Evaluation of Health Care Services at Primary Health Care Center in Baghdad City

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Abstract

Objective: To evaluate services that provided in "chief health care centers in the capital of Iraqi then to comparability of these centers about services and comparative to such excellence".

Methodology: ", using the evaluation approach, descriptive design these studied made to Evaluate of excellence provided care services to the clients at health care centers in Baghdad. a sample was probabilities (simple random sampling) appearing in different stage of (15) was selected of health care centers. study sample was consisting from (5) typical centers, (5) municipal centers, and (5) countryside centers. created questionnaire shaped was collected from (33) objects. The first part consisted from (8) portions of point that embrace incorporeal (8) objects, consistency (4) objects, reply (4) items, prominence and self-assurance (4) objects and understanding (5) items. through pilot study Rationality and reliability of the survey are determined. Data are gathering throughout using survey and the conference technique. descriptive statistical applicate on data analysis approach of meltable statistical methods are showed in result paper below

Results: all-out of PHC centers services shoes increase and excellence and no variance between these HC centers in different sectors built on such value in the most department of health care.

Recommendations: Depending on the study outcomes, primary health care services offered in health centers were of an acceptable quality

Key words: Excellence of health care services, Evaluation, PHC.

Introduction

Primary health care (PHC) is a vital component of health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximizes community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following: health promotion, illness prevention, care of the sick, advocacy, community development"[1]. The first support of care in the communities is the centers of providing care that foundation of our health care structure. As the, "They treat serious conditions, and preserve the population well through using verity preventive procedures such as screening measurement". They made to organize patients care with further benefactors and support patients who need specialized care of medical as a direct healthcare from the health system (2). "Primary health care Services refer to essential health care that is based on "scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community It is through their full participation and at a cost that the community and the country can afford

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to maintain at every stage of their development in the spirit of self-reliance and self-determination". In the other phrase, PHC is "an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. PHC includes all areas that play a role in health, such as access to health services, environment and lifestyle. Thus, primary healthcare and public health measures, taken together, may be considered as the cornerstones of universal health systems" (3).

Primary health care service Quality is one of the most important areas in sector of reserved health services. There is a sum of who can be of high value public health and private health, and the most prominent of these indicators (4).

1."Service has been closely associated with quality (quality) so far it is necessary. The adoption of a number of measures to indicate the level of satisfaction due to patients separated from the service Introduction and quality. In other words, this multidimensional measure is based on knowing the gap between what it realizes the consumer of the service and what he expects quality".

2."Quality has become a major dimension to be adopted as a basis for measurement and impact to indicate quality. It is dependence, responsiveness, emphasis (trust), empathy, palpability".

3."Quality in the health service. The service provided by the health center also indicates the level of response to what was expected. Based on the early stated evidence, the present study ought to evaluate the quality of such services at the primary health care centers in Baghdad City".

Methodology

"A descriptive design, using the evaluation approach, is employed to evaluate the quality of primary care services at primary health care centers in Baghdad city through January 3rd2023 to April 23th 2023 Permission has been obtained from Al-Rusafa Health Sector and Al-Karkh Health Sector and primary health care centers in Baghdad City in order to conduct the present study".

The lending of these study Evaluation of Health Care Services at Primary Health Care Center in Baghdad City" was prototypical PHC center, urban, rural health centers in the health area of Al-Akhrakh in Baghdad City". Al-Rusafa and probability (simple random) of sample multistage of (15) health centers was carefully chosen. The sample constructed of (5) prototypical centers (Prototypical), (5) urban, and (5) rural centers.

A questionnaire is intended and to measure the variable causal of these study. The questionnaire is included of (8) domains that include intangibility (8) items, reliability (5) items, response (4) items, emphasis and confidence (4) items and sympathy (4) items and in rating Acceptable (55-66) Fair (45-- 54) Unacceptable (33-44) that evaluate the quality of primary health care services at primary health care centers. questionnaire Reliability and validity are determined through pilot study "Evaluation of Health Care Services at Primary Health Care Center in Baghdad City" from January 3rd2022 to April 23th 2023. the obtained of "consistency and reliability through the use of split-half technique and computation of Cronbach alpha correlation coefficient correlation result of the project directs that the coefficient" (0.88), is shows acceptable result of the form of the project answers to stand a reliable and valid measure. for the singularity underlying the validity project of the survey is determined through scientific group of different (10) professionals.

Throughout using of the questionnaire process of collecting data was completed and using of interview technique of data collection.

Throughout the using different application of statistical analyzing data method of percentage, Fr., range, M, and (ANOVA).

Result

Table (1): Measures Quality of PHC Services

a.   Prototypical PHC Center

"Evaluate Quality of Primary Health Care Services""""		
Acceptable (55-66)	Fair (45-- 54)	Unacceptable (33-44)
4	1	0

b. (Urban) PHC

Evaluate Quality of Primary HealthCare Services		
Acceptable (55-66)	Fair (45-- 54)	Unacceptable (33-44)
4	1	0

c. (Rural) PHC

Evaluate Quality of Primary Health Care Services		
Acceptable (55-66)	Fair (45-- 54)	Unacceptable (33-44)
4	1	0

Tables a, b& c signify that a common of Prototypical, urban and rural primary health care centers experience shows acceptable about the quality of PHC services".

Table (2): Differences Comparative between Prototypical, Urban and Rural PHC Qualified to the Quality of the PHC services

PHC Centers	Sum of Squares	df	Mean Square	F	Sig.
Prototypical Between Groups Within Groups	555.604 100.000 4459.604	3 1 4	105.240 34.333	3.065	.149
Urban Between Groups Within Groups	580.667 273.000 853.667	3 1 4	72.583 91.000	.798	.699
Rural Between Groups Within Groups	1001.250 47.000 1048.250	3 1 4	125.156 15.667	7.989	.055

df: Degree of freedom, F: F-statistics, Sig.: Level of significance

"Table (2) describe no differences significant between these primary health care centers qualified to the quality of primary health care services".

Discussions:

P.I: Discussion of the Primary Health Care Service Quality

Quality examination of care offerings and observed indication that the popular of the primary health care centers, irrespective of their type have knowledgeable acceptable quality of primary health care services with reverence to all of its domains" (Table1).

P. II: Discussions of the Comparative Differences' Primary Health Care Centers Qualified to the Quality of the Primary Health Care Services

differences of the "comparative have indicated that totally health care in primary centers have adequately employed all the arenas of the primary health care quality services still of their types (Table 2) acceptably engagement contains the areas of imperceptibility, dependability, reply, emphasis and sureness, and sympathy. This finding presents empirical evidence that the primary health care centers are seriously concerned about achieving the adequate extent for the quality of primary health care services"

"In review of a comprehensive, of (128) studies as a below mention are primarily identified, (31) have met the inclusion criteria for the review. Studies recognized are varied in methodology and emphasis". "Components of quality are reviewed in terms of access and effectiveness of both clinical and interpersonal care Good access and effective care are reported for certain services including immunization, maternal health care, and control of epidemic diseases. Poor access and effectiveness are reported for chronic disease management programs, prescribing patterns, health education, referral patterns"(5), (6).

The interpersonal aspects of care that including clients who had language barriers including. Several factors are identified as determining whether high quality care is delivered. These have included organize and "management factors, that implementation of evidence based professional practice, when the development of the case threating life , the referral choosing to the secondary care is the beast to saving life , and "organizational culture. The study finds that there is substantial variation in the quality of Saudi primary care services. In order to improve quality, there is a need to improve the management and organization of primary care services. Professional development strategies are also needed to improve the knowledge and skills of staff" "(5).

observational, cross-sectional study, that provided elderly from their belvedere shows quality of Primary Health Care (PHC). This study was selected a random sample of satisfied from elderly

persons, joined in 10 of the 20 essentials of Health Units in the City of Mac. In Brazil. After an interview conducted using the old age form of the primary care tool of assessment that recommended in Barzel , "the level of quality is assessed from 0 to 10, based on attributes of the desirable) and the strongest boundaries related between demographic and socioeconomic factors is founded .samples of the studies (n = 100) dispensed fair a score of (5.7) to Excellence and perfect care; longwise of care is presented a high score (7.3), however Integrality (4.7), Family Orientation (4.1) and Accessibility (3.8) are weak". "Factors of Socio-demographic characteristic are linked to susceptibility (low income, rural area and older age) are certainly that associated with" different PHC attributes. The improvement margin in PHC attributes is observed, especially with respect that was cusses increased the family, extending working hours was under focus in BHU and attractive prevention of diseases and succeeding complications (6) .

In another descriptive model that concluded of evaluate quality services received by the citizens epically old age that the Unified Health System in Primary Health Care (PHC), with the contributive gools of the implementation the comprehensive improved conduct and actions for this part "of the population. A quantitative approach that was conducted in the city of Santa Cruz, which is located in the Brazilian state of Rio Grande do Norte, with a population of (130) senior citizens. In the results, the classification of the PHC services varied from good to reasonable". the assistance offered Concerning with the aging and "comprehensive care, there were failures in accordance with how it's recommended in the National Healthcare System. The study concludes, through the perspective of the elderly user, the need for the reformulation of the activities which are offered to this population and therefore the implementation of conduct for better service in the area of Primary Health Care" (7) .

An evaluation of the experience constructed study of primary care center (PCC) used in Brazil, that classified according to the quality of its structure,

in relation to the aspects of accessibility, "continuity, and acceptability. The source of information was the National Program to Improve Access and Quality of Primary Care in 2014. A total of (109 9) interviewees in (24 05) PCCs comprised the sample". Results show that the structure of a PCC was associated with better indicators of "accessibility (oral health and medicines) and continuity of care (patient navigation in the health system) No association was found between indicators of accessibility and the PCC structure" (8) .

cross-sectional study outcomes in 2010 in Gjilan region, Kosovo, insert and provided that the characteristic sample of (1039) from the PHC users (87% reacted)". The evaluation of the Patientsservices was measured throughout EUR., more than23- element of the instrument patter different aspects of medical encounter. The Mean age of these participants (56% females) is (41 ± 16) years. 50% of the members were satisfied with the overall quality of medical services, staff–patient relationship and society of care. Younger (below median age), urban and employed PHC users reported a significantly higher satisfaction level with the overall health encounter quality. Conversely, there is no sexier educational differences. "Considerably fewer PHC users in Kosovo were satisfied with the overall medical encounter compared with their European counterparts This new and useful evidence may support health professionals and policy makers for improving the quality of PHC in Kosovo a country struggling and mainstreaming all energies in order to get international recognition" (9) .

Recommendations

1. Implementation the Regular revaluation of services in primary health care and staff.

2. Supplementary periodic studies & investigate can be steered to diagnosed and determent of the services and quality of the services that provided inside the health association government that represented by primary health care services.

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