

A Study on level of satisfaction among beneficiaries under Janani Shishu Suraksha Karyakaram (JSSK) at regional hospital Nahan (H.P.)

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ABSTRACT

JSSK is a Central Government Sponsored Karyakaram implemented in Himachal Pradesh. It has been started to provide better health services to pregnant mothers and children up to one year of age, to reduce maternal and infant mortality rate. However, it has been observed that about one third of beneficiaries were not aware about this Karyakaram. In public health institutions (Hospitals) buildings were quite old; require repair of ante natal, postpartum and children wards including toilets. It has been found that the satisfaction level is better in relation to supporting services of the hospital specifically with the availability of transport i.e. National Ambulance Services (108), especially among the attendants of infants. However, there is enough scope to improve services, like housekeeping, drinking water, waiting and resting area for the attendants.

Keywords: Satisfaction level, beneficiaries, JSSK, Hospital, Himachal Pradesh

In India, about 67000 women die every year due to pregnancy related complications and approximately 13 lakhs infants die within one year of birth. Among infants,

9 lakhs die within four weeks of birth (i.e. approximately 2/3 rd of total infant deaths), out of which about 7 lakhs i.e. 75% die within first week (majority of them within first two days after birth). Thus first 28 days of infancy are very important and critical to save children. Both maternal and infant deaths could be reduced by ensuring timely access to quality services (both essential and emergency), in public health facilities without any burden out of pocket expenses on the family.

In order to reduce the maternal and infant mortality rate, under National Rural Health Mission (NRHM),

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Reproductive and Child Health Programme is being implemented to promote institutional deliveries and to ensure that skilled attendant is available at birth, so that mothers and newborns can be saved from pregnancy related deaths. It is expected that each and every pregnant women and infant get timely access to the health care system for the quality ante-natal, intra-natal, post-natal care, immunization and treatment of ailments free of cost.

To achieve this, under NHRM, Government of India had launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June 2011, throughout country, starting from Mewat district of Haryana. In Himachal Pradesh Matri Sewa Yojna was already been launched w.e.f.15th.

August 2010 which later on changed to Janani Shishu Suraksha Karyakaram (JSSK) w.e.f.15th August 2011. In this Karyakaram, the Government of Himachal Pradesh had extended free treatment to the children from 28 days to 1 year of age. Under this scheme all pregnant mothers in public health institution will get absolutely free ante-natal, natal (including caesarean section), post natal care and all sorts of treatment of infant i.e. up to one year of age. Their entitlements include free drugs, consumables, free diagnostics, diet, transport and blood whenever required.

The main function of the hospital (public health institution) is to promote the health of the community (Tasneem, A., Shaukat, S., Amin, F. *et al.* 2010). With the growing community consciousness about hospital services, expectations about the hospitals performance are also rising. Hospital has become a place of high expectations in the modern times to which everyone looks for help in the times of distress, reported from zonal hospital Mandi (Sharma, R.K. 2005). Hospital administration is to secure better output through optimum utilization of inputs (Roy, P. 1991). Patient satisfaction is defined as the degree of congruency between patient's expectations of ideal care and his/her perception of real care (s) in comparison to what he/ she receives (Aragon, S.J. & Gessell, S.B., 2003). Various dimensions of patient satisfaction in hospital include i.e. outdoor, indoor (admission to discharge) and follow-up services. It has been reported that the interpersonal communication and technical skills

of health care provider are two unique dimensions involved in patients and attendants assessment about hospital care (Cheng, S.H., Yang, M.C. and Chiang, T.L. 2003). Better appreciation of factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirement of patients, as perceived by patient and service providers (Goel, S.L. and Kumar, R. 2002). Patient's satisfaction is an important issue both for evaluation and improvement of health care services (Guadagnino, C. 2013).

The satisfaction regarding listening of complaints, behaviour of doctor and paramedical staff was found around 60% (Kersnik, J. and Report, T., 2002). A High proportion of patients were dissatisfied by the toilet facilities in the hospital (Qadri, S.S., Pathak, R., Singh, M. *et al.* 2012) revealed in a study from territory care hospital in rural Haryana and the similar results were found in various other studies around the world (Sivalenka, S., 2011 and Peerasak, I., Surasak, B. and Pattanawadi, U. 2004). Another study from Kuwait, reported a still higher level of dissatisfaction (80%) on the condition of hospital toilets (AI-Eisa, I.S., AI-Mutar, M.S. and Radwan, M.M. *et al.* 2005).

Regional Hospital Nahan (public health institution), secondary level health institution provide care to the whole district population. The maternal and child health centre, managed by doctors, health supervisors, health workers and midwives. In the hospital, there are 22 doctors (includes two gynaecologists and two paediatrician), 44 staff nurses, 8 ward sisters, two matrons, one nursing superintendent and 82 paramedical worker and other supporting staff (laboratory technician, pharmacist, radiographer, health supervisors, health workers, dresser, midwives, cook, receptionist, clerks, accountant, drivers, ward boy, class IV and part time workers). In an average 120 normal deliveries and 20 to 30 caesarean sections are performed in a month. In children ward 8 to 12 children used to get admitted daily.

The National Ambulance Services (free transport service) was started at Nahan hospital w.e.f. 25th December 2010. The Janani Shishu Suraksha Karyakaram (JSSK) was started in this hospital w.e.f. 15th October 2011. In 2012-2013, 779 pregnant mothers (621 had normal

deliveries and 158 caesarean section) and 535 infants had availed services under this Karyakaram. Under this Karyakaram total money spent during 2012-2013 was ₹ 13, 76,000 (on consumables ₹ 8, 65,000; on diagnostic ₹ 1, 43,000 and on transport ₹ 3, 68,000) in addition to the free services of National Ambulance i.e. 108.

In view of the above, an effort has been made in this study, to assess the satisfaction level among beneficiaries under Janani Shishu Suraksha Karyakaram (pregnant mothers and attendants of infants) in relation to service provided to them under various components like available infrastructure of the hospital, service providers (their attitude and behaviour), consumable, investigations and equipments and supportive services like food, transport, housekeeping available in this health institution.

METHODOLOGY

Study was proposed to conduct from July 2013 to September 2013. Hospital data of eligible beneficiaries was screened from July 2012 to September 2012; it was found that 30 to 70 beneficiaries can be included in this study among both the groups. A set of 9 slips with numbers 30, 35, 40, 45, 50, 55, 60, 65 and 70 were prepared, folded in a similar design. One slip was picked up, showed number 50. Thus finally it was decided that 50 respondents from each group will be included in this study.

It was decided to interview the respondents (pregnant mothers and attendants of infants) in local dialects. For data collection a detailed questionnaire was prepared. The first part of questionnaire included questions about personal, social background, caste, area they belong, literacy level, source of information about JSSK, number of visits to the hospital and their socio-economic status i.e. below and above poverty line (BPL, APL) and others services availed by them in the hospital like special ward having monthly income more than ₹ 20, 000.

In the second part of the questionnaire, questions pertain to the available hospital services were divided in to 5 major components like, (1) available infrastructure in the hospital (sub-components like stretcher, wheel chair, beds, linen, ancillary article like I/V stand, screen,

condition of the wards, toilets and waiting/resting areas), (2) Service providers i.e. staff members (doctors in outdoor and in indoor, staff nurses and nursing care , routine and emergency services in wards and follow-up services in outpatient department), (3) Behaviour and attitude of staff (in indoor, outpatient department, frequent communication by the staff about patients condition, discharge and guidance at the time of discharge), (4) availability of consumables, equipments and investigations in routine as well in emergency (5) Supporting services (including availability of free transport to bring the patient to hospital and at the time of discharge from hospital to home, free diet, drinking water facilities and sings system etc.).

Questionnaire had both open and closed ended question depending upon the type of information required. 5 point scale was used to evaluate the satisfaction level of respondents i.e. in terms of highly satisfied, satisfied, undecided, dissatisfied and highly dissatisfied (Likert, R. 1932). Questionnaire was pretested on 10 respondents from each group and modified accordingly.

Data Collection and Analysis

In this study 50 respondents from both the groups were selected on random basis for interview (among 246 beneficiaries' i.e.140 pregnant mothers and 104 attendants of infants attended hospital during the study period). Aim of the study was explained to the respondents and consent was obtained. Satisfaction level of each component was assessed and marked on the response sheet (questionnaire). For analysis each response was marked on tally sheet. The frequency distribution tables were prepared for each variable and analysed accordingly. Since the study was conducted to assess the satisfaction level from the hospital services, each sub component of every major component of hospital services was assessed separately.

Observation and Results

In this study, it was found that a large majority of pregnant mothers and infants attended the hospital was from rural background and approximately half of them belongs to schedule caste (SC) and other backward class (OBC). More than two third were from below poverty

line category, only very few two (4%) of the pregnant mothers and three (6%) infants had availed services in the special wards. About 80% pregnant mothers and 90% attendants of the infants were matric or under-matric and only very few were graduate/ postgraduate. Majority of the pregnant mothers had visited the hospital more than five times, rather 44 (88%) pregnant mothers had visited the hospital three or more times, suggested that a large number of pregnant mothers had availed adequate anti-natal care. Majority of the infants had visited the hospital for health care and treatment 2 to 3 times in a year. About 45% of the pregnant mothers and half of the attendants got the information about the Karyakaram from the health department personal, only few from other sources and about 25% were not aware at all. Television played very less role where as radio did not play any role, as stated by the respondent.

Satisfactions Level of the respondents

Infrastructure of the hospital

Among pregnant mothers (Table No. 1), out of 50 respondents, 49 (98%) were satisfied with the availability of stretcher, wheel chair, while shifting the patients to the wards from outdoor and with the availability of beds, mattresses and other linen articles in the wards.

All the 50 (100%) respondents were satisfied with the availability of ancillary articles like i/v stand and urine pot for patients and stool for the patient's attendants and screen for the privacy of the patients in the wards. 47 (94%) respondents were satisfied with availability of waiting/resting area for the patients' attendants. Regarding the condition of the building 44 (88%) respondents and for the cleanliness of wards and toilets 42 (84%) respondents were just satisfied. Only few, three (6%) respondents were dissatisfied with the condition of the building and cleanness of ward and toilets.

Among attendants of infants (Table. No. 2), all the respondents 50 (100%), were satisfied as far as availability of stretcher, wheel chair for shifting the patient to ward and availability of bed, mattress and linen in the children ward. 49 (98%) respondents out of 50 were satisfied with the availability of I/V stand for patients, stool for attendants and screen for privacy. About the condition of the building of children ward and toilets 44 (88%) respondents were satisfied, whereas three (6%) were dissatisfied. Regarding cleanliness of children ward and toilets only 42 (84%) respondents were satisfied and four (4%) were dissatisfied. All the respondents were satisfied with the available waiting area and resting area in the children ward.

Table 1: Satisfaction level of pregnant mothers in relation to Infrastructure

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of stretcher /wheel chair during shifting to ward.	00	49	01	00	00	50
2.	Providing bed, mattress, pillow, blankets and linen	00	48	00	02	00	50
3.	Availability of ancillary like IV stand /urine pot /bedpan /stool /screen etc	00	50	00	00	00	50
4.	Condition of building (Ward/ Toilets)	00	44	03	03	00	50
5.	Cleanliness of wards and toilets	00	42	05	03	00	50
6.	Waiting area/resting area available for the attendants	00	47	03	00	00	50

Table 2: Satisfaction level of attendants of infants in relation to infrastructure

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of stretcher /wheel chair during shifting to ward.	00	50	00	00	00	50
2.	Providing bed , mattress, pillow, blankets and linen	00	50	00	00	00	50
3.	Availability of ancillary like IV stand /urine pot /bedpan /stool /screen etc	00	49	01	00	00	50
4.	Condition of building (Ward/ Toilets)	00	44	03	03	00	50
5.	Cleanliness of wards and toilets	00	42	04	04	00	50
6.	Waiting area/resting area available for the attendants	00	50	00	00	00	50

Services provided in the hospital

Among pregnant mothers (Table No.3), 47 (94%) respondents were satisfied with the services provided by the doctors in outdoor and 46 (92%) respondents were satisfied with the attention provided by them in indoor immediately, whereas three (6%) respondents were highly satisfied with the services of the doctor in outdoor and in indoor. As far as nursing care and immediate attention, 46 (92%) and 48 (96%) respondents were satisfied respectively; only two to three respondents were highly satisfied with the nursing care and attention provided by the staff after admission respectively. All the respondents were satisfied with the routine ward rounds, emergency services provided by the doctors and staff nurses. 46 (92%) respondents were satisfied and two were highly satisfied regarding follow-up services provided in the outdoor.

Among attendants of infants (Table No. 4), 48 (96%) respondents were satisfied with the consultancy of doctors in the outdoor, though one (2%) was dissatisfied. 43(86%) respondents were satisfied with the immediate attention given by the doctors after admission, rather three (6%) were highly satisfied because all these three patients were serious and were accompanied by the doctor to indoor himself. Similarly 47 (94%) respondents were satisfied with the availability of immediate services of staff nurses and two (4%) were highly satisfied. A large number of respondents 49 (98%) were satisfied by the nursing care and routine ward rounds, emergency services provided by the doctors and nursing and paramedical staff. 48 (96%) respondents were satisfied with the follow-up services in the hospital.

Table 3: Satisfaction level of pregnant mothers in relation to service provider

Sr. No	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	OPD Consultancy interaction with the Doctors	03	47	00	00	00	50
2.	Immediate attention given after admission by Doctor	03	46	01	00	00	50
3.	Immediate attention given after admission by staff	02	48	00	00	00	50
4.	Nursing care	03	46	01	00	00	50
5.	Routine ward rounds and emergency services by the doctors and staff nurse	00	50	00	00	00	50
6.	Follow-Up services in the outpatient department	02	46	02	00	00	50

Table 4: Satisfaction level of attendants of infants in relation to service provider

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	OPD Consultancy interaction with the Doctors	01	48	00	01	00	50
2.	Immediate attention given after admission by Doctor	03	43	03	01	00	50
3.	Immediate attention given after admission by staff	02	47	00	01	00	50
4.	Nursing care	00	49	00	01	00	50
5.	Routine ward rounds and emergency services by the doctors and staff nurse	01	49	00	00	00	50
6.	Follow-Up services in the outdoor	00	48	02	00	00	50

Behaviour and attitude of staff

Among pregnant mothers (Table No. 5), all the 50 (100%) respondents were satisfied by the behaviour of staff during filling of indoor admission sheet and while providing medicines. Majority of the respondent's i.e. 45 (90%) had frequent communication about patient condition and about the discharge and were satisfied. At the time of discharge, a large majority of the respondents i.e. 47 (94%) were satisfied in relation to guidance about diet, medicine, care of the patients at home, immunization and further follow-up in the hospital and only one was dissatisfied as far as advice at

the time of discharge.

Among attendants of infants (Table No. 6), three (6%) were highly satisfied and 47 (94%) were satisfied with the behaviour of staff during filling of indoor admission sheet and almost same number were satisfied and highly satisfied by the behaviour of staff while providing medicines. 49 (98%) respondents were satisfied in regards to the communication of staff with the attendants about the patient's condition, his/her discharge and advice at the time of discharge i.e. about diet, medicine at home and later on about immunization and further follow-up in the hospital.

Table 5: Satisfaction level of pregnant mothers in relation to behaviour and attitude of staff

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Behaviour of Staff during filling of indoor Admission Sheet	00	50	00	00	00	50
2.	Behaviour of Staff while providing medicine etc.	00	50	00	00	00	50
3.	Frequent communication by Staff about patient condition / discharge	00	45	05	00	00	50
4.	At the time of discharge guidance/ diet, care, medicine, immunization & follow-up	00	47	02	01	00	50

Table 6: Satisfaction level of attendants of infants in relation to behaviour and attitude of staff

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Behaviour of Staff during filling of indoor Admission Sheet	03	47	00	00	00	50
2.	Behaviour of Staff while providing medicine etc.	02	48	00	00	00	50
3.	Frequent communication by Staff about patient condition / discharge	00	49	01	00	00	50
4.	At the time of discharge guidance/ diet ,care, medicine, immunization & follow-up	00	49	01	00	00	50

Availability of medicine, equipments and investigations

Among pregnant mothers (Table No. 7), all the respondents were satisfied with all the components of this group i.e. with the availability of all routine medicine as well as in emergency medicines and all the required equipments were available in the labour room round the clock. Similarly 49 (98%) respondents were satisfied with the available investigation 24×7 (including laboratory services, x-ray, ultra-sonography and

electrocardiogram etc) and only one was dissatisfied without any specific reason.

Among attendants of infants (Table No. 8), all the respondents were satisfied as far as availability of medicines and consumables from the hospital in the children ward, at the same time with the availability of medical equipments like suction apparatus, endo-tracheal tube, laryngoscope, oxygen concentrator etc. all the emergency medicine were available in the children ward round the clock.

Table 7: Satisfaction level of pregnant mothers in relation to consumables, equipments and investigations

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of Medicine and consumables	00	50	00	00	00	50
2.	Availability of essential Medical equipments in labour room/ Children ward	02	48	00	00	00	50
3.	Emergency medicines (Life Saving) available in the wards	00	50	00	00	00	50
4.	Availability of Lab. Services like X-Ray, USG, ECG etc.	00	49	00	01	00	50

Table 8: Satisfaction level of attendants of infants in relation to consumables, equipments and investigations

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of Medicine and consumables	02	48	00	00	00	50
2.	Availability of essential Medical equipments in labour room/ Children ward	00	50	00	00	00	50
3.	Emergency medicines (Life Saving) available in the wards	00	48	01	01	00	50
4.	Availability of Lab. Services like X-Ray, USG, ECG etc.	00	48	02	00	00	50

Only one respondent was dissatisfied without any reason. 48 (96%) respondents were satisfied with the available investigations in the hospital round the clock.

Supporting services

Among pregnant mothers (Table No. 9), 44 (88%) respondents were satisfied with the transport i.e. Transport available to shift the patient from home to hospital and from hospital to home and for referral services i.e. health institution to higher health institution. Five respondents were highly satisfied with the transport services provided by the 108 ambulance and only one respondent was unable to decide, probably she was not aware about these services. Large numbers of the respondents were satisfied with the available singes system in the hospital to locate the various sections of the hospital. 49 (98%) respondents were satisfied with the services provided at the registration counter round

the clock. 47 (94%) respondents were satisfied with the available free diet and drinking water in the hospital and only one to two were dissatisfied. All the respondents i.e. 50 (100%) were happy and satisfied with the availability of free transport at the time of discharge.

Among attendants of infants (table No. 10), 39(78%) respondents were satisfied and 11(22%) were highly satisfied with the availability of transport to shift the infant from home to hospital by the 108 National Ambulance services. All the respondents were satisfied with the singes system in the hospital and children ward and the services provided at the registration counter on 24x7 basis. 49 (98%) respondents were satisfied with the free available diet to the children in the ward and transport facilities to shift the child to his/ her home at the time of discharge free of cost. Six respondents were not able to decide about drinking water in the hospital, whereas 44 (88%) respondents were satisfied.

Table 9: Satisfaction level of pregnant mothers in relation to supporting services

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of Transportation from home to hospital (108/Ambulance/any other	05	44	01	00	00	50
2.	Signboards/Locating departments were available	01	49	00	00	00	50
3.	Services provided on registration counter	00	49	01	00	00	50
4.	Diet available in the hospital	00	47	02	01	00	50
5.	Drinking water facility available	00	47	01	02	00	50
6.	Transport facilities available at the time of discharge	00	50	00	00	00	50

Table 10: Satisfaction level of attendants of infants in relation to supporting services

Sr. No.	Components	Highly Satisfied	Satisfied	Undecided	Dissatisfied	Highly Dissatisfied	Total
1.	Availability of Transportation from home to hospital (108/ Ambulance/any other	11	39	00	00	00	50
2.	Signboards/Locating departments were available	00	50	00	00	00	50
3.	Services provided on registration counter	00	50	00	00	00	50
4.	Diet available in the hospital	00	49	00	01	00	50
5.	Drinking water facility available	00	44	06	00	00	50
6.	Transport facilities available at the time of discharge	01	49	00	00	00	50

DISCUSSION

This study revealed that with the available infrastructure in the outpatient department, maternity and children ward i.e. stretcher, wheel chair, bed, mattress, pillow, bed sheets and ancillary articles like bed pan, urine pot I/V stand, screen for privacy and stool for attendants and benches in the waiting and resting area for attendants, almost all the pregnant mothers and attendants were satisfied. Pregnant mothers and attendants of the infants were just satisfied and some of them were dissatisfied with the condition of toilets/ward and about the cleanliness, probably due to quite old building of the hospital, inadequate number of manpower i.e. housekeeping staff and casual attitude of their supervisory staff.

Different types of services were provided in the hospital like in outdoor patients department, after admission in the wards i.e. immediate attention provided by the doctors, staff nurses and other paramedical staff, nursing care during the stay in hospital, routine ward rounds and emergencies services in the ward and after discharge follow-up services in the outdoor, almost all pregnant mothers and attendants of infants were satisfied rather few of the beneficiaries were highly satisfied, because sometimes in a serious condition doctor or paramedical staff accompanied the patient to indoor, while shifting from the outdoor. Similarly in children ward few of the attendants were highly satisfied as for as routine ward rounds and attention provided by the doctors and staff. Almost every beneficiary was satisfied with the nursing care in both maternity and children ward. Behaviour and attitude of the staff (nurses and Para-medical staff) to the beneficiaries especially while filling of indoor admission sheet, while providing all medicines free of cost, frequent communication about the patient's condition, probable time of discharge and proper guidance at the time of discharge about the medicine, diet, routine immunization and regarding follow-up in the hospital, all the pregnant mothers and attendants of infants were satisfied, rather few of the attendants in the children ward were highly satisfied, probably because they were inquiring repeatedly same questions and irritating the staff (staff nurses and paramedical staff) but were still getting the satisfied answers. Only one

pregnant mother was dissatisfied at the time of discharge due to the behaviour and attitude of staff, probably due to excessive work and mental stress among the staff members. Another reason for high satisfaction is that majority of doctors, nurses, and paramedical staff enjoy the same language and cultural values.

Pregnant mother and infants got all the medicine and other consumables including all the emergency medicine (including life saving drugs) free from the hospital, so all were satisfied. As for as, availability of medical equipments in labour room and children ward is concerned, all beneficiaries were satisfied and few were highly satisfied, because of quick response i.e. immediate availability. Availability of free laboratory services like X-ray, ultra-sonography, electrocardiogram round the clock, almost all the pregnant mothers and attendants of infants were satisfied; only one pregnant mother was dissatisfied, without any specific reasons.

In relation to supporting services i.e. availability of free transport to the pregnant mothers and infants from home to hospital and at the time of discharge from hospital to home (108 National Ambulance services or by any other free transport), all the beneficiaries were satisfied, rather few of them, i.e. 5 pregnant mothers and 11 attendants of infants were highly satisfied because of quick response. With the sings system in the hospital and the services provided at the registration counter all beneficiaries were satisfied. Few of the beneficiaries (one to two) were dissatisfied with the availability of free diet and drinking water facility in both the maternity and children ward, which requires some improvement.

CONCLUSION AND SUGGESTIONS

From this study, it is concluded that a large majority of the beneficiaries were just satisfied with the services available in the hospital. In this study, to assess the satisfaction level, a 5 point scale was used, rating as i.e. highly satisfied, satisfied, undecided, dissatisfied and highly dissatisfied. To achieve the top rank of satisfaction scale i.e. highly satisfied among the beneficiaries (pregnant mothers and attendants of infants), further some improvements in hospital services are suggested

1. JSSK is a Central Government Sponsored Karyakaram, and implemented properly in Himachal Pradesh. Poor, schedule caste and most well informed people from the rural area were availing health services under this Karyakaram.
2. About one third beneficiaries were not aware about this Karyakaram, Repeatedly awareness camps about this Karyakaram should be organized throughout the district to disseminate the complete information among general public, so that 100% pregnant mothers and 100% infants can get the maximum benefit under this Karyakaram.
3. Public health institution (Hospital) buildings are quite old; require maintenance, repair of ante natal, postpartum, children wards and toilets. Supervisory staff should be held responsible to maintain the cleanliness in the wards and toilets, as they are suppose to supervise contractual workers.
4. The satisfaction level is better in relation to supporting services of the hospital specifically with the availability of transport, National Ambulance services 108. Moreover services, like drinking water, waiting and resting area for the attendants should be improved and further availability of cafeteria and public telephone facility should be provided in the hospital complex.
5. To increase the satisfaction level among beneficiaries from just satisfied to highly satisfied, additional staff, i.e. more number of gynaecologist, paediatrician, lady doctors/staff nurses and paramedical staff members are required to cope up with the work load under this Karyakaram and not at the cost of other hospital services. Further strengthening of communication, information and transport system is suggested.

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