

Categorization of health problems in patients attending Primary Health Centers in Kirkuk city/IRAQ

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Abstract

Background: Primary Health Care is defined by the World Health Organization as essential health care made universally accessible to individuals and families in the community by means acceptable to them. Its objective is to deliver integrated health services. The aim of our study is To categorize the problems of people attending to primary health care, how this problems are managed, the satisfaction of patient and to describe experience of referrals from primary health care facilities to Azadi teaching hospital in Kirkuk city. **Subjects& methods:** This is a facility-based study of the PHCCs in Kirkuk city. carried out during the study period (October to February 2013-2014). the total sample was 300 patients (at different sex and age). The tool used to collect the data was the interviewing sheet. **Results & Discussion:** The sample was composed of 100 males (33.3%,) and 200 females (66.7%).The two groups did not differ significantly in age. regarding the marital state (43%) of the patients were married. Regarding to the occupation the majority of the patients (57.3%) were unemployed, (23.7%) were children, (11 %) were students and only (8.3%) worked in government employer. The commonest presenting complaints were cough, chest pain, abdominal pain, vomiting, ophthalmological, dental problems, headache, fever & immunization purposes. Overall there was agreement between the diagnoses of referring health worker and hospital staff. About 42.7 % of patients admitted to PHCs were referred to General hospital & 56.3 % are treated as outpatients& 40 % received medical treatment & the remainder were children for immunization purposes & those who have regular visits for follow up chronic diseases. **Conclusions:** It is likely that many patients by-pass primary care services because of the poorly available services, investigations, drugs and seniors compared to hospital services. Operational research on the style of referral letters might be of value in minimizing the use of referral systems by healthcare workers. Improve primary health centre facilities, increase number of physicians and increase compliance of patient to PHCs services to increase access to these centers to meet the need of people & to decrease the number of referred cases, so, decrease the load in hospital.

Keywords: Categorization, Health problems, primary health centers, Kirkuk, Iraq

1. Introduction

Primary Health Care is defined by the World Health Organization as essential health care made universally accessible to individuals and families in the community by means acceptable to them. Its objective is to deliver integrated health services. This new system abolished its former health offices, maternal and child health centers and dispensaries, connecting their services into health care centers which provide both curative and preventative aspects of care. Studies of patients attitudes towards health services, health personnel and resources constitute important elements in the extent to which the health services have met the consumers' expectations and needs, and hence can be viewed as a means of judging the degree of their satisfaction with the services [1]. Regarding the referral system it is an integral part of the Primary Health Care (PHC) model. The implementation of referral systems can be problematic, sometimes leading to overloading of hospitals with inappropriate referrals. Conversely poor compliance with the referral can lead to under-use of secondary care by those in greatest need [2]. The objective of this paper is to describe experience of referrals from primary health care facilities to Azadi teaching hospital in Kirkuk city.

Finally the patient's satisfaction can be used as means of

assessing the quality of health care and the personnel [3] It reflects the ability of the provider to meet patients' needs. Satisfied patients are more likely than unsatisfied ones to continue using health care services, maintain their relationships with specific health care providers, and comply with care regimens. Satisfaction studies have been done mostly in developed countries. In developing countries, such studies are rare and of a general nature. The current study will start the process of evaluation with the hope of delineating areas of strength and weakness in Primary Health Care centers (PHCCs) to pave the way for appropriate planning strategies for improvement [4].

2. Subjects and Method

This is a facility-based study of the PHCCs in Kirkuk city. The study population consisted of all Kirkuk patients who visited (PHCCs) in Kirkuk City during the study period (October, November, December, January, February 2013-2014). Because direct interviews are considered to yield the best information and result in a higher response rate from patients, it was selected as the appropriate methodology.

The general referral form was designed for the referral of any type of patient. The referring health worker was expected to complete the patient details, presenting complaint, treatment given, reason for referral and provisional diagnosis [5] The

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hospital doctor was expected to reply with details of test results, final diagnosis, treatment and advice. Although the process was subjective, a referral was considered appropriate if there was diagnostic uncertainty or the need for investigation or treatment beyond the level of the referring centre [6].

The satisfaction questionnaire was based on the standardized scale of 1-5 points; the higher the score, the higher the satisfaction with the service offered. The questionnaire addressed two main components: patients' sociodemographic (gender, marital status, age, and job) and general satisfaction with physician, pharmacy, laboratory and radiology services. The study was conducted in three PHCCs randomly selected to represent various geographic areas of Kirkuk city. The sample consisted of 300. Subjects were informed about the study objectives and procedures, and that data collected would be used only for the stated research purposes. [7].

Official agreements taken from directory personal for completion of study.

No financial support present neither governmental nor from privates for completin all steps of study.

3. Results

Data was obtained for 300 patients. The sample was composed of 100 males (33.3%,) and 200 females (66.7%).The two groups did not differ significantly in age. regarding the marrietal state (43%) of the patients were married. Regarding to the occupation the the majority of the patients (57.3%) were unemployed, (23.7%) were children, (11%) were students and only (8.3%) worked in government employer. Overall there was agreement between the diagnoses of referring health worker and hospital staff.

Table 1: Percent distribution of problems among patients attending to Primary Health Center in Kirkuk city according to the health problems

| Cause of attendance | No. | % |
|---------------------------|-----|-------|
| Gastrointestinal tract | 42 | 14.0 |
| Musculoskeletal problems | 35 | 11.6 |
| Respiratory problems | 43 | 14.3 |
| Maternal health care | 25 | 8.3 |
| Immunization | 42 | 14.0 |
| Fever | 8 | 2.6 |
| Genitourinary problems | 29 | 9.6 |
| Chronic diseases | 23 | 7.7 |
| Ophthalmological problems | 8 | 2.6 |
| Dental problems | 11 | 3.7 |
| Neurological problems | 18 | 6.0 |
| Neck problems | 8 | 2.6 |
| Skin problems | 4 | 1.3 |
| Others | 4 | 1.3 |
| Total | 300 | 100.0 |

Table 2: Relation between the causes of attendance & referral cases according to the health problems

| Cause of attendance | Referred | | Unreferred | | Total | |
|---------------------------------|----------|-----|------------|------|-------|------|
| | No. | % | No. | % | No. | % |
| Gastrointestinal tract problems | 27 | 9 | 15 | 5.0 | 42 | 14.0 |
| Musculoskeletal problems | 26 | 8.6 | 9 | 3.0 | 35 | 11.6 |
| Respiratory problems | 14 | 4.6 | 29 | 9.7 | 43 | 14.3 |
| Maternal health care | 2 | 0.7 | 23 | 7.6 | 25 | 8.3 |
| Immunization | 0 | 0 | 8 | 14.0 | 42 | 14.0 |
| Fever | 0 | 0 | 42 | 2.8 | 8 | 2.6 |

| | | | | | | |
|--|-----|------|-----|------|-----|-----|
| Genitourinary problems | 17 | 5.7 | 12 | 3.9 | 29 | 9.6 |
| Chronic diseases | 9 | 3 | 14 | 4.7 | 23 | 7.7 |
| Ophthalmological problems | 7 | 2.3 | 1 | 0.3 | 8 | 2.6 |
| Dental problems | 0 | 0 | 11 | 3.7 | 11 | 3.7 |
| Neurological problems | 13 | 4.3 | 5 | 1.7 | 18 | 6.0 |
| Neck problems | 8 | 2.6 | 0 | 0.0 | 8 | 2.6 |
| Skin problems | 2 | 0.65 | 2 | 0.65 | 4 | 1.3 |
| Others | 3 | 0.9 | 1 | 0.4 | 4 | 1.3 |
| Total | 128 | 42.7 | 172 | 67.3 | 300 | 100 |
| X ² =55.1 df=10 with exclusion the rows that contain 0 P>0.05 | | | | | | |

Table 3: Percent distribution of the causes of the referred cases from PHC to General hospitals

| Cause of referral No. % | |
|---------------------------|-----------|
| Unavailable investigation | 61 47.6 |
| Unavailable senior | 31 24.2 |
| Patient's wish | 36 28.2 |
| Total | 128 100.0 |

Table 4: Percent distribution of causes of referred cases according to health problems

| Cause of referral Cause of attendance | Unavailable investigation | | Unavailable senior | | Patient's wishes | | Total | |
|---------------------------------------|---------------------------|------|--------------------|------|------------------|------|-------|-------|
| | No. | % | No. | % | No. | % | No. | % |
| Gastrointestinal tract | 14 | 51.0 | 5 | 18.5 | 8 | 29.6 | 27 | 100.0 |
| Musculoskeletal problems | 13 | 50.0 | 5 | 19.0 | 8 | 31.0 | 26 | 100.0 |
| Respiratory problems | 6 | 43.0 | 5 | 35.0 | 3 | 21.0 | 14 | 100.0 |
| Maternal health care | 1 | 50.0 | 1 | 50.0 | - | - | 2 | 100.0 |
| Immunization | - | - | - | - | - | - | - | - |
| Fever | - | - | - | - | - | - | - | - |
| Genitourinary diseases | 9 | 50.0 | 4 | 25.0 | 4 | 25.0 | 17 | 100.0 |
| Chronic diseases | 4 | 44.4 | 0 | - | 5 | 55.6 | 9 | 100.0 |
| Ophthalmological problems | 3 | 43.0 | 3 | 43.0 | 1 | 14.0 | 7 | 100.0 |
| Dental problems | - | - | - | - | - | - | - | - |
| Neurological problems | 3 | 25.0 | 6 | 50.0 | 3 | 25.0 | 12 | 100.0 |
| Neck problems | 6 | 75.0 | - | - | 2 | 25.0 | 8 | 100.0 |
| Skin problems | - | - | 1 | 50.0 | 1 | 50.0 | 2 | 100.0 |
| Others | 2.0 | 50.0 | 1.0 | 25.0 | 1.0 | 25.0 | 4.0 | 100.0 |
| Total | 61 | 47.6 | 31 | 24.2 | 36 | 28.2 | 128 | 100.0 |

Table 5: Percent distribution of satisfaction of study samples for physician, pharmacy & laboratory among patients attending to Primary Health Centre

| Level of satisfaction | % |
|-----------------------|------|
| Physician | 86.5 |
| Pharmacy | 74.1 |
| Laboratory | 64.8 |

4. Discussion

The commonest presenting complaints to Primary Health Centers were due to respiratory problems (cough, chest pain) accounting for about 14.3% followed by gastrointestinal problems (abdominal pain, vomiting) and immunization purposes for about 14%

Regarding the relation between the attendance to Primary Health Care and referral to general hospital(table

2), about 42.7 % of patients admitted to PHCs were referred to General hospital & 56.3 % are treated as outpatients in which 40% of them received medical treatment & the remainder were children for immunization purposes & those who have regular visits for follow up chronic diseases.

Inappropriate patient load at hospital level is more likely to be due to bypassing the PHC system, and evidence suggests that effective PHC is likely to lead to more appropriate hospital utilization. Studies have shown that about half (49%) of the patients' referral were due to unavailable investigation (while it was (65%) in search done in kuwait city) & 25% of these cases were due to radiological investigation & this mostly due to equipment that is unavailable [8].

The measurement of patient satisfaction has become a common way to elicit patients' views about the health care delivered, and hence has received considerable attention in recent years. The focus of all these activities is the patient. This study is an effort to evaluate patient satisfaction for a better patient focus. The overall satisfaction score in Kirkuk City was 75%, with individual scores ranging from 64% to 86% for all services offered, while it was (62%) in research of kuwait city and is ranging from (43% to 65%).

Regarding the level of satisfaction, high percentage for physician satisfaction (84%) was due to clarity of physician' communication with their patients and involving patients in decision, while it was (43%) in Kuwait research [9].

Possible measures for boosting patients' satisfaction with physicians' services include training of physicians in communication skills following their undergraduate education. Post graduate training in communication skills and their psychological aspects tend to increase open discussion about feelings and emotions and may also produce greater physician sensitivity to patients' satisfaction. Satisfaction with pharmacy services could be augmented by further improvement in the communication skills of pharmacists, as shown in some studies. Satisfaction with dental services was excellent mostly due to availability of physicians & equipments. [10].

5. Conclusion and Recommendation

It is likely that many patients by-pass primary care services because of the poorly available services, investigations, drugs and seniors compared to hospital services. The high percentage of referred cases for satisfying patients' desire to undergo lab tests and for offering request referral to hospital is understandable.

The present study recommended to:

Improve primary health centre facilities.

Increase number of physicians and lab equipment.

Increase compliance of patient to PHCs services to increase access to these centers so meet the need of people.

Decrease the number of referred cases, so, decrease the load in hospital.

Patients also need to be educated about the objectives and limits of primary health care and be assured that if

need arises all efforts will be done to offer the most appropriate professional care at the primary or secondary level [11].

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