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Research Article

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Community Perception towards Sehat Sahulat Programe (SSP) Availed by Families in Uniuon Council Thand Koi, Tehsil & District Swabi

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Abstract

The topic "Community Perception Towards Sehat Sahulat Programe (Ssp) Availed By Families In Union Council Thand Koi, Tehsil & District Swabi" is a significant effort to assess the socioeconomic and demographic status of the patients in Peshawar's public hospitals and to learn about the facilities offered by public hospitals in the Sehat Sahulat Program (SSP). The current study was conducted in the district and tehsil Swabi, Village Council Kaddi, to investigate public opinion about the SSP programme in Swabi's public and private hospitals. Village Council Kaddi, district and tehsil Swabi, Khyber Pakhtunkhwa, Pakistan, was the focus of the research. Purposive sampling was used to select a sample size of 50 respondents from the study population. A questionnaire was used to collect data. The study's findings revealed that patients were satisfied after treatment, that the hospital has a strict security system, and that registration for the Sehat Sahulat Program (SSP) is simple and easy to do, despite the fact that there is a large crowd in the registration area.

Key Words

Sehat Sahulat Programe, Community, Swabi, Pakistan

Introduction

The right to health is a fundamental human right, according to the 1948 Universal Declaration of Human Rights. The protection of fundamental human rights will enhance how "health" is viewed and defined in each country. In the modern era, different ideas about life have been enhanced with fresh components and a new focus. Instead than only the absence of disease, the World Health Organization defines health as a condition of being physically, cognitively, and socially well-adjusted (WHO, 1948)."The prevention, treatment, and management of illness, the preservation of mental and physical wellbeing through the services supplied by the medical and associated professionals" is the definition of healthcare (www.medical-dictionary.com).

Hospitals are a fundamental entity in our community that work to improve the health of its residents. A hospital is described by the World Health Organization as "an essential component of the social and medical community, which offers complete health care for both medical and

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preventive services, as well as its outpatient outreach services." The hospital's primary job is to provide intense treatment, give people access to direct care, and benefit from its status as a centre for health education and research as well as a set of norms for general health systems. Local governments and industrialised societies frequently exclude the hospital's policies and practises from the entire health systems, which reflects the struggle for the advancement of medical treatment accessible in developing countries rather than their significance. As a result, the various hospitals in low and middle-income countries are far from developing and simplifying, both in practice and infrastructure, while hospital values and efficiency is limited and unsatisfactory. Subsequently, the general care and capacity of these hospitals have deteriorated (WHO, 1986).

For inpatients, institutional care is a type of consultation-based medical care. ambulatory and emergency patients are also included among the patients. A significant portion of these patients receive a referral from a primary or secondary healthcare provider to a tertiary care centre. In industrialised nations, a large, staffed hospital that serves as a hub for ongoing medical research, diagnosis, and treatment is referred to as a "hospital for tertiary care." Pediatric medicine, obstetrics, general medicine, gynaecology, several disciplines of surgery, and psychiatry were typically all present, or a specialty hospital had provided specialised care. When a patient requires critical care, a junior specialist (such as an orthopaedic surgeon, a neurologist, or a neonatologist) will frequently recommend them to a tertiary hospital (Atree, 2001). A tertiary hospital's principal objective is to offer patients the greatest calibre of medical services in every possible area of care. In today's higher education hospitals, every patient has the right to seek the best care possible, and every employee has a duty to put all of their efforts into making sure the patient is satisfied (Khandelwal, 1988).

Every person in every country has the fundamental right to health care, which is delivered by social services that are often offered by the government. A sick person with sophisticated knowledge and abilities won't be able to innovate or be a powerful person in the community without adequate treatment, and they can only be given proper medical care and care by nurses in one way or another. Health care is addressed as one of the basic necessities of humans. The convenience of health care includes simple resources for common disorders as well as specific services such as the operation and treatment of chronic diseases. Hospitals are a major component of health facilities; are well established by professionals, staff, medicine, machinery.

Many countries around the world spend most of their budget on people's lives. Recognizing the link between state health, its health care system, economic and political status is especially important in developing countries. In many developing countries the government will be able to demonstrate the level of economic development, as well as the implementation of such health measures that contribute to the occurrence of diseases and injuries, to find different ways to support health care, testing. managing and managing hospitals and what type of medical technology and medication will be used by patients (Savage & Armstrong, 2001). Proper adoption and strength of the health care system in government is essential to improving financial performance and a higher level of national sustainability. However, access to advanced drugs poses a serious and insignificant topic. The majority of managers who have legally binding agreements or make reliable human rights decisions are heavily responsible for implementing the fundamental right to health. However, the "right to health" and many other marginalised human rights are violated in many less developed nations, and there is a lack of health care policies and initiatives.

It is the opinion of many people that government-sponsored hospitals are often seen as deplorable service providers and politically mismanaged. Public hospitals have lost the trust and

confidence of the people such as the quality-of-service delivery and disappointing infrastructure, lack of knowledge, low reliability, insensitivity, the availability of old equipment and small medicines that lead to overcrowding and disrupt quality. of services (Irfan & Ijaz, 2011).

Corruption is one of the most pervasive problems in developing nations, and it is particularly prevalent in government hospitals and the health industry as a whole. It is commonly known that patients at public hospitals pay less, and hospital staff may use a variety of strategies to extract money from these people (Andaleeb, 2001).

Problem Statement

As revealed from the brief background of the study the main focus in broad term is to analyze the health situation in the public hospitals of Khyber Pakhtunkhwa especially in the selected tertiary healthcare hospitals and to ascertain patients "satisfaction from the services delivered by these hospitals and to evolve a viable strategy for the improvement of health status in Pakistan in future".

Objectives of the Study

1. to evaluate the socioeconomic and demographic situation of the patients in Peshawar's public hospitals.
2. To know the facilities made available by public hospitals in the Sehat Sahulat Program (SSP).

Research Questions

1. Do quality services provided in the SSP program by hospitals of Swabi fulfill the needs of the patients in selected area.
2. Does train human capital in terms of medical assistance is in abundance to cater the patient's needs.
3. Whether any gender inequalities exist in the provision of health facilities from SSP program?

Literature Review

Overview of Global Healthcare

Global healthcare are indeed have more challenges as compared to the past. However, these challenges will force health care providers to modernize in a variety of dynamic ways and produce medical advances that will help to improve human health in all over the world. Meeting the ever rising expenses of healthcare is a serious task for many nations worldwide. Studies from the past have shown that from 2014 to 2017, the cost per person will rise by an erratic pace of 4.4 percent annually.Life expectancy is estimated to increase from 72.6 years tested in 2012 to 73.7 years in 2017 and force the population over the age of 65 to 560 million / 10 percent worldwide. There are some interesting findings that features of 2014 should be highlighted but an encouraging year for the global healthcare industry, one that countless significant commercial deliveries and effective growth will not have long lasting benefits between growing demand, ongoing costs, lack of health care resources and sharp emerging market conditions. The vision for the development of the global healthcare sector in the next few years will generally improve.

Over the next five years, costs in emerging countries, which include China, Indonesia, Russia, India, and Mexico, are expected to rise quickly. due to government measures to promote access to healthcare, increasing population expansion, and increased human resources. It was also

observed that despite the strains of the elderly and chronic diseases, the likelihood of additional financial stress and cooperation following the savings in Western Europe is likely to lessen. Researchers believe that various nations are leading the effort to increase the number of accountable healthcare workers, a shortcoming that is unquestionably adverse to the standard of care.

There should be roughly the same number of doctors per 1,000 people worldwide between 2012 and 2015. Around the world, around 1 billion people lack access to the system of health care that unites healthcare professionals and services. The United Kingdom was anticipating a 40,000 nurse deficit in 2012 and was experiencing a scarcity of medical professionals, especially general practitioners (GPs).There will be a shortage of 2,30,000 doctors worldwide in the near future reported by the European Commission. It is clear that the number of caregivers in 36 states in Africa is lacking to provide even basic immunizations and maternal health services.

Rapid financial growth in Asia has led to improved advances in health care and the remaining analysis in the area remains elusive. Asian developed countries are similar to South Korea, Japan, Singapore and Taiwan are jeopardizing world-class health systems while the worst neighbors including Vietnam, Indonesia, India and Pakistan are struggling to provide even the simplest treatment. The facts show that improper delivery of care providers is also a challenge. Due to rising enrolment in existing medical schools and the opening of around a dozen new medical facilities, the number of doctors and fundraisers for intermediate level treatment are increasing in the United States. Despite having a significant lack of health personnel, Pakistan, India, and Nigeria are included in the top 25 provinces in terms of the number of their experts and migrant nurses.

In the United States more than 50 percent of foreign doctors and 40 percent of foreign nurses are of Asian descent. It is clear that globally, health care structures finding the need for the development and growth of health equipment and data management can support new options for testing and treatment. Although, similar improvements are likely to increase costs, encourage broader struggles between the public and private health care providers and healthcare providers to cover costs by redesigning model care providers and additional utility services. Surveys show that health technological changes will be faster especially in some parts of the world, pressing down on standard health care models. Other exciting developments are an exciting part of the integration of health information and technologies, such as the use of a 3D printing machine to help create artificial tissue. However, the increase in technology is also related to new and emerging markets and members associated with the health value chain. The use of modern digital health information (HIT) technologies such as electronic medical records (EMRs), mobile health applications, telemedicine and electronic medical instructions is an effective change in the way doctors and payers and patients and other industry investors interact other.

It is also seen that the acquisition and acquisition of technological innovations requires financial resources for several health workers even in developed countries who may struggle to pay for themselves in a critical and cost-effective manner (National Research Bureau, 2013).

The Service Quality

Although the concept of service quality is speculative and difficult to quantify, it also covers a wide range of topics and can be given dignity by having real-world applications. In a broader sense, service quality can be defined as the whole assessment of a customer in relation to past consumption intentions. Service excellence distinguishes one service provider from another, and it is the main factor keeping a business at the forefront of the economy. Therefore, it is proven

that a service-oriented organization's ability to survive depends on difficult-to-assess service quality. It takes research, money, creativity, and care to satisfy and satisfy customers (Geren et.al., 2014). The level of hospital service shifts between a patient's perceptions of the services provided by a particular hospital and its perceptions of hospitals providing such services (Agha et.al., 2010). Patients' prospects are the result of their perception of non-invasive care standards of their earlier awareness in the use of resources (Kucukarslan & Nadkarni, 2008).

A satisfied patient will be able to continue to use the facility, at the level of encouraging ideas that help health care professionals find new patients at reduced costs such as marketing (Zeithaml & Bitner, 2000), in the same way as unfulfilled expectations are related to dissatisfaction (Dawn & Lee, 2004). The choice regarding whether the services offered to patients were suitable and whether the relationship between patient and doctor was good can be revealed by looking at the quality of the health care service from a variety of angles. The variety of medical facilities is the subject of numerous theories by researchers. Five categories, including comfort, honesty, responsiveness, empathy, and reassurance, can be used to categorise known needs for the quality of health care luxury.Several other researchers say that sensibility and availability may also be effective standards for health care quality; However, many experts differentiate between health care quality service delivery methods into different levels that focus on their self-esteem and exercise in the field mentioned. (Parasuraman et.al., 1985).

However, two ways in which they were developed by the authors in terms of quality health care service, which is known as traditional medicine that emphasizes the conclusion of health care services and is proven by the provider's clinical trial (what is offered). Another approach is a consumer-focused approach and emphasizes the health care process from a patient perspective (Newcome, 1997). USA Institute of Medicine clears quality of health care in line with technological factors as a context in which the health benefits of individuals and communities increase the chances of limited and continuous health outcomes with specific information and is a remarkable correlation of the importance of quality health care service among health scientists (McGlynn, 1995). The level of expertise was as diverse as the professionalism of hospitals to obtain good patient health standards over medical and strategic diagnoses, treatments and ultimately have a physical or life impact on patients. In addition, the quality of technology includes expertise and medical skills Doctors and nurses, laboratory staff "diagnostic specialists and so on (Donabian, 1982).

However, the definition of customer quality includes how well services were rendered and how well patients and hospital employees got along. One study noted that healthcare service providers increasingly had to agree to perform a wide range of social, financial, political, administrative, and cultural tasks. As a result, people are demanding more expertise and products of the highest calibre at reasonable prices (Rose, et al. 2004).

Socio-demographic Characteristics

Diversity of people and other factors such as age, gender and marital status as well as employment and different medical skills would have an impact on patient satisfaction. Age, gender, education, marital status, and socioeconomic level are all characteristics that influence and predict patient satisfaction in healthcare, and numerous research conducted worldwide have shown a positive correlation between these parameters and patient satisfaction. According to the study, there are ambiguous connections between poverty and unfaithfulness as well as between happiness and sexuality, race and marital status, and socioeconomic class (Tucker, 2002).

Less discontent was linked to youth, low education, low status, low status of spouses, bad health, and usage of more services. In the healthcare industry, it has been discovered that social parameters such as gender, age group, and occupation, as well as educational status, monthly income, and family size, are related to patient satisfaction. It suggests that social factors have an impact on patient satisfaction. For instance, younger patients will be less satisfied than adults, patients with lower education levels will be more satisfied than those with higher education levels, patients with low incomes will be less satisfied than those with higher wages, and people will be happier with a good job than those who are unemployed.Men wouldn't be any less content than women (Ware Et al, 1978). They came to the conclusion that patient perceptions were influenced by socioeconomic characteristics like age, gender, occupation, and job status as well as educational attainment and household income.

Patient satisfaction has been proven to Sreenivas be significantly impacted by a person's gender, age, marital status, educational background, and economic level. Patients who have modest incomes, are elderly, female, and have a moderate level of education are more happy with hospital services (Sreenivas, 2012). Additionally, those who are older, wealthier, more educated, and married report higher levels of contentment.It has been suggested that patient opportunities and definitions varied across regions and found that most were linked to the cultural background and structure of health care (Ehiemere 2011).

According to numerous research conducted in industrialised nations, patient satisfaction is correlated with age. Older individuals are happier than younger individuals (Danielsen, et al., 2007). It has been demonstrated in numerous other research that education significantly affects patient satisfaction. Low levels of education are frequently linked to high levels of contentment. The author stressed that numerous studies had shown that patient expectations, which are impacted by patient factors including age, social status, level of education, and ethnicity, are crucial determinants of patient happiness. According to a study done in China, factors related to patient satisfaction included the patient's age, educational level, race, sex, and marital status (Liu Lijuan, 2004)

Treatment and Awareness about Health Facilities

Treatment of patients is another sign of a quality hospital. appropriate diagnostic procedures based on medical observations and laboratory examinations that result in early detection in addition to diagnostic procedures. A patient's history, the doctors' grasp of their health issue, the length of time they have been ill, consultation with the doctor or partner if the case is complicated, laboratory testing, and the administration of medicine are all factors that influence the appropriate course of action. based on such information. These facilities are important facilities that have a great impact on patients, to the satisfaction that all patients come to the hospital for treatment and awareness of health facilities. These findings are therefore associated with patient satisfaction in multidisciplinary research by researchers and highlight the importance of treatment and awareness of hospital health facilities.

According to study, patient satisfaction is related to the delivery of medications, research orders, and referrals to specialists (Kane & Finch, 2006). Researchers have discovered that patient satisfaction is impacted by comprehension and interpretation of a disease process in another investigation (Sitza & Wood, 1997). Additionally linked to patient satisfaction were the provision of pertinent information, suitable diagnosis, and therapy (Funderburk, Et al, 2012). Gender disparities in treatment, the physical appearance of doctors, and higher wait times for doctor consultations have all been demonstrated to influence patients' impressions. In the study it was

revealed that consultation time and opportunities to discuss the disease have a positive relationship that affects the patient's perspective.

The relationship between staff and patients and patient evaluation by appointment were found to have a substantial impact on patient satisfaction, according to the study's findings. In several studies it was found that understanding patients' illness was positively correlated with patient satisfaction. According to the study's findings, in-depth patient research and patient views were positively correlated (Walters and Jones, 2001).In their study they concluded that the time spent with physicians and the process of diagnosis and treatment, physician and staff interactions and the amount of information presented were factors that significantly influenced patients' expectations. It was concluded in one study that hospital procedures and practices, the behavior of laboratory staff, facilities such as laboratory, surgical theater, and clean equipment were found to be associated with patient satisfaction

They pointed out that screening services, physician care and waiting time as well as nursing care and enrollment process had a significant impact on patient identification. The study was conducted in the past and concluded that the treatment process and the outcome of treatment have a significant impact on patient satisfaction (Fang Yichong et al., 2008). A study was conducted in China and it was revealed that key factors related to patient satisfaction include patient health status, treatment, physician-to-patient and patient-patient relationship, treatment costs, and treatment outcomes, medical equipment, and health education (Liu Lijuan, 2004).

Research Methodology

The current study was conducted in district and tehsil Swabi, Village Council Kaddi, to studypublic opinion regarding SSP program in public and private hospitals in Swabi. The study was confined to Village Council Kaddi, district and tehsil Swabi, Khyber Pakhtunkhwa, Pakistan. A sample size of 50 respondents was selected through a technique of purposive sampling from the study population. However, only those respondents were selected who availed the service of SSP from any hospital either public or private. In order to evaluate various study concepts, the Likert scale was used. It is a technique used to gauge how individuals feel and perceive any situation. Several claims made in the current study that illustrate many of your characteristics—both dependent and independent—are supported by readily available literature, conversations with various community members, and private information.All respondents responded with respect to all of the variable statements and these variables were rated on three scales Agree, Disagree, and Uncertain and the points given for each response to the individual statement were finally summarized. After collecting the data, the analysis was performed through SPSS-20 software. The techniques used for analysis of data was Univariate.

Result and Discussion

Findings of the study have been presented under different section and sub section of this chapter. Section 4.1 comprised of independent variable (COMMUNITY PERCEPTION) and dependent variable's (SEHAT SAHULAT PROGRAME (SSP)). However, the socio-demographic and general characteristics of the sampled respondents are given as follows:

Socio-Demographic Sketch

This section deals with the socio-demographic characteristics of the sampled respondents like gender, age, marital status, education level, profession, family monthly income, facility availed

from any hospital, satisfactions after treatment of respondents and those respondents who were satisfied after treatment respectively.

Frequency and Percentage Distribution of the Gender of Respondents

The table 1 describes information regarding gender of the sampled respondents. There were 27(54%) male and 23(46%) were females as well.

Table 1. Frequency and Percentage Distribution of the Gender Respondents

Gender	Frequency	Percentage %
Male	27	54
Female	23	46
Total	50	100.0

Age Group of the Sampled Respondents

Table 2 disclosed information regarding age of the sampled respondents. Among of them 33(66%) belongs to the age group of 20-30, however 9(18%) of respondents belongs to the age group of 31-40, while 5(10%) of the sample respondents belongs to the age group of 41-50, though 2(4%) of the sample respondents belongs to the age groups 51-60, and only 1(2%) of respondents were above 61 years respectively.

Table 2. Frequency and Percentage Distribution of Age of the Sampled Respondents

Range	Frequency	Percent
20-30	33	66
31-40	9	18
41-50	5	10
51-60	2	4
61- and above	1	2
Total	50	100.0

Marital Status of the Respondents

Table 3 divulged information regarding marital status of the sample respondents. Therefore, it has unveiled that 27(56%) of respondents were married, while 22(44%) of them were unmarried.

Table 3. Frequency and Percentage Distribution of the Respondents According to their Marital Status

Status	Frequency	Percent
Married	27	56
Unmarried	22	44
Total	50	100.0

Education Level

Education level of the sampled respondents has been presented in the table 4.1.4. Therefore, it has been exposed that education level of 20(40%) respondents was secondary. However, 10(20%) were graduate, 7(14%) of them were post graduate, 9(18%) of respondents were completed their inter level. Therefore, 3(6%) of the sample respondents were educated up to primary level, and only 1(2%) of them were illiterate.

Table 4. Frequency and Percentage Distribution of Education Level of the Sampled Respondents

Status	Frequency	Percent
Illiterate	1	2
Primary	3	6
Intermediate	9	18
Secondary	20	40
Graduate	10	20
Postgraduate	7	14
Total	50	100.0

Profession of the Respondents

Table 5 presented information regarding occupation of the respondents. It has been divulged that 21(42%) respondents were students, 12(24%) were unemployed, 6(12) were working in private sector, 4(8%) of respondents were working in public sector, however 6(12) were house wives and only 1(2%) of respondent was retired from job.

Table 5. Frequency and Percentage Distribution of Occupation of the Sampled Respondents

Type	Frequency	Percent
Student	21	42
Unemployed	12	24
Work in public sector	4	8
Work inprivate sector	6	12
Retired	1	2
House Wife	6	12
Total	50	100.0

Family Monthly Income

Table 6 represents information regarding family monthly income of the sampled respondents. It has been alluded that 30(60%) of the sampled respondent having family monthly income in the range of (10000-20000), while 19(38%) of the sampled respondents having income in the range of (21000-30000), however only 1(2%) respondent have above than 31000 respectively.

Table 6. Frequency and Percentage Distribution of the Respondents According to their Family Monthly Income

Income	Frequency	Percentage %
10000-20000	30	60
21000-30000	19	38
31000 and above	1	2
Total	50	100.0

Availed SSP Facility from any Hospital

Table 7 shows information regarding those respondents who availed SSP facility from any hospital. It has divulged that 37(74%) respondent availed SSP facility 1 to 2 times, however only 13(26%) availed SSP facility more than 2 times.

Table 7. Frequency and Percentage Distribution of Respondents who availed SSP Facility from any Hospital

Status	Frequency	Percentage %
1 to 2 times	37	74
More than 2 times	13	26
Total	50	100.0

Univariate Analysis

The necessary information was acquired using a series of statements on the subject of the given variable with three categories of responses, i.e. Uncertain, Disagree, and Agree. The frequency and percentage that were obtained have been discussed, and the conclusions are backed up by academic research.

Management

The below table 4.2.3 described the frequency and percentage distribution of hospital management, where 26(52%) respondents were agreed to the strict security system of the hospital, however 17(34%) of them were disagreed with the strict security in the hospital. Therefore, 38(76%) of the sampled respondents declared that the registration of Sehat Sahulat Program (SSP) is easy to be done, only 5(10%) of them were disagreed with the mentioned statement. However, 27(54%) of the sampled respondents declared that are two much crowd in the registration area, while 15(30%) of them were disagreed with that statement. Similarly, 39(78%) of respondents agreed that patients are observed and cared accordingly, but only 8(16%) of them negated the mentioned statement. Correspondingly, majority of respondents 45(90%) were declared that Lab report, X-ray's, Ultra sound and ECG result are accurate and reliable. However, more than half of respondent 26(52%) were agreed that the ward attendant and supporting staff for assistance were available, while 12(24%) of respondents were uncertain about the aforementioned statement. Therefore, half of the sampled respondents 25(50%) were agreed with the procedure of SSP registration procedure is simple and easy, while 20(40%) of them were uncertain as well. However, majority of respondents 39(78%) were disagreed that bed sheets are clean, neat and change them regularly, however only 7(14%) of them were agreed with the above statement. Therefore, majority of respondents 39(78%) were agreed that operations were done free in the hospital in the SSP program, while only 7(14%) of them were uncertain with the above statement. Similarly, more than half of respondents 26(52%) were agreed that all the device and medicines were provided free for operation in the ssp program, while 23(46%) of them were disagreed with the mentioned statement. However, less than two third of respondents 31(64%) were agreed that there was bribe and approach system in the hospital, while 12(24%) of the, negated the statement. Similarly, about to two third 32(64%) of respondents argued that reports/results/services of the patients were delivered in time, while only 13(26%) of them disapproved the above statement. Therefore, majority of sampled respondents 42(84%) were agreed that discharge process is easy and simple, while only 5(10%) of them were uncertain about the discharge process.

Table 8. Frequency and Percentage Distribution of Management

S. No	Statement	Agree	Disagree	Uncertain	Total
1	Strict security system in the hospital	26(52%)	17(34%)	7(14%)	50(100)
2	Registration of SSP is easy to be done	38(76%)	5(10%)	7(14%)	50(100)
3	Too much crowd in the registration	27(54%)	15(30%)	7(14%)	50(100)

S. No	Statement	Agree	Disagree	Uncertain	Total
	area				
4	Patients are observed and card accordingly	39(78%)	8(16%)	3(6%)	50(100)
5	Lab reports, X-Ray, Ultra Sound & ECG results are accurate & reliable	45(90%)	3(6%)	2(4%)	50(100)
6	Ward attendant/ supporting staff for assistance were available	26(52%)	7(14%)	12(24%)	50(100)
7	Procedure of SSP registration or admission procedure is simple andeasy	25(50%)	5(10%)	20(40%)	50(100)
8	Bed sheets are clean/neat and change regularly	7(14%)	39(78%)	4(8%)	50(100)
9	Operations were done free in the hospital in the SSP program	39(78%)	4(8%)	7(14%)	50(100)
10	All the devices/instruments and medicines are provided free foroperation in the SSP program	26(52%)	23(46%)	1(2)	50(100)
11	Bribe and approach system in the hospital	31(62%)	12(24%)	7(14%)	50(100)
12	The reports/results/services of the patients are delivered in time	32(64%)	13(26%)	5(10%)	50(100)
13	Discharged process is easy and simple	42(84%)	3(6%)	5(10%)	50(100)

Hospital Staff

Table 4.2.4 disclosed perception of respondent's frequency and percentage distribution of hospital. Therefore more than two third of respondents 34(68%) were agreed that registration staff is punctual, while only 9(18%) were disagreed with above statement. Therefore three fourth of the sample respondents 38(76%) were agreed that registration staff informs you about complete procedure, while only 6(12%) of respondents were disagreed with the above statement. However about to half of the sampled respondents 24(48%) were agreed that behavior of registration staff is polite, while one third 18(36%) were disagreed with above statement. Therefore, majority of the respondents 35(70%) were agreed that lab staff is qualified technical and expert, while only 7(14%) of respondents were disagreed with the statement. Similarly, majority of respondents 31(62%) were agreed that the behavior of lab staff is polite and respectable, while 14 (28%) of them disagreed with the statement that behavior of lab staff is polite and respectable. Correspondingly, majority of respondents 43(86%) argued that behavior of class four is polite and respectable. Therefore, about to two third 32(64%) of respondents were agreed with the statement that physicians are punctual, while only 10 (20%) of them were disagreed with the mentioned statement. However, majority of respondents 39(78%) were agreed that physicians were highly qualified and experts in their fields, while only 9(18%) of them were uncertain with the mentioned statement. Therefore, majority of the sampled respondents 35(70%) were agreed that senior physicians were always present in the hospital, however only 9(19%) were disagreed with aforementioned statement. Correspondingly, two third of the sampled respondents 33(66%) opined that behavior of physicians are polite and respectable, while only 8(16%) of them were disappointed with the behavior of physicians. Therefore, more than two third of respondents 38(68%) revealed that behavior of nurses are polite and respectable, while 12(24%) of the sampled respondents negated the statement that behavior of nurses was polite and respectable.

Table 9. Frequency and Percentage Distribution of Hospital Staff

S. No	Statement	Agree	Disagree	Uncertain	Total
1	Registration staff is punctual	34(68%)	9(18%)	7(14%)	50(100)
2	Registration staff informs you about complete procedure	38(76%)	6(12%)	6(12%)	50(100)
3	Behavior of registration staff is polite	24(48%)	18(36%)	8(16%)	50(100)
4	Lab Staff is qualified, technical and expert	35(70%)	7(14%)	8(16%)	50(100)
5	Behavior of Lab staff is polite and respectable	31(62%)	14(28%)	5(10%)	50(100)
6	Behavior of Class-IV is polite and respectable	43(86%)	5(10%)	2(4%)	50(100)
7	Physicians are punctual	32(64%)	10(20%)	8(16%)	50(100)
8	Physicians are highly qualified and experts in their fields	39(78%)	2(4%)	9(18%)	50(100)
9	Senior Physicians are always present in the hospital	35(70%)	9(18%)	6(12%)	50(100)
10	Behavior of physicians are polite and respectable	33(66%)	8(16%)	9(18%)	50(100)
11	Behavior of the nurses is polite and	34(68%)	12(24%0	4(8%)	50(100)
12	The doctors and nurses are always available when call by the patients	23(46%)	11(22%)	16(32%)	50(100)

Frequency and Percentage Distribution of Treatment and Awareness about SSP Facilities in the Hospital

Table 4.2.5 disclosed information regarding the attitude of respondents towards treatment and SSP facility in hospital. It has been noted that majority of the respondents 36(72%) were agreed that physicians take health history in detail of them, while only 8(16%) of them were disagreed the above statement. Therefore majority of the sampled respondents 40(80%) were agreed that physicians understand their health complaint. Similarly, more than two third of respondents 34(68%) were opined that they had chances to discuss problems with physicians, but only 19(18%) rejected the same statement. However, it has been noted that, majority of respondents 21(42%) disclosed that physicians spent enough time in consultation, but about to one fourth of the sampled respondents 12(24%) negated that physicians spent enough time with them. Conversely, majority of the respondent 36(72%) were described that physicians almost make the right diagnosis and tell them about the disease, while only 9 (18%) of them were uncertain about the mentioned statement. Therefore, majority of the sampled respondents 43(86%) were agreed that physicians refer the patients to the specialist for proper diagnosis of disease. However, three to fourth of the sampled respondents 37(74%) argued that physicians explain the process of disease and tell them about the SSP treatment process to them, while only 11(22%) of them were disagreed about the above mentioned statement. Similarly, majority of the respondents 34(68%) opined that physicians encourage the patients against the SSP program; while of them 13(26%) rejected the statement that physicians encourage the patients against the SSP program. Therefore, more than half of the sampled respondents 26(53%) were agreed that physicians always recommend accurate medicines to the patients, but more than one fourth 13(26%) of the sampled respondents were disagreed with the above mentioned statement. However, majority of the sampled respondents 39(78%) disclosed that physicians discuss lab reports with the patients.

Table 10. Frequency and Percentage Distribution of Treatment and Awareness about SSP Facilities in the Hospital

S. No	Statement	Agree	Disagree	Uncertain	Total
1.	Physicians take your health history in detail	36(72%)	8(16%)	6(12%)	50(100)
2.	Physicians understand your health complaint	40(80%)	5(10%)	5(10%)	50(100)
3.	You had chances to discuss problems with physicians	34(68%)	9(18%)	7(14%)	50(100)
4.	Physicians spent enough time in consultation	21(42%)	12(24%)	17(34%)	50(100)
5.	Physicians almost mak the right diagnosis and tell the patients aboutthe disease	36(72%)	5(10%)	9(18%)	50(100)
6.	Physicians refer the patients to the specialists for proper diagnosis of the disease	43(86%)	3(6%)	4(8%)	50(100)
7.	Physicians explain the process of disease and tell the SSP treatment process to the patients	37(74%)	11(22%)	2(4%)	50(100)
8.	Physicians encourage the patientsagainst the SSP program	34(68%)	13(26%)	3(6%)	50(100)
9.	Physicians always recommend accurate medicines to the patients	26(53%)	13(26%)	11(22%)	50(100)
10.	Physicians discuss lab reports with the patients	39(78%)	3(6%)	8(16%)	50(100)
11.	Physicians discuss the critical cases with the experts/senior physicians	38(76%)	5(10%)	7(10%)	50(100)
12.	Physicians refer the patients to other hospital if the facility/services are not present in this hospital	44(88%)	5(10%)	1(2%)	50(100)

Conclusions

Patient satisfaction is a global concept that is difficult to quantify. Patients play a major role in assessing the quality of health care. Different factors such as qualifications, patient income, family type and different medical information can have a different impact on a patient's satisfaction. From the results of the study it is concluded that patients were satisfied after t reatment, strict security system of the hospital, and even they declared that registration of Sehat Sahulat Program (SSP) is simple and easy to be done, while they unveiled there are two much crowd in the registration area, but patients are observed and cared accordingly. Furthermore, they also declared that Lab report, X-ray's, Ultra sound and ECG result are accurate and reliable, and the ward attendant and supporting staff for assistance were available on time, but the respondents disagreed that bed sheets are clean, neat and change them regularly. However, in the SSP program operations were done free in the hospital, and all the device and medicines which were used, also provided free of cost in the SSP program. But on the other it has noticed

the bribe and approach system in the management level of the hospital. However, it has been revealed that reports/results/services of the patients were delivered in time, also discharge process is easy and simple, and the registration staff is punctual as well. Furthermore, registration staff informs you about the complete procedure with a polite way. However, all the staff i.e. lab staff, technical staff, nurses, and class four are polite and respectable. The physicians are punctual, physicians were highly qualified and experts in their fields, and the senior physicians were always present in the hospital, they take health history in detail and understand their health complaint, and also spent enough time in consultation. Onwards physicians explain the process of disease and tell them about the SSP treatment process to them, and they encourage the patients against the SSP program; and recommend accurate medicines to the patients.

Recommendations

The following recommendations are based on the findings of the study.

1. There should be separate enrollment centers for men and women if SSP providers at tertiary level want to achieve patient satisfaction.
2. The number of SSP registration counters should be increased to allow the crowd to pass through the registration counters.
3. The number of doctors in hospitals should be increased to eliminate the long waiting period in consultation with patients.
4. The SSP desk admission process should be simplified so that patients do not face problems in the future.
5. The hospital management should arrange a seminar, workshop, and other such activities to raise awareness about SSP resources.
6. Doctors and nurses should always be at the ward limits because at any time patients can call them.
7. Doctors and nurses should respond immediately when patients are called for any type of problem

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