RESEARCH ARTICLE

EVALUATION OF QUALITY ASSURANCE AT MAIN PRIMARY HEALTH CARE CENTER IN BASRA CITY

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ABSTRACT

a descriptive study methodology was used to evaluate the quality of primary healthcare concerning structure, process, and consumer satisfaction, involving (60) consumers and (10) main primary health care in Basra city for the period of October 15th, 2021 through May 1st, 2022. Non-probability “convenient” sample of (10) primary health care centers; A constructed questionnaire is composed of (71) items Structure (25) items, process (24) items, and the outcome (22) items were assessed by observation of available items and comparing them with a checklist of standards recommended by the Ministry of Health for PHC centers. The validity and reliability of the questionnaire are established through the use of a preliminary pilot study. Data Collection is an important part of every project. The information has been gathered through the use of a questionnaire and the interview technique. Analyze the data. Through the use of a descriptive statistical data analysis technique based on frequency, percentage, mean, range, and total scores, as well as an inferential statistical data analysis strategy based on correlation and regression analysis. Results: Findings of the study indicate that the primary health care most of the primary healthcare centers in Basra city have high quality the (70%) quality assurance related to the structure, the process (80%) of quality assurance related to services provided by the main primary healthcare centers, and the outcome (68.3%) of consumers were satisfied with primary health care services is no difference between the primary healthcare centers based on such quality

keywords: Evaluation, Quality assurance, Primary Health Care Centers.
INTRODUCTION
In general, primary health care (PHC) encompasses a wide range of services and care, including but not limited to vaccination, screening, the prevention, control, and strategic planning of non-communicable and communicable diseases as well as the health of mothers, newborns, children, and adolescents, as well as the health of sexual and reproductive organs and systems (WHO, 2018).

A unique activity for many primary care practices, continuous quality assurance (QI) is most likely one that has never been done before. Even the most inspired activities will require new abilities in order to achieve their improvement aims. Making recommendations for improvements, comprehending and interpreting data, planning and implementing changes, and measuring success over time are all important tasks (Taylor et al., 2014).

It is the structure, the method, and the outcome that serve as the benchmark for quality assurance. Every component that influences the environment in which care is provided is incorporated into the structure. The term "process" refers to the totality of the components that make up healthcare. Patients and their families can participate in the process of diagnosis, treatment, preventive care, and patient education, to name a few common examples. In terms of outcomes, this includes all of the effects of healthcare on individuals or communities, such as changes in health status, behavior, or knowledge, as well as patient satisfaction and health-related quality of life, among other things (Pollack, 2015).

METHOD

Design
A descriptive research methodology was used in the development of the study. From October 15th, 2021 to May 1st, 2022, a survey of (60) consumers and (10) primary health care providers in Basra city was conducted to assess the quality of primary healthcare in terms of structure, process, and consumer satisfaction. A non-probability "convenient sample of (10) primary health care centers was selected from a larger pool of candidates.

Statistical Data Analysis
Descriptive Statistical Data Analysis: Frequency, percent, mean of scores, mean, standard deviation, total scores, and ranges. Inferential Statistical Data Analysis: T-test and one-way analysis of variance.

RESULTS

Results, from this Table (1-1), indicate that findings demonstrated that the (70%) of quality assurance related to the structure of main primary health care centers is within a high level as described a by higher mean and SD (42.2 ±4.94).

Results, from this Table (1-2), indicate that findings demonstrated that the (80%) of quality assurance related to services provided by main primary health care centers is within a high level as described by a higher mean and SD (55.1 ±11).

Results, from this Table (1-3), indicate that Findings demonstrated that (68.3%) of consumers were satisfied with primary health care services provided at main primary healthcare centers as described by a higher mean and SD of 41.43 ±6.23.

Table 1. Overall Structure of Main PHCCs.

<table>
<thead>
<tr>
<th>Structure of Main PHCCs</th>
<th>Freq.</th>
<th>%</th>
<th>M ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (M=25-33)</td>
<td>1</td>
<td>10.0</td>
<td>42.2 ± 4.94</td>
</tr>
<tr>
<td>Moderate (M=33.1-41)</td>
<td>2</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>High (42-50)</td>
<td>7</td>
<td>70.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

M: Mean for the total score, SD=Standard Deviation for a total score
Table 2. Overall Main PHCCs Services

<table>
<thead>
<tr>
<th>Main PHCCs services</th>
<th>Freq.</th>
<th>%</th>
<th>M ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate (M=23-38)</td>
<td>1</td>
<td>10.0</td>
<td>55.1 ± 11.64</td>
</tr>
<tr>
<td>Fair (M=38.1-54)</td>
<td>1</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Adequate (54.1-69)</td>
<td>8</td>
<td>80.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

M: Mean for the total score, SD=Standard Deviation for a total score

Table 3. Overall Consumer Satisfaction in Main PHCCs.

<table>
<thead>
<tr>
<th>Main PHCCs Outcome</th>
<th>Freq.</th>
<th>%</th>
<th>M ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfied (M=17-28)</td>
<td>3</td>
<td>5.0</td>
<td>41.43 ± 6.23</td>
</tr>
<tr>
<td>Somehow Satisfied (M=29-39)</td>
<td>16</td>
<td>26.7</td>
<td></td>
</tr>
<tr>
<td>Satisfied (M=40-51)</td>
<td>41</td>
<td>68.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

Part I: Discussion of Overall Structure of Main PHCCs
Throughout data analysis, the study has presented an indication that the quality assurance of the primary healthcare services at the main primary healthcare centers’ Findings demonstrated that the (70%) of quality assurance related to the structure of the main primary health care centers is within a high level as described by a higher mean and SD 42.2 (±4.94).

Similar studies were conducted on a study An exploratory cross-sectional study, which included (600) customers and (150) care providers in Al Ramadi, West Iraq, was used to assess the quality of primary healthcare in terms of structure, consumer satisfaction, and care provider satisfaction in this region of Iraq. Because of this, the overall adequacy rate for the availability of structure items in the main center is 71.3 percent (Sarhan & Altaha, 2017).

These findings are consistent with those of the research concept, which is a descriptive study with an evaluation technique, which was presented before. In the period from October 18th, 2015 to May 2nd, 2016, a study was conducted on rural primary health care centers in the Babylon Governorate. According to the findings of the survey, the vast majority of consumers (48.8 percent) are at least somewhat satisfied with the general physical structure of rural primary health care clinics (Radhi & Khalifa, 2016).

Part II: Discussion of Overall Main PHCCs Services
Analysis of such domains presents that the domains of the quality assurance of process, are higher in all main primary healthcare in Basra City Findings demonstrated that the (80%) of quality assurance related to services provided by main primary health care centers is within a high level as described by a higher mean and SD 55.1 (±11.64).

These results are consistent with a study conducted in Baghdad City findings show that the majority of primary healthcare centers provide high-quality primary healthcare services (Jasim & Khalifa, 2018)

Another study conducted on client satisfaction and quality of health care in a rural medical institute in central Uttar Pradesh concludes that most services provided to the clients are excellent or good (Kumar et al., 2014).

Part III: Discussion of Overall Consumer Satisfaction in Main PHCCs
The current study sought to ascertain patient satisfaction with the services provided by Primary Health Care Centers in Basra. The findings indicated that (68.3 percent) of customers were happy with primary health care services given at primary health care centers, as shown by a higher mean and standard deviation of 41.43 (±6.23).

According to some estimates, Basra has a high degree of patient satisfaction since the city has a small number of people who attend the PHC major centers, which allows health care personnel to deliver good health services to patients in the city. This limited number of patients also makes it easier to maintain positive relationships and bonds with both the care professionals and the patients. Additionally, it contributes to the strengthening of this bond. The cleanliness of
the center, the ease with which the beneficiary can get to the health center and the reception / dealings within the PHC are the most important factors that influence patient satisfaction. The most affordable PHC sub-main centers are also important factors that influence patient satisfaction. These findings are consistent with a study published in Jahrom: A cross-sectional study on Iranian Health Centers that examined clients’ satisfaction with primary health treatment. In the Likert scale, 15 (3.9 percent) were very much, 57 (19.3 percent) much, 200 (66.7 percent) suitable, 20 (6.7 percent) few, and 10 (3.4 percent) very few were selected (Zare et al., 2015). Client/patient satisfaction is an important measure of the overall quality of care. The higher the level of customer satisfaction, the higher the level of service quality. Overall satisfaction with the service is a critical feature of the service that is used to evaluate health-care results. Unless the patient is completely satisfied with the treatment, it is not considered to be of high quality. It was planned to conduct a descriptive “evaluation correlation” study to ascertain the relationship between the quality of health care services and consumer satisfaction at primary health care clinics in Baghdad (13th January to 5th March 2019). Consumer satisfaction surveys revealed a high level of satisfaction (71.6 percent) with the services provided by primary health care centers (Taha & Qassim, 2021). To measure patients’ satisfaction with primary health care center services in Majmaah, Kingdom of Saudi Arabia, an exploratory cross-sectional study of 370 individuals selected using stratified and systematic sampling at the health center and patient levels was done. According to survey findings, satisfaction with primary health care center services in Majmaah is exceptionally high (Mohamed et al., 2015).

CONCLUSIONS
The domains of the quality assurance of structure, process, the outcome are experiencing well statuses at the main primary healthcare centers. Principal component factor analysis reveals that the structure, process outcomes play a major and more influential role in enhancing the quality assurance at the main primary healthcare centers.

ETHICAL CONSIDERATIONS COMPLIANCE WITH ETHICAL GUIDELINES
The Scientific Research Ethical Committee at the University of Baghdad, College of Nursing has approved the study to be conducted. All participants have signed a consent form to present their agreement for such participation and protect their human rights.

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AUTHOR’S CONTRIBUTIONS
We thank the anonymous referees for their useful suggestions.

DISCLOSURE STATEMENT:
The authors report no conflict of interest.

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Radhi, M. M., & Khalifa, M. F. (2016). Evaluation of Consumers’ Satisfaction towards Rural Primary Health Care Services in Babylon Governorate. 6(6), 548-553.


