

Evaluation of Clients' Satisfaction towards Primary Health Care Centers Services at Baghdad City

تقويم رضا المراجعين تجاه خدمات مراكز الرعاية الصحية الأولية في مدينة بغداد

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المستخلص:

الهدف: تقويم رضا المراجعين نحو الخدمات المقدمة في مراكز الرعاية الصحية الأولية في مدينة بغداد وأثرها على تحسين الخدمات.

المنهجية: عينة عشوائية بسيطة مكونة من (٢٠٠) مراجع الى مراكز الرعاية الصحية الأولية في مدينة بغداد بواقع ١٥-٢٠ مراجع لكل مركز باستخدام استبيان لتقويم الرضا للمراجعين عن الخدمة واستخدام طريقة المقابلة المباشرة والتي استغرقت من (٦-١٠) دقيقة .

النتائج: اظهرت نتائج الدراسة ان عدد زيارات الرجال الى مراكز الرعاية الصحية الأولية أقل من النساء، هذا يشير إلى أن من أهم مسؤوليات أفراد الأسرة وخاصة الرعاية الصحية هي مسؤولية النساء أكثر من الرجال، وخاصة في المجتمعات الشرقية، و أظهرت أن النساء الحوامل الذين تتراوح أعمارهم بين ٣٠-٣٩ هن أكثر زيارة لمراكز الرعاية الصحية الأولية بسبب مضاعفات الحمل وأكثرهم رضا تجاه خدمات الرعاية الصحية الأولية. سجلت الدراسة بأن أعلى نسبة زيارة كانت للأشخاص العاطلين عن العمل ، بسبب الخدمات الصحية المجانية، وكان أكثر رضا عن الخدمات المقدمة، وأظهرت الدراسة أن وزارة الصحة أولت اهتماما كبيرا من جانب الاعتناء بالمباني والقاعات في مراكز الرعاية الصحية الأولية في مدينة بغداد. لكفاءة النموذج المعد لتقويم رضا الزوار إلى مراكز الرعاية الصحية الأولية وجدت ان الاستمارة الاستبائية تقي بنسبة ٧٥٪ من الدراسة.

التوصيات: اوصت الدراسة بزيادة وعي المجتمع بأهمية خدمات الرعاية الصحية الأولية وأن الخدمات المقدمة ليست للنساء فقط ولكن للرجال والنساء على حد سواء. تثقيف المجتمع نحو الرعاية الصحية الأولية والخدمات الصحية وخاصة ادارات المدارس لتوجيه الطلاب وأولياء أمورهم الى زيارة مراكز الرعاية للاستفادة من الخدمات المقدمة وان وزارة الصحة يجب ان تقوم بتحسين نوعية الخدمات المقدمة للمرأة، وخاصة رعاية الأمومة والطفولة.

Abstract:

Objective: To evaluate the client's satisfaction about the services provided in primary health care centers in the city of Baghdad and its impact on the improvement of services.

Methodology: A simple random sample consisting of (200) clients to primary health care centers in the city of Baghdad, (15-20) clients for each center using a questionnaire to evaluate the client's satisfaction for the service and the use of the direct method of interview, which lasts for (6-10) minutes.

Results: Results of the study show that the number of men visits to primary health care centers, fewer women. This indicates that the most important responsibilities of family members and private health care is the responsibility of women than men, especially in the eastern communities, and have shown that pregnant women aged between 30-39 years are more visit to primary health care centers due to pregnancy and its complications and most satisfaction towards primary health care services. The study reported that the visit rate was higher for the unemployed, because of the free health services, and were more satisfied with the services provided, and the study showed that the Ministry of Health paid great attention by taking care of the buildings and halls in primary health care centers in the city of Baghdad. The efficiency of the prescribed form to evaluate the satisfaction of visitors to primary health care centers and found that the form questioner meet 75% of the study.

Recommendation: The study recommends an increase community awareness of the importance of primary health care services and that the services provided are not only for women but for men and women alike. Community education towards primary health care, health services and private school administrations to guide students and their parents to visit care centers to take advantage of the services provided and the Ministry of Health should be based to improving the quality of services provided to women, particularly maternal and child care.

Key words : Evaluation, Client's Satisfaction; Primary Health Care Centers

Introduction

Client's satisfaction is the level of satisfaction that clients experience having used a service. It therefore reflects the gap between the expected service and the experience of the service, from the client's point of view. Measuring client or patient satisfaction has become an integral part of hospital/clinic management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries require that the satisfaction of clients be measured on a regular basis⁽¹⁰⁾.

Client satisfaction with health services, therefore, has become one of the important components of providing accepted quality of care. Satisfaction has been said to be a major predictor of use of services, as it is essential if clients were to utilize services, comply with treatments and maintain a continuing relationship with practitioners⁽³⁾.

Following this thinking, there has been growing interest in measuring clients' satisfaction, mostly through collecting the views of service users. These views have become important in the evaluation of healthcare delivery and have become a tool for health service performance evaluation. Client satisfaction is now viewed as an important measure of protection against potential problems in healthcare delivery, and is linked to changes in service delivery policies⁽⁶⁾.

Modern healthcare systems are seeking to adopt a more client-oriented approach to the delivery of healthcare. With this paradigm shift, patient satisfaction and quality of life are becoming increasingly as important as the more traditional clinic outcomes in the monitoring and evaluation of healthcare delivery⁽⁷⁾.

Essential health care is based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community. It is

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 Approach to providing health care resources focuses on provision of essential health care using socially acceptable and affordable methods and technology, accessibility, public participation in policy development, and intersect oral collaboration. The declaration of Alma Alta proposes a set of core activity to be included in primary health care and tailors to the needs of a particular population. These activities include:

1. Education to prevent and control major health problem in the area
2. Promotion of nutrition and a safe and sufficient food supply
3. Provision of safe water and basic sanitation
4. Provision of maternal and child health care, including family planning services
5. Immunization
6. Prevention and control of endemic diseases
7. Adequate treatment of common illnesses and injuries
8. Provision of essential medication.⁽¹²⁾

Methodology of the study

A descriptive evolutionary study (cross-sectional design) is conducted on primary health care centers in Baghdad City. The study is carried out to evaluation of client's satisfaction towards primary health care centers services from (16th November 2014 to 3^{ed} May 2015).

A simple random sample of (200) clients is selected by probability sampling approach. The study is carried out at Baghdad City primary health care centers. These centers are distributed into (2) sectors and divided into (6) health sectors according to ministry of health directorate of primary health care. A total of (13) primary health care centers are selected for the purpose of the study.

Data are collected through a questionnaire tool and analyzed through

the application of descriptive and inferential statistical analysis, The reliability of the questionnaire is determined through a pilot study and the validity are achieved through a panel of (12) experts. The overall items included in the questionnaires are (44) items, divided in to (6) sections of general appearance, trust services, responsiveness, assurance,

Results:

empathy, and client's satisfaction. Pilot study is Conducted on purposive sample of (10) individuals is selected among clients concerning with primary health center first of New Baghdad. This preliminary Study is conducted from 18th of January to 3ed of February 2015.

Table (1): Distribution of the Studied Primary Health Care Location Aspects with Comparison Significant

D.C.A.	Classes	Freq.'s	Percent	C.S. P-value
Site	Al_ Rusafa	80	40	Bin. test P=0.006 (HS)
	Al_ Karkh	120	60	
Primary Health Care Sector	New Baghdad	20	10	$\chi^2= 28.00$ P=0.000 HS
	Al_ Rusafa	30	15	
	Al_ Sadder	30	15	
	Al_ Kadumyah	60	30	
	Al_ Adel	30	15	
	Al_ Karkh	30	15	
Primary Health Care Center	Al_ Zubatte	20	10	$\chi^2= 1.500$ P=1.000 NS
	Al_ Mustanasiriyah	15	7.5	
	Bab Al_ Muadham	15	7.5	
	Al_ Saba'a	15	7.5	
	Al_ Thanee	15	7.5	
	Al_ Zahrah	15	7.5	
	Basheer Al_ Jazairi	15	7.5	
	Al_ Jawadeen	15	7.5	
	Al_ Nuor	15	7.5	
	Al_ Adeel	15	7.5	
	Al_ Kazalyah	15	7.5	
	Al_ Mansuor	15	7.5	
	Al_ Salaam	15	7.5	
Services obtained by the visitors type	Pregnant mother care	41	20.5	$\chi^2= 257.36$ P=0.000 HS
	Child Care	19	9.5	
	Promote Health	6	3	
	Immunization	5	2.5	
	Family Planning	5	2.5	
	Exam. and Treatment	91	45.5	
	Dental health	32	16	
	School Health	1	0.5	

(*) HS: Highly Significant. at $P < 0.01$; NS: Non-Significant. at $P > 0.05$ Bin. : Binomial test; χ^2 : Chi – Square test. C.S: Comparative Significant, P: Probability level

The results have indicated that there has been highly significant different at $P < 0.01$ among different of the studied locations, except with "Primary Health Care Centers", since they are collected consciously similar individuals from each primary health care centers.

Table (2): Distribution of Clients' Socio-Demographic Characteristics with Comparison Significant

D.C.A.	Groups	Freq.'s	Percent	C.S. P-value
Gender	Male	82	41	Bin, test P=0.013 (S)
	Female	118	59	
Age Groups (years)	< 20	15	7.5	$\chi^2 = 88.00$ P=0.000 HS
	20 _	48	24	
	30 _	75	37.5	
	40 _	29	14.5	
	50 _	22	11	
	60 _ 70	11	5.5	
	Mean \pm SD	34.80 \pm 12.30		
Education Levels	Illiterate	19	9.5	$\chi^2 = 15.46$ P=0.009 HS
	Read and write	26	13	
	Primary school	32	16	
	Intermediate school	46	23	
	Secondary school	34	17	
	Institute or college graduate	43	21.5	
Monthly Income	Enough	85	42.5	$\chi^2 = 16.75$ P=0.000 HS
	Enough to some extent	75	37.5	
	Is not enough	40	20	
Occupation	Gov. Officer	63	31.5	$\chi^2 = 238.12$ P=0.000 HS
	Free job	101	50.5	
	Retired	10	5	
	Leaving work	3	1.5	
	Don't work	17	8.5	
	Invalid	6	3	

(*)HS: Highly Significant. at $P < 0.01$; S: Significant. at $P < 0.05$ Bin. : Binomial test; χ^2 : Chi –Square test, SD: standard deviation; Gov: government, P: Probability level

This table shows the subject's "Gender", majority of collected samples are from female, and they are accounted 118(59%), and the leftover is from male, and they are accounted 82(41%). This is followed by the subject's "Age Groups", the results indicate that a highest percentage of the studied individuals are from group "30 _ 39" yrs. old, and they are accounted 75(37.5%), while "60 _ 70" yrs. old are accounted the lowest of collected individuals 11(5.5%)

Table (3): Distribution and Summary Statistics of the Client's Satisfaction items in the studied sample

Items	Score	No.	%	MS	SD	RS%
In general you are satisfied with the quality of service provided at the center	I do not agree	20	10	2.67	0.59	89
	Agreed to limit what	59	29.5			
	Agreed	121	60.5			
Feeling safer if treated at this center	I do not agree	15	7.5	2.69	0.6	89.7
	Agreed to limit what	63	31.5			
	Agreed	122	61			
you satisfied with the communication and coordination between medical and health staff at the center	I do not agree	20	10	2.65	0.64	88.3
	Agreed to limit what	47	23.5			
	Agreed	133	66.5			
You are satisfied with the attention of the medical and health personnel and health to your problem	I do not agree	23	11.5	2.88	0.41	96
	Agreed to limit what	29	14.5			
	Agreed	148	74			
You satisfied with the relationship with the service provider (medical and health staff)	I do not agree	20	10	2.82	0.47	94
	Agreed to limit what	28	14			
	Agreed	152	76			
Generally satisfied are you the time you spent at the health center to receive services	I do not agree	23	11.5	2.53	0.62	84.3
	Agreed to limit what	35	17.5			
	Agreed	142	71			
You are satisfied with the health center near the place you live	I do not agree	10	5	2.56	0.65	85.3
	Agreed to limit what	20	10			
	Agreed	170	85			
Feel good about diagnostics and treatment costs in the health center	I do not agree	4	2	2.67	0.57	89
	Agreed to limit what	16	8			
	Agreed	180	90			
You are satisfied with the efficiency of the medical and health staff in the health center	I do not agree	8	4	2.69	0.58	89.7
	Agreed to limit what	27	13.5			
	Agreed	165	82.5			
Feel good about respecting medical and health staffs	I do not agree	8	4	2.5	0.67	83.3
	Agreed to limit what	35	17.5			
	Agreed	157	78.5			
Feel good about medical and health personnel to clarify the problem understandable manner	I do not agree	8	4	2.54	0.63	84.7
	Agreed to limit what	32	16			
	Agreed	160	80			

No: number; %: percentage;MS: mean of score; SD: standard deviation; RS: relative sufficiency;

It could be observed that subjects responses of "Empathy" main domain in light of relative sufficiency values. All items illustrate "Pass" assessment, since their relative sufficiency is upper cutoff point (66.67%) for positive scoring scales and they are accounted 11(100%).

Table (4): Descriptive Statistics for the Studied Main Domains

Main Domains	No.	GMS	SD	RS%
Client's Satisfaction	200	2.679	0.462	89.28
Overall Assessment	200	2.638	0.392	87.93

No: number; **%:** percentage; **GMS:** Grand mean of score; **SD:** standard deviation; **RS:** relative sufficiency

This table shows that the subjects responses "Overall Assessment" of main domains in light of relative sufficiency values. All domains illustrate "Pass" assessment, since their relative sufficiency is upper cutoff point (66.67%) for positive scoring scales and they are accounted 6(100%).

Table (5): Overall Evaluation of Clients' Satisfaction towards Primary Health CareCenters Services

Overall Assessment	Frequency	Percent	Cumulative Percent
Weak	19	9.5	9.5
Pass	10	5.0	14.5
Intermediate	10	5.0	19.5
Good	27	13.5	33.0
v. good	38	19.0	52.0
Excellent	96	48.0	100
Total	200	100	

The results show that most responding of the studied individuals were reported excellent evaluation, and they are accounted 96(48%), while those whom had weak evaluation are accounted 19(9.5%).

Table (6): Association between Clients' Socio-Demographic Characteristics with Their Overall Evaluation of Satisfaction toward Primary health care Services

Overall Assessment	Demographical Characteristics Aspects	C.C.	Sig.	C.S*
	Gender	0.215	0.002	HS
Age Groups	0.134	0.599	NS	
Education Levels	0.195	0.160	NS	
Occupation	0.133	0.609	NS	
Monthly Income	0.081	0.518	NS	

^(*) HS: Highly Significant. at $P < 0.01$; NS: Non-Significant. at $P > 0.05$, C.S: Comparative Significant

The results show that most of the calculated contingency coefficients report weak relationships between redistribution of the grand mean of score for the studied main domains according to under/upper cutoff point with no significant differences at $P > 0.05$, except of gender, which shows highly significant different at $P < 0.01$, since female individuals are accounted better responses to primary health care centers services than male, and that could be interpret the nature which are concerning with the female maybe.

Discussion

The analysis of findings revealed that the subject's "distracts, the majority of collected samples are from Al _ Karkh distracts, and they are accounted (60%), and Al _ Rusafa distracts, and they are accounted for (40%), then followed by the "Primary Health Care Sectors". The results indicate that a highest percentage of the studied sectors are from "Al _ Kadumyah", and they are accounted for (30%), while " New Baghdad " sector are accounted the lowest of collected individuals (10%), then followed by the subject's "Services obtained by the clients". The results indicated that a highest percentages type is "Exam. And Treatment", and they are accounted (45.5%), while leftover of visitors types descending orderly with "Pregnant mother care", and they are accounted for (20.5%). "Dental Health" they are accounted for (20.5%), and "Child Care", they are accounted for (9.5%), and with "Promote Health and Family Planning", and they are accounted for (2.5%) for each type. Finally the lowest level of the collected individual's type is "School Health" and they are accounted only (0.5%) (Table 1).

The result in table (2) shows that samples are from female, and they are accounted for (59%), and is from male. That is because females are visiting primary health care center for the use of their mother and her child in the services. The majority of the sample female more than men. This finding may interpreted obtained from Gadalla and others (2003) who indicates that the majority of those using primary health care centers are female (61%)⁽⁴⁾.

It has been known out of the finding in the table (3) shows that the "Empathy" main domain in light of relative sufficiency values, all items illustrate "Pass" assessment, since their relative sufficiency is upper cutoff point (66.67%) for positive scoring scales and they are accounted for (100%) While the average

account is less than the proportion of mean of score in the (Feel good about respecting medical and health staffs) at a rate (2.5) is the highest in the (You are satisfied with the attention of the medical and health personnel and health to your problem) and the rate of (2.88). The study presented supportive evidence is available in a study stated that most of the customers from the primary health care services are satisfied with the health services provided by the health workers in the field of primary health care of all kinds preventive, therapeutic and rehabilitation.⁽⁸⁾

Table (4) this table shows that the subjects responses "Overall Assessment" of main domains in light of relative sufficiency values. The client's satisfaction domains illustrate "Pass" assessment, since their relative sufficiency is upper cutoff point (66.67%) for positive scoring scales and they are accounted 6(100%).The aim of this table is to know total of , and then extract the rate and the total as shown by the results that all domains close in the results and this is proof that the power of the questionnaire, And also gives overall global mean of score instead of mean of score in any total. The study presented supportive evidence is available in a study pointed out after conducting a study of a sample of 400 visiting clients to primary health care centers, it was found that most of the responses were positive for customer satisfaction on services provided in general and comprehensive .⁽¹¹⁾

Table (5) shows the distribution of the overall evaluation of the client's satisfaction towards primary health care centers services in light of percentile transformed responding, as well as their percentages and cumulative percent. Where is score the overall assessment is the paragraph weak is the frequency (19) and percentage(9.5), the pass and above are within the pass, but within stages is began from the pass and ending as excellent as recorded higher recurrence (96)and percentage (48.0). The study

presented supportive evidence is available in a study reported that the sample response was very high for their satisfaction with services and exceeded (90%) of the sample.⁽⁹⁾

Table (6) The results show that most of the calculated contingency coefficients have reported weak relationships between redistribution of the grand mean of score for the studied main domains according to under/upper cutoff point with no significant differences at $P > 0.05$, except of gender, which shows highly significant different at $P < 0.01$, since female individuals to primary health care centers services than male, and that could be interpret the nature which are concerning with the female maybe. The study presented supportive evidence is available in a study reported that satisfaction in general was present for most of the sample equally between males and females although females are more likely to visit primary health care centers.⁽⁵⁾

Recommendations:

With respect to the early interpretation of the study findings, conclusions, the study recommended that:

1- Increase community awareness of the importance of primary health care services and that the services provided are not only for women but for men and women on either end.

2- Educating the community towards primary health care and private health services and school departments directing schools to guide students and their parents visit these services to take advantage of the services provided.

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