



Health Care Services of Jammu and Kashmir: A study Hospitals of Jammu and Kashmir

Irm Jalali Bodha

Research Scholar, Guru Nanak Dev University Amritsar (Punjab), India

(Corresponding author: Irm Jalali Bodha)

(Received 15 April, 2017 accepted 10 June 2017)

(Published by Research Trend, Website: www.researchtrend.net)

ABSTRACT: Hospital is an institution meant for the patient treatment with a highly specialized set of medical staff and good medical equipments too. A district hospital is a major health care facility with large number of beds for intensive care and additional beds for patients who need long-term care. Specialized hospitals include trauma centers, rehabilitation hospitals, children's hospitals, and hospitals for dealing with specific medical needs. These type of hospitals reduce health care costs as compared to the General hospitals. Hospitals are usually funded by the public sector, by health insurance companies, or some direct charitable donations. The Hospitals in Jammu and Kashmir are funded by State Government besides the center Government too plays its role. The present study is about the analysis of the services provided by some hospitals to the patients of the State and also suggests some measures for further positive changes in the health care system of Jammu and Kashmir.

Key Words: Hospitals, Health Care, Health Originations.

I. INTRODUCTION

Hospital is an institution of health which provides treatment to the patients with a more specialized medical nursing staff and medical equipment. The best type of hospital is the General hospital having an emergency department to treat urgent health problems ranging from fire and accident victims to the severe problems like heart attack. Hospitals are usually funded by the public sector, by health organizations (for profit or nonprofit), by health insurance companies, or by charities, including direct charitable donations. Sharma *et al.*, (2013) mentions that health care comprises a continuum from home-based, self-administered treatment to highly specialized intervention dependent on professionals with many years of training and a heavy capital investment [1]. Shortell and Kaluzny (1997) mentions that the role of the health system planner is to balance the many separate components of the system to optimize the magnitude and distribution of health benefits, subject to a variety of constraints such as budgetary levels, geography, and human resources capacity [3]. While recognizing that other paradigms are possible and valid, we generally adopt this optimization perspective in our discussions because it combines broad social (including user) and political dimensions with systematic economic principles when decisions are made in a competitive, resource-constrained environment. Following such logic, it should be possible to define the place, purpose, and size of the district hospital sector within a balanced system of care for any particular setting.

A. Government hospitals

A public hospital is a hospital owned by a government and funded by Government. Mostly these type of hospitals provide a free medical care i.e, free of charge and the cost of which is covered by government of the state itself.

B. Essential functions of Government hospitals

Government hospitals look after the health of the people. These offer medical facilities at a low cost so that people from all walks of life can afford them. The government hospitals come under the Chief Medical Officer (CMO) of the area. They are headed by the District Medical Officer (DMO). There are many Health Officers who work in the hospitals. They are all qualified doctors from different streams of medicine. Shojania *et al* (2001) mention that other people who work at these hospitals are the administrative staff who look after the efficient running of the hospital and nursing staff who assist the doctors. Multiple services are provided by these hospitals which include diagnosing, treating diseases, Surgery, Medicines, Immunization for children against many preventable diseases, Family planning and maternity care too [4].

C. Government Hospitals are better

Expenses: The expenses in government hospitals are too low in comparison to the bills of a private hospital. Since the Government hospitals are funded entirely by the State and hence there are free for treatment to poor families too. The Government also provides monetary benefits to patients of poor families for their good health besides some additional aids too.

D. Treatment to complex ailments

The government hospitals are better equipped to deal with serious and critical conditions like severely burnt cases. When the patients rush to private hospitals in order to get better individual care, mostly they refuse to admit the patient and so they are referred to the other Government hospitals. Most of the times the Government hospitals have specialists who take care of severe problems.

E. Government hospitals in India

Government Hospitals provide health care free for the Indian citizens. In Jammu and Kashmir there are also the hospitals run by the State. However the people complain more about poor healthcare facilities. Although the state has the highest number of hospitals in the country, next only to Rajasthan. Rooney and Ostenberg (1999) mentions that hundreds of patients from the state seek medical help in other parts of country every year due to poor infrastructure and lack of doctors [2]. There are 20,306 government hospitals in the country. Rajasthan leads with 3,145 hospitals and Jammu and Kashmir stands at the number two with 2,812 hospitals. Going by the statistics, J&K has the higher number of health institutions in rural and urban areas than neighboring Himachal Pradesh (160), Punjab (240), and Haryana (159). Uttar Pradesh, the most populous state, has only 831 hospitals. Various hospitals across J&K are facing an acute shortage of doctors. As per rules, the health sector is the responsibility of the respective state governments. However, under the centrally sponsored National Health Mission, financial support is provided to states and Union Territories to strengthen the public health system, including support for infrastructure, human resource, drugs, equipment, based on the requirement proposed by the states in their programme implementation plan. None of the hospitals in J&K is accredited by the National Accreditation Board of Hospitals. Despite advertisements, doctors are not willing to work in J&K, mostly because of the salary offered and 'unprofessional environment in the state.

F. Public health sub system

Public health care subsystem in India is a three-tier structure comprising primary, secondary and tertiary facilities. The primary tier includes three types of institutions, namely: a sub-centre for populations of 3000–5000 people; a primary health centre (PHC) for 20000–30 000 people; and a community health centre (CHC), which acts as a referral centre, covering populations of 80 000–120 000 people [6].

Source: [https://www.google.co.in/search?q=%22The+primary+tier+includes+three+types+of+institutions,+namely:+a+subcentre+for+populations+of+3000%E2%80%935000+people%3B+a+primary+health+centre+\(PHC\)+for+20000%E2%80%9330+000+people%3B+and+a+](https://www.google.co.in/search?q=%22The+primary+tier+includes+three+types+of+institutions,+namely:+a+subcentre+for+populations+of+3000%E2%80%935000+people%3B+a+primary+health+centre+(PHC)+for+20000%E2%80%9330+000+people%3B+and+a+community+health%22&gws_rd=cr&dcr=0&ei=m8-CWr61Csj0vgSm2on4BQ)

[community+health%22&gws_rd=cr&dcr=0&ei=m8-CWr61Csj0vgSm2on4BQ](https://www.google.co.in/search?q=%22The+primary+tier+includes+three+types+of+institutions,+namely:+a+subcentre+for+populations+of+3000%E2%80%935000+people%3B+a+primary+health+centre+(PHC)+for+20000%E2%80%9330+000+people%3B+and+a+community+health%22&gws_rd=cr&dcr=0&ei=m8-CWr61Csj0vgSm2on4BQ).

The District hospitals function just as the secondary tier for rural health care and as the primary tier for the urban population. However the Tertiary health care is made possible by institutions of urban areas which are equipped with certain sophisticated therapeutic facilities.

G. Super specialty tertiary care hospitals

Super specialty tertiary care hospital is defined as a hospital that is primarily and exclusively engaged in the care and treatment of the patients suffering from a specific illness hospital after referral from primary care and secondary care. They offer specialized services to their patients. Super specialty tertiary care hospitals has highly trained specialists and often advanced technology. A super-specialty is a sub-specialty. Like Neurosurgery, Cardiac Surgery, Vascular Surgery, Surgical Oncology.

H. State medical Colleges and Hospitals

State hospital is a hospital funded and operated by State Government. In India, a medical college is an educational institution that provides medical education. These institutions train doctors to conglomerates who offer training related in the aspects of medical care. Government Medical Colleges are owned and controlled by the respective state governments. These are referral hospitals like Government Medical College Bakshinagar, Sher - i - Kashmir Institute of Medical Sciences Soura etc

I. District and Sub District Hospital

A district hospital is a major health care system in any region. It consists of large numbers of beds for intensive care. The District Hospitals are mostly controlled by the respective State Governments and they mostly serve their respective district patients. However it is observed that sometimes for the want of specialty, some other district people also visit to these district hospitals.

J. Community Health Centre CHCs

Community Health Centers are available is basic health unit in the urban areas. A healthcare center is staffed by a group of general practitioners and nurses who provide healthcare services to people in certain areas. Community health services assist in keeping the individuals and families in better health by meeting their respective needs of heir environment and social conditions. The services available at CHSs mostly are parallel to the needs of the families and other specific groups living in the area.

K. Primary Health Centres

The basic units with the most basic facilities and especially serving rural India, generally at the level of a panchayats are the primary health centers.

Primary Health Centre (PHCs) are the state-owned health care facilities. They consist of single-physician clinics with facilities of minor surgeries. They are an important part of Government-funded public health system in India. They have some special focuses on infant immunization programs, anti-epidemic programs, Birth control programs, Pregnancy and related care, and Emergencies.

Sub-centers: Sub-Centres is the first and peripheral contact point between the primary health care system and the community. A Sub Centre covers population of 3000 in Hilly / Tribal / Difficult areas and 5000 in Plain areas. Each Sub-Centre is required to be manned by at least one Auxiliary Nurse Midwife (ANM) / Female Health Worker and one Male Health Worker [7]. Source:<https://data.gov.in/catalog/number-sub-centres-primary-health-centres-and-community-health-centres-established-during/>.

II. METHODOLOGY

The study was carried out in five Government hospitals namely SMHS, District Hospital Anantnag, District Hospital Pulwama, Sub-district Hospital Bijbehara, and Primary health centre Awantipora. A 19 item pre-tested and pre-structured questionnaire was given to the patients or their attendants of the mentioned government hospitals and a total of 150 patients, 30 from each hospital, were selected at random. The items in the questionnaire referred to the particulars of the patient such as age, sex, occupation, the concerned department, availability of medicines, easiness in reaching the hospital, behavior of medical staff. The questionnaire included choices like, satisfactory/unsatisfactory, Poor/average/good/excellent. Informed consent was obtained from the patient. Therefore the technique of purposive sampling was used to collect the data.

Objectives

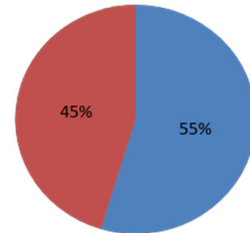
1. To identify the areas of satisfaction and dissatisfaction at various levels of government hospitals.
2. To suggest measures for improvement of services leading to better patient satisfaction

III. DATA ANALYSIS AND GRAPHIC REPRESENTATION

Table 1: Number of Respondents.

No. of Male Patient	No. of Female Patient
82	68
54.66%	45.33%

■ Number of male patients ■ Number of female patients

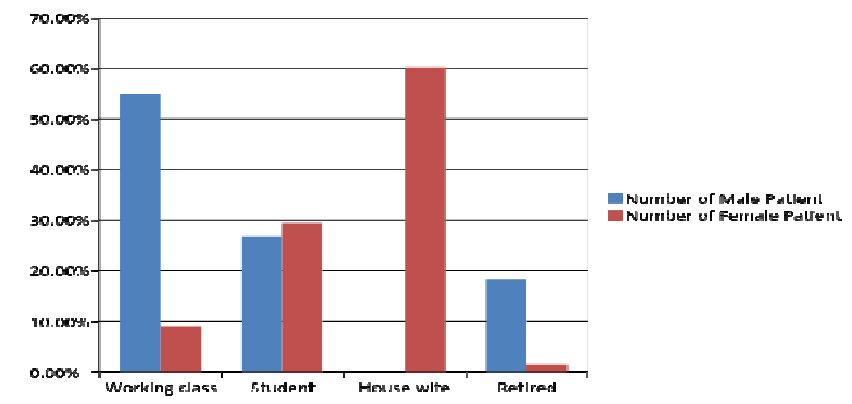


Interpretation: From the above chart, it is clear that 55% respondents are male Patient and 45% female Patient.

Table 2: Classification of Respondents.

	Number of Male Patient	Number of Female Patient
Working class	45	6
Working class	54.87%	8.82%
Student	22	20
Student	26.82%	29.41%
House wife	-	41
House wife	-	60.29%
Retired	15	1
Retired	18.29%	1.47%

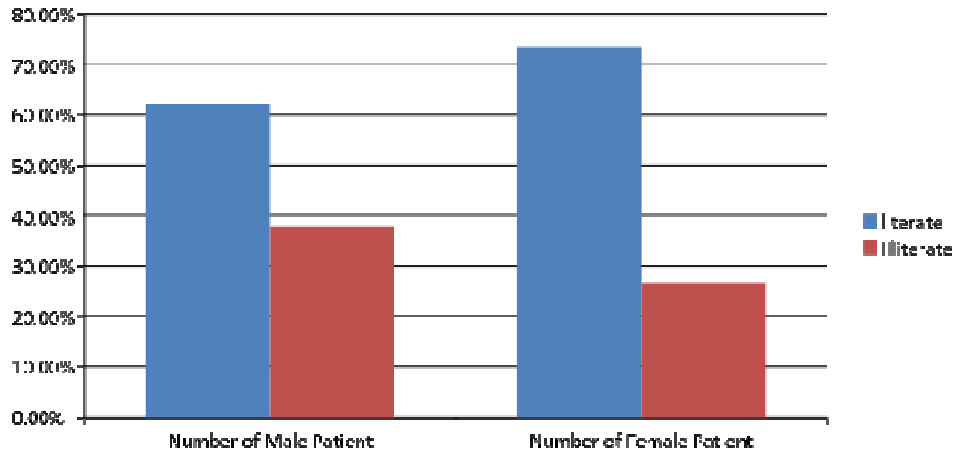
Interpretation: The above graph shows that 55% of male patients are working class, 27% of male patients are students, 18% of male patients are retired persons. 9% of female patients are working class, 30% of female patients are students, 60% of female patients are house wife and 1% of female patients are retired.



Bodha

Table 3: Educational Status of the Respondents.

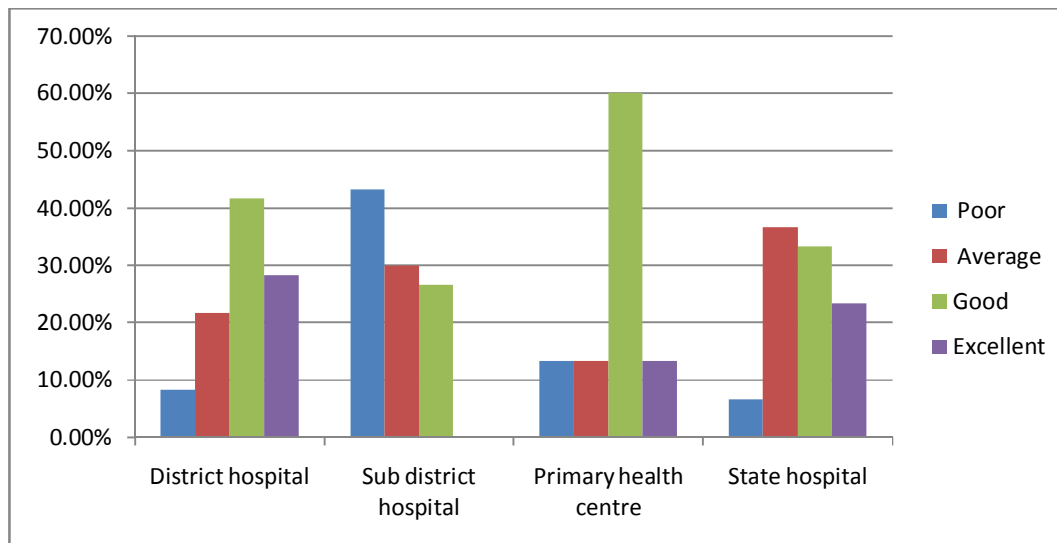
	Number of Male Patient	Number of Female Patient
Literate	51	50
Literate	62.19%	73.53%
Illiterate	31	18
Illiterate	37.80%	26.47%

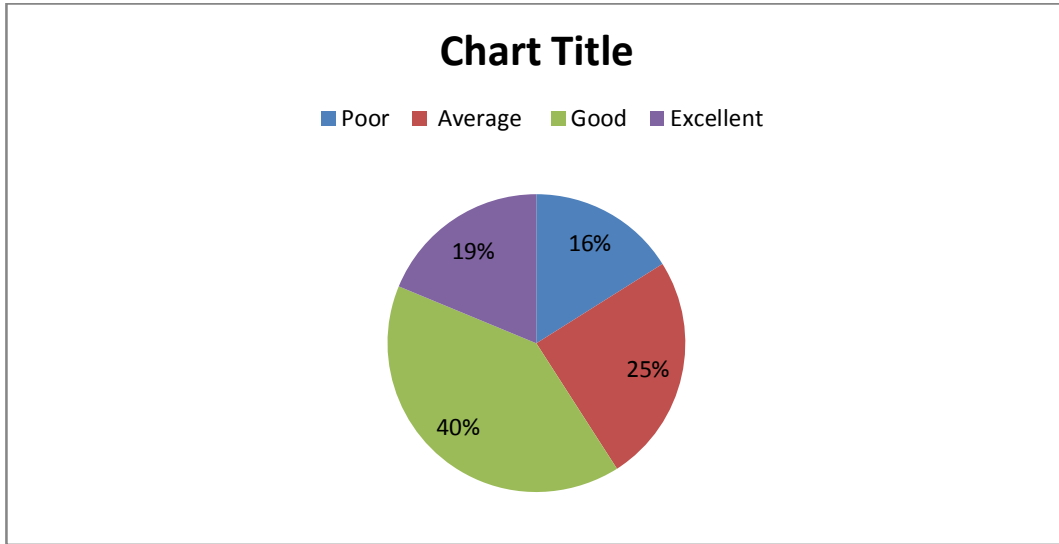


Interpretation: The above graph shows that 62% of male patients are literate and 38% of male patients are illiterate, 74% of female patients are literate and 26% of female patients are illiterate.

Table 4: Assessment of the health Quality Services.

Quality of treatment	District hospital	Sub District hospital	Primary health centre	State hospital	Total
Poor	5	13	4	2	24
Poor	8.33%	43.33%	13.33%	6.66%	16
Average	13	9	4	11	37
Average	21.66%	30%	13.33	36.66	24.66
Good	25	8	18	10	61
Good	41.66%	26.66%	60%	33.33%	40
Excellent	17	0	4	7	28
Excellent	28.33%	0%	13.33%	23.33%	18.66

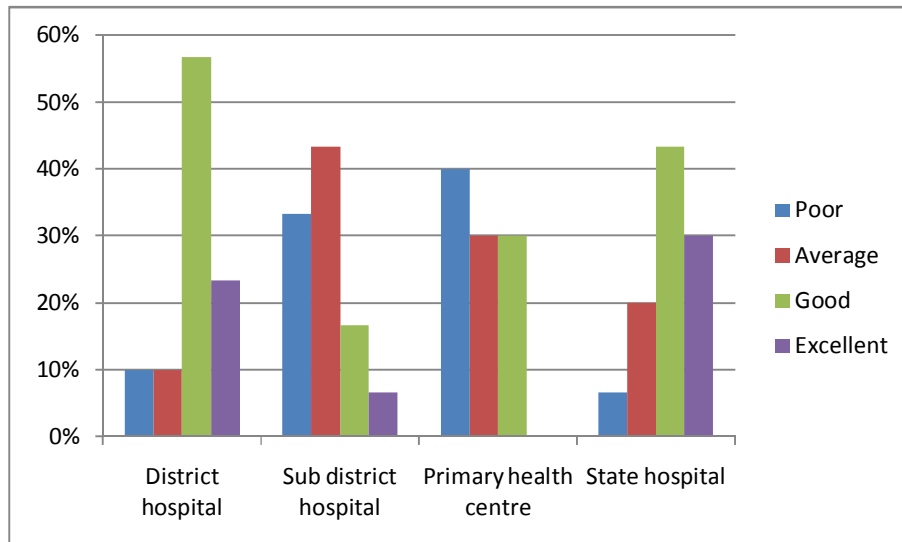




Interpretation: The above graph shows that 41% of patients rated treatment quality good in the hospital, 25% of patients rated average, 18% of patients rated excellent and 16% of patients rated treatment quality poor in the hospital. The data therefore reflects a satisfactory level of patients about the hospital services.

Table 5: Assessment of the health Quality Services with respect to hospital maintenance.

Cleanliness of the Hospital	District hospital	Sub District hospital	Primary health centre	State Hospital	Total
Poor	6	10	12	2	30
Poor	10%	33.33%	40%	6.66%	20%
Average	6	13	9	6	34
Average	10%	43.33%	30%	20%	22.66%
Good	34	5	9	13	61
Good	56.66%	16.66%	30%	43.33%	40.66%
Excellent	14	2	0	9	25
Excellent	23.33%	6.66%	0%	30%	16.66%



Interpretation: The above graph shows that 41% of patients rated cleanliness of the hospital good, 23% of patients rated average, 20% of patients rated poor and 16% of patients rated cleanliness of the hospital

excellent. The study therefore reveals that the majority of the respondents are satisfied with the hygienic maintenance of the hospital.

Table 6: Do you complaint about to hospital authority for any problem

	District Hospitals Anantnag/Pulwama	Sub District Hospital Bijbehara	Primary health center Awantipora	SKIMS Srinagar	Total
Yes	6	7	6	7	26
Yes	4%	4.6%	4%	4.6%	17.2%
No	7	55	58	4	124
No	4.6%	36.66%	38.66%	2.66%	82.58%

Is complaint being resolved?

	District Hospital Anantnag	District Hospital Pulwama	Sub District Hospital Bijbehara	PHC Awantipora	Total	percentage
Yes	12	1	1	25	46	30.66
No	1	4	4	58	104	69.33

V. CONCLUSION

Hospitals are meant for the care and cost of treatment to patients. The Government hospitals make the health care possible with an ease and relatively manageable manner particularly for those who could not afford to pay the bills of private hospitals. The study shows a good level of satisfaction of services as reflected from the survey of the hospitals. However the Poor condition of Government hospitals, the negligence of doctors there, lack of beds, lack of hygiene makes it worse and the patient’s family is nearly afraid of admitting their patients in Government hospitals. The Government must take measures to ensure that the hospitals not only provide cost effective treatment but also provide better care and facilities to the ailing patients. The study although reflects the positive and satisfactory level of patients with regard to the basic parameters of health and car, still defines about the room of improvement in the hygienic and infrastructure level of hospitals. It is found that the complaints of the patients are not given an immediate redresses and therefore the issues of dissatisfaction become the point of panic for them. The State needs to be more accountable and careful with regard to the health standards of the people. It should ensure more safe and good health care services as good

health of people is the sign of progress and growth of nation.

REFERENCES

[1]. Sharma,Y., Sharma, R.K., Lomes, L.A (2013). “Hospital Administration, Principles and Practice”. Health Sciences Publisher.
 [2]. Rooney AL and Ostenberg PR (1999). “Licensure, accreditation and certification: Approaches to health service quality”. Bethesda, USA: Quality Assurance Project.
 [3]. Shortell SM and Kaluzny AD (1997). “Essentials of Health Care Management”. Delmar Publishers
 [4]. Shojania KG, Duncan BW, McDonald KM, Wachter RM and Markowitz AJ. (2001). Making health care safer: A critical analysis of patient safety practices. Vol. 43: 1-668. Albany New York: Delmar Publisher
 [5]. Agency for Healthcare Research and Quality, Department of Health and Human Services. 2007b. AHRQ quality indicators: Guide to patient safety indicators, Version 3.1. Rockville, MD: AHRQ. March 12.
 [6]. http://www.qualityindicators.ahrq.gov/psi_download.htm
 [7]. Department of Health and Human Services. 2010. Hospital Compare database. <http://www.hospitalcompare.hhs.gov/>.