

Impact of Quality of Primary Health Care Centers Upon Adolescents' Health Status With Chronic Diseases in Kirkuk City

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Abstract

Background: The primary health care centers initiatives are designed to improve patient care and health outcomes. A process failed to address the impact on health outcomes, patient satisfaction, and costly of chronic diseases expected to adolescents. This study aimed to determine the role of quality of primary health care centers (PHCCs) on adolescents' health status with chronic diseases in kirkuk city.

Methodology: A descriptive (quantitative design) was conducted through (18) PHCCs in Kirkuk city. Two questionnaires were designed for the purpose of the study. A simple random sample of (180) health professional (manager) were selected through the use of probability sampling approach. The sample of study was divided into two groups which include organization structure (PHC)centers (18) and (162) adolescents with chronic diseases. .Data analysis is performed through the use of descriptive statistical data analysis approach.

Results: the overall evaluation for the quality of PHCCs is adequate on (59% ; N=11), and fair on (41% ; N=7) respectively. The quality of PHCCs is adequate relative to all of its dimensions of general health status, tangibles, accreditation, responsiveness, assurance and empathy. The experienced good level for the general, physical, mental, relationships and emotional dimensions of health status with chronic diseases Inadequate on Adequate on (44.%: n=71) ,Fair on (34.% :n= 55) ,and Inadequate (23. % :n=36) , level of evaluation . except that of the quality of life dimension of health status Adequate on Fair on (37.%: n = 60) , Inadequate (n 30 %: =49),and Adequate (33.% n=53) does not impose any effect on adolescents' general health status.

Conclusion: The study findings depict that the quality of PHCCs is adequate relative to all of its dimensions of general health status, tangibles, accreditation, responsiveness, assurance, and empathy. Adolescents' health status is good regardless of their age groups as being early, middle and late age adolescents except that of the quality of life dimension of health status which has a fair level of evaluation. The study confirms that the Impact of quality of PHCCs does not execute an impact on adolescents' health status.

Keywords: *Adolescents' , health status ,chronic diseases, primary health care.*

Introduction

Primary healthcare centers refer to the first contact-access, continuous, comprehensiveness services available, and coordinated care provided to individuals regardless of gender, race ,or diseases. Most PHC services have focused on treating illnesses as and when they arise disease⁽¹⁾. Primary healthcare centers include a wide variety of services delivered; the diagnosis, treatment,

promoting good health, preventing health problems, and managing the ongoing care of people with health problems long-term conditions ⁽²⁾. The PHC system is being placed under immense pressure to perform as well as meet clinical targets , patient needs, and effective care ⁽³⁾. This strategy importance of implementing quality procedures and the continuous improvement of quality services. The fact that these strategies do not always lead to the desired outcome ⁽⁴⁾. The PHC services initiatives are

designed to improve patient care and health outcomes. A process failed to address the impact on health outcomes, patient satisfaction, and costly of chronic diseases expected to adolescents ⁽⁵⁾. Adolescents with multiple chronic diseases had substantially more bed days, school absence days, and behavioral problems than adolescents understand the importance of health care, conscious of the main health issues affecting them and therefore, should be engaged in addressing their health care needs and influences are strongly associated with their health outcomes. ⁽⁶⁾ Today management of chronic diseases for adults populations thus becomes a major focus for quality of PHCCs. Health system is needed strengthening if they are to meet the growing challenge of chronic diseases in low-income and middle-income countries⁽⁷⁾. The goals of the current services to increasing availability and improving the quality care of chronic disease, and reducing disparities in the PHC services⁽⁸⁾. The health-care team will aim to reduce the impact of the disease and agree to maintain a life as similar as possible to their developmental change to the adolescent period of life, but also by participated young people themselves in developing self-care management⁽⁹⁾. In this study aims to help countries develop competency-based and self-management programs for adolescent health status and development in both pre-service and in-service management. In addition, it provides guidance on how to assess and improve the structure, content, and

quality health-care services for adolescents with chronic diseases.

Methodology

A descriptive evaluation study is using a quantitative design conducted on a total of (18) PHCCs are selected for the purpose of the study in Kirkuk city. A simple random sample of (180) subject, it is selected throughout the use of probability sampling approach (a questionnaire). It was comprised of two parts and overall items included in the questionnaire were (102) item.

A :Organization Structure: This is comprised of information about socio-demographic characteristics of manager, and (22) item it is comprised such as about:- Tangibles ,Accreditation, Responsiveness , Assurance, and Empathy of PHC centers.

B. (Adolescents’) with chronic diseases: This part is comprised of information about socio-demographic characteristics of clients, and (12) items related to evaluate the health status in general, and (55) items consists of:-Physical condition, emotional state , the effect stress, evaluate the overall quality of your life ,and Life enjoyment adolescents ‘with chronic diseases. 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 Centers

Dimensions	Adequate	Fair	Inadequate
1. Tangibles	(20-14.68) (6)	(14.67-- 9.34) (12)	(9.33 - 4) (0)
2. Accreditation	(25 - 19) (11)	(18- 12) (7)	(11 - 5) (0)
3. Responsiveness	(20 - 14.68) (9)	(14.67- 9.34) (9)	(9.33 - 4) (0)
4. Assurance	(20 - 14.68) (15)	(14.67- 9.34) (3)	(9.33 - 4) (0)
5. Empathy	(25 - 19) (13)	(18 - 12) (5)	(11 - 5) (0)
Overall Evaluation	(110 - 80.33) (11)	(80.32-50.67) (7)	(50.66-22) (0)

This table demonstrates that the overall evaluation for the quality of primary health care centers is adequate on (n=11 with 59%), and fair on (n=7 with 41%) respectively.

Table (2): Evaluation of Overall Dimensions of Adolescents’ with Chronic Diseases

Overall Evaluation of Adolescents’ Health Status	Adequate	Fair	Inadequate
a. General Health Status	(162 – 109) (70)	(108 – 55) (50)	(54 – 1) (42)
b1. Physical Dimension	(162 – 109) (84)	(108 – 55) (56)	(54 – 1) (22)
b2. Mental Health Dimension	(162 – 109) (77)	(108 – 55) (51)	(54 – 1) (34)
b3. Relationships Dimension	(162 – 109) (68)	(108 – 55) (58)	(54 – 1) (36)
b4. Emotional Dimension	(162 – 109) (75)	(108 – 55) (54)	(54 – 1) (33)
b5. Quality of Life Dimension	(162 – 109) (53)	(108 – 55) (60)	(54 – 1) (49)
Overall of Evaluation Dimensions	(162 – 109) (71)	(108 – 55) (55)	(54 – 1) (36)

This table presents that the experienced good level for the general, physical, mental, relationships and emotional dimensions of health status with chronic diseases Inadequate on Adequate on (n=71 with 44.%) ,Fair on (n= 55 with 34.%) ,and Inadequate (n=36 with 23. %) , level of evaluation . except that of the quality of life dimension of health status Adequate on Fair on (n = 60 with 37.%) , Inadequate (n =49 with 30 %) ,and Adequate (n=53 with 33.% does not impose any effect on adolescents’ general health status.

Table (3): Multiple Linear Regression for the Impact of the Quality of Primary Health Care Centers upon Adolescents’ Health Status

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate	
	0.167 a	0.28	0.33	8.85195	
	Sum of Squares	df	Mean Square	F	Significance
Regression	35.899	1	35.899	4.58	0.58 b
Residual	125.713	16	78.357		
Total	1289.611	17			
Model	Un-standardized Coefficients		Standardized Coefficients	T	Significance P ≤ 0.05
	B	Std. Error	Beta		
1 (Constant)	61.955	25.545		2.425	0.27
Independent	-0.766	0.261	-0.167	-0.677	0.58

R: Multiple Correlation, df: Degree of Freedom, F: F- Statistics, B: Regression Coefficient, T: t-test

a. Dependent Variable: Adolescents' Health Status

b. Independent Variable: Quality of Primary Health Care Centers

This table indicates that the quality of primary health care Centers does not impose any effect on adolescents' health status.

Discussion

Part I: Overall Evaluation of the Quality of Primary Health Care Centers

Analysis indicates that the quality of PHCCs 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 PHCCs are managed and provided.

A sequential exploratory mixed method design is carried out to identify quality determinants for healthcare services for adolescents and young adults with chronic conditions 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 care as identified by adolescents and young adults living with chronic conditions. 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 conditions to determine and confirm the relevance of the identified care elements and quality determinants.

The global standards are developed through a four-stage process:- (1) conducting needs assessment (2) developing the global standards and their criteria. (3) expert consultations. (4) assessing their usability. 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 study has resulted in the development of eight global standards and (79) criteria for measuring them of adolescents' health. (1).

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).

Part II: Evaluation of Overall Dimensions of Adolescents' with Chronic Diseases

Analysis of such health status presents that most of the early age adolescents have experienced good level for the general, physical, mental, relationships and emotional dimensions of health status for chronic diseases except that of the quality of life dimension of health status which has a fair level of evaluation (Table 2). These findings present empirical evidence that early age adolescents in Kirkuk city are more blessed to gain better health status throughout their lifespan. Furthermore, the quality of their life may be straggling due to the burden of chronic diseases that are imposed upon their life.

All their age groups distinguished health status of the adolescents with chronic diseases is very noticeable in the high mean of scores on items the dimensions of general, physical, mental, relationships, emotional and quality of life of the adolescents with chronic illness health status (Table 2).

It has been reported that at least (12%) of adolescents living with a chronic condition. Some conditions are characterized by increasing incidence (e.g., diabetes and asthmatic) or improving survival rates (e.g., cystic fibrosis), while others are concerning because of differentially poorer outcomes in adolescents in comparison to both children and adults (e.g., cancer). Growing evidence suggests that adolescents' health status with chronic disease is particularly disadvantaged engaging in risky behaviors to at least similar if not higher rates as healthy peers while having the potential for greater adverse health outcomes from these behaviors (11).

Research studies confirm that chronic disease affects one in ten adolescents worldwide. Outcomes included challenges to adolescent self-management, nature of the parent-adolescent relationship, illness representation, and perceptions of adolescent self-efficacy in compliance, medical decision making, laboratory measures, and adolescent self-management competence (12).

Part III: The Impact of the Quality of Primary Health Care Centers Upon the Adolescents' Health Status

Throughout the course of data analysis, the study depicts that the quality of PHCCs does not enforce any effect on adolescents' health status (Table 3). The logically driven interpretation for such findings can be presented in a way that as long as the quality of PHCCs is adequate for adolescents with chronic diseases they definitely maintain a good level of health status.

Due to the originality of the current study, no supportive empirical evidence of these findings is available in the literature. It has been recognized that health care comprises services provided by health professionals, including screening and prevention, treatment and disease management that result in the maintenance of physical and emotional well-being. Improvements in the health of adolescents can be accomplished through the utilization of empowered, efficient and effective public health measures that represent adequate quality health care (13). The report highlights the need to strengthen improving PHC, particularly to better manage the large numbers of patients with multiple chronic conditions (14).

Conclusion :

The study findings depict that the quality of PHCCs is adequate relative to all of its dimensions of general health status, tangibles, accreditation, responsiveness, assurance, and empathy. Adolescents' health status is good regardless of their age groups as being early, middle and late age adolescents except that of the quality of life dimension of health status which has a fair level of evaluation. The study confirms that the impact of quality of PHCCs does not execute an impact on adolescents' health status. It is confirmed that male adolescents experience more incidence of chronic diseases than females.

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Conflict of Interest: None to declare.

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

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