

A cross-sectional study on the level of satisfaction with service quality among clients of Primary Health Care in Tripoli in 2021.

Abbreviation

PHC	Primary health care
SDG	Sustainable development goal
SPSS 16.0	Package of social science program version 16.0
PHCI	Primary health care institution

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Introduction:

One of the key universal health coverage objectives, empowering primary health care (PHC) delivery services, focuses on empowering individuals, involving the community, and multisectoral action of health and health services that is given the priorities that facilitate delivery of high-quality primary care and provide

essential health care functions. ⁽¹⁾. According to SDG 3.8 and universal health coverage, the provision of high-quality services to all people in all healthcare settings is an important accomplishment we were aiming for. The quality of healthcare was prioritized in the achievement of SDG 3.8 and was essential to increase total population health. Two billion people are thought to reside in unstable, conflict-affected, and vulnerable environments worldwide. Situations of crisis brought on by a range of circumstances are usually referred to as "fragile, conflict-affected, and susceptible." There were other variations to the accepted definition that were used throughout the world, and this definition is typically applied when a humanitarian situation results from an armed conflict or civil war. ⁽²⁾. Despite these lengthy durations, there is a gap between the delivery of health system services and community needs and people-centered services. Primary health care is regarded as a fundamental structure and the core effective aspect of this system from the early years of the last century ⁽³⁾.

Even though health system quality should still be guaranteed, legislators typically do not prioritize it because of the competing demands of health system planning. Provide a management tool to help ensure that policy is implemented as intended because primary healthcare makes up a significant portion of health services, hence primary care quality should be maintained to satisfy the universal health coverage goals. Consequently, it's critical to consider user perception while developing policies and providing information to decision-makers. ^(4,1).

The original Alma-Ata declaration from Astana in 2018 recognized the fundamental tenet of health service quality delivery, focusing primarily on the

requirement for strong public health and high-quality primary care in primary health care centers through people's lives and the ability to engage people in an efficient and scientifically sound care to address inequity as well as community engagement. Primary health care is the main component of providing health services and the location where the majority of health services are delivered in order to ensure continuity, integration with different services plate forms, and coordination to improve high-quality health services. This is because quality of care plays a crucial role in the services delivery of care. ⁽¹⁾.

The primary health care quality research had small scales in investigation, knowledge, behavior, and evolution of the PHC program ⁽⁵⁾. Infrastructure and public opinion were the main focus of a wider quality assessment of primary care, particularly in areas of conflict. In addition, definitions varied from quite broad definitions of primary health care for all in the Alma-Ata Declaration of 1978 to the narrower definitions of selective primary care that followed in the 1980s. This lack of clarity in the definitions of health care system quality applied among context and countries led to the limitation in available research resources in this field. ^(5,6).

The need to assess the public's perception of the quality of care they seek when seeking care at PHC is urgent given the paucity of previous research on the health system quality delivery in Libya, particularly the quality of PHC as it is an important health issue in health system improvement and services.

Aim of the study:

1. To assess PHC patients' sociodemographic traits.
- 2-To evaluate how satisfied customers are with the quality of Tripoli's healthcare services..

Objectives:

1. To determine how satisfied clients are with the PHC's level of care.
2. To determine whether the clients approved of the PHC's accessibility and equity of quality.
3. To determine whether the clients approved of the PHC's safety and quality.
4. To evaluate how well the PHC's comprehensive services are received by the clientele.
5. To determine whether the clients are satisfied with the continuity of PHC services.
6. To determine whether customers accept PHC services that are client-centered.
- 7- To determine whether customers accept the PHC's services as efficient and effective.

Methodology:

Type of study: a cross-sectional study

Study population: PHC clients or patients

Study setting: Tripoli.

Study duration: 3 months from September 2021 to December 2021.

Sample technique: multistage random sample technique as we choose (10) PHC from (50) actively PHC with sample fraction equal to (5). The participant was (24) from each PHC randomly.

Sample size: sample size calculated by epi inf equal (240), with (24) participants from each cluster. As we assumed an expected frequency of 50%, margin of error, and 5% design effect 1 at a 95% confidence interval.

Study instrument and tool: self-structured questionnaire, divided into socioeconomic, and 8 quality dimensions Accessibility and equity, Safety: comprehensive, Continuity, People-centered, Efficiency, and Effectiveness the answer will respond according to the Likert scale.

Pilot study: 30 questionnaires were distributed as piloting questionnaires.

Validity and reliability: face validity and content validity were conducted and the questionnaire showed accepted face as well content validity.

After translating the questionnaire to the Arabic language, a Test-retest was done with Pearson's correlation equal to 0.96. Split half shows high reliability with Guttman split-half coefficient equal to 0.98 and Cronbach alpha equal to 1.

Internal consistency Cronbach alpha 0.9

Data analysis: The obtained data were statistically analyzed by using a statistical package of social science program version 16.0 (SPSS 16.0) appropriate intervention with descriptive statistics used including mean \pm standard deviation, frequency, and percentage.

Inferential statistics (regression) was used to analyze the factor impact level of satisfaction.

Excel is used for the presentation of data.

Ethical consideration: informed consent from the medical ethical committee will be taken before conducting the research

Approval was taken under referral number (6139) from the public health department in Tripoli.

Inclusion criteria: All PHC clients in Tripoli above 18 years Libyan and willing to participate.

Exclusion criteria: people below 18, or non-Libyan, or refuse to participate .

Result:

The mean \pm SD of participant age = (43.4 \pm 13.8)

According to the age distribution, there were 64 participants in the (41–50) age group, who made up the bulk of PHC clients, and 7 participants in the (71–80) age group.

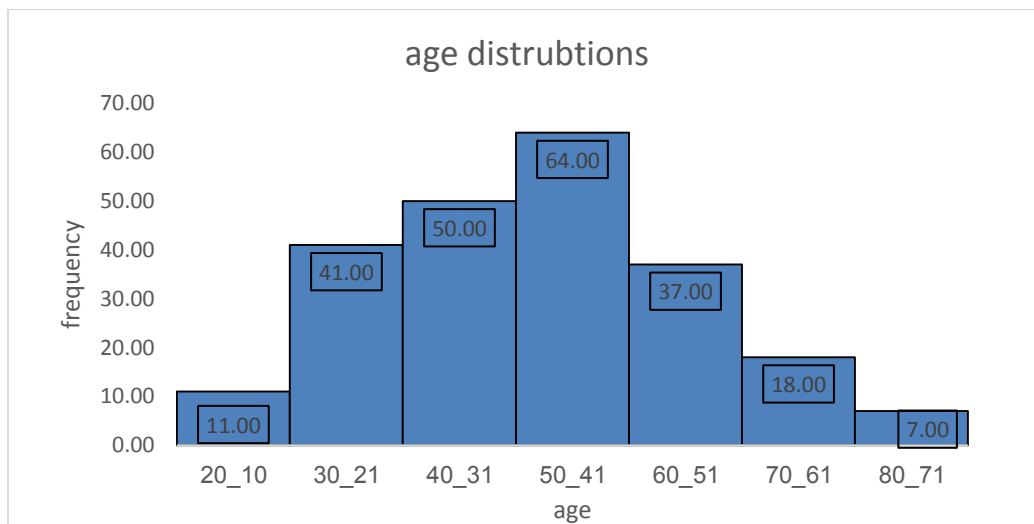


Figure 1: The distribution of age groups among Tripoli PHC clients

61.3 percent of PHC participants were female, compared to 38.7 percent male, making females the majority.

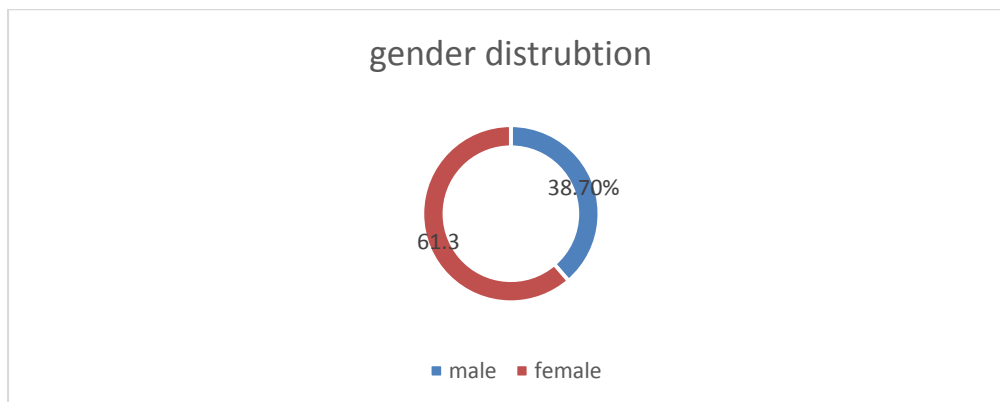


Figure 2: Gender distribution among Tripoli PHC clients.

67.4% of the participants were married, compared to 0.9% who were divorced.

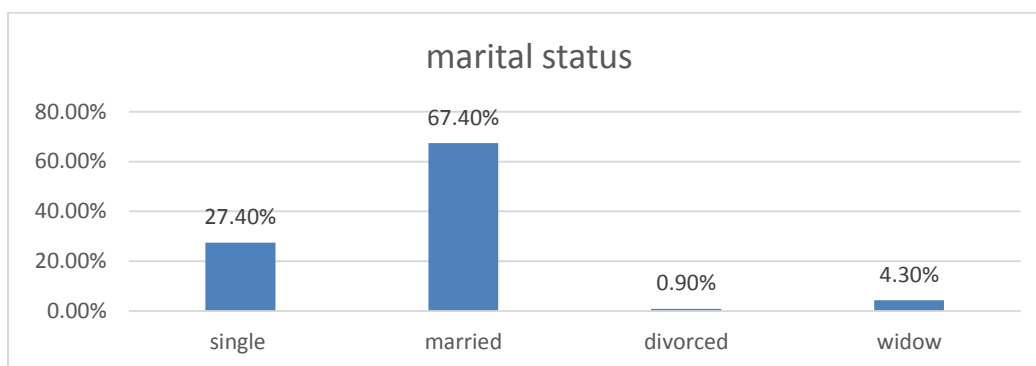


Figure 3: Marital status of Tripoli PHC clients.

51.5 percent of participants were university graduates, which made up the majority, and 0.9 percent were Ph.D. holders, which made up the minority.

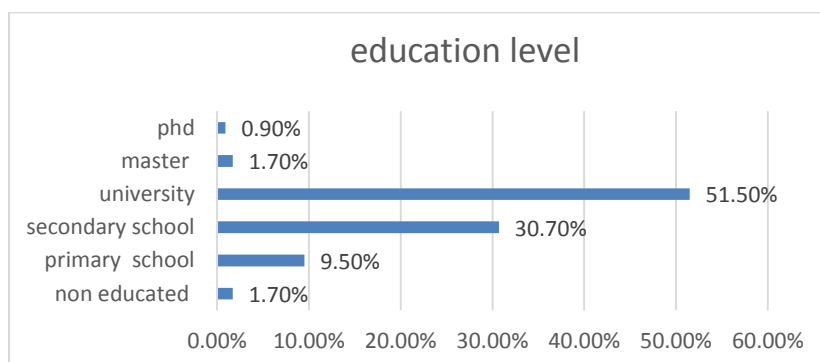


Figure 4: The education level of Tripoli PHC clients.

The PHC involved in research (Arrada polyclinic, Sheda Almanzora health center, Bab benghsheer health center, Algargni health center, Wesaiat ibderi health center, Alhani health center, Siahia health center, Abosalem health center, Tarjoua health center, Sharia algharbi health center)

Participants worked a variety of jobs; employees made up 26% of participants overall, followed by non-workers (23.8%) and housewives (12.6%).

Reason for seeking medical attention: 37% for public health services, 26% for the COVID 19 vaccine, and 10% for routine testing.

Customers' income stratification revealed that 45.9% were satisfied, 30.7 percent were not satisfied, and 22.9 percent declined to comment.

Accessibility and equity:

adequate access to antenatal and maternity care within the facility 34.9 % were in agreement, while 6.7 % were strongly in disagreement.

A reasonable amount of psychological support was available within the facility, according to 32% of respondents, but 9.2% strongly disagreed.

All of the necessary tools and medications were on hand and paid for with your own money. 33.3 percent of respondents strongly agree, while 9.5 percent are undecided.

The institution offers services on weekends and public holidays. 47.3% of people agree, while only 1.4% strongly disagree.

48.9% of respondents thought the PHC's wait times were acceptable, while 2.6% strongly disagreed.

37.6 percent of respondents strongly agreed that scheduling an appointment at PHC was simple, while 3.9 percent strongly disagreed.

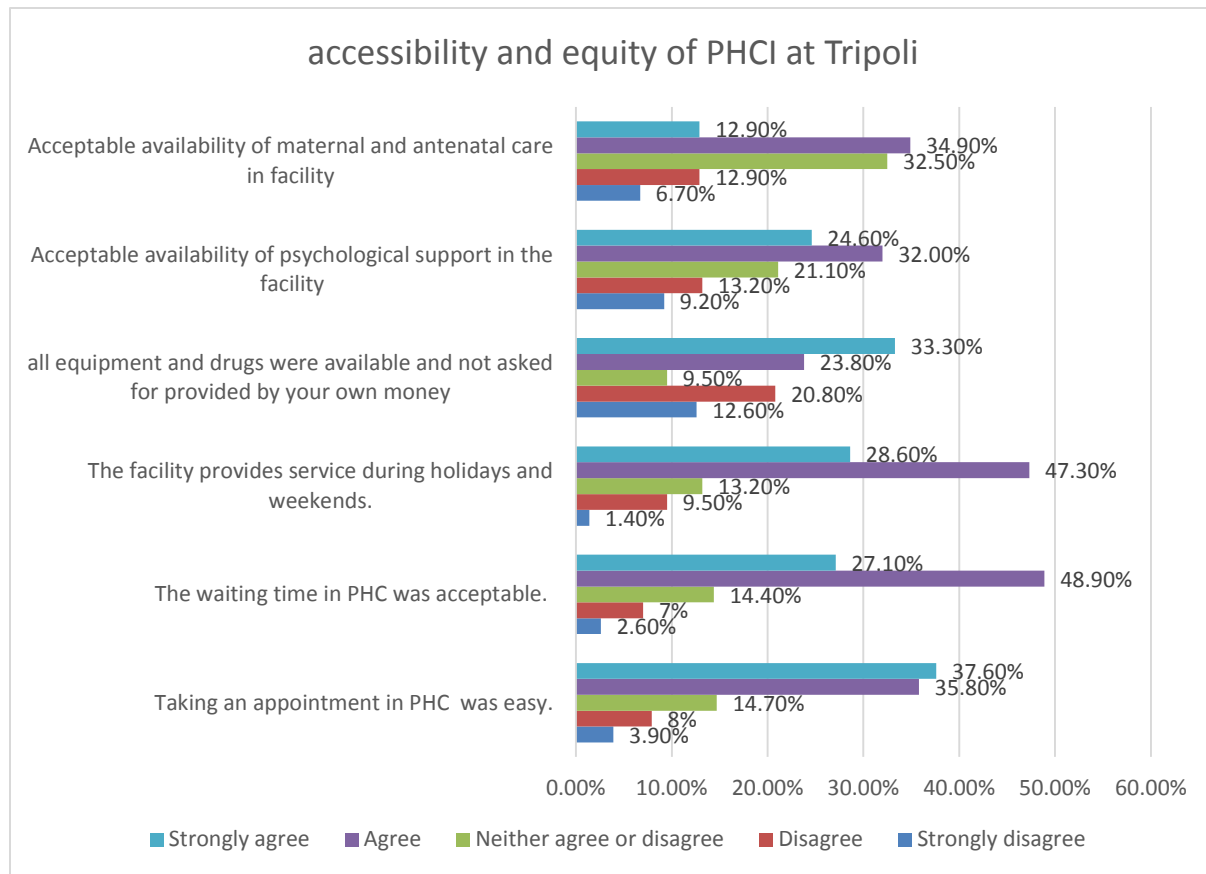


Figure 5: The response of accessibility and equity among Tripoli PHC clients.

Safety:

51.5 percent of respondents strongly agreed that health personnel should use sterile needles and gloves and store them in the safety box, while just 0.9 percent strongly disagreed.

46.3 percent of respondents strongly agreed that health staff wash their hands before and after contact with you, whereas 2.2 percent strongly disagreed.

When seeking care for unfavorable events, encounters where 42.8% agreed and 3.2% strongly disagreed were noted.

None of the responses were strongly opposed, and 52.6 percent of the visit was noted in the files.

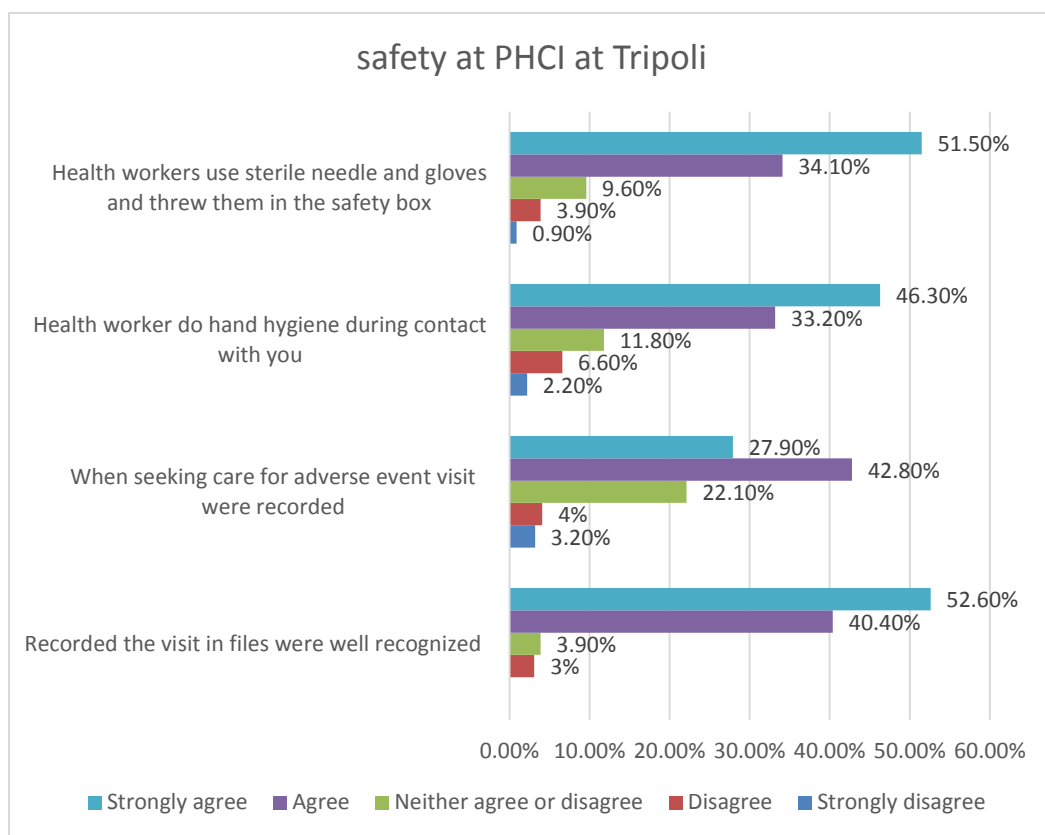


Figure 6: The response to safety among Tripoli PHC clients.

Comprehensive:

41.3 percent of respondents said they would visit the institution on a regular basis for checkups, while 1.7 percent strongly disagreed.

51.1 percent of respondents said they would go to the facility for health counseling, while 0.4 percent strongly disagreed.

I'll go to the facility for a straightforward treatment like dressing 49.1% of respondents strongly agreed, while none strongly disagreed.

I'll go to the PHC for routine care like blood tests and BP checks 49.1% of respondents strongly agreed, while no one strongly disagreed.

38.2 percent of respondents believed that PHC offers all services, including maternal health; 2.2 percent strongly disagreed.

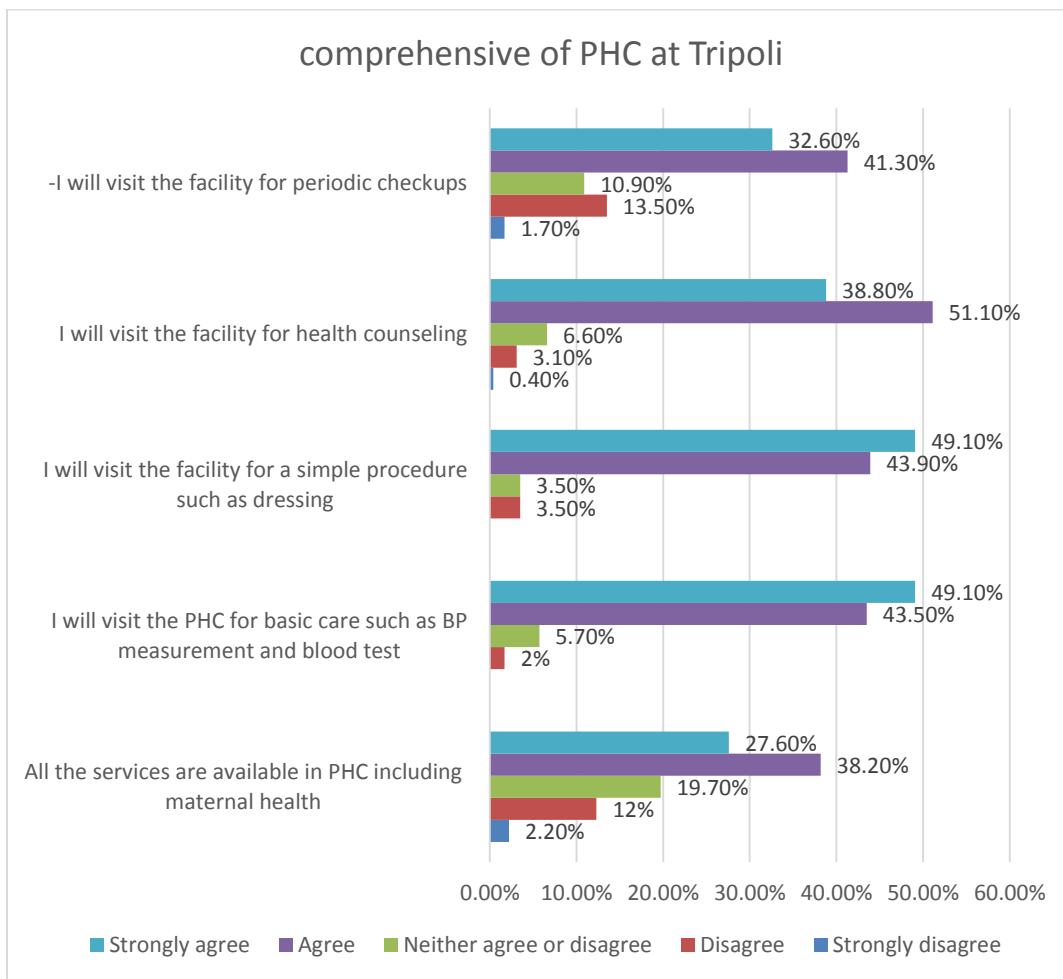


Figure 7: The response of comprehensive among Tripoli PHC clients.

Continuity:

PHC schedules frequent follow-up visits. None of the respondents disagreed, and 34.5 percent agreed.

35.6 percent strongly agreed that the PHC offers routine follow-up visits with the same doctor, whereas 4% strongly disagreed.

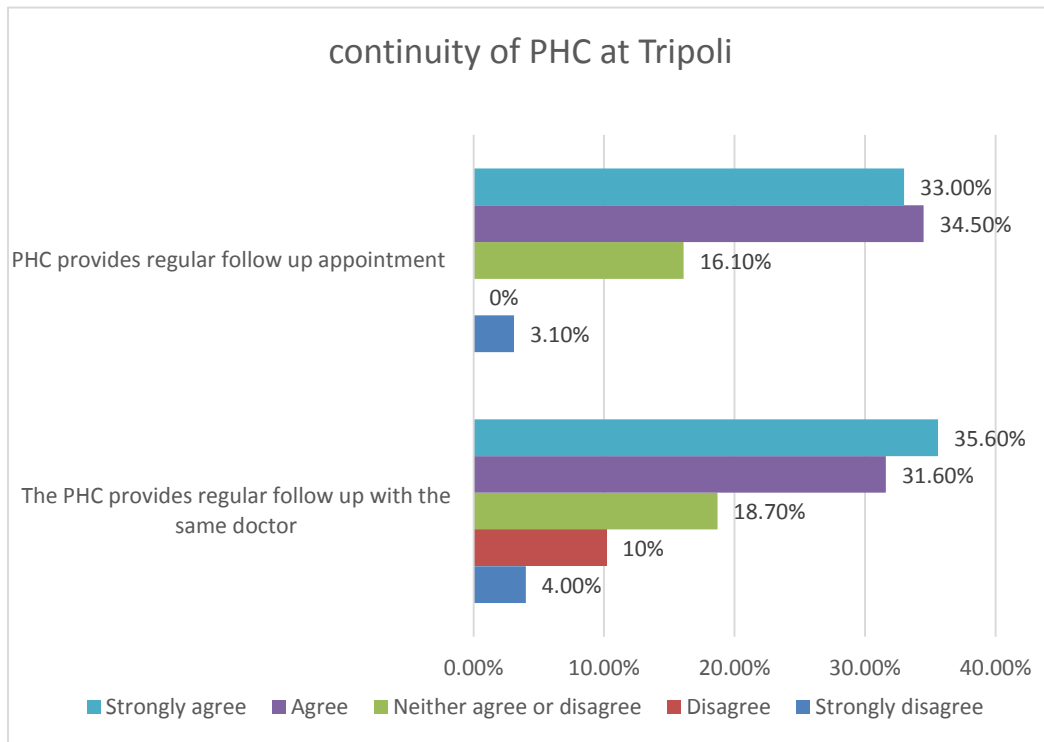


Figure8: The response of continuity among Tripoli PHC clients.

People-centered:

The consulting room offers discretion and privacy. 51% strongly opposed, compared to 34% who were in agreement.

44.6 percent of people agreed and 3.1 percent strongly disagreed that I was very satisfied with the PHC visit.

44.9 percent of patients who received a diagnosis and enlarged prescription from health professionals agreed with it, while 4.4 percent strongly disagreed.

35.9% of health professionals agreed that the side effect of the medicine was described, while 3.1% strongly disagreed.

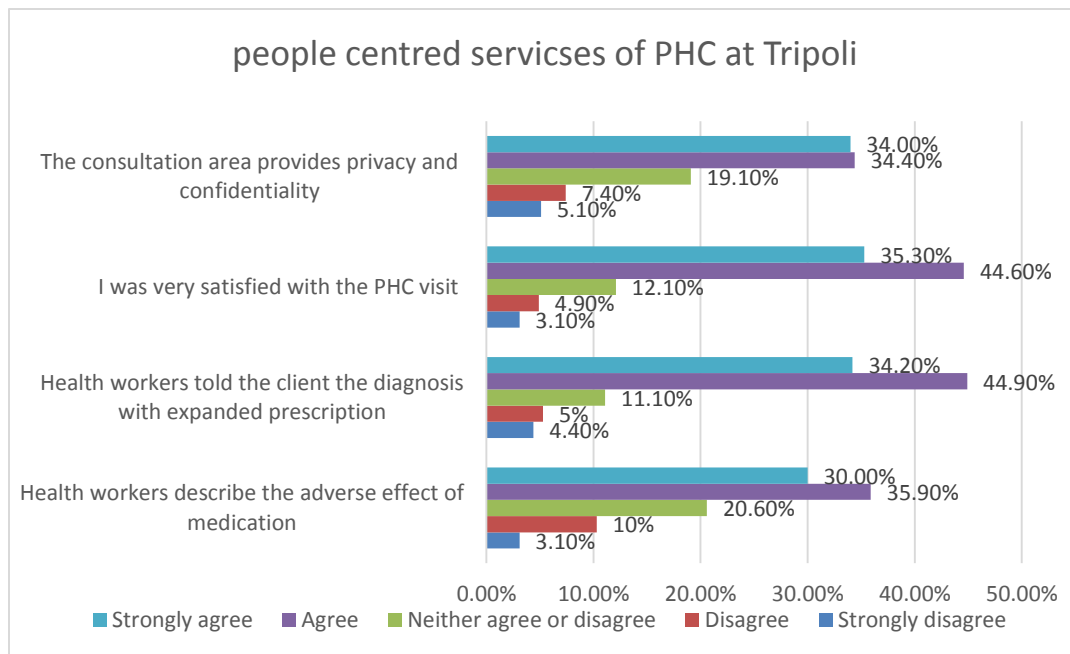


Figure 9: The response of people-centered among Tripoli PHC clients.

Efficiency:

Essential medications were accessible. 31.2 percent and 8.5 percent, respectively, strongly disagree.

Drugs for non-communicable diseases were readily available, according to 34.2 percent, whereas 5.4 percent strongly disagreed.

33.9 percent of respondents agreed that doctors could prescribe antibiotics, while 3.6 percent strongly opposed.

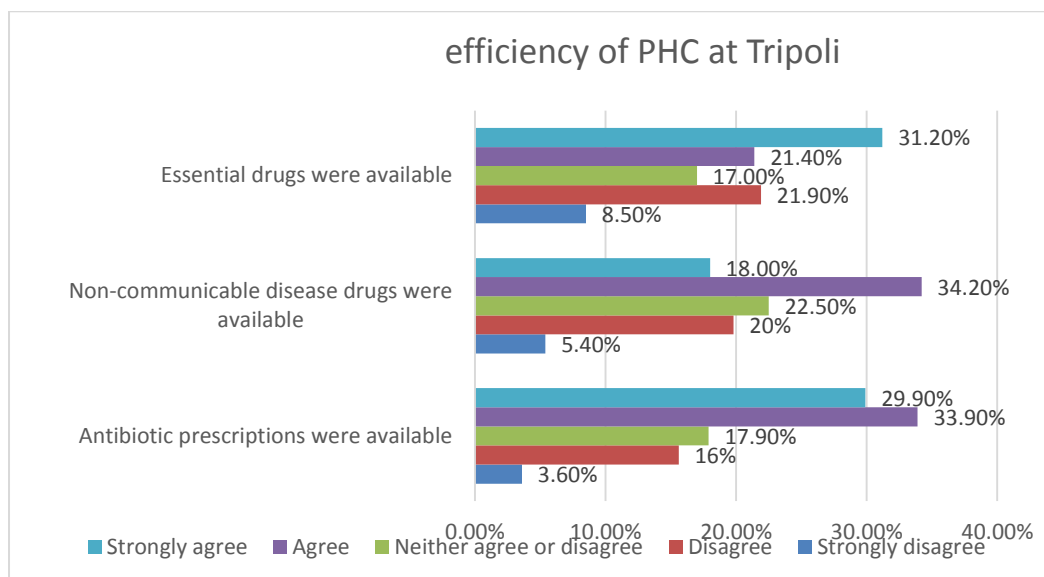


Figure 10: The response of efficiency among PHC Tripoli clients.

Effectiveness:

Care for brief tobacco and substance abuse interventions While 14.6 percent strongly disagreed, 32.5 percent expressed neither agreement nor disagreement. 43.8 percent of pregnant women who had at least three antenatal visits expressed neither agreement nor disagreement, whereas 2.5 percent strongly disagreed.

42.8 percent strongly agreed, 4.3 percent strongly opposed, on the availability of immunizations for children under the age of two.

3.7% strongly disagreed with the availability of the influenza vaccine, compared to 39.6% who agreed.

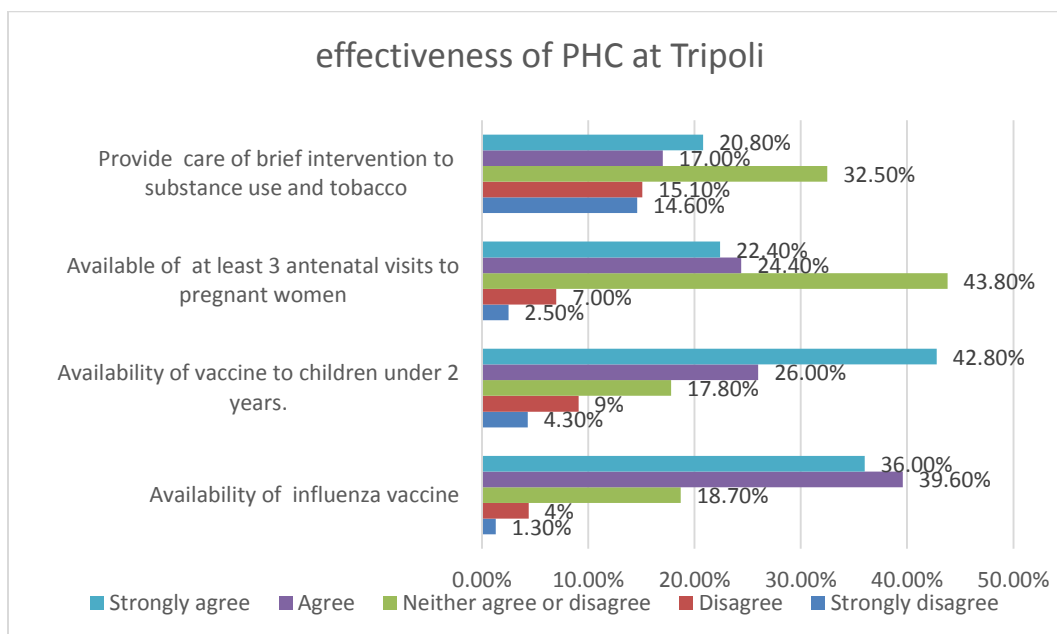


Figure 11: The response of effectiveness among Tripoli PHC clients.

The discussion:

The majority of the clients (61.3%) were female, married (67.4%), university graduates, and employed. The average client's age was 43.4 years and 13.8, and the main reasons for visits were to receive Covid 19 vaccine or public health services. The predominance of women is consistent with other studies that have been conducted and places a strong focus on the value of health care for women, especially reproductive services accessible for at least three antenatal visits to pregnant women. most of the customers were neither in agreement nor disagreement ⁽⁴⁾. Additionally, the socio-demographic information supports earlier studies conducted in Libya's Benghazi by Asharaf Abdul Salam et al. ⁽⁷⁾.

Clients appear to be in agreement with PHC services, and overall service satisfaction levels were high. These findings aligned with earlier research conducted in Libya's Benghazi by Asharaf Abdul Salam et al. ⁽⁷⁾.

responded favorably to the availability of equipment and drugs that they had paid for out of pocket. The availability of pharmaceuticals and equipment is contentious because of the ongoing violence in Libya, according to 33.3% of respondents, while 20.8% disagreed. The response demanded that services be provided even on holidays and was satisfied with appointment wait times, but this access issue was especially prevalent on holidays and required additional management in the form of extra payments and service disconnections that would have a negative impact on the service's quality ⁽⁴⁾.

In terms of the drug's side effects, 42.8% of people were happy with them, while 20.8% disagreed and claimed they hadn't been informed about them. Additionally, the patients requested more skilled medical professionals and personnel.

Additionally, there was no consensus regarding how to treat drug misuse or tobacco use, despite the fact that these issues are crucial given the lifestyle trends toward non-communicable diseases and smoking with sedentary lifestyle self-care planning ⁽⁸⁾.

Conclusion:

1-compared to 38.7 percent of men; 67.4 percent were married; participants held a variety of jobs, with employees making up the most common 26 percent. While the primary reason for visits was 37.7% for public health services, the covid 19 vaccination was the second-leading reason for visits (26.4%).

2- maternal and antenatal care should be readily available in facilities. A respectable level of psychological support was available in the facility, according

to 32% of respondents. 33.3 percent firmly concur that all equipment and medications were available and not requested to be paid for out of pocket. 47.3% of respondents concur that the facility offers services on weekends and holidays. 48.9 % concurred 37.6 percent strongly agree that scheduling an appointment at PHC was simple, and the waiting time there was reasonable. Age mean was 43.4 13.8 and the majority of participants were women.

3- was filled with 51.5 percent of the client's strongly held opinions. Health workers washing their hands before and after contact with patients was strongly agreed upon by 46.3%. 52.6 percent strongly agreed that visits for care for unfavorable events were acknowledged when they were recorded in files, and 42.8% agreed that this was the case.

5- Comprehensive 41.3 percent of the clients expressed a willingness to come in for routine checkups. 51.1 percent expressed interest in receiving health counseling there. For a straightforward treatment like dressing, 49.1% of respondents said they would definitely visit the institution. 49.1 percent firmly agreed to use the PHC for routine care like blood pressure checks. 38.2 percent of respondents believed that PHCs offer all services, including maternal health.

6- Continuity: According to 34.5 percent of PHC patients, the clinic schedules frequent follow-up consultations. The PHC offers regular follow-up with the same doctor, according to 35.6 percent who strongly agreed.

7- People-centered: 34% of clients concur that the consultation room offers anonymity and seclusion. In agreement, 44.6 percent said they were extremely satisfied with their PHC visit. A diagnosis and a longer prescription were

disclosed to the patient, according to 44.9 percent of respondents. 35.9% said it was accurate for health professionals to describe a medication's side effects.

8- Efficiency: 31.2% of customers strongly disagreed that necessary medications were readily available. 34.2 percent of the clientele agreed that there were medications for non-communicable diseases. 33.9% of those surveyed felt there were prescriptions for antibiotics. 33.9 % concurred.

9- Effectiveness: 32.5 percent were neither in agreement nor disagreement with the provision of short-term treatment for nicotine and substance abuse. The availability of at least three antenatal consultations to pregnant mothers was accepted or rejected by 43.8%. The availability of the vaccine to children under the age of two was strongly supported by 42.8 percent. 39.6% agreed that the influenza vaccine was available.

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