|-----|-------------------------------|---------|---------|---------|---------|
| NO. | | | | | (July) |
| 1 | OPD ADMISSION | 124346 | 131016 | 147053 | 48826 |
| 2 | INDOOR ADMISSION | 18553 | 19440 | 12483 | 7204 |
| 3 | NO. OF INSTITUTIONAL DELIVERY | 5075 | 5417 | 5980 | 1897 |
| 4 | NO. OF LSCS | 1056 | 1144 | 1193 | 423 |
| 5 | NO. OF MAJOR OPERATIONS | 707 | 337 | 252 | 183 |
| 6 | NO. OF MINOR OPERATIONS | 594 | 447 | 433 | 925 |
| 7 | NO. OF NSV DONE | 0 | 2 | 1 | 0 |
| 8 | NO. OF TUBACTOMY DONE | 269 | 162 | 235 | |

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| 9 | NO. OF IUD INSERTED | 134 | 44 | 23 | 9 |
|----|---------------------------------|-------|-------|------|------|
| 10 | NO. OF FULL IMMUNIZATION | 290 | 356 | 343 | 94 |
| 11 | NO. OF MALARIA CASES DETECTED | 104 | 1 | 2 | 0 |
| 12 | NO. OF MALARIA DEATH | 0 | 0 | 0 | 0 |
| 13 | NO. OF DIARRHOEA CAESE DETECTED | 97 | 721 | 2068 | 386 |
| 14 | NO. OF DIARRHOEA DEATH | 0 | 0 | 0 | 0 |
| 15 | NO. OF JE CASES TREATED & DEATH | 0 | 0 | 0 | 0 |
| 16 | NO. OF MATERNAL DEATH | 55 | 49 | 42 | 15 |
| 17 | NO. OF INFANT DEATH | 234 | 293 | 458 | 139 |
| 18 | NO. OF CATARACT SURGERY | 792 | 716 | 596 | 226 |
| 19 | NO. OF STILL BIRTH | 221 | 383 | 483 | 131 |
| 20 | NO. OF MTP | 2549 | 2009 | 1636 | 803 |
| 21 | NO. OF ABORTION | 1731 | 1345 | 2845 | 657 |
| 22 | NO. OF BLOOD COLLECTED | 2903 | 3397 | 3364 | 1026 |
| 23 | NO. OF BLOOD TRANSFUSED | 2808 | 3310 | 3317 | 1044 |
| 24 | NO. OF DENTAL CLINIC REPORT | 12329 | 14460 | 4345 | 1188 |
| | | | | | |

^{***}SOURCE: SUPERINDENT OFFICE, DHUBRI CIVIL HOSPITAL

The figures shown in the above table, especially the number of patients in OPD and IPD indicates that Dhubri civil hospital has performing a tedious task and is assigned a great responsibility to serve humanity. The overcrowding of patients has decline in the quality of services provided by the hospital.

8. FINDINGS OF THE STUDY

On the basis of the analysis and interpretation of the collected data, following findings have been derived from the study:

1. SOCIO-DEMOGRAPHIC FINDINGS

The study shows that most of the admitted patients in the Dhubri civil hospital belonged to weaker section of the society with majority in the age group of 30-50 years. Most of the admitted patients are belonging to female category and about 74% of the respondents were illiterate and only 12% of the respondents were having education qualification beyond matriculation. 86% of the respondents belonged to families having income less than Rs. 4500 per month.

2. FINDINGS ON SERVICE AVAILABLE AT ADMISSION

The study indicates that the perception (satisfaction level) regarding services at the time of admission to the hospital of the patients of whom 87% were admitted through outdoor and rest of them through emergency. Most of the respondents were not satisfied with the services regarding the sign boards showing direction, assistance at entrance by the ward attendants and the time taken between admission and initiation of treatment which was more than 20 minutes in most of the cases.

3. FINDINGS ON QUALITY OF PROFESSIONAL SERVICES

The study reveals perception regarding quality of services provided by doctors at the hospital indicating higher level of satisfaction with the satisfaction with the functioning of the doctors but 43% of the respondents are unsatisfied with no. of visits of senior doctors or consultants. Most of the respondents are not satisfied with the time devoted by the doctors. 84% of the respondents perceived the efficiency of the doctors of the hospital in managing the condition of the patient as satisfactory.

4. FINDINGS ON QUALITY OF SERVICES PROVIDED BY NURSING AND PARAMEDICAL STAFF

The survey indicates that 94% of the respondents are satisfied with the service provided by nursing and paramedical staff at the hospital.69% of the respondents affirmed that they were provided medication in timely manner by the nurses. Communication and behaviour of the nurses as pleasant and satisfactory in 46% and 32% of the cases respectively, but 22% of the respondents described their behaviour as harsh/rude/avoiding. 71% of the respondents reported availability of investigation results on scheduled time.

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5. FINDINGS ON AVAILABILITY OF BASIC AMENITIES

Regarding the availability of basic amenities and services at the hospital shows that 66% of the respondents stated unavailability of medicine; 78% of the respondents reported unavailability of drinking water; 51% of the respondents are not satisfied with the toilets and hand wash facility in the wards. 35% stated inadequacy of fans and lights in the wards. 57% were dissatisfied by the cleanliness in the toilets and wards at the hospital. 99% of the respondents were satisfied with the convenience of parking and ATM facility provided in the campus of the hospital. Most of the respondents were satisfied with the quality of foods provided by hospital authority to their patients.

9. PROBLEMS

From the above study of Dhubri civil hospital and perception of the patients towards the health care facilities by public hospitals, it was found that the patients have to face lots of problems in the hospital. The problems faced by the patients related to the services provided by the hospital are listed below:

- Insufficient number of staff nurses and ward attendants;
- Late admission of patients in the ward/hospital due to limited number of beds, i.e. overcrowding;
- Insufficient lab facilities and lack of proper working medical equipment as compare to number of beds in the hospital;
- > Delay response in case of emergency and time taken in initiation of treatment;
- Delay and unreliable investigation results of the laboratories;
- Lack of basic amenities like drinking water, food, fans, lights etc.;
- Insufficient visits of senior doctors or consultants and insufficient time devoted by the doctors and nurses to their patients;
- Lack of efficiency in medical staff which also includes absence from duty;
- Unhygienic conditions of wards and toilets;
- Insufficient number of sign boards and lack of instructions for patients to identify or locate labs, wards, blood bank etc. in the hospital;
- Lack of privacy of patients and poor facility of waiting rooms for the attendants and the relatives of the patients.

10. RECOMMENDATIONS

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

On the basis of the perception of the respondents and findings of the study, it is recommended that the government should increase the budget for healthcare facility and construct more wards and offices within the hospital campus and make necessary repair in the exiting building. To ensure better and qualitative health services, it is very much necessary to bring enough, competent and skill manpower in the hospital.

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 favour 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.

An efficient and committed administration, working closely with dedicated staff can make public hospitals excellent centres 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 cannot object on the corruption of his/her subordinates.

11. 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.

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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 are unreliable. In addition, the ultrasound facility is available in the hospital but that is not work properly.

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.

The state and central government, concern NGOs and the local people of Dhubri district should take corrective measures for proper utilization of the available resources i.e. men, money and equipments then only, Dhubri civil Hospital can become the best service provided hospital in the state as well as in the country.

Lastly, it was a great pleasure to undertake the project work, which enhanced my knowledge and practical experience and help me to know about the progress of Dhubri Civil Hospital in Dhubri district and its problems and prospects. I am highly thankful to all the persons whose help, support, information, advice suggestions and comments enabled me to complete this dissertation work. So, there lies ample scope for research to be undertaken in the same field in the future.

REFERENCES

- [1] Government Of India (2005) ''Report Of The National Commission On Microeconomics And Health'', Ministry Of Health And Family Welfare, New Delhi.
- [2] Dr. Arab Naz, Umar Daraz, Tariq Khan, Waseem Khan And Mohammad Hussain, 'An Analytical Study Of Patients' Health Problems In Public Hospitals Of Khyber Pakhtunkhwappakistan.
- [3] S. M. Irfan1, A. Ija," Comparison Of Service Quality Between Private And Public Hospitals: Empirical Evidences From Pakistan" Journal Of Quality And Technology Management Volume Vii, Issue I, June, 2011, Page 1 2.
- [4] Journal On Study Of Satisfaction Of Patients Admitted In A Tertiary Care Hospital In Nagpur By M V Kulkarni, S Dasgupta, A R Deoke, Nayse With Issn:0973 3325.
- [5] A Study On Patient Satisfaction Levels In A Tertiary Care Medical College Hospital In Punjab, North India By Sumeet Singh, Paramjeet Kaur, Ritu Rochwani Published In International Journal Of Research And Development Of Health.
- [6] Evaluation Of Government Hospitals In Sonitpur District By Alankrita Devi Published In International Journal Of Healthcare Sciences Issn 2348-5728 (Online) Vol. 1, Issue 1, Pp: (50-60), Month: October 2013-March 2014.
- [7] Health Care Facilities And Patients Satisfaction: A Case Study Of Civil Hospital Karachi. By Zahida Abro, Dr. Amanat Ali Jalbani Published In Interdisciplinary Journal Of Contemporary Research In Business In 1st May 2012 Vol 4.