



**Managing Healthcare Professionals in Public Hospitals:
A Study of District Headquarter Hospitals in Punjab, Pakistan**

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Abstract:

Managing ample and competent human resources in hospitals is one of the prime tasks at the administrative level to ensure appropriate healthcare services. This study aimed to identify the management competency of hospital administration to fulfill the needs of human resources at public hospitals. A cross-sectional research design with structured questionnaire was used to collect information regarding staff availability, training, salaries, and performance monitoring of the healthcare personnel from Medical Superintendents (MS) of six District Headquarter (DHQ) Hospitals of Punjab Province. The results revealed that although DHQ hospital are outfitted with the required human resources such as doctors, nurses, paramedics, technicians, and all other support staff, the number of these human resources is not sufficient. Findings also indicated that hospitals continuously arrange on-job training and refresher courses to all types of staff including doctors, nurses, paramedics, and helpers to upgrade health care professional's skills. It is concluded that majority of the studied public hospitals are efficient and vigilant in managing human resources within limited financial resources. It is recommended to improve the quality of healthcare services by enhancing the professional competencies of healthcare providers.

Key Words: Punjab, Pakistan, human resource, public hospital, health care, healthcare professional

INTRODUCTION

Human resource at healthcare comprises clinical and non-clinical staff responsible to deliver the services to the public (World Health Organization, 2000). Globally, much attention is given to Human Resource Management (HRM) in healthcare systems to address the issues of composition and distribution of the healthcare workforce. Chaudhry *et al.*, (2006) indicated that healthcare management is the crucial factor in upholding the good governance structure in the health system. Lack of poor healthcare management cannot produce the desired possible outcomes, particularly in the government sector. The study defines a comprehensive healthcare system based on complex issues like finance, workforce, performance measurements, and specific standards to measure its outcomes. The healthcare system included body of policymakers, executives, and government officials who reform health policies and programmes and govern the services of the health sector (Pappas et al. 2009). The healthcare delivery system consists of the interaction of many interest groups such as patients, physicians, and health policymakers etc., all competing for limited

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resources (Gilson, 1998). Despite the availability of improved medical technology and increased expenditures, during the last few decades, the increasing level of illness, inequalities in health care, low access of the needy and equity issues in healthcare still need to be adequately addressed.

Efficient hospital resources management is also linked with effective policy planning and implementation. It is the responsibility of the state to govern the healthcare system by providing health policies and standard mechanisms to monitor its implementation. The implementation of policies is also interrelated with the financial resources, which is crucial for appropriate utilization of healthcare resources. Unfortunately, most of the developing countries lack financial resources. Pakistan is also facing this problem despite having good health policies. The health policies in Pakistan address the governance of the healthcare system as a standard mechanism, but poor and unequal distribution of resources hindered their progress (Rehman & Abbasi, 2013). Still, with limited resources, the healthcare system is managing its multiple tasks and responsibilities.

This paper highlights the management prospects and challenges faced by healthcare professional in District Headquarter (DHQ) Hospitals in Punjab which follow standard rules and guidelines. These guidelines are developed and directed by the Government of Pakistan through National Health Policy and executed by hospitals. The findings of the study provide ample information on the available and required human resources in three targeted departments i.e., Medicine, Surgery and Gynecology in Punjab DHQs. The government and hospital administration may use this information for monitoring & evaluating the departmental functioning concerning HRM.

LITERATURE REVIEW

District health system comprised interrelated components such as health services, educational institutions, communities, and physical and social environment. It focuses the primary health care services that work under the national health system. It includes the provision of health care facilities, appropriate support services such as laboratory, diagnostic and logistic support services. The administrative and functional structure of the district health system is based on Executive District Officer Health who works with the support of other organizations and the community. The district health system covers population of one to three million with the capacity of 125 to 259 beds on average (Sabih et al, 2010).

The study aims to determine the availability, training, provision of salaries and performance management of workforce in DHQ hospitals, and; to assess the management proficiency by the hospital administration in DHQs in Punjab. To meet the objectives these questions were addressed: What is the number of available healthcare professionals in DHQs? How DHQs managed the workforce with respect to its number, competence, and retention?

RESEARCH METHODOLOGY

The study was conducted at six DHQ hospitals in Punjab comprising the interrelated components such as the provision of basic health services and teaching services. The data was collected in year 2010. For the selection of districts, Punjab province was divided into three circles as: Central Punjab, Southern Punjab, and Northern Punjab. By using a proportionate sampling technique, Rawalpindi, Lahore, Multan, Khushab, Bahawalpur and Sialkot districts were selected from each circle. Three departments namely; surgery, medicines, and gynecology, from each hospital, were chosen to find out the workforce management at public

hospitals. All six hospitals were run by the Government of Punjab or some were under the administrative control of Government of Pakistan. By using quantitative research design structured questionnaires were filled from the hospital administrators to find out the availability and administration of workforce at hospitals. The data was obtained from six Medical Superintendents (MS) - one from each hospital - by using structured questionnaire. The study was conducted after getting ethical clearance and required approval from the university board and administration of the hospitals. Informed consent was taken from the administrative authority before conducting interviews.

RESULTS & DISCUSSION

Table 1. Availability of Administrative staff at DHQ Hospitals of Punjab

Administrative Staff	Bahawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore
	Number	Number	Number	Number	Number	Number
Medical Superintendent						
Sanctioned	1	1	1	1	1	1
Filled	1	1	1	1	1	1
Male	1	1	1	1	1	1
Female	0	0	0	0	0	0
Nursing Superintendent						
Sanctioned	1	1	1	1	2	1
Filled	1	1	1	1	2	1
Male	0	0	0	0	0	0
Female	1	1	1	1	2	1
Account Officer						
Sanctioned	2	1	1	1	1	1
Filled	2	1	1	1	1	1
Male	2	1	1	1	1	1
Female	0	0	0	0	0	0
Head Clerk						
Sanctioned	1	1	1	1	1	1
Filled	1	1	1	1	1	1
Male	1	1	1	1	1	1
Female	0	0	0	0	0	0
Assistants						
Sanctioned	10	3	0	1	6	2
Filled	10	3	0	1	6	2
Male	8	3	0	1	4	2
Female	2	0	0	0	2	0
Clerks						
Sanctioned	5	2	2	7	2	4
Filled	5	2	2	7	2	4
Male	5	2	2	7	2	4
Female	0	0	0	0	0	0
Social Welfare Officer						
Sanctioned	1	0	1	1	0	0
Filled	1	0	1	1	0	0
Male	1	0	0	1	0	0
Female	1	0	1	0	0	0

This table discusses the information about the number of administrative staff sanctioned, filled posts and gender-wise recruitment on different administrative posts of the hospitals. It is indicated that in all studied hospitals, there was one sanctioned post for MS and that was occupied in all hospitals. It was also explored that in all hospitals, MS was male. It is not because females were not allowed or hired on this post, but due to work load and managerial issues of the post which a female may not want to handle. Further the data explores that females filled all sanctioned posts of nursing superintendent because nursing is a female-dominated profession. The demand of the nursing superintendents is according to the need of hospitals to manage the nurses' duties and all other activities.

The table shows that in DHQ hospital Bahawalpur, there were two sanctioned posts of account officer which were occupied by males only. And in other studied hospitals, there was one sanctioned post of account officer occupied by male in each hospital. The post of one head clerk was sanctioned in each hospital and filled by male head clerks. Assistants are the major component of administrative staff; they provide their assistance to doctors, management staff, and any other administrative departments. But the data has shown that in DHQ hospital Sialkot, there was no assistant's post sanctioned, may be due to lack of funds or no need for assistants. Eight sanctioned post of assistant in DHQ hospital Bahawalpur, were filled by male and two by females. Three posts were sanctioned in DHQ hospital Khushab and were filled by males. In DHQ hospital Rawalpindi, one post and in DHQ hospital Lahore two posts of assistants were sanctioned occupied by males in both hospitals. In DHQ hospital Multan, out of six sanctioned posts of assistant, four filled by male and two by females.

The posts of clerk were also sanctioned in all studied hospitals which indicated that five posts were sanctioned in DHQ hospital Bahawalpur, two each in DHQ hospitals Khushab, Sialkot and Multan, seven in DHQ hospital Rawalpindi, and four in Lahore. All the sanctioned posts in each hospital were filled by males. One post of social welfare officer was sanctioned each in DHQ hospital Bahawalpur, Sialkot, and Rawalpindi, filled by both males and females. Overall, it is indicated that there are more male staff on different types of administrative positions compared to females. The reasons behind that can be the nature of these positions as administrative jobs are tough and demand more time, strong managerial and leadership qualities. However, this does not mean that females do not possess these qualities but some types of social and cultural aspects and constraints for these types of jobs may hinder females. The above findings revealed that as per government rules, majority of the sanctioned required number of posts were filled, however, few supplementary positions such as assistants were not filled due to lack of financial resources.

Table 2. Availability of Paramedical staff at DHQ Hospitals of Punjab

Paramedical Staff	Bahawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore
	Number	Number	Number	Number	Number	Number
Nurses						
Sanctioned	200	35	73	129	100	450
Filled	200	35	73	108	80	420
Female	200	35	73	108	80	420
Medical Assistant						
Sanctioned	2	1	0	0	5	1
Filled	2	1	0	0	4	1
Male	2	1	0	0	2	1

Female	0	0	0	0	2	0
Laboratory Technician						
Sanctioned	2	1	2	4	2	4
Filled	2	1	2	3	2	4
Male	2	1	2	3	2	4
Female	0	0	0	0	0	0
Laboratory Assistant						
Sanctioned	4	0	3	8	2	4
Filled	4	0	3	7	2	4
Male	4	0	3	7	2	4
Female	0	0	0	0	0	0
Vaccinator						
Sanctioned	0	0	1	0	0	0
Filled	0	0	1	0	0	0
Male	0	0	1	0	0	0
Midwives						
Sanctioned	3	3	2	6	4	8
Filled	3	3	2	4	4	6
Female	3	3	2	4	4	6
X-Ray Technician						
Sanctioned	4	1	3	10	1	8
Filled	4	1	3	10	1	8
Male	4	1	3	10	1	8

Nurses are one of the significant parts of paramedical staff at any hospital. As healthcare professionals, nurses are responsible for the safety, care, recovery, and maintaining the healthy status of patients. As their role is very crucial in the health care delivery setting, their number is also highest among other paramedical staff. The table shows that in DHQ hospital Bahawalpur 200 posts of nurses were sanctioned, 35 in DHQ hospital Khushab and 73 in Sialkot all filled by females as nursing is a female dominated profession. In DHQ hospital Rawalpindi, 129 posts of nurses were sanctioned but only 108 were filled. The table further indicates the required paramedic staff such as laboratory assistants, midwives and X-ray Technician where male and females were equally hired in each department at all hospitals. The findings illustrated that all sanctioned positions for paramedical staff were filled and working at the targeted departments, however, few posts were not available in DHQ hospitals in Sialkot and Khushab.

Table 3. Availability of Clinical staff at DHQ Hospitals of Punjab

Clinical		Bahawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore
		Number	Number	Number	Number	Number	Number
Availability of Clinic Staff in Medicine							
Specialist Doctors	Male	2	1	4	3	2	2
	Female	2	1	4	3	2	2
Medical Officers	Male	10	10	20	10	8	15
	Female	10	10	15	10	8	15
House job Officers	Male	10	10	10	10	10	10
	Female	10	10	10	10	10	10

Availability of Clinic Staff in Surgery							
Specialist Doctors	Male	3	2	4	6	3	2
	Female	0	0	2	3	0	0
Medical Officers	Male	15	8	20	10	15	10
	Female	10	6	15	8	10	6
House job Officers	Male	10	10	10	5	10	5
	Female	10	10	10	5	10	5
Availability of Clinic Staff in MCH							
Specialist Doctors	Female	4	2	4	5	5	3
Medical Officers	Female	15	10	20	10	15	10
House job Officers	Female	15	5	10	15	10	15

The table indicated the number of available clinical staff at the hospital. The number of specialist doctors in the department of medicine was two males and two females in DHQ hospital Bahawalpur, one male and female in Khushab, four males and four females in Sialkot, three male and three females in Rawalpindi, two males and two females in each Multan and Lahore. The medical officers in the medicine department were 10 male and female in DHQ hospitals Bahawalpur, Khushab, and Rawalpindi, 20 males and 15 females in DHQ Hospital Sialkot, eight males and eight females in Multan. In the medicine department, the number of male and female house job officers was 10 males and 10 females in each of the seven hospitals.

In the department of surgery, the specialist doctors were; three male specialist doctors in DHQ hospital Bahawalpur, two in Khushab and Lahore, four in Sialkot and six male specialist doctors were at DHQ hospital Rawalpindi. The female specialist doctors in the surgery department were; two in DHQ hospital Sialkot, and three in Rawalpindi. There was no specialist female doctor at DHQ hospital Bahawalpur, Khushab, Lahore, and Multan. The number of Medical Officers (MOs) was 15 males and 10 females in DHQ hospital Bahawalpur, eight males and six females in DHQ hospital Khushab, 20 males and 15 females in Sialkot, 10 males, and eight females in Rawalpindi, and 15 males and 10 females in Multan. The number of house job officers was 10 males and 10 females in each DHQ hospital Bahawalpur, Khushab, Sialkot, and Multan, five males and five females in DHQ hospital Rawalpindi and Lahore.

The table shows number of clinical staff at the department of MCH. There were four female specialist doctors, 15 MOs and 15 house job officers in DHQ hospital Bahawalpur. In DHQ hospital Khushab, the number of female specialist doctors was two; 10 MOs and five house job officers. There were four specialist doctors, 20 MOs, and 10 house job officers in DHQ hospital Sialkot. In DHQ hospital Rawalpindi, there were five specialist doctors, 10 MOs and 15 house job officers. In DHQ hospital Multan, five specialist doctors, 15 MOs and 10 house job officers were working. In DHQ hospital Lahore, there were five specialist doctors, 10 MOs, and 15 house job officers. The results revealed that the required number of the most important healthcare professionals were

available on different ranks such as specialist, MOs, house job officer for the smooth and timely functioning in three targeted departments.

Training for Doctors and Staff

Financial arrangements is one of the vital components to conduct and manage the training. At public hospitals, mostly training has been conducted by the ministry of health, the government of Pakistan in collaboration with other organizations. The government and ministry of health must provide financial support to the hospitals to conduct training for different types of staff on regular basis as it is necessary to improve the skills and knowledge of the staff and doctors. Trainings also increase the interest and expertise of human resources in their particular field that in return help improve the quality of health services at hospitals.

Table 4. Orientation and on-job Trainings of Human resources at DHQ Hospitals of Punjab

Trainings of Human resources		Bahawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore
		Number	Number	Number	Number	Number	Number
Orientation of new staff	Yes	1	0	0	1	1	1
	No	0	1	1	0	0	0
Type of orientation system							
Brief Introduction	Yes	1	0	0	0	1	1
	No	0	1	1	1	0	0
Training, Visit to hospital and brief introduction	Yes	0	0	0	1	0	0
	No	1	1	1	0	1	1
Training for Administration staff	Yes	1	0	1	1	1	1
	No	0	1	0	0	0	0
Training for paramedic staff	Yes	0	0	1	1	0	0
	No	1	1	0	0	1	1
Training for medical officers	Yes	0	0	1	1	0	0
	No	1	1	0	0	1	1
Training for specialist doctors	Yes	0	0	1	1	0	0
	No	1	1	0	0	1	1
Training for laboratory staff	Yes	1	0	1	1	1	1
	No	0	1	0	0	0	0
Training for Nurses	Yes	1	0	1	1	1	1
	No	0	1	0	0	0	0
Training for helpers	Yes	0	0	1	1	0	1
	No	1	1	0	0	1	0
Financial arrangements of the trainings							
Financial Budget	No	0	0	0	0	0	0
Ministry of Health		0	1	1	1	1	1

The table indicates that, apart from the DHQ hospitals Khushab and Sialkot, other district hospitals provide orientation to the new staff and doctors in the hospital. It is better to have a proper orientation system for new staff to give them insight into hospital rules and procedures. Out of those five hospitals that provide orientation to new staff, three hospitals give the brief introduction about the hospital rules, procedures and responsibilities. On the other hand, DHQ hospital Rawalpindi provides some basic training regarding work at hospital, introduction with other staff, doctors, hospital administration and places and the procedural requirements of their duties. Administration and paramedics job is considered tough job because it demands more time, strong managerial and leadership qualities.

Besides the training for new inducted staff, it is also crucial to upgrade the skills and knowledge of the already working staff and doctors. The table also shows that six studied hospitals excluding Khushab, provide some types of training to their administrative staff to upgrade their skills to manage the administrative task. Training for paramedical staff and medical officers is provided at DHQ hospitals Rawalpindi and Sialkot. In contrast, other DHQ hospitals do not have any training for paramedical staff. It is also indicated that only two hospitals; DHQ hospital Sialkot and Rawalpindi provide training to specialist doctors to enhance their knowledge and expertise in their field. Further, the table also shows information about the training provided to laboratory staff and nurses which revealed that apart from DHQ hospital Khushab, all other studied hospitals provide some kinds of training to their laboratory staff and nurses. Training is one of the important components of human resource development in healthcare to upgrade the skills of healthcare professionals according to time and space. Karim et al. (2010) stated that to achieve the Millennium Development Goals (MDGs), the government of Ethiopia emphasized training of female community health workers with the updated skills to deal with maternal health matters. Nurses are considered the vital component of the healthcare service delivery to the patients; therefore, it is necessary to equip them with the advanced techniques and treatment procedures. Helpers, who are commonly known as attendants of the hospitals, also required some training to assist patients with proper care. It is indicated that provision of orientation to the new employees and continuously upgrading their skills by providing training and refresher courses, is one the prime responsibility of HRM. The majority of the studied DHQ hospitals are training their staff up to their need and available resources. The training provided to the above staff is sometimes funded by the Government of Pakistan under the hospital funds and sometimes free of cost arranged by other institutions.

Table 5. Salaries of Staff and Doctors at DHQ Hospitals of Punjab (n=6)

Salaries	Bahawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore
	Number	Number	Number	Number	Number	Number
Receiving Salaries Regularly						
Always	0	1	1	1	0	1
Often	1	0	0	0	1	0
Reasons of not to pay the staff on time						
Lack of Funds	1	0	0	0	1	0
How many Months salaries becomes late						
3-4 Months	1	0	0	0	1	0
Bonus for staff						
Some times	0	1	1	1	0	1

Never	1	0	0	0	1	0
Reasons for Giving Bonus						
Extra Duty Hours	0	1	1	0	0	1
Good Performance	0	0	0	1	0	1

This table shows the information related to the salaries given to the staff and doctors at DHQ hospitals. It is indicated that the doctors at DHQ hospitals Khushab, Sialkot, Rawalpindi and Lahore have always received their salaries on time which exposes hospitals' sound financial management systems. While in DHQ hospital Bahawalpur and Multan, doctors often do not receive their salaries on time; because of the lack of government funding. Lack of proper utilization or mismanagement of resources may also lead to late salaries to the doctors, which leads to doctors' lack of interests and non-availability at hospitals. The hospitals, which are unable to give salaries to doctors or staff on time, usually get late for three to four months and give combine salaries once the funds are available.

Further, the data also indicated that those hospitals which provide salaries to the doctors and staff on time, sometimes provided the bonus to staff. While in contrast, the hospitals that delay salaries, do not grant any bonus. The bonus is the special incentives in terms of extra money apart from their salaries which may be given to the doctors and staff for their good performances and extra duty hours. The incentive may encourage the doctors to take keen interest in their profession. A study by Saeed and Ibrahim (2005) indicated that lack of satisfaction of doctors with salaries hinder their hard work and motivation in public hospitals. Rehman and Diah (2020) elaborated that in Muslim countries, healthcare providers considered their profession a commitment to serve the patients.

The findings indicated that if doctors are satisfied with their salaries, they may take keen interest in performing their duties reflecting through their friendly and cooperative behaviour towards the patients. The financial needs are important for everyone to be fulfilled. If doctors are economically well off, they will pay attention to their work performances (Rehman & Hassan, 2007). It also strengthens the doctor-patient relationship, which is important to be considered in healthcare system, emphasized by Hassan and Rehman (2011).

Performance Monitoring System

Monitoring or measuring the performance is defined as key steps taken to identify the aspects of measuring and improving quality and standard of hospital services. It shows working conditions of hospitals and compares it with other hospitals concerning health services provided to the patients (Shaw, 2003).

Table 6. Performance Monitoring at DHQ Hospitals of Punjab

Monitoring of Staff Performances	Bahawalpur Number	Khushab Number	Sialkot Number	Rawalpindi Number	Multan Number	Lahore Number
Any monitoring system						
Yes	1	1	1	1	1	1
Which measure taken if staff performance is not satisfactory						
Give Chance	1	1	1	1	1	1
Steps taken on wrong treatment by staff						
Expel	0	1	0	0	0	0

Punishment	1	1	1	1	1	1
Mechanism use to upgrade the skill and knowledge						
Seminars	1	0	0	1	1	1
Training Workshops	1	1	1	1	1	1
Researches	1	0	0	0	0	0
Monitoring to check the proper utilization of Medicines						
Annual Audit	1	0	0	1	0	1
Record checking	0	1	1	0	1	0

The data indicated that as accepting the importance of monitoring systems, all the studied hospitals had monitoring systems to check out the performance and utilization of hospital services. Regarding the performance, the input of human resources is very critical as the staff and doctors hold all the health services deliveries. The table shows that in case of non-satisfactory performances of doctors and staff, hospital administration gives a chance to them instead of immediate replacement and guiding or providing any training to improve their skills. In case of wrong treatment given to the patients, doctors or staff may be expelled from the duties. While, in other DHQ hospitals, some kinds of punishment are given to that staff, like cutting off their salaries or stopping them from performing the specific task given to them., It is necessary to upgrade the skills and knowledge of the staff to reduce such cases in hospitals by providing them practical training. In studied DHQ hospitals, all hospitals provide some training workshops to the staff who lack performances, some hospitals arrange seminars on different health service delivery issues to enhance the knowledge and information of the staff on particular issues. Besides providing training workshops and seminars, the DHQ hospital Bahawalpur also provides the research opportunity to staff and doctors to explore the new advancement in the health sector to upgrade their skills and knowledge. Previous studies supported that resource allocation and utilization is significant in efficient use of health service deliveries. In most countries, the government's spending on health promotion is low as per its needs (McGinnis, *et al* 2002).

CONCLUSION

Management at a public hospital includes clinical and administrative achievement of the specified targets and goals. The targets may be defined as the hospital's functions, diagnosis, treatment, care, rehabilitation and availability and performance of human resources. To address the required human resources at any public hospital, the specific number of staff and healthcare providers is sanctioned and hired according to the requirements of the particular hospital. The utilization of health services effectively is the reflection of efficient health policies and their effective implementation. The outcome of the study could be considered as information and record keeping about human resources. While services and facilities are important to be taken into consideration in the provision of ample and efficient quality based healthcare services in public hospitals. The study recommends that monitoring and evaluation of workforce should be strengthened to further enhance the quality of healthcare services.

References:

- Abbasi, S., & Rehman, A. (2013). Gender differential in health provision: An analysis of Pakistan health policies (2001-2009). *Pakistan Journal of Special Education, 14*, 113-21.
- Chaudhry, N. G., Ilyas, S., Shahzad, A., Saleem, A., Rashid, M., & Chaudhry, T. A. (2006). An open source health care management system for Pakistan. *ICOST, 1-7*.
<https://www.uet.edu.pk/Conferences/icost2006/publications/COS-HMS.pdf>
- Gilson, L. (1998, Apr.). Re-addressing equity: The search for the Holy Grail? The importance of ethical processes. Paper presented at eighth annual public health forum on *Reforming health sectors*, held at London School of Hygiene and Tropical Medicine on April 21-24, 1998.
- Hassan, R., & Rehman, A. (2011). Doctor patient relationship in gynecology department of public and private hospitals of Rawalpindi and Islamabad. *Pakistan Journal of Medical Research, 50*(2), 75-9.
- Karim, A. M., Betemariam, W., Yalew, S., Alemu, h., Carnell, M. A., & Mekonnen W. Y. (2010). Programmatic correlates of maternal healthcare seeking behaviour in Ethiopia. *Ethiopian Journal of Health Development, 24*(1), 92-9.
- McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). The case for more active policy attention to health promotion. *Health affairs, 21*(2), 78-93.
- Pappas, G., Ghaffar, A., Masud, T., Hyder, A., & Siddiqi, S. (2009). Governance and health sector development: A case study of Pakistan. *Internet Journal of World Health and Societal Politics, 7*(1), 1-10.
- Rehman A., & Abbasi, S. (2013). Gender analysis of health policies of Pakistan formulated in 2001 & 2009. *Journal of Law and Social Policy, 2*(1). 45-60.
- Rehman, A., & Diah, N. M. (2020). Managing women's matter: A cross-cultural study of doctor-patient relationship in Pakistan and Malaysia. *Intellectual Discourse, 28*(2), 697-713.
- Rehman, A., & Hassan, R. (2007). Facilities of gynecology department in public and private hospitals of Rawalpindi and Islamabad. *Journal of Gender & Social Issues, 6*(1), 48-62.
- Sabih, F., Bile, K. M., Buehler, W., Hafeez, A., Nishtar, S., & Siddiqi, S. (2010). Implementing the district health system in the framework of primary health care in Pakistan: Can the evolving reforms enhance the pace towards the Millennium Development Goals? *Eastern Mediterranean Health Journal, 16*(Supplement.), 132-44.
- Saeed, A. & Ibrahim, H. (2005, Feb.). Reasons for the problems faced by patients in government hospitals: Results of a survey in a government hospital in Karachi, Pakistan. *Journal of Pakistan Medical Association, 55*(1), 45-7.
- Shaw, C. (2003). *How can hospital performance be measured and monitored?* Copenhagen, WHO Regional Office for Europe.
https://www.euro.who.int/_data/assets/pdf_file/0009/74718/E82975.pdf
- World Health Organization. (2000). *World health report 2000-Health systems: Improving performance*. Geneva: Author <https://www.who.int/whr/2000/en/>