International Journal of Current Advanced Research

ISSN: O: 2319-6475, ISSN: P: 2319-6505, Impact Factor: 6.614

Available Online at www.journalijcar.org

Volume 8; Issue 10 (A); October 2019; Page No.20088-20092

DOI: http://dx.doi.org/10.24327/ijcar.2019.20092.3915



COMPARISON OF THE CLIENT'S SATISFACTION BETWEEN THE ACCREDITED CENTER AND FAMILY HEALTH CENTER IN PRIMARY HEALTH CARE, IRAQ, 2019

Riyadh Mraweh Ibrahim¹, Sabah K. YAS² and Faris H. Al-Lami³

¹Ministry of Health, Public Health Directorate, Section of Quality Control ²Ministry of health, Public Health Directorate, Primary Health Care Department, Director of Primary Health Care Centers Division ³Ministry of Health, Director-General of Public Health Directorate

ARTICLE INFO

Article History:

Received 4th July, 2019 Received in revised form 25th August, 2019 Accepted 23rd September, 2019 Published online 28th October, 2019

Key Words:

Client's Satisfaction, Accreditation, primary Health care.

ABSTRACT

The purpose of establishing a system of accreditation in management of primary health care was to provide high-quality services, the most important indicators that measure the quality of services provided is the degree of customer satisfaction on that service provided. In Iraq, there were many primary health care centers(PHCCs) prepare to be accredited, the study's object to find if there are differences on client's satisfaction between PHCCs which prepare to be accredited and other, It was cross-sectional study, 210 random sample matched between two PHCCs one to be accredited and other , The study used exit interview to participants who attended to these centers seeking health services from 10 February to 13 March 2019 by used standardizes questionnaire to collect the data , The study has appeared to be accredited had total degree of satisfaction in both PHCCs was (53.9%) while the PHCC that prepare to be accredited had total degree of satisfaction between PHCC which was prepared to be accredited and other also the rate of client's satisfaction lower than expected for both PHCCs.

Copyright©2019 Riyadh Mraweh Ibrahim et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Many factors affect the population's health that can be divided under four headings heredity, environment, lifestyle and health care service (1)Public health services are provided through a nation-wide network which is established based on primary health care (PHC) system, Primary Health Care often abbreviated as , "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination⁽²⁾. The primary goal of healthcare is to offer services to people that help to improve the quality and health of their daily lives (3). Healthcare is the fastest growing service in both developed and developing countries, and needs to be sustainable because it faces increasing demands and diminishing resources, The current generations need to be served and future generations need to be considered when offering services in healthcare, Despite the integral role of PHC for health systems,

*Corresponding author: Riyadh Mraweh Ibrahim Ministry of Health, Public Health Directorate, Section of Quality Control the World Health Report (2008) indicated that countries "are not performing as well as they could and as they should" when it comes to PHC⁽⁴⁾.

One increasingly employed method for promoting quality at the healthcare organizational level is accreditation. This recent emphasis on accreditation in PHC organizations came with the shift in healthcare policy from hospitals towards preventive and primary healthcare delivery services. A responsive and comprehensive primary health care (PHC) system leads to more efficient health system lower rates of hospitalization, fewer health inequalities better health outcomes and lower costs^[5-7],One of the ways to determine if the services are effective is to ensure that clients are satisfied (8) Satisfaction is defined as a psychological situation, which are upshots when the emotion surrounding disconfirmed expectations is combined with consumer's prior feelings about the consumption experience⁽⁹⁾, Clients satisfaction is the degree to which the individual regards the health care service or product or the manner in which it is delivered by the provider as useful, effective or beneficial. Client's satisfaction has long been considered as an important component when measuring health outcome and quality of care. Also it is important for consistent relationships with care providers, identifying source of dissatisfaction, improved compliance, continuity of care, and ultimately better health outcomes. In Iraq total number of

primary health care centers were 2669 from them 1259 considers main centers. At year 2014four centers were selected to be certified by the Global Accreditation Agency. Objective of study; Find rate and the differences of client's satisfaction in main primary health care centers and the centers prepared to be accredited Research Theory There is a positive difference between clients satisfaction in primary health care centers that are prepared to be accredited and among other centers

Cross-section descriptive study. Clients of two urban

METHOD

primary health care centers were involved in this study, they cover the same socio-economic state area, and the same services was Al- Musstansvria and the other was Bab al-Ma'adam. Primary health care center (PHCC) they have the same feature in capability to decrease selection bias. The exception that Bab al-Ma'adam. PHCC prepare to be accredited The questionnaire was used in the study that used in American and European studies and was translated into Arabic in studies conducted in the United Arab Emirates and Saudi Arabia ¹⁰⁻¹²⁾The questionnaire was conducted in the waiting room of the selected health centers over a period from 10 February to 13 March 2019, 210 clients PHCC was selected through convenient sampling. Half of the number of clients was be chosen from PHCC ready for accredited and was matching with participants from Al-Musstansyria PHCC. Different days of the week was chosen randomly to prevent selection bias. Items of fivepoint Likert scale for areas of satisfaction was recorded as completely agree: (+2), agree: (+1), no idea: (0), disagree: (-1), and completely disagree: (-2); then the mean of every area was divided by its number of items and then they were ordered based on these new criteria. Data analysis was done using SPSS Version21. (Chisquare) was used for data analysis). P-value of less than 0.05 was considered as the significant level.

RESULT

Average participant's age 33.6 years with stander deviation 12.2 (table 1), according to gender female to male ratio 1.6/1 (table 2), from the level of participant's education only 10 participants cannot read and write represent 4.7% of participants (table 3), in state of the social status of participants 174(83%) of participants were married (Table 4), according to the job of participants 34.7% and 28.5% housekeepers and employees respectively(table 5), The chi-square tests for gender, educational level, marital status, and occupation were 0.27, 0.421,0.271 and 0.586 respectively.

Table 1 Age of participants according to two primary health centers

phcc	Mean age	N	Std. Deviation
Bab al-Ma'adam.	32.74	90	12.33
Al- Musstansyria	34.32	114	12.137
Total	33.62	204	12.217

Table 2 the compare between genders of study participants in two primary health centers in the study

phec	phcc * gender Crosstabulation						
		gender					
		male	female	Total	Chi-Square Tests		
phcc	Bab al-Ma'adam.	39	51	90	0.27		
_	Al- Musstansyria	43	77	120			
Total		82	128	210			

Table 3 the comparison of the educational level of the participants in the two primary health care centers covered in the study

Education Level * phcc Cross tabulation							
Phec	Bab al- Al- Ma'adam. Musstansyria		Total	Chi-Square Tests			
Education Level		•					
Noneducated	6	4	10	0.421			
write and red only	6	11	17				
primary	26	24	50				
intermedate	16	18	34				
secondary	12	20	32				
beclorious	22	38	60				
higher education	2	5	7				
Total	90	120	210				

Table 4 the comparison of the social status of the participants in the two primary health care centers covered in the study

Social status * phccCrosstabulation							
Phcc		Bab al-Ma'adam	Al- Musstansyria	Total	Chi-Square Tests		
Social status	single	14	14	28	0.217		
	married	75	99	174			
	divorcee	1	2	3			
	widow	0	5	5			
Total		90	120	210			

Table 5 the comparison of the job of the participants in the two primary health care centers covered in the study

,	Job * phccCros	stabulation			
Phcc		Bab al-Ma'adam A	Al- Musstansy	riaTota I Ch	i-Square Tests
Job	employee	27	33	60	0.586
	housekeeper	34	39	73	
	retired	12	27	39	
	free businees	5	10	15	
	Worker	6	4	10	
	non-working	1	1	2	
	studient	5	6	11	
Total		90	120	210	

The mean degrees of satisfaction for both PHCCs are 221 (52.4%) composed with significant statistical differences between two PHCCs, Bab al-Ma'adam. PHCC which prepare to be accredited PHCC had higher degree for satisfaction 120(66.4%) from MusstansyriaPHCC which gained 104 degrees (52.4%)(table 6) There were significant statistical differences from most criteria of clients' satisfaction between two PHCCs except in Easy access to referral from the health center to the hospital and according to the opinion of the doctor. Table 6; Satisfaction score according to indicator that answered by participants in the two primary health care centers covered in the study.

Table 6 degree of satisfaction according to questionnaire for both PHCCs

		Bab al-Ma'adam PHCC		Al- Musstansyria		Total		
	Questionnaire	degree Number	%	degree Number	%	degree Number	%	Chi sequ
1	The distance between your home and phccacceptable.	99	55	149	41.3	248	23.6	.02
2	The chairs are available in the waiting area and in sufficient quantity	149	82.8	158	65.8	307	73.1	.012
3	The waiting time for the inspection is acceptable	123	68.3	113	47.1	236	56.2	.000
4	Health center time is convenient	141	78.3	141	58.8	282	67.1	.000
5	You are provided with information on available health services	125	69.4	93	38.8	218	51.9	.000
6	All the health services you need are available at the health center	102	56.7	91	37.9	193	46	.000
7	The same health unit retreated at each visit	132	73.3	95	39.9	227	54.3	.000
8	Easy access to referral from the health center to the hospital and according to the opinion of the doctor	110	61.8	127	52.9	237	56.7	0.151
9	The health center will contact you if you cannot attend the follow- up and review	55	30.9	-29	-12.2	26	6.3	.000
10	All vaccines are available to your family members in the health center	150	72.2	136	35.8	286	51.4	.000
11	All members of your family are provided with medical attention and on a regular basis	137	76.1	123	52.1	260	62.5	.000
12	Information staff treat you well and with integrity	137	76.1	145	60.9	282	67.5	.001
13	Nurses treat you well and respect	142	78.9	141	59.2	283	67.7	.001
14	Nurses provide advice and health awareness	140	77.8	123	51.7	263	62.9	.000
15	Doctors treat you with good pictures and respect	156	86.7	166	69.7	322	77	.002
16	The doctor examined it convincingly	147	81.7	162	68.1	309	73.9	.009
17	Doctors answer all your questions	150	83.3	146	61.3	296	70.8	.000
18	The time for the inspection and examine is sufficient and appropriate	125	69.4	118	49.6	243	58.1	.004
19	The director of the health center listens to my complaint	97	54.5	76	32.2	173	41.8	.008
20	Health center staff respect my privacy	133	73.9	126	52.9	259	62	.000
21	All my family members have a healthy file	131	72.8	131	90	142	59.7	.006
22	All medications prescribed by the health center doctor are available	33	18.3	21	9	54	13	.006
23	Pharmacists and their assistants told you how to take the medicine	131	72.8	142	59.7	273	65.3	.038
24	You are provided with information about your illness	134	74.4	135	57.7	269	65	.006
25	The presence of healthy education films in the health center TV	135	63.3	37	21.2	172	39.4	.000
26	Proper / adequate care is provided for children	129	72.5	117	49.6	246	59.4	.000
27	The results of the laboratory tests are given according to the time Provide services that took care to people with special needs and the	120	66.7	123	52.1	243	58.4	.000
28	elderly	97	54.5	85	36.3	182	44.2	.016
29	Provides dental health services	114	63.3	106	45.7	220	53.4	.000
30	The health center offers X-ray services	114	63.3	62	27.2	176	43.1	.000
31	Patients with stress and diabetes are monitored continuously	95 127	54	92	39.7	187	45.8	.048
32 33	I respect and appreciate the services that are provided to you	127 119	73 66.9	122 69	52.6 29.7	249 188	61.3 45.9	.001 .000
35 35	Equipment and devices located in the health center works well The health center is always neat and clean	150	83.3	114	29.7 48.7	188 264	45.9 63.8	.000
36	A sufficient number of health facilities and laundries are available	153	85.3 85	61	26.5	214	52.2	.000
37	The bathrooms are clean and the soaps are always available	145	80.6	21	26.3 9.1	166	40.5	.000
1	Mean	124	68.6	106	9.1 44.9	228	53.9	.000
	IVICALI	1.44	00.0	100	44.3	220	23.7	.000

Both centers provide primary health care services under the family health system for two similar population groups in terms of the demographic situation and the services provided in both centers are similar in quantity and quality and this is evident in the following table

	Al- MusstansyriaPHCC	Bab al-Ma'adam. PHCC
The population of the area served by the PHCC	(28808) persons	(13472) persons
Number of family physicians	(6) Physicians	(7) Physicians
Number of Dentists	7	4
Number of family medical care units	3	3
Number of Dentists units	2	2
Average of clients visits PHCC per day	80	75

The participants in the questionnaire were from different social groups, each subgroup was no statistically significant difference between them in the two PHCCs, and this gives more reinforcement in the credibility of the study.

The demographic composition of the participants in the study, shown in Tables 1-5 of age, gender, educational level, marital status and occupation of the respondents respectively The ratio between female to male equals to 1.6/1(table 2) with no statically significant differences between participants in two PHCCs women more than men this because the women have visited primary health care centers more than men. The educated and highly educated persons represent 63% from participants in the study (table 3) with no statically significant differences between participants in two PHCCs, this related the population cover by both PHCCs were educated and one of the most civilized areas in the capital, The married participants represent 83% from all participants (table4) with no statically significant differences between participants in two PHCCs. The housekeepers and employees represent 35% and 28% respectively from all participants in study (table 5) with no statically significant differences between participants in two **PHCCs**

The total degree of satisfaction in both PHCCs was 228 (53.9%) This was less than expected in spite that two PHCCs considered best centers in Bagdad and offer family health

services with continuous evaluated and monitored according to checklist that was prepared by the quality department and primary health care department in MOH, If we compare the satisfaction of clients for PHCCs in study did by ⁽¹³⁾Emadi in Qatar which found the overall satisfaction 75% we find the differences much higher even with the PHCC that prepare to be accredited (Bab al-Ma'adam) which gain total degree of satisfaction was 124 (68.6%)which may be due to the quality of the criteria used in the accreditation, since the standards are the Jordanian standard. At the same time, we find a big difference in customer satisfaction between the two primary health care centers in favor of the Bab al-Ma'adam. Which preparing for accreditation.

The highest degree of satisfaction was for the questionnaire, (Doctors treat you with good pictures and respect) for both PHCCs which record this indicated much trust in doctors, how earnestly consumers follow doctor's counsel and are more probable to coordinate with doctor's advice and showing better compliances, our study was registered client's satisfaction on doctor's treatment (86.7%, 69.7% & 77%) for Bab al-Ma'adam, Al- Musstansyria and both PHCCs. Under the same categories related the relationship between visitor of PHCCs and doctor in paragraphs number (16and17) also record high degree of satisfaction in both PHCCs with significant statistical differences in favor of Bab al-Ma'adam and this goes with many studies that reported client dissatisfaction on the doctor to vary from 11% to 65 %⁽¹⁴⁾

The large significant differences on clients' satisfaction appear in the categories related to the environmental cleanliness of the PHCCs and the bathrooms(Paragraphs 36 and 37) in favor of Bab al-Ma'adham85% and 80.6%) for Bab al-Ma'adham while Al- MusstansyriaPHCC registered satisfaction were (56.8 % and 26.5%) respectively This does not match with study completed in Baghdad/ 2009 by (Meha) that recorded client satisfaction on cleanliness⁽¹⁵⁾(96.3%)and space for waiting (94%) The differences between the two primary health care centers may be related to the nature of the building as Al-Musstansyria health center building is rather old The paragraphs on Customer Satisfaction on other staff (nurses . information staff, Health center staff, Director and Pharmacists in questionnaires numbers (12, 13, 14, 19, 20 and 23)that recorded (76.1%, 78.9%, 77.8%,54.5% ,73,9% 72.8%)respectively inBab al-Ma'adham higher than that recorded in Al- Musstansyria (60.9%, 59.2%, 51.7%, 32.2%, 52.9% and 59.7%) the differences had statistical significant this agrees with search did by (EL-JARDALI) (16) that find the impact of accreditation more degree of customer's satisfaction on health workers.

The thing makes our attention that the significances statistical differences between two PHCCs related the vaccines and drugs availability in questionnaire numbers 10 and 22 especially if knows that sources of supply were same and quantity of supplying according to expenses which accepted by research did by (EL-JARDALI) (16) he considered system of health administration had direct effect on clients satisfaction and the good system that can mask defect in health servicesSuch also for questionnaire number (4) related to the convenient time of work at PHCCs, As we know both PHCCs are started and finished the work at the same time under the same governmental law, in spite of that, there were significant statistical differences between the two PHCCs this gives as another indicator abut effect of system to change the mind and

satisfaction of clients Another thing that brings attention is the services provided in the Dental Unit, Radiology, Laboratory and providing all health services that the clients need as well we find significant statistical differences of the client's satisfaction between both PHCCs, this agreement with research did by- EL-JARDALI⁽¹⁶⁾ and disagree with research did by SAKA⁽¹⁷⁾ which suggested no relationship between quality of care and patient's satisfaction this may be related to high standard of quality care rather than accreditation in the place where the study had done;

This is similar to the rest of the statements regarding the questionnaire except that related questionnaire (All my family members have a healthy file)we found significant statistical differences favor Al- Mustansiriya PHCC this because Al-Mustansiriya PHCC had applied the family system year 2006 previous than Bab al-Ma'adham PHCC which applied to file family system at 2014.

CONCLUSION

There is a real difference in customer satisfaction for a primary health care center designed for accrediting and health centers in other family health centers, The customer satisfaction rate for each primary health care center was lower than expectations.

References

- Seyediandi, S., Shojaeizadeh, D., Batebi, A., Hosseini, S.M., Rezaei R. 2009. Client satisfaction with health system services offered by urban health care centers of ShahidBeheshti University of Medical Sciences, Tehran, Iran. J. Babol Univ. Med. Sci., 10(6): 80-87.
- World Health Organization. Declaration of Alma-Ata. Adopted at the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Accessed on February 2018.
- 3. Dey, P.K., Hariharan, S., Brookes, N. Managing healthcare quality using.logical framework analysis. ManagService Quality,2006, 16(2): 203 222.
- World Health Organization: The World Health Report. Primary healthcare: now more than ever. Geneva, Switzerland: WHO; 2008
- Australian Government, Department of Health and Ageing: Primary health care reform in Australia: Report to Support Australia's First National Primary Health Care Strategy.Australia; 2009. Available at: http://www.yourhealth.govau/internet/yourhealth/publis hing.nsf/Content/nphc-draftreportsupp-tocFILE/NPHCsupp.pdf. Last accessed: January 22,2019.
- 6. Russell G, Geneau R, Johnston S, Liddy C, Hogg W, Hogan K: Mapping the future of primary healthcare research in Canada: a report to the Canadian Health Services Research Foundation. Canadian Health Services ResearchAvailable at:http://www.chsrf.ca/migrated/pdf/researchReports/20 09commissionedResearch/mapping_future_report_2007 _e.pdf.
- Schoen C, Osborn R, Doty MM, Squires D, Peugh J, Applebaum S: A survey of primary care physicians in eleven countries, 2009: perspectives on care, costs, and experiences. Health Aff 2009, 28(6):w1171–w1183.
- 8. Daoud-Marrakchi, M., Fendri-Elouze, S.Bajer-Ghadhab, B. 2009. Development of a Tunisian

- measurement scale for patient satisfaction: Study case in Tunisian private clinics. Int. J. Hum. Soc. Sci.,4(8): 565 573
- 9. Oliver RL. Measurement and evaluation of satisfaction process in retail settings. J Retail 1981;57:25-48.
- Ware JE Jr., Davies-Avery A, Stewart AL. The measurement and meaning of patient satisfaction. Health Med Care Serv Rev 1978;1:3-15.
- Margolis SA, Al-Marzouq S, Revel T, Reed RL. Patient satisfaction with primary health care services in the United Arab Emirates. Int J Qual Health Care 2003:15:241-9.
- 12. Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. Inquiry 1988;25:25-36.
- 13. Emadi NA, Falamarzi S, Al-Kuwari MG, Al-Ansari A. Patients' satisfaction with primary health care services in Qatar. MEJFM. 2009;7(9):4–9.
- 14. Hale A, Coombes I, Stokes J, Aitken S, Clark F, Nissen L, et al. Patient satisfaction from two studies of collaborative doctor-pharmacist prescribing in Australia. Health Expect 2016;19;49-61.

- Meha Al-Jumaily, Faris H. Al-Lami Satisfaction of Attendants to a Family Medicine Training Center and a Primary Health Care Center in Baghdad J Fac Med Baghdad p.41 Vol. 52, No. 1, 2010.
- 16. EL-JARDALI, Fadi, et al. The impact of accreditation of primary healthcare centers: successes, challenges and policy implications as perceived by healthcare providers and directors in Lebanon. BMC health services research, 2014, 14.1: 86.
- 17. SACK, Cornelia, *et al.* Is there an association between hospital accreditation and patient satisfaction with hospital care? A survey of 37 000 patients treated by 73 hospitals. International Journal for Quality in Health Care, 2011, 23.3: 278-283.

How to cite this article:

Riyadh Mraweh Ibrahim *et al* (2019) 'Comparison of the Client's Satisfaction Between the Accredited center and Family Health center in Primary Health Care, iraq, 2019', *International Journal of Current Advanced Research*, 08(10), pp. 20088-20092. DOI: http://dx.doi.org/10.24327/ijcar.2019.20092.3915
