



Article

General Assessment of Health Care Services at Primary Health Care Center's

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Abstract: Objective: To assess 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.

Keywords: Excellence of health care services, Evaluation, PHC.

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1. 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 [1]. "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 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" [2], 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 [3].

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" [4].

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" [5].

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" [6].

2. Materials and Methods

The study was descriptive cross-sectional using an evaluative approach to assess the quality of PHC services in Baghdad city, Iraq during January 3 to April 23, 2023. The study was conducted in PHC centers in Al-Rusafa and Al-Karkh Health Directorates, following the administrative approval of the Health Directorate concerned. Fifteen PHC centers were selected by multi-stage sampling, comprising of five prototypical, five urban and five rural PHC centers. Information was obtained by using a structured face-to-face interview with a questionnaire to assess the various aspects of health care service quality.

The questionnaire was defined as having eight factors, five of which were listed in the original instrument description: tangibility (8 items), reliability (5 items), responsiveness (4 items), assurance and confidence (4 items) and empathy (4 items). The three quality assessment categories were acceptable (55–66), fair (45–54) and unacceptable (33–44) with the higher scores reflecting higher service quality. Content validity was confirmed by a panel of 10 experts representing various health care and academic fields and instrument reliability was determined by the split-half technique and Cronbach's alpha coefficient based on a trial run.

The questionnaire proved to be internally consistent with an internal-consistency coefficient of 0.88. Standardisation of data collection procedure was done in selected centres to reduce measurement variation and is consistent across centres. Data collected were analysed descriptively which comprised frequencies, percentages, range values and arithmetic mean. Analysis of variance (ANOVA) was indicated to determine the differences among the quality scores evaluated, and statistical significance was defined as $P < 0.05$.

3. Results

Assessment of Primary Health Care Service Quality Across Different Types of PHC Centers

A similar distribution was observed for the quality of primary health care services, as reported in Table 1, between PHC centers of the three levels of prototypical, urban and

rural centers. The assessments in each category were recorded acceptable quality (4/5), and were recorded as fair (1/5). None of the assessments were deemed as unsatisfactory. The results suggest that good quality ratings were more common for all three types of PHC centers [7], [8].

Table 1. Distribution of Quality Classification Scores Among Prototypical, Urban, and Rural Primary Health Care Centers.

Quality classification	Score range	Prototypical PHC n (%)	Urban PHC n (%)	Rural PHC n (%)
Acceptable	55–66	4 (80.0)	4 (80.0)	4 (80.0)
Fair	45–54	1 (20.0)	1 (20.0)	1 (20.0)
Unacceptable	33–44	0 (0.0)	0 (0.0)	0 (0.0)
Total	—	5 (100.0)	5 (100.0)	5 (100.0)

Analysis of Variance in Primary Health Care Service Quality Among Prototypical and Urban PHC Centers [9].

Table 2 shows no statistically significant differences in the quality assessment scores for prototypical and urban PHC center analyses. The reported F-value was slightly higher in the prototypical centres than in the urban centres, but neither analysis was significant at the accepted level of $P < 0.05$ [10].

Table 2. Comparison of Between-Group and Within-Group Variations in Quality Assessment Scores Across Prototypical and Urban Primary Health Care Centers.

PHC center	Source of variation	Sum of squares	df	Mean square	F-value	P-value
Prototypical	Between groups	555.604	3	105.240	3.065	0.149
	Within groups	100.000	1	34.333	—	—
	Total	4459.604	4	—	—	—
Urban	Between groups	580.667	3	72.583	0.798	0.699
	Within groups	273.000	1	91.000	—	—
	Total	853.667	4	—	—	—

Analysis of Variance in Primary Health Care Service Quality Among Rural PHC Centers.

The ANOVA results obtained for the rural primary health care centers are presented in Table 3 below which gave an F value of 7.989 and a P value of 0.055. The reported p value was close to the conventional level of significance but not significant ($p > 0.05$) indicating that there was not enough evidence of differences in the quality assessment scores of the groups evaluated [11].

Table 3. Assessment of Between-Group and Within-Group Variations in Quality Scores of Rural Primary Health Care Centers.

Source of variation	Sum of squares	df	Mean square	F-value	P-value
Between groups	1001.250	3	125.156	7.989	0.055
Within groups	47.000	1	15.667	—	—
Total	1048.250	4	—	—	—

4. Discussions

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

The primary findings of the "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) [12].

The Primary Health Care Centers in the Comparative Differences project were discussed and found to be qualified. P. II: Primary Health Care Centers discussed in Comparative Differences project, found qualified.

To Quality of the Primary Health Care Services

Table 2 indicates that the totally health care in primary centers have used all the arenas of the primary health care quality services of their types acceptably in their relate with differences acceptably. This is evidence-based finding that shows that the PHCCs are seriously concerned with getting to the desired level of primary health care services' quality at the desired level of extension" [13], [14].

"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" [15].

The human touch involved in delivering care such as people with language difficulties including, interpersonal aspects of care. It is noted that there are several factors that could determine whether high quality care is delivered or not. The study reveals that the quality of primary care services in Saudi Arabia is significantly different. To enhance quality, it is recommended to improve the management and organization of primary care services, particularly where the development of the case threatening life, the referral choosing to the secondary care is the beast to saving life, and "organizational culture". Professional development strategies are also needed to improve the knowledge and skills of staff" ".

A cross-sectional observational study, from which elderly were sampled from their belvedere, reveals 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 associated with susceptibility (low income, rural areas and older age) are certainly related to the factors 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.

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".

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 interviewees in PCCs comprised the sample". 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".

5. Conclusion

The results of the cross-sectional study in 2010 in the region of Gjilan in the territory of Kosovo were inserted and provided that the characteristic sample (1039) of the users of the PHC reacted (87%). The Patients services was assessed over >23- element of the instrument, which measures various dimensions of a 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". 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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