Chapter – VI

Conclusions and Recommendations

It is understood that health is the general condition of a person in all aspects. It is also a level of functional or metabolic efficiency of an organism, often implicitly human. In the year 1986, the WHO, in the Ottawa Charter for Health Promotion, defined health as “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment and the person’s individual characteristics and behaviours. The social and economic environments are key factors in determining the health status of individuals. The physical environment is perhaps the most important factor that should be considered when classifying the health status of an individual.

About six decades ago at the launch of the World Health Organization, the world’s governments declared health to be a Fundamental Human Right which is without distinction of race, religion, political belief, economic or social condition. Thirty years ago in Alma Ata, the world’s governments called for Health for All by the year 2000, mainly through the expansion of access to primary health care facilities and services. Ever since, India embarked on a series of reforms intending to deliver better health care. India's healthcare scenario has seen significant improvements, enhancements and innovations in the past few years along various dimensions - expanding network of private healthcare providers, a competitive pharmaceutical industry and dynamic health insurance products.

It is true, things have changed dramatically in the healthcare system. The primary healthcare infrastructure has recorded an impressive development during the last 50 years of India Independence. However, access to basic healthcare amenities is still considered to be a luxury in many parts of the country. As a result, a country that has registered staggering economic growth is struggling to fulfill the most basic healthcare needs. The
government’s spending on healthcare continues to be one of the lowest in the world. Monetary stakes are not high and this is reflected in the condition of government-funded healthcare.¹

Thus, the present research work has attempted to examine and evaluate the delivery of primary health care and health care administration in tribal area with a case study in Phek district of Nagaland. In each chapter of the study numerous issues were discussed extensively and out of which the following major findings, inferences, observations, recommendations and suggestions have been framed. It is believed that the concerned health authorities and policy framers will take note of the findings and suggestions to improve the delivery of primary health care and health care administration of the state Nagaland and Phek district in particular.

Findings regarding the organizational structure and infrastructure.

- The organization structure of the Health and Family Welfare Department of Nagaland had proper administration structure and was in order.
- It was found practices of delegation, for instances every National or State health schemes or programmes was delegated to Additional Directors or Deputy Directors to be carried out the programmes.
- It was found that there was adequate infrastructure particularly in District Hospital and CHC for the delivery of primary health care. However, at the grass root level the infrastructure was very poor.
- It was found the practices of territorial decentralization was followed as the organization functions were decentralized among district, blocks, cluster of villages and range.
- There were health centres in almost all the villages in the area.
- It was found that there was hospital building in most of the village.
- There were limited quarters for the medical staff.
- Laboratory facilities were available in District Hospital and all the CHC.
- The District hospital had adequate manpower to manage the hospital.

¹ www.asianhhm.com/foreword-healthcare-reforms-india.htm

263
- It was found that the beds in the wards were not enough to accommodate the patients during summer and rainy season for the patients.
- The necessary health facilities were available in the District hospital however, there was limited number of quarters to accommodate the medical staff.
- It was found the Community Health Centres had limited access to modern health equipment.
- The Community Health Centres in the district do not have a specialized Doctor.
- The manpower in the Community Health Centre was adequate to manage the health centre.
- There was disparity of facilities within the existing Community Health Centre.
- It was found that the Community Health Centres had average health facilities.
- It was found that there existed wide gap in facilities available infrastructure existing between CHCs and PHCs.
- There was limited manpower in most of the PHC.
- The PHC were in dire need of implementing proper health and infrastructure facilities to provide good health care.
- There was a wide difference of health care facilities between the health centres in villages and in towns.
- It was found that most of the Sub-Centres were without staff in the station however, they were attached either to Primary Health Centres or Community Health Centres.
- It was evident the Sub-Centres were neglected by both health staff and the health authorities.
- It was evident that proper first-aid facilities were not available in the Sub-Centres.
- There was no proper infrastructure in most of the Sub-Centres.
- The participation of community was very minimal.
- The current performance of the health centres in the district was below expectations due to inadequate staff strength, equipment and service availability.
- There were accountability failures, significant referral problem, and tremendous logistical problems.
There was disparity and inadequacy in the rural health care system.

**Inferences drawn regarding the administration structure of primary healthcare**

- The Department of Health and Family Welfare of Nagaland have proper administration structure for the delivery of primary healthcare.
- The status of District Hospitals, CHCs and most of the PHCs is found with adequate infrastructure and healthcare facilities.
- The district hospital Phek has adequate manpower though with limited infrastructure and facilities.
- The CHCs have limited access to modern healthcare facilities.
- Health centres are available in almost all the villages despite poor infrastructure.
- The CHCs has adequate manpower however with no specialized doctor.
- The PHCs and SCs have shortage of staff.
- The healthcare officials are casual at the grass root level.
- The evidence of political involvement in transfer matters of the health staff.
- The infrastructure in all the SCs is below standard.
- There is lack of community participation.
- The performance of the health centres is below expectation due to paucity of staff, equipment and medicines availability.

**Major Findings: Satisfaction of the Doctors on the deliverance of Primary Health Care. (Chapter III)**

- The high majority of the respondents agreed with the statement that their job provided them opportunities to get exposed to new areas in the field of health care.
- The highly significant majority of the respondents were in agreement that their job provided them opportunities to grow professionally.
- The majority of the respondents were in agreement that they got enough opportunity to use their professional skills.
- There was a mixed response to the query that there were chances of promotion as per qualification and experience.
The majority of the respondents agreed that their colleagues respect their professional judgment.

The majority of the respondents were in agreement with the statement that the senior physician respects their professional ability.

Highly significant majority of the respondents were in agreement that their work was appreciated by patients and their attendants.

The fair majority of respondents were in agreement that they found suitable solution to day to day problems.

Highly significant majority of the respondents were in agreement that they had the ability to effectively serve the patients.

Significant majority of the respondents were in agreement that they were satisfied with the workload they had to perform.

Significant majority of the respondents were in agreement that they were allowed to take initiative and act on their own.

The significant majority of the respondents were in agreement that their profession was interesting to keep on going.

Majority of the respondents agreed that they got fatigued at the end of days’ work.

Majority of the respondents were in agreement that they wished to continue to perform present nature of work for a longer time.

Simple majority of the respondents agreed that there were clear guidelines to follow regarding their work profile.

There was a mixed response on the viewpoint whether they were satisfied with their service conditions.

The doctors remained mostly undecided with the statement that they had sufficient access to expert advice in matter where they needed consultation.

The majority of the respondents were in agreement that the senior Doctors shared knowledge and experience with them.

Fair majority of the respondents were in agreement that their senior Doctors valued their suggestions.
- The respondents had mixed response to the statement that their senior Doctors insisted that everything should be done the way they wanted it.
- There was mixed response with the query that their salary did not commensurate with the job and responsibility assigned to them.
- The majority of the respondents were in disagreement that they were satisfied with the fringe benefits provided to them.
- The high majority of the respondents were in agreement that all the staff members works as a team.
- High majority of the respondents were in agreement that the class IV employees were cooperative.
- Majority of the respondents were in agreement that the Nurses and Doctors worked collaboratively for the patients care.
- High majority of the respondents were in agreement with the statement that the physical working environment was congenial.
- High majority of the respondents were in disagreement that they were satisfied with the supply of equipment in ward.
- Simple majority of the respondents were in agreement that they got enough time for recreation.
- Significant majority of the respondents were in agreement that they were highly respected in the society due to their job.
- The respondents had mixed response with the statement that the administration of the institution provided satisfactory facilities in the performance of their job.
- The high majority of the respondents were in agreement that overall they were satisfied with their job.

**Inferences drawn regarding job satisfaction among the Doctors**

- The Doctors get opportunities to use their professional skills.
- The Doctors get promotion as per qualification and experience.
- The female workers are respected by their co-workers regarding their professional judgment. The senior Doctors are respected by the physicians for their professional ability.
- The doctors are appreciated by the patients and their attendants.
- The male doctors are confident in finding appropriate solution to day to day problems.
- The doctors are satisfied with the work load they had performed.
- The doctors take initiatives and act on their own.
- The doctors find their profession interesting.
- The doctors agree that their work is important for the society.
- The doctors are fatigue at the end of the day’s work.
- There are no proper guidelines to follow regarding work profile.
- The supervisors value the doctors suggestions particularly the female doctors view.
- The doctors are not satisfied with the salary and fringe benefits provided to them.
- The medical staff members work as a team.
- The doctors and the nurses work in collaboration for patient care.
- The physical working environment is congenial.
- There are inadequate supplies of equipment in ward/institution.
- The social circle of the doctors increase due to their job.
- The doctors are highly respected in the society.
- The Doctors younger in age are not satisfied with the institution policy and administration.
- The doctors find the institution interpersonal relationships are very cordial.
- Overall the Doctors are satisfied with their job.

**Major Findings: Satisfaction among the Nurses on their job in the deliverance of Primary Health Care. (Chapter IV)**

- Highly significant majority of the respondents were in agreement that they were satisfied with their job.
- Highly significant majority of the respondents were in agreement that their profession was interesting to keep it going.
- Highly significant majority of the respondents were in agreement with the statement that they were confident when they serve the patients.
The significant majority of the respondents were in agreement that their co-workers respected their professional judgment.

There were mixed responses to the statement that they wanted to continue to perform present nature of work for longer time.

Significant majority of the Nurses were satisfied with the workload they were to perform.

The majority of the Nurses were in agreement that their job provided opportunities to grow professionally.

The majority of the Nurses were in agreement that there were chances of promotion as per qualification.

The majority of the Nurses were undecided with the viewpoint that they were not fatigued at the end of the day’s work.

Highly significant majority of the respondents were in agreement that they were appreciated by patients or their attendants.

The majority of the respondents were in agreement that there were clear guidelines to follow regarding their work profile.

The majority of the respondents were in agreement that there were number of obsolete assignments in their job.

Highly significant majority of the respondents were in agreement that favouritism did not play any role in the performance of their job.

Significant majority of the Nurses agreed that their supervisors were helpful in the performance of their work.

Majority of the respondents were in agreement that they got feedback from their supervisors.

The majority of the Nurses were in agreement that their supervisors had sound professional knowledgeable.

Highly significant majority of the respondents were in agreement that their supervisors valued their suggestions.

The fair majority of respondents agreed that their supervisors insisted everything must be done the way they wanted it.
There were mixed responses on the statement whether their salary commensurate with position and responsibility assigned to them.

The majority of the respondents were in agreement that the staff members worked as a team.

The highly significant majority of the Nurses agreed that they had cordial relationship with their supervisor.

The majority of the respondents were in agreement that the class IV employees cooperated with them in carrying out their duties.

The majority of the Nurses were in agreement that the working environment of the institution was congenial.

The majority of the Nurses were in agreement that supply of equipment in ward/institution was adequate.

The majority of respondents were in agreement that they got enough time for recreation with their family.

The majority of Nurses agreed that they got respect from the society due to their profession.

Highly significant majority of the Nurses agreed that the institution supervision was good.

The majority of the respondents agreed that the interpersonal relationships in the institution were cordial.

The majority of the respondents agreed that the working conditions were at its best in the institution.

Significant majority of the respondents were in agreement that over all that they were satisfied with their job.

**Inferences drawn regarding job satisfaction among the nurses**

- The Nurses consider themselves fortunate to be in nursing profession.
- The Nurses are confident to serve the patients
- The Nurses and co-workers respect their professional judgment.
- The Nurses senior in age and in service years are not willing to continue their present type of vocation for longer time.
The Nurses are satisfied with the workload they had performed.

The Nurses with professional qualifications of GNM and ANM find their job provides opportunities to grow professionally.

The Nurses senior in age and in service age expect promotion as per their qualifications and experience.

The patients and their attendants appreciate the Nurses.

The nurses are satisfied with their work load they perform.

There are clear guidelines to follow regarding their work profile.

There are number of obsolete assignments in their job.

Most of the Nurses find their work interesting.

The supervisors are helpful in the performance of the Nurses work and they also get feedback from the supervisors.

The nurses agree that their work is important for the society.

Favouritism does not play any role in the performance of their job.

The supervisors value the nurses suggestions.

The junior nurses are satisfied with their salary however the senior nurses are not satisfied with their salary.

The medical staff members work as a team.

The nurses have collaboration relationship with their supervisors.

The junior nurses are not satisfied with the Class IV employees as cooperative.

The physical working environment was congenial for the nurses. However, the B.Sc nurses are not satisfied with physical working environment.

The Nurses are comfortable with their shift of work.

The Nurses get enough time for recreation with their family.

The Nurses social circle has increased due to their job.

The Nurses are satisfied with the institution working condition.

**Major Findings: Patients Satisfaction on the deliverance of Primary Health Care.**

(Chapter V)

- There were mixed responses to the statement that they were satisfied with the cleanliness of the health centres.
More of respondents agreed with the viewpoint that the medical staff was present on duty whenever they visited the health care institution.

A high majority of respondents agreed that medical staff was polite while dealing with patients.

Significant majority of respondents agreed that the medical staff was always willing to help the patients.

A high majority of respondents supported that the medical institution was crowded with patients.

Significant majority of respondents agreed that the medical staff shared with them the details of their disease.

Fair majority of respondents agreed that the medical staff answered to all their queries relating to their disease.

Majority of the respondents were in agreement with the statement that the medical staff listened to their problems patiently.

Fair majority of the respondents agreed with the viewpoint that the medical staff heard their complaints about pain and discomfort and took prompt action to give relief.

There were mixed responses on the query whether the skill of the medical staff placed in the health institution.

Higher proportion of respondents agreed with the statement that medical staff were concerned about them as a person.

Majority of respondents remained undecided with the statement whether medical staffs maintained the privacy of their disease.

A high majority of respondents were in agreement with the assertion that medical staff gave them medication and treatment on time.

High majority of the respondents were in agreement with the viewpoint that medical staff assisted them during the course of various procedures.

High majority of respondents agreed with the viewpoint that the medical staff recommended them to get the medical test done from outside.
- High majority of respondents were in agreement with the viewpoint that medical staff instructed them clearly about the medical treatment.
- Majority of respondents were in disagreement with the viewpoint that laboratory facilities were available in the health care institution.
- Significant majority of respondents were in agreement with the viewpoint that the medical staff informed them about the results of the tests performed on them.
- Majority of respondents negated the assertion that the medical staff hardly had time to listen to your health related problems.
- Majority of respondents were in support of the viewpoint that medical staff clearly instructed them on dietary precautions to be taken.
- High majority of respondents were in agreement pertaining to the viewpoint that instruction provided by the medical staff help them to manage their health care at home.
- The high majority of respondents were in agreement with the viewpoint that medical staff clearly explained to them about follow up schedule.
- Majority of respondents negated the viewpoint to the query that health care institution provided free of cost medicines.
- There were varied opinions to the query that the O.P.Ds had enough space to accommodate outdoor patients.
- Simple majority of respondents were in agreement with the viewpoint the patients were examined by their turn on first come first served basis.
- There were mixed responses to the statement that they were satisfied with the duration of time the medical staff spent on examining them.
- There were split responses to the viewpoint whether health care institution was situated at easily accessible location.
- There were split responses to the query whether medical staff examined their health related problems in privacy.
- There were varied opinions on the aspect whether the Doctors use hygienic protection before examining each patient.
There were mixed responses to the query whether delivery of health care was satisfactory.

**Inferences drawn from the patients satisfaction**

- The health centres are clean.
- The medical staffs are present on duty hours.
- The medical staffs are polite in dealings and willing to help the patients.
- Most of the time the medical institutions are crowded with patients.
- The medical staff answers to all their queries relating to their diseases.
- The patients complaints are taken action promptly.
- The medical staff talks to them and listens to their problems.
- The medical staffs are concern about the patients as a person.
- Most of the patients are not bothered about privacy of their diseases being maintained or not.
- The medical staff give them medication and treatment on time.
- The medical staffs are helpful during the course of various procedures.
- The medical staffs impart clear cut instruction about the treatment and dietary precautions to the patients.
- There are limit laboratory facilities in the health care institution.
- The followed up schedule are explain to the patients.
- Medicines are not available in most of the health care institution.
- The medical instrument facilities are not available in the most of the health care institution and those available medical equipments in the institution are not in working condition.

**Testing of Hypothesis**

In subsequent pages the hypotheses that were framed at the beginning of the study have been tested.

**Criteria for the Hypothesis Testing**

The findings which have been in favour of hypothesis have been marked as ✔ and which have been against have been marked as ☐ and neutral findings were marked as =. The results have been compiled on the basis of the Favourable counts.
and disfavourable counts ☐. In the end all the Favourable ☑, disfavourable ☐ and neutral counts = have been counted separately and where Favourable counts ☑ were more than double in number in comparison to the disfavourable counts ☐ then the hypothesis has been accepted, on the other hand when the disfavourable counts ☐ were more than double in comparison to the Favourable counts ☑ then the hypothesis has been rejected. Where the disfavourable counts ☐ and Favourable counts ☑ were not either way the hypothesis has been partially accepted. The Neutral counts = were not considered either way, hence were not counted for or against the hypothesis.

Criteria for Testing Statements:

The statements framed to test the effects of variables on the findings have been tested on the basis of simple majority criteria. The favourable counts or disfavourable counts were counted at the end and whichever of them out numbered the other indicated the approval or disapproval of the statements.

TESTING OF HYPOTHESIS

Hypothesis I: The organisational structure engaged in the delivery of Primary Health Care services in the state is adequate in terms of structural requirements as per the national norms.

The State Government of Nagaland had established the organizational structure for Department of Health and Family Welfare according to the needs and requirement of the state. It could be seen that the organizational structure was as per the norms of Indian Public Health Standards. Therefore, the organizational structure, which has been explained in Chapter II, has been found as per the national norms and also as per the administrative requirements for the delivery of primary health care in the state.

From the above analysis it could be seen that the Hypothesis that the organisational structure engaged in the delivery of Primary Health Care services in the state is adequate in terms of structural requirements as per the national norms. Hence, it stands accepted.
Hypothesis II: Primary health care infrastructure and the health care facilities available at District Hospital, Community Health Centres, Primary Health Centres and Sub-Centres are adequate.

- The District Hospital had all the officials in position. *(See Table 2.3)*
- The man power in the District Hospital has been functioning very close to the laid down norms of the IPHS. *(See Table 2.4)*
- The infrastructure of District Hospital was adequate.
- The District Hospital had IDSP laboratory facility.
- All the CHCs had hospital building. *(See Table 2.5)*
- All the CHCs had labour room.
- The CHCs had limited quarters for the medical staff.
- All the CHCs did not have concrete water reservoir.
- All the CHCs did not have waste disposal plant.
- All the CHCs had IDSP laboratory facilities. *(See Table 2.6)*
- All the CHCs did not have specialist Doctors. *(See Table 2.7)*
- All the CHCs had X-Ray machine except Meluri CHC.
- All the CHCs had ECG monitor except Meluri CHC.
- All the CHCs did not have labour table. *(See Table 2.8)*
- All the CHCs did not have delivery set. *(See Table 2.8)*
- Majority of the PHCs had hospital building. *(See Table 2.5)*
- Majority of the PHCs had labour room.
- Majority of the PHCs did not have Medical Officer quarter.
- The PHCs had limited quarters for the medical staff.
- All the PHCs did not have concrete water reservoir.
- All the PHCs did not have waste disposal plant.
- Majority of the PHCs did not have Medical Officer. *(See Table 2.7)*
- Majority of the PHCs did not have General Nursing Midwifery (GNM). *(See Table 2.7)*
- Majority of the PHCs did not have laboratory technician. *(See Table 2.8)*
- All the PHCs did not have Labour table.
All the PHCs did not have laboratory equipments.
All the PHCs did not have delivery set.
Majority of PHCs did not have deep freezer.
Majority of the SCs had building.
Only few SCs had staff quarters.
Majority of SCs did not have MWH. (See Table 2.7)
All the SCs did not have delivery set.

From the above findings it could be seen that there were Twelve ☑ and twenty negative to the statement. Thus, Hypothesis got unfavourable responses hence the Hypothesis II stands rejected.

Hypothesis III: The Doctors who are providing primary health care are satisfied with their job
☑ The majority of the respondents were in agreement with the statement that their job provided them opportunities to get exposed to new areas in the field of health care.
☑ The majority of the respondents were in agreement with the statement that their job provided them opportunities to grow professionally.
☑ The majority of the respondents were in agreement with the statement that they got enough opportunity to use their professional skills.
= There were mixed responses to the statement that there were chances of promotion as per qualification and experience.
☑ The majority of the respondents were in agreement with the statement that their colleagues respect their professional judgment.
☑ The majority of the respondents were in agreement with the statement that the senior physician respects their professional ability.
☑ The majority of the respondents were in agreement with the statement that their work was appreciated by patients and their attendants.
☑ The majority of respondents were in agreement with the statement that they find suitable solution to day to day problems.
☑ The majority of the respondents were in agreement with the statement that they had the ability to effectively serve the patients.

☑ The majority of the respondents were in agreement with the statement that they were satisfied with the workload they had to perform.

☑ The majority of the respondents were in agreement with the statement that they were allowed to take initiative and act on their own.

☑ The majority of the respondents were in agreement with the statement that their profession was interesting to keep on going.

☑ The majority of the respondents were in agreement with the statement that they got fatigued at the end of days’ work.

☑ The majority of the respondents were in agreement with the statement that they wished to continue to perform present nature of work for a longer time.

☑ The majority of the respondents were in agreement with the statement that there were clear guidelines to follow regarding their work profile.

= There were mixed responses to the statement that they were satisfied with their service conditions.

= The majority of the respondents responded undecided response with the statement that they had sufficient access to expert advice in matter where they needed consultation.

☐ The majority of the respondents were in agreement with the statement that the senior Doctors shared knowledge and experience with them.

☑ The majority of the respondents were in agreement with the statement that their senior Doctors valued their suggestions.

= There were mixed responses to the statement that their senior Doctors insisted that everything should be done the way they wanted it.

= There were mixed responses to the statement that their salary commensurate with the job and responsibility assigned to them.

☑ The majority of the respondents were in disagreement with the statement that they were satisfied with the fringe benefits provided to them.
The majority of the respondents were in agreement with the statement that all the staff members worked as a team.

The majority of the respondents were in agreement with the statement that the class IV employees were cooperative.

The majority of the respondents were in agreement with the statement that the Nurses and Doctors worked collaboratively for the patients care.

The majority of the respondents were in agreement with the statement that the physical working environment was congenial.

The majority of the respondents were in disagreement with the statement that they were satisfied with the supply of equipment in ward.

The majority of the respondents were in agreement with the statement that they got enough time for recreation.

The majority of the respondents were in agreement with the statement that they were highly respected in the society due to their job.

There were mixed responses to the statement that the administration of the institution provided satisfactory facilities in the performance of their job.

The majority of the respondents were in agreement with the statement that overall they were satisfied with their job.

From the above findings it could be seen that there were Twenty Two supporting responses ☑, Three negative responses ☒ and Six neutral responses = to the statement. Thus, Hypothesis got favourable responses hence the Hypothesis III stands accepted.

Though, the hypothesis has been accepted. It would be pertinent to assess the impact of different listed variables on the findings. In the discussion to follow the impact of listed variables such as age and numbers of years in job on the findings have been analyzed.

**Effects of the variable: Age**

**Effect of Age on Doctors Job Satisfaction**

Statement (a): Higher the age of the Doctors higher is the job satisfaction.
Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that their job provided them opportunities to get exposed to new areas in the field of health care.

Responses were equal in proportions to the statement that their job provided them opportunities to grow professionally.

Responses were equal in proportions to the statement that they got enough opportunity to use their professional skills.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that there were chances of promotion as per qualifications and experience.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that their colleagues respected their professional judgments.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that the senior physicians respected their professional ability.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that their work was appreciated by patients and their attendants.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they found suitable solution to day to day problems.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they had the ability to effectively serve the patients.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they were satisfied with the work load they had to perform.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they were allowed to take initiative and act on their own.

Responses were equal in proportions to the statement that their profession was interesting enough to keep on going.
Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they got fatigue at the end of the day’s work.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they wished to continue to perform present nature of work for a longer period of time.

Higher proportions of Doctors younger in age agreed with the statement than Doctors senior in age that there were clear guidelines to follow regarding their work profile.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they were satisfied with their service conditions.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they had sufficient access to expert advice in matters where they needed consultation.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that the senior Doctors shared their knowledge and experiences with them.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that the senior Doctors valued their suggestions.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that the senior Doctors insist that everything should be done the way they wanted it.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that their salary did not commensurate with the job and responsibility assigned to them.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that they were satisfied with fringe benefits provided to them.

Higher proportions of the Doctors senior in age agreed with the statement than Doctors younger in age that all the staff members worked as a team.
**Effects of the variable: Number of years in job**

**Effects of number of years in job on job satisfaction of the Doctors**

- Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that their job provided them opportunities to get exposed into new areas in the field of health care.
Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that their job provided opportunities to grow professionally.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that they got enough opportunity to use their professional skills.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that there were chances of promotion as per qualifications and experience.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that their colleagues respected their professional judgements.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the senior physicians respected their professional ability.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that their work was appreciated by patients and their attendants.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that they found suitable solution to day to day problems.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they had ability to take care of their patients effectively.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they were satisfied with the work load they had to perform.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they were allowed to take initiative and act independently.
Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that their profession was interesting enough to keep on going.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they got fatigue at the end of the day’s work.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that they wished to continue to perform present nature of work for a longer period of time.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that there were clear guidelines to follow regarding their work profile.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that they were satisfied with their service condition.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that they had sufficient access to expert advice in matters where they needed consultation.

Responses were equal in proportions to the statement that their senior Doctors shared their knowledge and experiences with them.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the senior Doctors valued their suggestions.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the senior Doctors insisted that everything should be done the way they want.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that their salary did not commensurate with the job and responsibility assigned to them.
Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they were satisfied with fringe benefits provide to them.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that all the staff members work as a team.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the class IV employees were cooperative.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the Nurses and Doctors work collaboratively for the patient care.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that the working environment in the institution was congenial.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they were satisfied with the supply of equipments in ward.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they got enough time for recreation with their family.

Higher proportion of the Doctors with longer length in service agreed with the statement than Doctors less than 10 years in job that they were highly respected in the society due to their job.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that the administration of the institution provided sufficient facilities to perform their job.

Higher proportions of Doctors with less than 10 years in job agreed with the statement than Doctors longer length in service that over all they were satisfied with their job.
From the above findings it could be seen that there were Twenty supporting responses, Ten negative responses and One neutral responses to the statement. Thus, Statement (b) received more of favourable responses therefore it stands approved, hence proving that the doctors with longer of length in service had higher job satisfaction.

Hypothesis IV: The Nurses who were providing primary health care were satisfied with their job.

☑ The majority of the respondents were in agreement with the statement that they were satisfied with their job.

☑ The majority of the respondents were in agreement with the statement that their profession was interesting to keep it going.

☑ The majority of the respondents were in agreement with the statement that they were confident when they serve the patients.

☑ The majority of the respondents were in agreement with the statement that their co-workers respected their professional judgment.

= There were mixed opinion to the statement that they wanted to continue to perform present nature of work for longer time.

☑ The majority of the respondents were in agreement that they were satisfied with the workload they were to perform.

☑ The majority of the respondents were in agreement with the statement that their job provided opportunities to grow professionally.

☑ The majority of the respondents were in agreement with the statement that there were chances of promotion as per qualification.

= The majority of the respondents were undecided with the viewpoint that they were not fatigued at the end of the day’s work.

☑ The majority of the respondents were in agreement with the statement that they were appreciated by patients or their attendants.

☑ The majority of the respondents were in agreement with the statement that there were clear guidelines to follow regarding their work profile.
The majority of the respondents were in agreement with the statement that there were number of obsolete assignments in their job.

The majority of the respondents were in agreement with the statement that favouritism did not play any role in the performance of their job.

The majority of the respondents were in agreement with the statement that their supervisors were helpful in the performance of their work.

The majority of the respondents were in agreement with the statement that they got feedback from their supervisors.

The majority of the respondents were in agreement with the statement that their supervisors had sound professional knowledge.

The majority of the respondents were in agreement with the statement that their supervisors valued their suggestions.

The majority of respondents agreed that their supervisors insisted everything must be done the way they wanted it.

There were mixed responses on the statement whether their salary commensurate with position and responsibility assigned to them.

The majority of the respondents were in agreement with the statement that the staff members worked as a team.

The majority of the respondents were in agreement with the statement that they had cordial relationship with their supervisor.

The majority of the respondents were in agreement with the statement that the class IV employees cooperated with them in carrying out their duties.

The majority of the respondents were in agreement with the statement that the working environment of the institution was congenial.

The majority of the respondents were in agreement with the statement that supply of equipment in ward/institution was adequate.

The majority of the respondents were in agreement with the statement that they got enough time for recreation with their family.

The majority of the respondents were in agreement with the statement that they got respect from the society due to their profession.
The majority of the respondents were in agreement with the statement that the institution supervision was good.

The majority of the respondents were in agreement with the statement that the interpersonal relationships in the institution were cordial.

The majority of the respondents were in agreement with the statement that the working conditions were at its best in the institution.

The majority of the respondents were in agreement with the statement that overall they were satisfied with their job.

From the above findings it could be seen that there were Twenty Seven supporting responses and Three neutral responses to the statement. Thus, Hypothesis got favourable responses hence the Hypothesis IV stands accepted.

Though, the hypothesis has been accepted. It would be pertinent to assess the impact of different listed variables on the findings. In the discussion to follow the impact of listed variables such as age and numbers of years in job on the findings have been analyzed.

Effects of the variable: Age
Effects of Age on the Satisfaction of the Nurses
Statement (a): Higher the age of the Nurses lower is the job satisfaction.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they were satisfied with their job.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their profession was interesting enough to keep on going.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they were confident when they served the patients.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their colleagues respected their professional judgments.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that they wanted to continue to perform present type of work for longer time.
Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they were satisfied with the workload they were to perform.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their job provided them opportunities to grow professionally.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that there were chances of promotion as per their qualification.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that they were not over fatigued at the end of the day’s work.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they were appreciated by patients and their attendants.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that there were clear guidelines to follow regarding work profile.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that there were number of obsolete assignment in their job.

Responses were equal in proportions to the statement that favouritism did not play any role in the performance of their job.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that their supervisors were helpful in the performance of their work.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they got feedback from their supervisors.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their supervisors had sound professional knowledge.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their supervisors valued their suggestions.
Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that their supervisors insisted that everything should be done the way they wants it.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that their salary commensurate with position and responsibility assigned to them.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that all the staff members worked as a team.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they had cordial relationship with their supervisor.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that the class IV employees cooperated with them in carrying out their duties.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that the working environment of their institution was congenial.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that supply of equipment in ward/institution was adequate.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they got enough time for recreation with their family.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that they got respect from the society due to their job.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that the supervision was good.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that the interpersonal relationships within the institution were cordial.

Higher proportions of the Nurses senior in age were agreed with the statement than Nurses younger in age that the working conditions were good in the institution.

Higher proportions of Nurses younger in age agreed with the statement than Nurses senior in age that over all they were satisfied with their job in the institution.
From the above findings it could be seen that there were Seven supporting responses ✓, Twenty Two negative responses ❌ and One neutral responses = to the statement. Thus, Statement (a) received more of unfavourable responses therefore it stands disapproved, hence proving otherwise that more of Nurses with lower the age had higher job satisfaction.

**Effects of the variable: Number of years in job**

Effects of Number of Years in Job on the Satisfaction of the Nurses

Statement (b): Longer the length of service lower is the job satisfaction.

- Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they were satisfied with their job.

- Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their profession was interesting enough to keep on going.

- Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they were confident when they served the patients.

- Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their colleagues respected their professional judgements.

- Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that they wanted to continue to perform present type of work for longer time.

- Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that they were satisfied with the workload they were to perform.

- Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their job provided them opportunities to grow professionally.
Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that there were chances of promotion as per their qualification.

Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that they were not over fatigue at the end of the day’s work.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they were appreciated by the patients and their attendants.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that there were clear guidelines to follow regarding their work profile.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that there were number of obsolete assignment in their job.

= Responses were equal in proportions to the statement that favouritism did not play any role in the performance of their job.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their supervisors were helpful in the performance of their work.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they got feedback from their supervisors.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their supervisors had sound professional knowledge.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their supervisors valued their suggestions.
Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that their supervisors insisted that everything should be done the way they want it.

Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that their salary commensurate with position and responsibility assigned to them.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that all the staff members worked as a team.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they have cordial relationship with their supervisor.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that the class IV employees cooperated with them in carrying out their duties.

Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that the working environment of their institution was congenial.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that the supply of equipment in ward/institution was adequate.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they got enough time for recreation with their family.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that they got respect from the society due to their job.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that the supervisor was good.
Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that the interpersonal relationships within the institution were cordial.

Higher proportion of the Nurses with longer length in service agreed with the statement than Nurses less than 10 years in job that the working condition were good in the institution.

Higher proportions of Nurses with less than 10 years in job agreed with the statement than Nurses longer length in service that over all they were satisfied with their job in the institution.

From the above findings it could be seen that there were Seven supporting responses ☑, Twenty Two negative responses ❌ and One neutral responses = to the statement. Thus, Statement (a) received more of unfavourable responses therefore it stands disapproved, hence proving otherwise that more of the nurses with longer the length in service had higher job satisfaction.

Hypothesis V: The patients are satisfied with the delivery of primary health care.

☑ There were mixed responses to the statement that they were satisfied with the cleanliness of the health centres.
☑ Majority of respondents were in agreement with the statement that the medical staff was present on duty whenever they visited the health care institution.
☑ Majority of respondents were in agreement with the statement that medical staff was polite while dealing with patients.
☑ Majority of respondents were in agreement with the statement that the medical staff was always willing to help the patients.
☑ Majority of respondents were in agreement with the statement that the medical institution was crowded with patients.
☑ Majority of respondents were in agreement with the statement that the medical staff shared with them the details of their disease.
☑ Majority of respondents were in agreement with the statement that the medical staff answered to all their queries relating to their disease.
Majority of the respondents were in agreement with the statement that the medical staff listened to their problems patiently.

Majority of the respondents were in agreement with the statement that the medical staff heard their complaints about pain and discomfort and took prompt action to give relief.

There were mixed responses to the statement that the skill of the medical staff placed in the health institution.

Majority of respondents were in agreement with the statement that medical staffs were concerned about them as a person.

Majority of respondents remained undecided to the statement whether medical staffs maintained the privacy of their disease.

Majority of respondents were in agreement with the statement that medical staff gave them medication and treatment on time.

Majority of the respondents were in agreement with the statement that medical staff assisted them during the course of various procedures.

Majority of respondents were in agreement with the statement that the medical staff recommended them to get the medical test done from outside.

Majority of respondents were in agreement with the statement that medical staff instructed them clearly about the medical treatment.

Majority of respondents were in disagreement with the viewpoint that laboratory facilities were available in the health care institution.

Majority of respondents were in agreement with the statement that the medical staff informed them about the results of the tests performed on them.

Majority of respondents negated the assertion that the medical staff hardly had time to listen to your health related problems.

Majority of respondents were in agreement with the statement that medical staff clearly instructed them on dietary precautions to be taken.

Majority of respondents were in agreement with the statement that instruction provided by the medical staff help them to manage their health care at home.
Majority of respondents were in agreement with the statement that medical staff clearly explained to them about follow up schedule.

Majority of respondents negated the viewpoint to the query that health care institution provided free of cost medicines.

There were mixed responses to the statement that the O.P.Ds had enough space to accommodate outdoor patients.

Majority of respondents were in agreement with the statement that they were examined by their turn on first come first served basis.

There were mixed responses to the statement that they were satisfied with the duration of time the medical staff spent on examining them.

There were split responses to the statement that health care institution was situated at easily accessible location.

There were split responses to the statement that medical staff examined their health related problems in privacy.

There were mixed responses to the statement that the Doctors use hygienic protection before examining each patient.

There were mixed responses to the statement that delivery of health care was satisfactory.

From the above findings it could be seen that there were Eighteen supporting responses ☑, Three negative responses ☐ and Nine neutral responses = to the statement. Thus, Hypothesis got favourable responses hence the Hypothesis V stands accepted.

Though, the hypothesis has been accepted. It would be pertinent to assess the impact of different listed variables on the findings. In the discussion to follow the impact of listed variables such as gender and monthly income on the findings have been analyzed.

Effects of the variable: Gender

Effects of Gender on the Satisfaction of the Out Door Patients

Statement (a): Male patients are more satisfied vis-à-vis the female patients.
Higher proportions of Male Patients agreed with the statement than Female Patients that they were satisfied with the cleanliness of the health centres.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff was present on duty whenever they visited the health care institution.

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff was polite while dealing with the patients.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff were always willing to help the patients.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical institution were crowded with patients.

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff shared with them the details of their disease.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff answered all their queries relating to their disease.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff listened to their problems patiently.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff heard their complaints about pain and discomfort and took prompt action to give them relief.

Higher proportions of Male Patients agreed with the statement than Female Patients that they were satisfied with the skills of the medical staff placed in the health institution.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff were concerned about them as a person.

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff maintained the privacy of their disease.

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff gave them treatment on time.
Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff assisted them during the course of various procedures. 

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff recommended them to get the medical test done from outside. 

Higher proportions of Male Patients agreed with the statement than Female Patients that the medical staff instructed them clearly about the medical treatment. 

Higher proportions of Male Patients agreed with the statement than Female Patients that the laboratory facilities were in the health care institution. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff informed them about the result of their tests. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff hardly had time to listen to their health related problems. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff clearly instructed them on dietary precautions to be taken. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the instruction provided by the medical staff helped them to manage their health care at home. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff clearly explained to them about follow up schedule. 

Higher proportions of Male Patients agreed with the statement than Female Patients that the health care institution provided them free of cost medicines. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the O.P.Ds had enough space to accommodate outdoor patients. 

Higher proportions of Female Patients agreed with the statement than Male Patients that they were examined by their turn of first come first served basis. 

Higher proportions of Male Patients agreed with the statement than Female Patients that they were satisfied with the duration of time the medical staff examined them. 

Higher proportions of Female Patients agreed with the statement than Male Patients that the health care institution was a smelly place.
Higher proportions of Female Patients agreed with the statement than Male Patients that the medical staff examined their health related problems in privacy.

Higher proportions of Female Patients agreed with the statement than Male Patients that the medical instrument facilities were available in the institution.

Higher proportions of Female Patients agreed with the statement than Male Patients that overall they were satisfied with health care facilities.

From the above findings it could be seen that there were Sixteen supporting responses ☑ and Fourteen negative responses ☐ to the statement. Thus, Statement (a) received more of favourable responses therefore it stands partially approved, hence proving that male patients were more satisfied than the female patients on the delivery of primary health care.

Effects of Monthly Income

Effects of Monthly Income on the Satisfaction of the Out Door Patients

Statement (b): Lower is the monthly income of the patients higher is satisfaction.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that they were satisfied with the cleanliness of the health centres.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff was present on duty whenever they visited the institution.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff was polite while dealing with the patients.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staffs were always willing to help the patients.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical institutions were crowded with patients.
Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff shared with them the details of their disease.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff answered all their queries relating their disease.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff listened to their problems patiently.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff heard their complaints about pain and discomfort and took prompt action to give them relief.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that they were satisfied with the skill of the medical staff placed in the health institution.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staffs were concerned about them as a person.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff maintained the privacy of their disease.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff gave them treatment on time.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff assisted them during the course of various procedures.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff recommended them to get medical test done from outside.
Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff instructed them clearly about medical treatment.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the laboratory facilities were available in the health care institution.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff informed them about the result of their test.

Higher proportions of lower income patients agreed with the statement than higher monthly income patients that the medical staff hardly had time to listen to their health related problems.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff clearly instructed them on dietary precautions to be taken.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the instruction provided by the medical staff helped them to manage their health care at home.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff clearly explained to them about follow up schedule.

Higher proportions of lower income patients agreed with the statement than higher monthly income patients that the health care institution provided them free of cost medicines.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the O.P.Ds had enough space to accommodate outdoors patients.

Higher proportions of lower income patients agreed with the statement than higher monthly income patients that they were examined by their turn on first come first served basis.
Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that they were satisfied with the duration of time the medical staff spent on examining them.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the health care institution was a smelly place.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that the medical staff examined their health problem in privacy.

Higher proportions of lower income patients agreed with the statement than higher monthly income patients that the medical instrument facilities were available in the institution.

Higher proportions of patients having higher monthly income agreed with the statement than lower income patients that overall they were satisfied with the health care facilities.

From the above findings it could be seen that there were Four supporting responses and Twenty Six negative responses to the statement. Thus, Statement (b) received more of unfavourable responses therefore it stands disapproved, hence proving otherwise that the patients with higher monthly income were more satisfied than the patients with lower monthly income with the delivery of primary health care.

Problems and suggestions expressed to the researcher by Doctors and Nurses during the field study.

Problems expressed by Doctors

- The infrastructures were inadequate in the PHCs and SCs and inadequate medical equipments and financial assistance particularly in the health centre like PHCs and SCs. There was unavailability of essentials and life saving drugs.
- Most of the health centre did not have conveyance for official purpose as well as for ambulance.
- The health awareness level was very low among the public.
The health centres were lack of sufficient manpower and no specialist doctors were posted in CHCs apart from District Hospital.

The allocations of funds were delayed due to which the health centre could not be maintained efficiently.

There was lack of sincerity and responsibilities from the grade IV staff.

Poor policy and administration of the government which had reflected to Doctors low performance.

There were no laboratory facilities in the periphery area and diagnostic facilities including blood investigation and other related tests.

Suggestions from the Doctors

- Time to time training should be conducted to enhance the skills of health workers.
- The CHC should update its standard by installing the latest medical equipments.
- The lying vacant post for specialist Doctors in District Hospital and CHC should be posted immediately to raise the standard of health care delivery. The Doctors should be posted according to the subject specialties.
- The State authority should strictly adhere to service rule in matter to Transfer/promotion of the medical personnel.
- The Doctors should be provided conveyance facility particularly those posted in the remote health centres.
- The local bodies need to work collaboratively work with the medical staffs for better health care delivery in the area.
- The public health care authority need to review the policy of communitization particularly to financial matter.
- All peripheral health centres should have basic infrastructure and adequate primary health care facilities.
- The public health authority should regularly supply essential/life saving medicines.
- The Doctors recommended that irrelevant medicines should not supply. However, medicines must supply according to the prevalent diseases in the area.

Problems expressed by Nurses
➢ Due to inadequate staff the Nurses were compelled to take extra responsibilities. Emergency calls were made any time due to lack of manpower.
➢ The Government provided uniform allowance however, the amount was not enough (Rs 1500/-) to stitch proper uniform.
➢ The Nurses were not satisfied with the transfer policies of the Department, transfer policies were rarely followed, mostly it was politicized.
➢ The Nurses stated that in most of the health centres was understaffed.
➢ Medical staff quarters were not adequate to accommodate all the health care staff.
➢ The Nurses faced problems dealing serious patients cases when Doctors were out of station.
➢ The Nurses were threatened and abused by the patients and their attendants at times.
➢ Sometime times some patients’ clients used to come drunk in the health centre and create trouble.
➢ Working condition is affected due to inadequate supply of medical equipments.

Suggestions from the Nurses
➢ The Nurses suggested delivering funds for medical aids on time.
➢ The vacant post for the Nurses in various health centres should be posted in earliest.
➢ The Nurses expect sincere cooperation from the local bodies in the delivery of primary health care in the villages.
➢ The Nurses suggested that the practices of attachment of post to other health centre should not be accepted by the health care authority.
➢ The Nurses suggested for adequate supply of medicines.
➢ The Nurses suggested constructing proper rest rooms for the patients and proper toilets and wards.
➢ The Nurses suggested upgrading the infrastructure of the health centre because the existing health centres were almost worn out buildings.
➢ There should be proper electricity connection in the health centres.
The Nurses suggested sanctioning MO and specialist doctors where ever the post is vacant.

The Nurses suggested that the health authority should evaluate the performances of the health centre from time to time.

The Nurses suggested that there should be enough quarters for the health staff to accommodate.

**Issues/Challenges and Suggestions**

The researcher has taken a keen observation on the working and function of the Health and Family Welfare Department of Nagaland State for the past five years. Particularly, a meticulous study was conducted in the District of Phek. Over the time it was found that health care has received better attention. The District has already having one District Civil Hospital, 3 CHCs, 23 PHCs and 43 SCs which is amounting to 70 health centres in the area. Though, health care delivery system has reached in almost all the villages in the area, however, it is not all the means and end in the delivery of primary health care. It was found many shortcomings, hurdles, issues to work out and problems to be taken care for better and efficient delivery of primary health care in the area. Therefore, in the following lines some prevailing issues and challenges and suggestions were highlighted.

1. **Lack of infrastructural facilities in the health centres**

There was inadequate of infrastructure in most of the primary health centres which have been a hindrance in the delivery of primary health care. The basic infrastructure such as concrete building, waiting rooms, resting sheds, concrete toilets, waste disposal plants, electricity and water supply connection were inadequate in most of the PHCs and SCs.

*The infrastructure in the peripheral health centre should be upgraded because most of the health centres were without basic health care infrastructure and hence non functional.*

---

305
2. **Lack of manpower**

The health centres in Phek district were without adequate manpower. Most of the health centres particularly PHCs were without Doctors and Nurses (See the analysis of health centres in Chapter 2 and Table 2.7 (a) and (b)). It was also found that due to nonexistent of Doctor the Nurses were compelled to take extra responsibilities. In all the SCs the post of MPW was lying vacant.

*The State Government should immediately provide every health centres with required number of Doctors and Nurses, MPWs and various staff requirement for resourceful delivery of primary health care in the area. The authority should create more post for Doctors and Nurses because there is inadequate of manpower.*

3. **Lack of Specialist Doctors**

The District Hospital and CHCs in the district were lacking specialist Doctors in different disciplines (See the analysis of District Hospital in Chapter 2 and Table 2.7 (a)). Due to lack non availability of specialist Doctors many critical patients were referred to Kohima or outside the state for medical treatment.

*The lying vacant post for specialist Doctors in District Hospital and CHC should be posted immediately to raise the standard of health care delivery.*

4. **Lack of health care facilities at grass root level.**

There were inadequate health care facilities particularly at the lower level of health care system, unavailability of essentials and lives saving drugs have remained hindrance in the delivery of primary health care in the area. It was found that proper first-aid facilities were not available in most of the Sub-Centres. Therefore, the working conditions of the health centres were affected due to inadequate supply of health care facilities.

*The health department should upgrade the health care facilities and timely supply drugs of good quality in the grass root level for the delivery of health care in the area.*

5. **Lack of coordination within the health officials**

Coordination was lacking between the District officials and the periphery medical officials in the delivery of primary health care. The District Officials rarely inspected the periphery health centres as expressed by the villagers and the
peripheral health workers. Due to lack of coordination among the health officials in the area the health care delivery system was not doing well.

The district officials should make routine inspections to the grass root health centres to check absentees of the health care workers, upholding the health care policies and orders are well preserved.

6. **Lack of diagnostic facilities including blood investigation and other related tests.**
   There were no laboratory facilities in the periphery area. It was found that almost all the PHCs in the area do not have any laboratory facilities. It was found that the patients were referred to CHCs or District Hospital, if not to other private clinics (See Table 5.15 and 5.17).

   Therefore, the health authority should provide basic laboratory facilities to these centres.

7. **No proper policy on transfer of medical officials.**
   The medical staff was not satisfied with the transfer policies of the Department. The medical staff expressed that transfer policies were not followed orderly as per the transfer rule. It was found that most of the medical staff never got transferred in their entire career; where as some of them were transferred time and again. In most cases the politicians were involved in transfer matters (See Table 3.16).

   The State authority should strictly adhere to service rule in matter to transfer of the medical personnel. A policy should be framed on the basis of rural-urban rotation transfer policy so that all medical officials get equal opportunity to serve both in rural as well as urban area. There should be also a policy based on rotational transfer as well as rotational posting of doctors in the Directorate.

8. **Discouraging practices of attachment of posting.**
   The medical staff was not willing to stay in outpost or remote areas. So the medical staff attached their post to their respective PHCs or CHCs. This practice had created the outpost or remote area health centres none functional due to lack of medical staff. The other reason for the practices of attachment was also due to lack of health care facilities, no quarter to stay and the communities not supportive to the health workers.
The practices of attachment of post to other health centre should not be accepted by the health care authority because it created either understaffed or overstaffed health care centre. On the other aspects the health authority should also provide basic amenities to the health centres which were located in the remote areas.

9. **Inadequate medical official conveyance and ambulance.**

   It was found that the CHCs has conveyance facilities for the medical official as well as an ambulance. However, most of the PHCs were without conveyance which had failed to reach out in providing health care services to far flung areas (See the analysis of PHCs in Chapter 2).

   The State topography and steep terrain, arduous and villages far in between have led to inaccessible even though functional facilities have been provided. Therefore, conveyance and ambulance facilities should be provided to the medical official for the delivery of health care in such condition. For alternative purpose the State Government should encourage mobile medical unit which would help in providing health care services to far flung areas.

10. **Inadequate quarters and accommodation facilities for the medical staff.**

    There were quarters and accommodation facilities for medical staff in District Hospital, CHC and PHCs though accommodation was inadequate as all the medical staff could not be accommodated. It was found that most of the medical staff resided in rented house. Interestingly, it was expressed that most of the medical staff were not stationed in the health centre due to inadequate quarters and accommodation.

    The health care authority should construct enough quarters for the medical staff to reside. As per the observation of the researcher, it will do wonders in the performance of health care delivery if the health workers start residing in their respective health centres for which the absentees ratio will be low.

11. **Lack of health awareness among the people**

    The level of health awareness was low among the people. The factor that made low level of health awareness was that the health officials hardly organized health
camps, health awareness programmes and interaction on health care with the people.

Therefore, it is very pertinent that the health authorities should organized programmes and health camps which will enhance the health awareness level of the people.


The communitization of primary health care (See Chapter 1, p.15) has led to nuisance between the medical officials and the local bodies. In most instances there used to be clash of ego between the two parties. The medical officials resisted the move as it meant giving up some powers and establishing equal partnership with the community, on the other hand, the community felt that government was shedding its responsibilities and burdening them.

Thus, in order to create conducive environment and a good rapport between the two parties the Department of Health and Family Welfare should conduct training and orientation programmes for community leaders and health care functionaries.

The present study entitled “Administration of Primary Health Care in Tribal Area: A Case Study of Phek District, Nagaland.” sincere effort was made to examine and identify the state of primary health care in the district of Phek, Nagaland. The researcher have made an earnest effort to cover various issues related to primary health care but might have ignored some other aspects which may be taken up by the future researchers in this field. Further, this research work has also brought out some issues which can be taken up by the future researchers for their studies.

Related studies on the topic primary health care

The researcher has looked into some of the research work undertaken by Scholars of the University on similar topic in different studies. To strengthen the findings of this study, the researcher has attempted to examine some of the finding on the common aspects of these studies.

❖ Condition of PHC buildings: At the time of survey of the study 70 PHCs in Shimla, Una and Kinnaur were functioning in government buildings. The limited space
available in these buildings could not be sufficient to cater to the needs of the people. As many as 24 per cent of the centres reported this difficulty. The remaining 76 per cent which had been newly established had sufficient accommodation but need more additions to make room for new facilities.*

- **Residential accommodation:** Non-availability of residential accommodation in remote rural areas was finding as a great deterrent in motivating medical officers to work in such areas. The residential accommodation to medical officials was not available. The problem was not less acute in the case of para-medical, clerical and class IV personnel.*

- **Medicines and equipments:** The supply of medicines and equipments was inadequate in 66 per cent of the selected health centres due to the paucity of resources. Besides, there was no regular supply. The stock of medicines was inadequate in all the centres.*

- **Laboratory facilities:** Each PHC in the State of Himachal Pradesh had been provided a laboratory under National Malaria Eradication Programme for the examination of malaria cases. But many of these laboratories were not equipped to handle cases for investigation of general diseases.*

- **Lack of coordination for promotion of health and family welfare work within the district.** The existing health systems official and non-officials do not join hand to achieve the common and national goals: Inter-sectoral coordination for promotion of health care for the people. **

- **The primary health care set up in H.P. was in quandary.** The State Government was creating these institutions in awesome hurry as a result these centres lacked infrastructure and medical care facilities: Need to strengthen infrastructural facilities in these centres of primary health care. **

- **Inadequate health personnel and large number of vacancies affected the effectiveness and efficiency of health care services:** Need to develop Health Manpower Planning and fill the vacant post. **

- **Lack of community participation as a support mechanism to boost up programme component of health care:** Need to generate community participation in the health care programmes. **
- Ineffective and inadequate supervision of theses centres of primary health care makes them sluggish and care free in their approach: Need of designing effective mechanism of supervision to ensure best results at a grass-root level. **

- Lack of faith of the people in the competencies of those medical care centres: Need to raise the standards and provision of facilities. **

- The existing infrastructure at level of primary health care centres was also not utilized to the best of capacities and their availabilities. To utilize the available infrastructure to the best of its capacities, therefore certain policy initiatives need to be taken for the best use of these capacities and available resources: It has been found that in some of the centres the residential complex was not fully utilized and in some of the centres there was more than required space/accommodation which were not fully utilized whereas in some of the centres the space and accommodation was not proper and was not meant for the purpose. ***

- Outdated health management information system: There is need to put the high-tech health management system at all the levels of the deliverance of primary health care so that states head quarter remains up dated day-in and day out and by just press of the buttons the required information is available to the information seekers. ***

- The political interference in the day today matters has been reported from the different centres especially in the matters of transfers of personnel: The political interference be not allowed to percolate in the system as health and life is of equal importance to one and all. ***

- The equipment, medicines and the staff was often found short at the grass root level: Need to provide adequate equipments, machines and staff in all these centres especially at the grass root levels. ***

- Lack of faith and trust of the people in the system delivering primary health care: Need to build and response faith in the system. ***

- Inadequate public awareness campaigns/promoting outreach activities and public awareness: There is need to promote outreach activities and campaigns to make the public better aware of the National health programmes and the process and procedures involved in the delivery of health care services. ****
Non-availability of required staff strength in the health care institutions/positioning the required strength: There is need to position the sanctioned strength of the health care deliverers in the primary health care institutions so that health care seekers are well served. ****

Conservative behaviour of service seekers/improving service seekers behaviour: It has been observed that patients and their care takers were often found conservative in their behaviour and thinking and provided strong opposition to some of health interventions. The awareness level of rural folk towards health care intervention has been below level.

There is due need to improve the service-seekers behaviour on several counts, like their awareness towards disease, then acceptability to medical interventions and commitment to the line of medical treatment.


