

Caregivers' Satisfaction toward Under-Five Health Care Services Provided at Primary Health Care Centers in Al Karkh, Baghdad, 2020

DOI: <https://doi.org/10.32007/jfacmedbagdad.6341870>.

Lamia D. Al Deen* MBChB, MSc, PhD C.M
Abeer A. Fadhil ** MBChB



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Abstract

Background: Satisfied caregivers are more likely to return for further care and to recommend the primary health care center services to others. Satisfied caregivers usually are compliant with the medical provider advice and the recommended treatment plan. Compliance will eventually lead to better health outcomes.

Objective: To measure the caregivers' satisfaction toward under-five health care services at primary health care centers in Baghdad Al-Karkh and their association with certain socio-demographic characteristics.

Method: A cross-sectional study with an analytic element was conducted during the period from the beginning of July to the end of September 2020. A convenient sample was collected from six primary health care centers in Al-Karkh side of Baghdad city where caregivers who attend those centers with their children for under-five health care services were interviewed using a structured questionnaire.

Results: A total of 500 caregivers were interviewed during the study period, the overall satisfaction was (64%). Caregivers were satisfied with primary health care centers cleanliness (77.8%), while they were highly dissatisfied with the communication with the nurses (78.8%), with the waiting time for a routine visit (74.6%), with nurses' antiseptic methods (59.2%), and with the availability and adequacy of their children's vaccines (65.4%).

Conclusions: The level of satisfaction of caregivers with under-five health care services provided at primary health care centers was relatively low. The study revealed that the less educated and older caregivers showed a significant higher level of satisfaction.

Keywords: Caregivers' satisfaction, maternal satisfaction, primary health care services, outcome evaluation, under-five health care services.

JFac Med Baghdad
2021; Vol.63, No. 4
Received: Sep., 2021
Accepted: Nov., 2021
Published: Jan., 2022

Introduction:

Client satisfaction is the degree to which the client's desired expectations, goals and /or preferences are met by the health care providers and /or services (1). Client satisfaction feedback helps healthcare providers to identify potential areas for improvement, which in turn can increase the effectiveness of the healthcare system (2,3). The assessment of clients' satisfaction is important for health educators, physicians, primary health care administrators and for the clients themselves to ensure that the standards of health care are achieved and maintained (4). Satisfied clients are more likely to return for further care and to recommend the primary health care center services to others (5-7). Health service researchers reported that satisfied and dissatisfied clients behaved differently; satisfied clients were more likely to comply with treatment, keep follow up appointments and utilize health services, such behavioral consequences related to satisfaction could affect the outcomes of care (8). Primary health care centers services in Iraq for under-five include promotive, preventative and curative

services (9), such as: Neonatal screening, growth monitoring, expanding program of Immunization, dental care, Integrated Management of Newborn and Childhood Illness (IMNCI).

Methodology

This is a descriptive, cross-sectional study with analytic elements. It included six primary health care centers at Al-Karkh district in Baghdad, which were selected through a convenient sample technique from the total one hundred PHCCs in Al-Karkh directorates of health. The data was collected between the beginning of July and the end of September 2020. All mothers/caregivers of children less than five years of age who attended the selected PHCCs for different reasons and accepted to participate were included in the study. The data was collected in a direct exit interview with the mothers/ caregivers during the working hours of these centers, using a special questionnaire. The average time for the interview was about 15 minutes. The participation in the study was optional. The objectives of the study were explained to the caregivers by the researcher, and their verbal consent was taken. The interview was conducted in a private and comfortable place in the PHCC, with a complete unconditioned choice to participate in the study and they were allowed to leave at any time they

* Professor at Al Mustansiriyah University/ College of Medicine, Family Medicine and Community Medicine Department. lamiadia57@yahoo.com.

** Final year student at the Iraqi Board for Medical Specialization in Community Medicine

E-mail: dr.aberabdulkareem@gmail.com.

feel uncomfortable. None of the participants were interviewed in front of any of the health care providers, to ensure confidentiality. The participants were informed that all the collected data will be used for research purpose only, and personal information will be collected with serial identification numbers without an identity. A structured questionnaire form was constructed to collect the information:

Part 1: Socio-demographic characteristics (relation between child and caregiver, purpose of the visit, caregiver's age group, education, and employment status).

Part 2: Satisfaction with basic requirements for the PHCCs to provide services, whether they used these services in the current visit or a previous visit:

- Accessibility and acceptability of PHCC services, attitude of the health care services providers, adequacy and availability of supplies, and comprehensiveness of services.
- Caregivers' overall satisfaction with PHCC services delivered to under-five children.

*Part 2 provided a three-point Likert's scale: dissatisfied, neutral, and satisfied.

The questionnaire was pretested before data were collected on a sample of 30 caregivers from the selected PHCCs to test the applicability of the study tool and to identify the difficulties that may be faced during data collection. The time needed for the interview was estimated, and then according to the results obtained, some necessary modifications were done. This sample was not included in the study sample. The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Results with a P- value of <0.05 were considered statistically significant.

Scoring:

- 1.) In order to determine the level of satisfaction for each domain the responses to each question were scored as follows: 0 for dissatisfied, 1 for neutral and 2 for satisfied.
- 2.) The score of each caregiver in each domain was calculated by applying the following equation:
Domain score =

$$\frac{\text{total score (sumation of the scores of all domain questions)}}{\text{highest possible score}} \times 100$$

- 3.) After that the level of satisfaction was divided into three levels:

- a.) Poor satisfaction: those who achieved < 50% score.
- b.) Average satisfaction: those who achieved 50-74% score.
- c.) Good satisfaction: those who achieved ≥ 75% score.

Results:

The total number of study participants was 500 caregivers. The result showed that 64% of caregivers were generally satisfied with under-five health care services. as demonstrated in figure 1.

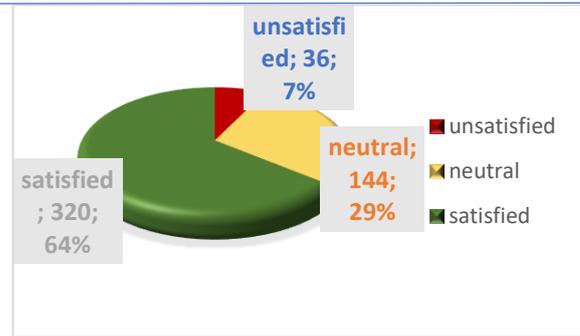


Figure (1): The distribution of caregivers' overall satisfaction

The highest percentage of the studied sample was found in age group 30-39 years (200 - 40%). A total of (218 - 43.6%) of caregivers finished secondary education, and about half of the caregivers were not employed. More than three quarters of the study participants were mothers, while fathers and relatives were 15% and 5% respectively. Older caregivers over the age of ≥40 years were more satisfied (75.8%) than the younger caregivers and this association was significant. Caregivers who were university graduates were significantly the most dissatisfied (41.7% satisfaction) while illiterate caregivers were significantly the most satisfied (79.4%), and relatives were significantly the most satisfied (80% satisfied), as illustrated in table 1. About 89% of study participants have visited PHCC for vaccinations, and the remaining 11% came for medical consultations. Table 2 demonstrates caregivers' satisfaction regarding different aspect of PHC services. Caregivers were dissatisfied in most of the aspects of PHCC services. Accessibility of child's health records and the waiting time had the highest dissatisfaction rate (80.2% and 74.6% respectively). Caregivers were highly satisfied with PHCCs cleanliness (77.8%). The satisfaction with nurses and doctor's competence according to caregivers' perspective were only (29.6%, and 23.2%) respectively. Dissatisfaction with the nurses' sterilization techniques was relatively high (59.2%). Caregivers were highly dissatisfied (78.8%) regarding the attitude of the nursing staff, while the dissatisfaction regarding the attitude of the doctors working at PHCC were (50.2%). Caregivers' satisfaction regarding adequacy and availability of PHCCs supplies and personnel: The highest dissatisfaction was with the adequacy of PHCCs staff (70.2%), the dissatisfaction with the availability of vaccines was (65.4%). Satisfaction of caregivers regarding the availability of doctors in the PHCCs was (62.8%). About half of the caregivers were satisfied with the PHCCs equipment 261 (52.2), when they asked if weight scale, thermometer, and height scale were worked, and the measurements were taken in a way they satisfied with. Over half of the caregivers (51.4%) were dissatisfied with health education materials in the PHCCs, and highly satisfied (89.4%) with vaccines storage when the participants asked if they were satisfied with how the vaccines stored, whether the vaccines were put in an ice box, refrigerator, covered or kept exposed in a room temperature).

Table (1): Caregivers' overall satisfaction in relation to their sociodemographic characteristics (n=500)

Sociodemographic Characteristics of Caregivers		Total	Dissatisfied		Neutral		Satisfied		p-value
			N	%	N	%	N	%	
Age groups (years)	<20	49	3	6.1	11	22.4	35	71.4	0.032
	20-29	189	12	6.3	68	36.0	109	57.7	
	30-39	200	20	10.0	51	25.5	129	64.5	
	≥40	62	1	1.6	14	22.6	47	75.8	
Level of education	Illiterate	34	2	5.9	5	14.7	27	79.4	0.000
	Primary	145	8	5.5	30	20.7	107	73.8	
	Secondary	218	11	5.0	64	29.4	143	65.6	
	university	103	15	14.6	45	43.7	43	41.7	
Employment	Yes	236	15	6.4	72	30.5	149	63.1	0.623
	No	264	21	8.0	72	27.3	171	64.9	
Relationship to the child	Mother	402	35	8.7	110	27.4	257	63.9	0.019
	Father	73	1	1.4	29	39.7	43	58.9	
	Relative	25	0	0.0	5	20.0	20	80.0	

Table (2): Caregivers' satisfaction regarding different Aspect of PHCC services (n=500)

Aspect of care	Dissatisfied No. (%)	Neutral No. (%)	Satisfied No. (%)
Distance from home to the PHCC is acceptable	284 (56.8)	17 (3.4)	199 (39.8)
Operating hours of the PHCC are suitable	268 (53.6)	60 (12.0)	172 (34.4)
Time spent in the waiting room for a routine visit is acceptable	373 (74.6)	27 (5.4)	100 (20.0)
Child's PHCC health records are easily accessible	401 (80.2)	48 (9.6)	51 (10.2)
PHCC is always clean, tidy, and with good lighting	62 (12.4)	49 (9.8)	389 (77.8)
Nurses' sterilization technique is good (using disposable syringes and gloves)	296 (59.2)	116(23.2)	88 (17.6)
Nurse provides helpful education and advices	112 (22.4)	240(48.0)	148 (29.6)
Doctors working in the clinic are good	186 (37.2)	198 (39.6)	116 (23.2)
Care received from nurses working in the clinic is satisfactory and appreciated	140 (28.0)	207 (41.4)	153 (30.6)
Doctor answers all questions	218 (43.6)	186 (37.2)	96 (19.2)
Doctor's recommendations are clear and understandable	231 (46.2)	23 (4.6)	246 (49.2)
Doctors at the PHCC treat well and with respect	251 (50.2)	16 (3.2)	233 (46.6)
Nursing staff at the PHCC treat well and with respect	394 (78.8)	34 (6.8)	72 (14.4)
Laboratory staff at the PHCC treat well and with respect	221 (44.2)	15 (3.0)	264 (52.8)
Pharmacist explains how to take the medication	213 (42.6)	69 (13.8)	218 (43.6)
Doctor is always available in the PHCC	69 (13.8)	117(23.4)	314 (62.8)
Suitable number of chairs available in the waiting room	30 (6.0)	151 (30.2)	319 (63.8)
PHCC provides all children's vaccination needs	327 (65.4)	105 (21.0)	68 (13.6)
Doctor prescribe medications can obtain at the PHCC	150 (30.0)	50 (10)	300 (60.0)
Equipment at the PHCC works properly (thermometer, weight scale, height scale)	261 (52.2)	172 (34.4)	67 (13.4)
Suitable number of staff to perform all the tasks required at each visit	351 (70.2)	38 (7.6)	111 (22.2)
Oral rehydration solution available at the PHCC, with education and instruction about its importance and usage	219 (43.8)	64 (12.8)	217 (43.4)
Satisfactory medical examination for each child during each visit for vaccination	70 (14.0)	345 (69.0)	85 (17.0)
Child's temperature, weight, and height are measured and assessed by the doctor during each consultation visit	151 (30.2)	284 (56.8)	65 (13.0)
Time spent with the doctor for consultation is satisfactory	113 (22.6)	323 (64.6)	64 (12.8)
Vaccines are kept in icebox. (cold-chain)	53 (10.6)	0 (0.0)	447 (89.4)
PHCC provides health education materials (flyers, posters, videos, focus discussion group)	71 (14.2)	172 (34.4)	257 (51.4)

Table (3): Association between caregivers' level of satisfaction with health care providers attitude and their sociodemographic characteristics (n=500)

Caregivers' sociodemographic characteristics		Total	Poor		Average		Good		P-value
			N	%	N	%	N	%	
Age group (years)	<20	49	26	53.0	9	18.4	14	28.6	0.107
	20-29	189	109	57.7	57	30.2	23	12.1	
	30-39	200	113	56.5	49	24.5	38	19.0	
	≥40	62	36	58.0	13	21.0	13	21.0	
Level of education	Illiterate	34	10	29.4	8	23.5	16	47.1	0.000
	Primary	145	73	50.3	44	30.3	28	19.3	
	Secondary	218	123	56.4	53	24.3	42	19.3	
	university	103	78	75.7	23	22.3	2	1.9	
Employment	Yes	236	134	56.8	52	22.0	50	21.2	0.064
	No	264	150	56.8	76	28.8	38	14.4	
Relationship to the child	Mother	402	237	59.0	92	22.9	73	18.1	0.001
	Father	73	28	38.4	30	41.1	15	20.5	
	Relative	25	19	76.0	6	24.0	0	0	

Illiterate caregivers were significantly more satisfied than the more educated groups regarding satisfaction with health care providers attitude, while relative caregivers were significantly less satisfied (47% vs. 76% respectively) as shown in table (3). Regarding satisfaction with comprehensiveness of PHCCs services caregivers within the age group (20-29 years) and (30-39 years) were significantly the most dissatisfied (32.8% and 29.5% scored poor satisfaction respectively), and the fathers (42.5% scored poor satisfaction) were significantly the most dissatisfied as shown in table (4).

Table (4): Association between caregivers' level of satisfaction with comprehensiveness of PHCCs services and their sociodemographic characteristics (n=500)

Caregivers' sociodemographic characteristics	Total	Poor		Average		Good		P-value	
		N	%	N	%	N	%		
Age group (years)	<20	49	11	22.4	32	65.3	6	12.2	0.001
	20-29	189	62	32.8	122	64.6	5	2.6	
	30-39	200	59	29.5	138	69.0	3	1.5	
	≥40	62	14	22.6	41	66.1	7	11.3	
Level of education	Illiterate	34	10	29.4	21	61.8	3	8.8	0.006
	Primary	145	40	27.6	96	66.2	9	6.2	
	Secondary	218	52	23.8	161	73.9	5	2.3	
	university	103	44	42.7	55	53.4	4	3.9	
Employment	Yes	236	67	28.4	161	68.2	8	3.4	0.614
	No	264	79	29.9	172	65.2	13	4.9	
Relationship to child	Mother	402	106	26.4	282	70.1	14	3.5	0.001
	Father	73	31	42.5	39	53.4	3	4.1	
	Relative	25	9	36.0	12	48.0	4	16.0	

More than half of the study participants scored poor satisfaction level regarding the satisfaction with health workers' attitude, while the satisfaction with the other domain of services were all within the average level, as illustrated in figure (3).

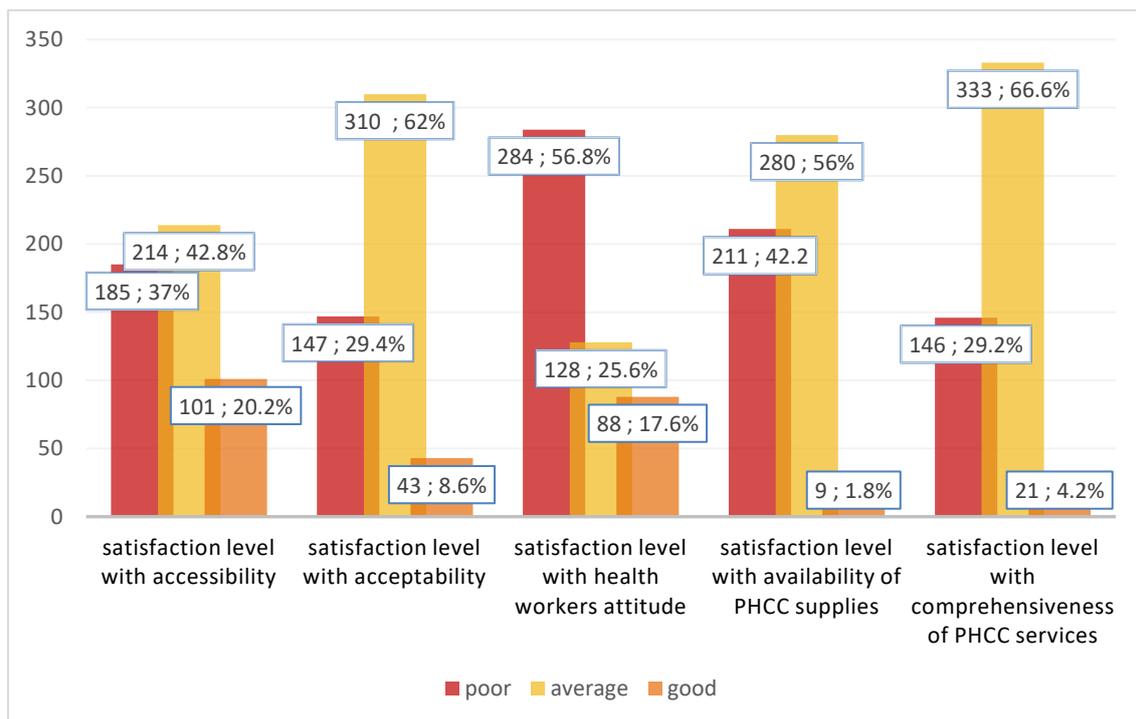


Figure (3): Distribution of caregivers' level of satisfaction with the main domains of PHCC services

Discussion:

The current study showed that a relatively average percentage of caregivers were satisfied with the current under-five health care services. The overall satisfaction was (64%) which was similar to a study conducted in India (10), but much lower than the overall satisfaction from a study conducted in Nigeria (96.7%) (11), which may be attributed to the cultural dissimilarity and sociodemographic characteristics of

the studied samples. The participants' overall satisfaction differs from the satisfaction level with each aspect of care. Satisfaction with PHCCs cleanliness was (77.8%), while only (13.6%) of them were satisfied with the availability of vaccines, similar figures were reported by Williams et al (12) who stated that general levels of client satisfaction were high but asking a more detailed questions about each item specifically reveals a greater level of

expressed dissatisfaction. Therefore, health program planners should not depend only on overall assessment of satisfaction, and should assess each service individually (13, 14). The present work showed that older and lower educated caregivers were significantly more satisfied with PHCCs services, which coincides with the results reported by other studies from Iraq, Nigeria and Ethiopia (15-17). This may be due to that people with low education lack knowledge about the services, so they would have fewer expectations and are less demanding (18). Older people are usually more appreciative and understanding. In this study, more than three quarters of the caregivers were mothers, in agreement with studies on quality of child health services conducted in Nigeria, Nepal, and France (16, 19, and 20) which reported that children are more likely to be accompanied by mothers. More than half of caregivers were dissatisfied with the distance from home to PHCC, which may be attributed to traffic congestions that most of the capital cities suffer, prolonging the time to reach the PHCC, in addition to poor parking facilities and long walks to reach the PHCC. The dissatisfaction with the operating hours of the PHCC was slightly higher than that reported by a study from Nigeria (31.1%) (16). Morning working hours of the PHCCs overlap with the working hours of about half of the clients which forces them to take time off to visit the PHCC. The dissatisfaction with the time spent in the waiting room was higher than that reported from Ethiopia (56.3%) (17), Brazil (53.5%), Egypt (66.3%) and South Nigeria (67.9%) (21, 22, 23), and may be due to the absence of an appointment system resulting in increasing waiting time. Regarding the accessibility to child's health record, the dissatisfaction was very high, which may be due to the absence of an electronic documentation system in these health care facilities, leading to the loss of some patients' information. The satisfaction with PHCCs cleanliness and tidiness was high similar to studies from Ethiopia (74.2%), and India (75.8%) (17, 24). More than half of caregivers were dissatisfied with nurses' sterilization techniques, mainly due to the re-use of a disposable gloves. About half of the caregivers (50.20%) were dissatisfied with doctors' attitude, similar to the results of studies from Ramadi / Iraq and Brazil (25, 21). More than three quarters of caregivers were dissatisfied with nursing staff attitude, which is higher than what was reported from Nigeria (66.6%) and Ethiopia (67.3%) (16, 17), and with a study from Egypt 2014 where more than two thirds of participants were satisfied with staff attitude (22). These differences may be attributed to the occurrence of COVID-19 pandemic at the same time as the current study, causing increased stress and workload on nurses, which negatively affected nurses' attitude towards caregivers. Regarding the availability of doctors, of adequate chairs in the waiting room and of drugs, participants showed average satisfaction, in agreement with what was reported in Saudi Arabia (8). Nearly two thirds of caregivers were dissatisfied with the vaccines availability and adequacy in the PHCC, probably due

to the scarcity of some necessary vaccines, as most of caregivers have reported the unavailability of rotavirus and pneumococcal vaccines at the time of the study. Just above a fifth of the caregivers were satisfied with the adequacy of PHCCs staff in contrast to what was reported by a study from Kerbala / Iraq (26) which may be related to the maldistribution of PHCCs manpower. The present work showed an average satisfaction regarding comprehensiveness of under-five PHCC services, especially concerning the children medical examination, anthropometric and temperature measurement, and consultation time. These findings may be attributed to the limited knowledge of caregivers about these services. Just over a half of the caregivers were satisfied with health education material which is lower from what was reported from Egypt (61%) (22). This work showed that the major purpose for visiting PHCCs was mainly for vaccination, which was higher than what was reported by a previous study in Iraq (26), probably due to the panic caused by the covid-19 pandemic, leading to underutilization of the other under-five PHCC services.

Conclusions:

The level of satisfaction of caregivers with under-five health care services provided at primary health care centers was relatively low. Vaccination was the most utilized under-five health care service during the time of the study. Age and level of education showed an association with caregivers' satisfaction where older and less educated caregivers were more satisfied.

Authors' contributions:

Lamia Dhia Al Deen: Supervisor

Abeer Abdulkareem: Project development, Data collection and management, and manuscript drafting.

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رضا اولياء الامور عن خدمات الرعاية الصحية للأطفال دون سن الخامسة المقدمة في مراكز الرعاية الصحية الأولية في الكرخ بغداد، 2020.

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د. عبير عبد الكريم فاضل / طالبة في البورد العراقي / فرع طب المجتمع

الخلاصة

المقدمة: من المرجح أن يعود مقدمو الرعاية الراضون عن الخدمات الصحية للحصول على مزيد من الرعاية وان يقوموا بالتوصية بخدمات مركز الرعاية الصحية الأولية للآخرين. مقدمو الرعاية هؤلاء عادة ما يمثلون لنصيحة مقدم الرعاية الطبية وخطة العلاج الموصى بها. سيؤدي الإمتثال في النهاية إلى نتائج صحية أفضل.

الأهداف: قياس رضا مقدمي الرعاية تجاه خدمات الرعاية الصحية للأطفال دون سن الخامسة في مراكز الرعاية الصحية الأولية في بغداد الكرخ وارتباطه ببعض الخصائص الاجتماعية والديموغرافية.

الطريقة: أجريت دراسة مقطعية مع عناصر تحليلية في الفترة من بداية تموز إلى نهاية أيلول 2020. تم جمع عينة ملائمة من البيانات من مراكز الرعاية الصحية الأولية من جانب الكرخ في مدينة بغداد حيث تمت مقابلة مقدمي الرعاية الذين يراجعون هذه المراكز مع أطفالهم للحصول على خدمات الرعاية الصحية دون سن الخامسة، تمت مقابلتهم باستخدام إستبيان منظم.

النتائج: تمت مقابلة عينة من 500 من مقدمي الرعاية خلال فترة الدراسة، وكان الرضا العام (64%). كان مقدمو الرعاية غير راضين إلى حد كبير (78.8%) عن التواصل مع الممرضات، ووقت الانتظار للزيارة الروتينية (74.6%). كان مقدمو الرعاية راضين عن نظافة مراكز الرعاية الصحية الأولية (77.8%). (59.2%) من مقدمي الرعاية كانوا غير راضين عن تقنيات التعقيم للممرضات. كان معظم مقدمي الرعاية (65.4%) غير راضين عن توفر وكفاية لقاحات أطفالهم.

الاستنتاج: كشفت الدراسة عن وجود ارتباط كبير بين سن مقدمي الرعاية ومستوى التعليم ومستوى رضاهم، حيث أظهر مقدمو الرعاية الأقل تعليماً والأكثر سناً مستوى أعلى من الرضا عن غيرهم. كان حوالي ثلثي مقدمي الرعاية غير راضين عن خدمات الرعاية الصحية للأطفال دون سن الخامسة المقدمة في مراكز الرعاية الصحية الأولية.

الكلمات المفتاحية: رضا مقدمي الرعاية، رضا الأمهات، خدمات الرعاية الصحية الأولية، تقييم النتائج، خدمات الرعاية الصحية للأطفال دون سن الخامسة.