

## Assessment of primary health care services from attendant's point of view in Tikrit city.

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### Abstract

Primary health care focused on health care services including health promotion .illness and injury prevention .diagnosis and treatment of these illness and injury. To Assess the accessibility of primary health care services in Tikrit city, estimate the attendants satisfaction toward health services delivered by PHHC and To identify the gaps that affected the fluency of services. Descriptive study was carried from 1st March to 30th May 2010.three primary health care centers in Tikrit city were included in the study , enrolled 283 attendants of these centers were interviewed by researchers ,data were collected through special design questionnaire form. Most of attendants were children which account about 37% and less likely women were account 35% while 82% from urban. The causes for seeking medical care from primary health care centers were 32% for vaccination ,25% for antenatal care and 35% ,8% for medical care and investigation respectively, 86% of attendants were visit the centers previously and but 66% faced difficulties to reach the centers and only 33% founded the centers accessible farther more 85% they needed vehicles to reach the centers. Regarding the average time consumed by attendants as followings  $3 \pm 1.2$  min for waiting to tackle the ticket and  $10 \pm 1.5$ min average time waiting on doctor room .89% of attendants said that the physicians listening to them while 18% said that physicians did not examine them. The attendants were summarized their opinion as followings 12% very good services while 1% were said the services very poor quality that was because of shortage in the staff ,and crowding of attendants at beginning of working hours. The present study conclude that most of attendants were facing difficulties in reaching the PHCCs and the services delivered by PH Cs were subjected to some obstacles like accessibility of these centers and crowding at beginning of working day.

**Key words** Primary health care services, patients satisfaction

### Introduction

Primary care is the element with primary health care that focused on health care services including health promotion .illness and injury prevention and the diagnosis and treatment of illness and injury.(1)

Iraq faces enormous health challenges. The overall aim is to achieve better health for all and to reduce health in-equalities while providing high quality services that are affordable, accessible, and responsive to the expectations of the population.(2)

Some measures to improve the quality of health services, which is improving and assuring the standards of healthcare and facilities, enhancing diagnostic and

clinical effectiveness, updating medical and nursing education and training ,is to measure satisfaction either for the receiver or the providers. So, patient satisfaction has long been considered an important component when measuring health outcome and quality of care (3, 4)

Investigation of patient satisfaction have to use a range of interview and questionnaire measures which differ quite markedly in their level of methodological sophistication. (5)

The Ministry of Health assisted by Abt associates, conducted a series of local health forums in different part of Iraq in 2004, the result highlight the need to improve the standards of care provided by

Primary Health Care Centers nearly 60% of people interviewed believed that clinics can not provide base health care as well as hospital can.(2)

The best way to improve patient satisfaction is to use method of assessing patient's views over a wide range of specific issues. Then conclusion can be used to work with patients to develop a service that is of the greatest benefit to those who use the services as well as pleasure to those who provide the services.(2) Furthermore, a satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical provider, leading to improve compliance, continuity of care and ultimately better health outcome.(1)

#### **Aims:**

Current study was designed to achieve the followings objectives:

- 1- Assess the accessibility of primary health care services in Tikrit city.
- 2- To estimate the attendants satisfaction toward health services delivered by PHHC.
- 3-To identify the gaps that affected the fluency of services.

#### **Subject and method**

Descriptive study was carried from 1st March to 30th May 2010, 3 primary health care centers in Tikrit city were included in the study, enrolled 283 attendants of these centers were interviewed by researchers were selected through convenient sampling technique during duration of data collecting process through a interviewer administrated questionnaire for which was included information about health services delivered by PHHC in Tikrit city. data were analyzed by using soft ware programe

#### **Results**

Most of attendants were children which account about 37% and less likely women were account 35% as shown in figure 1. Regarding attendants distribution according to their residence 177 / 283 were from urban and the remaining from rural as demonstrated in figure 2. From study population 18% were illiterate and 36% with secondary school level as explained in figure 3. the causes for seeking medical care from primary health care centers were 32% for vaccination, 25% for antenatal care and 35%, 8% were for medical care and investigation respectively as summarized in figure 4 from table 1, 86% were visit the centers previously and only 14% for first time also 66% found difficulties to reach the centers while only 33% were founded the centers accessible farther more 85% the need vehicles to reach the centers and only 15% they did not.

About the time needed for each activities in primary health centers it was founded that average time consumed by attendants as followings  $3 \pm 1.2$  min for waiting to tackle the ticket,  $3 \pm 1.5$  min as average time waiting for receiving card for women and children,  $10 \pm 1.5$  min average time waiting on doctor room,  $2 \pm 0.5$  min Average time waiting for lab. And  $2 \pm 0.8$  min average time waiting on pharmacy as explained in table 2.

Regarding quality of services from attendants view it was founded that 89% of attendants said that the physicians listening to them while 18% said that physicians did not examine their pulse and 27% did not examined the temperature. 55%, 76% they were received the treatments and vaccines from PHHC respectively. As summarized in table 3.

In general the attendants were summarized their opinion as followings 12% very good services while 58% said it was a good ,24% said to some extent quality and 4%, 1% were said the services poor and very poor quality respectively as shown in table 5.

Table (6) showed that 50% of attendant who said that the quality of services was poor or very poor that is because of shortage of the staff ,while 25% said that was because of crowding of attendants at working hours.

### **Discussion**

Most of attendants to primary health centers in this study were found to be children and pregnant women. This may reflect the quality of MCH services offered by these centers and the high coverage rate for MCH services as more than half of the attendants to PHCCs seeking for vaccination and ANC services.

Urban visitors constitute more than the half , this may be explained by that urban people are more interested in getting medical services and advices and more easily to reach these governmental institutions.

Although the major attendants to PHCCs were of secondary education, those only read and write& illiterate collectively still constitute more than a half of the attendants, this could explain the reason behind the high level of satisfaction of more than half of attendants who qualify the level of services as good . Makhdoom et al(6 ) and other (7) found , like in this study, low educational level significantly associated with satisfaction , whereas Al – Faris(8) did not find any influence of the educational level.

The presence of vaccine for children and as a part of ANC for pregnant women may be the force behind attraction of more than half of the total attendants to PHCCs in this study , also the less cost services may be another reason behind the more frequent visits of more than three-quarter of interviewed persons. Although most of them found it difficult and need a vehicle to reach the center. This indicate a poor distribution of PHCCs on different locations in the city to be reached more easily.

while only small percentage of attendants get benefit from laboratory services which might be due to shortage of laboratory staff, equipment & materials or electrical power.

The waiting time based on the result of the present study was an average of 15 mints before reaching a doctor room and less time spending after that at laboratory & pharmacy. Similar result reported by IHSS survey at 2004 ( 2) for waiting time which is considered acceptable . Overall about 19%of PHCCs reported that their patients had to wait for 20 minutes or longer during peak hours.

WHO & UNICEF reported that while the four essential inputs ( health personnel, working space, drug & other medical supplies, and basic equipments), which determine the availability of essential health care , are generally in place, people of Iraq do not receive health care with reasonable quality (9).

This come in parallel with result of this study which show that most of patients receive no laboratory investigation or equipments use during clinical examination and mainly patients seeking drugs or vaccine rather than medical care.

In 2008 PHC in Cuba is again transformed. Since 2002, 241 polyclinics have undergone extensive renovation, a process that continues today. The aim is to add services previously available only in hospitals. Now, the average poly clinic offers 22 services including rehabilitation, X-ray, ultrasound, endoscopy, clinical laboratory, emergency services, family planning, immunization, maternal-child care, diabetic and elderly care, etc (10).

Although more than half of interviewed person qualify the level of care in PHCCs as good because most of them as mentioned before were children or pregnant women seeking for vaccination and the other seeking for medication only if present.

Among those who qualify the services as poor, half of them explain their non satisfaction because of shortage of staff and the other due to shortage of medication or overcrowding at peak hours.

There are 1,717 primary health care centers in Iraq. About 47% are staffed with at least one medical doctor. The rest are staffed by trained health workers. On average, each center is responsible for providing primary care to about 35,000 of population. There is currently 0.4 PHC center per 10,000 populations (2).

#### Conclusion:

66% found difficulties to reach the centers while only 33% were founded the centers accessible. 12% very good services while 58% said it was a good, 24% said to some extent quality and 4%, 1% were said the services poor and very poor quality respectively.

#### Recommendation:

Tikrit city need to establish more PHCCs because of population growth and life

style development due to immigration of people from other governorates. Health services must be reform to be adequate for population needs and demands.

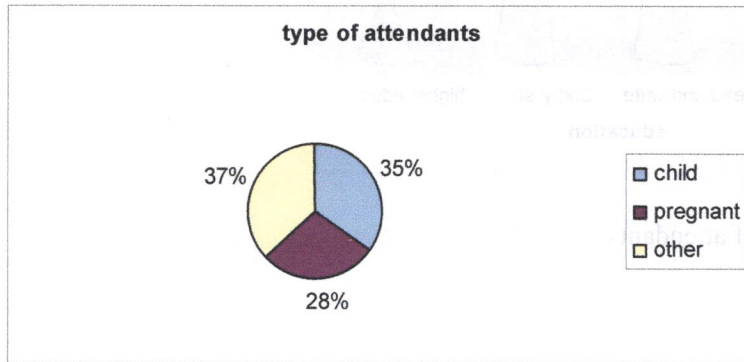
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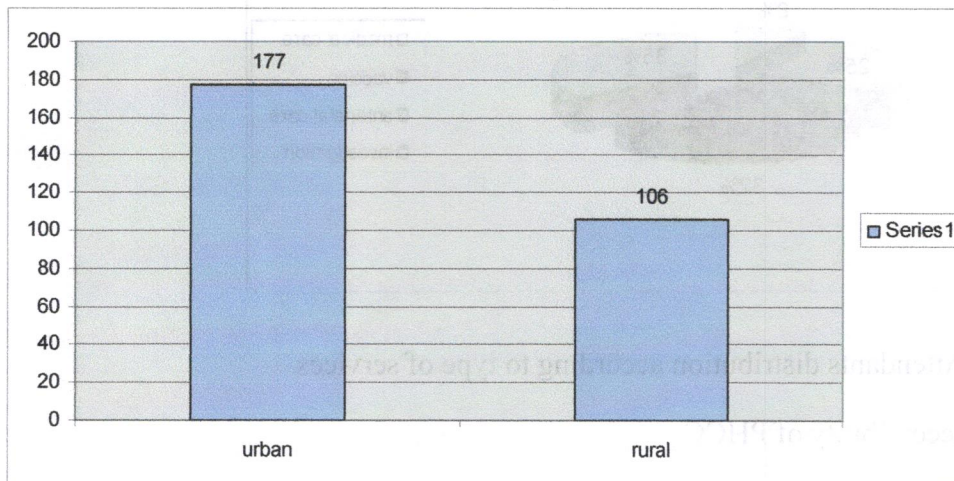
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**Figure (1)** Distribution of attendants to PHCC



**Figure (2)** Attendants distribution according the residence

Residence	Number of Attendants	Percentage
urban	177	62.1%
rural	106	37.9%
<b>Total</b>	<b>283</b>	<b>100%</b>

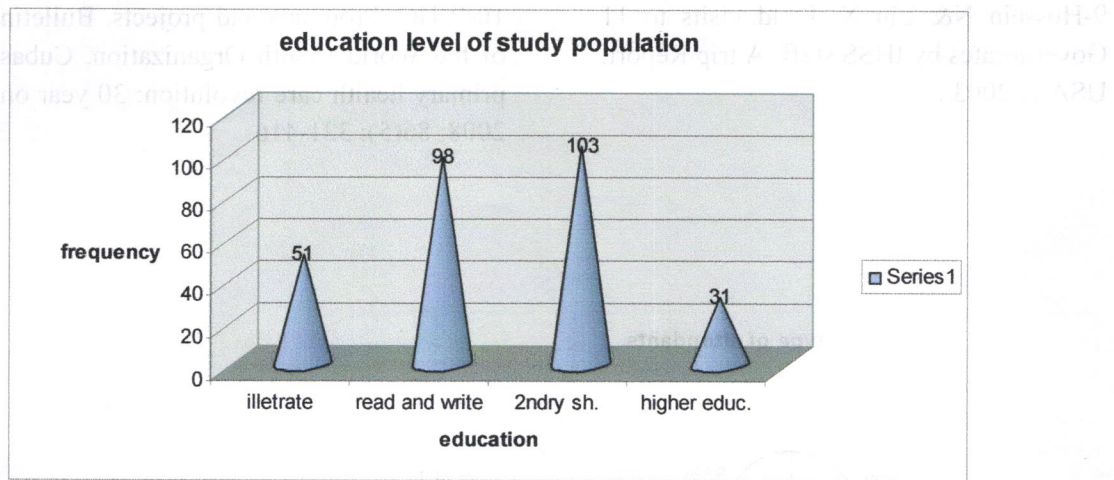


Figure (3) Education levels of attendants

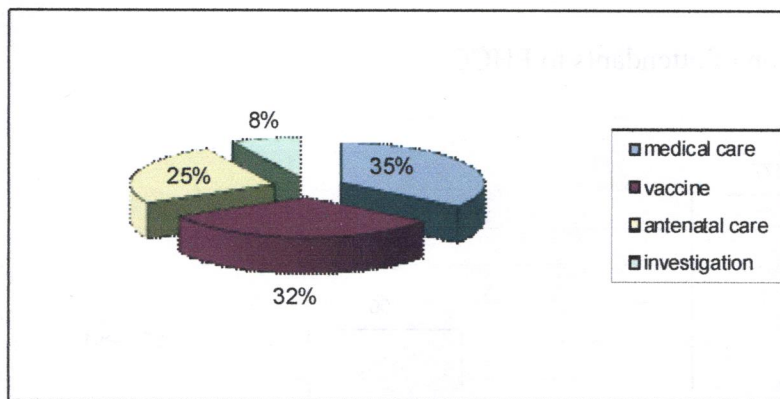


Figure (4) Attendants distribution according to type of services

Table (1) Accessibility of PHCC

Item		N0.	Percent
Previous visit	yes	243	86%
	no	40	14%
Difficulties to reach the center	yes	187	66%
	no	96	33%
Car renting	yes	240	85%
	no	43	15%

**Table (2)** Time consuming for each type of services at PHCC

Average time waiting on tackle ticket	3±1.2min
Average time waiting on PHC card for women and children	3 ± 1.5 min
Average time waiting on doctor room	10 ± 1.5min
Average time waiting for lab.	2 ± 0.5min
Average time waiting on pharmacy	2 ± 0.8min

**Table (3)** Quality of care delivered to attendants

Item	yes	No	
Physician	Listening to patient	89%	11%
	Examine the patient	78%	22%
	Use stethoscope	67%	33%
	Measure blood pressure	48%	52%
	Examine pulse rate	18%	82%
	Measure temperature	27%	73%
Lab.	Yes no		
	Investigation availability	38%	62%
pharmacy	Yes no		
	Received treatment	55%	45%
Vaccine	Received vaccine	76%	24%

**Table (4)** Attendants opinion about services quality

Level of services	No. of attendants	Percent
Very good	34	12%
Good	164	58%
To some extent	71	25%
Poor	11	4%
Very poor	3	1%

**Table (5)** causes for poor services

Causes	Percent
Staffing shortage	50%
Crowding	25%
Shortage of medication	25%