

# Evaluation of Quality Assurance at Sub Primary Health Care Center in Basra City

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## ABSTRACT

**Background:** In the health context, the word “quality” often denotes a spectrum of desirable characteristics of health systems and, in particular, health care. Quality assurance programs are designed to investigate the effectiveness, efficiency, safety, and standards of health services and strategies and to identify measures for achievable improvements. A characteristic feature of quality assurance in health is that, with dynamic developments in medical practice required to stay in line with modern trends, the quality assurance system needs to be continually updated.

**Aims of The Study:** To evaluate the quality assurance of sub-primary health care centers in Basra city, relative to their structure, process, and outcome.

**Methodology:** A Descriptive study design was employed to evaluate the quality of primary healthcare with respect to structure, process, and consumer satisfaction, involving (60) clients and (10) sub-primary health Basra city for the period of October 15th 2021 through May 1st 2022. Non-probability “convenient” sample of (10) primary health care centers.

**Conclusion:** The Ministry of Health and Environment with the collaboration of the Basra health directorate periodically monitors the primary healthcare centers in Basra City and guarantees that all of them, regardless of their classification as sub-primary healthcare centers. The Directorate of Public Health in Basra, which is responsible for the primary health care sectors in Basra, must distribute the medical staff according to health standards and indicators to ensure quality because there is a shortage of medical staff and in addition to a shortage of medical equipment because the primary care sub-centers cross the important part, especially in rural areas.

**Keywords:** Evaluation, Quality assurance, Primary healthcare, Primary Health Care Centers.

## INTRODUCTION

Primary health care is essential health care related to practical, empirically sound, and socially appropriate mechanisms and technology that is produced universally available to individuals and families in the community through their full participation and at a cost that the community and country can afford at all stages of development in the spirit of self-reliance and self-determination. (Sutra et al., 2018).

Quality assurance (QA) Identifying areas for improvement, understanding and interpreting data, planning and making changes, and tracking performance over time. External supports are characterized as a variety of technical assistance, learning activities, and tools and resources supplied by entities outside of the practice that can help practices with QA (Taylor et al., 2014).

The Standards of quality assurance provide a set of measures that can be applied across services and settings and used as a quality assurance mechanism for providers to test whether minimum standards are met as a quality improvement mechanism. Health care standards are developed to support efforts in maintaining and improving the quality of healthcare. (Schweppenstedde et al., 2014)

**Aims of the Study:** Evaluate the quality assurance of sub-primary health care centers in Basra city, relative to their structure, process, and outcome.

## METHODOLOGY

A descriptive study was utilized to assess the quality of basic healthcare with respect to structure, process, and consumer satisfaction, involving (60) clients and (10) sub-primary health 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 determined through a pilot study. Data Collection Procedure: The official permissions we obtained from relevant authorities before collecting the study data are the Ministry of Higher Education and Scientific Research/ University of Baghdad / College of Nursing. Data are collected through the use of the

questionnaire and the interview technique as a means of data collection. Data Analysis Procedure: through the application of a descriptive statistical data analysis approach of frequency, percentage, mean, range, and total scores and an inferential statistical data analysis approach.

## RESULT OF THE STUDY

Table 1: Overall Structure of Sub PHCCs

Structure of Sub PHCCs	Freq.	%	M ± SD
Low (M=25-33)	1	10.0	37.9 ± 3.60
Moderate (M=33.1-41)	7	70.0	
High (42-50)	2	20.0	
Total	10	100.0	

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

Table 2: Overall Sub PHCCs Services

Sub PHCCs services	Freq.	%	M ± SD
Inadequate (M=23-38)	2	20.0	47.5 ± 13.16
Fair (M=38.1-54)	6	60.0	
Adequate (54.1-69)	2	20.0	
Total	10	100.0	

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

Table 3: Overall Consumer Satisfaction in Sub PHCCs

Sub PHCCs Outcome	Freq.	%	M ± SD
Unsatisfied (M=17-28)	7	11.7	36.25 ± 7.18
Somehow Satisfied (M=29-39)	28	46.7	
Satisfied (M=40-51)	25	41.7	
Total	60	100.0	

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

## DISCUSSION

**Part I: Discussion of Overall Structure of Sub PHCCs:** Throughout the course of data analysis, the study has presented an indication that the quality assurance of the primary healthcare services at Structure of Sub PHCCs Findings demonstrated that the (70%) of quality assurance related to the structure of sub-primary health care centers is within a moderate level as described by moderate mean and SD 37.9 (±3.60).

These results are consistent with a study conducted by the study included A cross-sectional study design is employed to assess the quality of primary healthcare with respect to structure, consumer and care provider satisfaction, involving (600) clients

and (150) care providers in Al Ramadi, West of Iraq from October 2012 to February 2013. The overall adequacy rates for the availability of structure items are (71.3%) and (72.5%) in main and sub-centers respectively. This is regarded as an acceptable structure compared to the ideal or expected requirements (Altaha et al., 2013).

Another study is A cross-sectional study, of (83) primary health clinics, (216) health workers, and (133) child caregivers in North Westbank, Palestine conducted to evaluate the quality of primary healthcare. The study indicates that quality evaluation of all of the primary healthcare domains of infrastructure, medical equipment, drug availability, and cleanness of primary healthcare facility is positive at ( $p < 0.05$ ) (Shouly, 2011).

**Part II: Discussion of Overall Sub PHCCs Services:** Analysis of such domains presents that the domains of the quality assurance of process Sub PHCCs Services Findings demonstrated that the (60%) of quality assurance related to services provided by sub-primary health care centers within a fair level as described by moderate mean and SD 47.5 ( $\pm 13.16$ ).

These findings are in line with other studies conducted in the Al-Najaf Al-Ashraf Governorate The descriptive study aims at determining the quality assurance of the primary healthcare services at (18) primary healthcare centers The findings of the study indicate that the quality assurance of such service is inadequate and manifested with respect to shortages of the medical, medical assistants, and administration workforce. The nursing, medical assistants, and administration staff are poorly distributed, and maternal and child health services including family planning and health education services are at a critical level (Al-Jebore et al., 2018).

**Part III: Discussion Overall Consumer Satisfaction in Sub PHCCs:** The current study aimed at determining the level of patients' satisfaction with Primary Health Care Centers' services in Basra city Findings demonstrated that (46.3%) of consumers were somehow satisfied with main the healthcare services provided at sub-primary healthcare centers as described by a moderate mean and SD 36.25 ( $\pm 7.18$ ). The reasons behind the level of satisfaction may be partly due to the fact that Basra is a city with a population that is represented by a relatively small number of patients attending the PHC main –sub-centers, which in turn enable health care providers to provide satisfactory health services for patients. This small number of patients also facilitates good ties and relations between the care providers and the patients. also helps in strengthening this relationship. The most important factor that drives patients' satisfaction is the cleanliness of the center, the ease of access for the beneficiary to the health center Welcome

and reception / dealing inside the PHC, and the affordable PHC sub-centers.

Patient safety and the impact of long waits are clear, according to data from a qualitative study employing focus groups; the influence of equity and access to PHC services is more dependent on the equitable distribution of settings and doctors in urban and rural areas. In the near future, the anticipated shortage of doctors is predicted to have a significant impact on patient satisfaction (Papp et al., 2014).

Albalushi and others (2012) have studied the client's satisfaction with primary health care in Muscat. Their findings are consistent with the present study; it indicates that primary health care is accepted as a suitable strategy for providing health care among clients of health care centers in Muscat.

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