

Evaluation of the Quality of Primary Health Care Services for Adolescents With Chronic Illness in Kirkuk City

Burhan A. Hama Hussein¹, Mohammed F. Khalifa²

¹Academic Nurse, Kirkuk Health Directorate, Kirkuk, Iraq, ²Professor, Community Health Nursing Department, College of Nursing, University of Baghdad

Abstract

Background: Providing interventions, and implementing of best-practice care for patients with chronic diseases is of greatest challenges currently facing primary care providers. This study aimed to evaluate the quality of primary health care (PHC) services for adolescents with chronic diseases in Kirkuk city.

Methodology: A descriptive (quantitative design) was conducted through (18) primary health care centers (PHCCs) in Kirkuk city. A questionnaire was designed for the purpose of the study. A simple random sample of organization structure PHC services (18) health professional were selected through the use of probability sampling approach. Data were analyzed is performed through the use of descriptive statistical data analysis approach.

Results: The overall evaluation of quality of PHC services in Kirkuk city is adequate on (77.7 % : N=14), fair on (16.7 % : N=3) and Inadequate on (5.6%: N=1). Domains such as quality of health service represent high mean of scores on its items, Except on 2 items of Tangibles and on items of Responsiveness 2 on from the quality of PHC are low.

Conclusion: The study indicates that the quality of PHC services does not execute impact upon adolescents' health status. This study depict that the evaluate of the quality of PHC services is adequate relative to all of its dimensions of general health status, tangibles, accreditation, responsiveness, assurance and empathy.

Keywords: Adolescents', Chronic Diseases, Primary Health Care Services.

Introduction

The PHC services can control chronic diseases with adolescents' depends on a collaborative relationship between adolescents and clinicians to set goals, develop treatment plans, support patients and families who have the day-to-day care responsibilities. Providing interventions, and Implementing of best-practice care for patients with chronic diseases is one of the greatest challenges currently facing primary care providers⁽¹⁾. Patients with complex chronic diseases often require long-term care from different healthcare services and focusing on the importance of effective primary care to delivering quality healthcare, improving health outcomes, and reducing disparities by professionals care to ensure good quality care⁽²⁾. Although health technology could improve the ability of primary care.

The internal medicine specialists need to help these patients⁽³⁾. The importance of effective PHC services in delivering quality healthcare, improving outcomes, and reducing disparities of health⁽²⁾. The strategies implemented in practice are still unsystematic about the healthcare need for adolescents with chronic diseases. ⁽⁴⁾. It has been demonstrated that the use of primary care is associated with improved access to health care services, reduced hospitalizations, cost-effectiveness, and enhanced equity⁽⁵⁾. To develop satisfaction competency-based and self-management programs for adolescent with chronic diseases and development knowledgeable in both pre-service and in-service management. In addition, it provides guidance for services on how to assess or improve the arrangement of daily care, content, and quality health-care services for adolescents with chronic diseases⁽⁶⁾. Also the study used as the basis for

selecting the quality health care services' and recognize main strategic directions for adolescents with special health care needs, especially those with chronic illnesses continuing need specialist services .

Methodology

A descriptive study used a quantitative design conducted on PHCCs in Kirkuk Governorate. A total of (18) PHCCs are selected for the purpose of the study.

Probability sampling approach (simple random sampling) has been used.

The questioner was comprised of organization structure are on (22) item it is comprised such as about: Tangibles, Accreditation, Responsiveness ,Assurance, and Empathy of PHC services.

The questionnaire provided a three-point scale:(1)Adequate, (2) Fair, (3), Inadequate.

Results

Table (1): Overall Evaluation of the Quality of Primary Health Care Services

Dimensions	Adequate	Fair	Inadequate
1. Tangibles	(20 - 14.68) (11)	(14.67- 9.34) (4)	(9.33 - 4) (3)
2. Accreditation	(25 - 19) (15)	(18- 12) (2)	(11 - 5) (1)
3. Responsiveness	(20-14.68) (13)	(14.67-9.34) (3)	(9.33-4) (2)
4. Assurance	(20 - 14.68) (17)	(14.67- 9.34) (1)	(9.33 - 4) (0)
5. Empathy	(25 - 19) (15)	(18 - 12) (3)	(11 - 5) (0)
Overall Evaluation	(110 - 80.33) (14)	(80.32 - 50.67) (3)	(50.66 - 22) (1)

Discussion

The evaluate of the Quality of Primary Health Care Services for Adolescents With Chronic Illness

Throughout the course of data analysis, the study depicts that the quality of PHC services does not enforce any effect on adolescents' health status (Table 1). The logically driven interpretation for such findings can be presented in a way that as long as the quality of PHC services is adequate for adolescents with chronic diseases they definitely maintain a good level of health status.

Analysis of such quality indicates that the quality of PHC services is adequate with respect to its domains of tangibles, accreditation responsiveness, assurance and empathy (Table 1). Such findings can be interpreted in a way that the PHCCs are concerned about adolescents with chronic diseases. So, they are well equipped to present such health care services to this target segment of the population in the community.

These findings are very well-noted in the high mean of scores on items of the domains of such quality (Table 1). Except on 2 items of Tangibles the nature of

the departments, places of waiting, offices, doctors, and other existing staff matches what you expect in your mind and items of Responsiveness 2 on Patients are not expected to receive immediate service from the quality of PHC staff are low. These items have presented the actual state through which the PHC services are managed and provided.

The quality of service assessment works under the supposition that five dimensions of quality of PHC underlie service quality improved quality of health care has been highlighted an important outcome for the of PHC service is reflected in the official vision of the department.

A sequential exploratory mixed method design is carried out to identify quality determinants for healthcare services for adolescents and young adults with chronic illness based on the perceptions and the experiences of adolescents and young adults themselves. The study uses the initial qualitative phase employed semi-structured in-depth interviews to elicit the elements and determinants of quality of healthcare as identified by adolescents and young adults living with chronic diseases.

The second phase employs a questionnaire developed from the data gathered during the qualitative phase to survey the target population. This is distributed to a larger sample of adolescents and young adults with chronic illnesses or conditions to determine and confirm the relevance of the identified care elements and quality determinants. The study reveals four most important determinants: the provision of young people information relating to all aspects of source of revenue with chronic illness, services that facilitate and encourage independence, services characterized by the organization with the capacity to be both dynamic and responsive, and finally health care professionals knowledgeable and skilled in relation to adolescent-specific issues ⁷. da Nóbrega and other colleagues (2017) have discovered in a qualitative study that continuity of care, well data recording system and well-formed follow-up system care considered as the major contributors to a better quality of health care services to adolescents. The global standards are developed based on the needs assessment in conjunction with the analysis of (26) national standards from (25) countries. The final document is reviewed by experts from the WHO regional

and country offices, governments, nongovernmental organizations, academia, and development partners. The standards were subsequently tested in Benin and in a regional expert consultation of Latin America and Caribbean countries for their usability ⁹.

The report highlights the need to strengthen improving PHC, particularly to better manage the large numbers of patients with multiple chronic conditions .It has been reported that the care given to all children, including young adolescents, in health facilities is evidence-based, safe, effective, timely, efficient, equitable and appropriate for their age and stage of development ¹⁰. The WHO has undertaken a systematic review to assess the effectiveness of adolescent health services for adolescents living with chronic diseases compared to standard of care. Young people engaged in adolescent- health services compared to standard care showed small but significant improvements in various outcomes, including health outcomes, health care utilization, uptake, self-efficacy and service acceptability. World Health Organization is recommending that adolescent health services should be implemented in chronic disease services to ensure engagement and improved health outcomes ¹¹.

Conclusion

The findings depict that the quality of PHC services is adequate relative to all of its dimensions of general health status, tangibles, accreditation, responsiveness, assurance and empathy. The study confirms that the quality of PHC services does not execute impact upon adolescents' health status.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Kirkuk Health Directorate and all experiments were carried out in accordance with approved guidelines.

References

1. David P, Elizabeth B, Brian G. Patient Care Groups: A new model of population based primary health care for Ontario . Research Scientist . 2015;917–927.

2. De Cunto C L. Transición en la atención médica, de la pediatría a la medicina del adulto. Arch Argent Pediatr. 2012; 110(4):341-3477 .
3. Fadia S. AlBuhairan, M D. Time for an Adolescent Health Surveillance System in Saudi Arabia: Vol. 57, Issue 3. 2015; 263-269.
4. Leiyu S. The Impact of Primary Care: Scientifica (Cairo). Published online , . Vol . <http://dx.doi.org/10.6064/2012/432892> 2012. 2012; 1- 22.
5. Linda P. America's Health and Health Care Depend on Preventing Chronic Disease.: <https://www.huffingtonpost.com/entry/americas-health-and-healthcare-depends-on-preventing>. 2017; 1-2.
6. Plourde G. Best Advice – Chronic Care Management in a Patient's Medical Home.Can Fam Physician.,April Vol. :6 .:from:www.cfp.ca/content/59/1/27.abstract. 2016;1-15.
7. Al-Yateem N; Docherty C, Rossiter R. Determinants of Quality of Care for Adolescents and Young Adults with Chronic Illnesses: A Mixed Methods Study. J Pediatr Nurs. 2016; 31(3):255-66.
8. Jin, W.; An, Q. and Wang, L. Chronic Conditions in Adolescents. Exp Their Med. 2017;14(1): 478–482.
9. Nair M, Baltag V, Bose K, Boschi-Pinto C, Lambrechts T, Mathai M. Improving the Quality of Health Care Services for Children and Adolescents, Globally: A Standards-Driven Approach. J Adolesc Health. 2015; 57(3): 288–298.
10. National Academy of Sciences (NAS). Child and Adolescent Health and Health Care Quality. <https://www.nap.edu/catalog/13084/child-and-adolescent-health-and-health-care-quality-measuring-what>. 2018.
11. World Health Organization(WHO). Global Standards for improving Quality Health Care Services for Children and young Adolescents in health facilities . genavea. 2018; vi-128 .