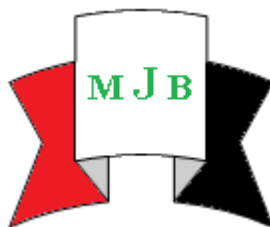


Client's Satisfaction in Primary Health Care Centers Toward Immunization Services in Erbil -IRAQ

Kareem F. Aziz

College of Nursing, Hawler Medical University, Kurdistan Region, Erbil, Iraq

Email: drkareem2009@yahoo.com



Received 31 November 2014

Accepted 11 January 2015

Abstract

Monitoring is necessary in order to maintain public confidence as vaccines are usually administrated to healthy persons, monitoring in most countries has relied on passive surveillance systems such as the vaccine adverse event reporting system. An immunization continues to reduce the incidence of vaccine preventable diseases; there is increasing interest in vaccine safety. The study aimed to identify clients' satisfaction toward immunization services in primary health care centers and to identify association between socio demographic characteristics and their satisfaction.

It is a descriptive, cross sectional study; the sample study is 100 clients who attend Primary Health Care Centers (P.H.C) in Erbil and the study began from 1-6-2013 to 1-10-2014. A questionnaire was used for data collection by using an interview technique. The sample was chosen convenient and SPSS program version 18 is used for analyzing the data.

Results of the study indicated that majority of the clients were from city center %89, and in primary school %38 while their age was between 17-27 %51 and most of them were female %79. Other results of the study indicated that there was no significant association between clients' satisfaction and most of variables, while other results indicated that there was a significant association between place of residency and immunization services satisfaction. Other results indicated that the majority of them were satisfied with immunization services in the primary health care centers.

Majority of study group was satisfied with immunization services, immunization items and staff practices, sterilization and standard technique during their work. There was no significant association between clients' satisfaction and variables such as (age, sex, and level of education). There was significant association between clients' satisfaction and their place of residency.

Key words: immunization, satisfaction, primary health care centers, client's satisfaction

رضى المواطنين حول الخدمات التلقيحات في المراكز الصحية الاولى في مدينة اربيل -العراق

الخلاصة

تستمر التلقيحات لغرض تقليل من الاصابة بالامراض ومن الضروري مراقبة سلامة التلقيحات و فاعليتها لغرض التقليل من اصابات الامراض . تهدف الدراسة الى معرفة رضى المواطنين حول الخدمات التلقيحات في المراكز الصحية الاولى و لمعرفة العلاقة بين المتغيرات و رضى المواطنين حول خدمات التلقيحات .

ان هذه الدراسة وصفية و مقطعية و قد اعدت استمارة استبانة لجمع المعلومات لهذا الغرض بعد مراجعة دقيقة للادبيات السابقة و شارك فيها مائة ١٠٠ مواطن من الذين راجعوا المراكز الصحية الاولى لغرض التلقيحات و مدة الدراسة هي من ٦-١-٢٠١٣ الى ١٠-١-٢٠١٤ . اظهرت النتائج بان الغالبية من المشاركين هم من سكنة المدينة و من حملة شهادة الابتدائية و اكثر الاعمار ما بين ثمانية عشرة و سبعة و عشرون سنة و كذلك الاكثرية هم من النساء و لا توجد علاقة هامة بين اكثر المتغيرات و مستوى الرضى المواطن لخدمات التلقيحات و لكن هناك علاقة هامة ما بين متغير عنوان السكن و مستوى الرضى عن الخدمات التلقيحات .

اظهرت الدراسة بان الاكثرية من المواطنين راضون عن الخدمات التلقيحات و لا توجد علاقة هامة بين قسم من المتغيرات مثل (العمر، الجنس، مستوى الدراسة، والديانة) و مستوى الرضى و لكن هناك علاقة هامة بين متغير (عنوان السكن) و الرضى من الخدمات التلقيحات .

Introduction

An immunization continues to reduce the incidence of preventable diseases; there is increasing interest in vaccine safety [1, 2]. Monitoring is necessary in order to maintain public confidence as vaccines usually administered to healthy persons, monitoring in most countries has relied on passive surveillance systems such as the vaccine adverse event reporting system [3, 4].

The need to improve monitoring of pharmaceutical products became widely recognized. Immunizations, are important for people of all ages, they help immune system and quickly kill bacteria and viruses that can cause serious illness or death. [5, 6]. Some immunizations are given in a single shot or oral dose, while others require several doses over a period of time [7], some workplaces have occupational health nurses who can give immunizations according to requirements and recommendations of employers. Child's immunization record is usually requested when he or she is registered to enter day care, preschool, school and certain programs in post-secondary institutions. [8, 9]. Planners must work with local leaders and provide community members with a better understanding of immunization in order to raise motivational levels. Many parents simply are not very motivated to have their children immunized because misperceptions and unfavorable attitudes, both of which contribute to low acceptance and high drop-out rates. Health care, Workers must first have an accurate understanding of immunization and then focus more on educating the community about what immunization is and why it is important [10]. It is important that qualitative improvement including client

satisfaction with immunization services be carefully guided and ensured through periodic audit of the immunization chain. The most frequent reason provided by caregivers in the settings whose children were not immunized during the national immunization coverage survey was lack of vaccines at health facilities followed by vaccination services that were too far , and lack of awareness of need sites care system in the country, gaps in health workers skills as well as weaknesses in data collection and analysis have been identified as some of the challenges that must be overcome to achieve acceptable immunization coverage [11,12]. Determination of the degree of client satisfaction will provide evidence as to whether or not the right immunization services are being provided at the right time, in the right place, in the right way and by the right personnel.

This will provide baseline data for assessment of quality improvement strategies which will culminate in an increase in immunization coverage in the country [13].

Any medical facility or health department that provides direct patient care is encouraged to formulate a comprehensive immunization policy. Different terms such as access, utilization, availability and coverage are often used interchangeably to reflect on whether people are receiving the services they need [14]. Long waiting time is a known major impediment to client satisfaction and consequently utilization of immunization services [15].

Objectives

1. To identify clients' satisfaction toward immunization services in primary health care centers.

- To identify association between demographic characteristics and level of satisfaction.

Subjects and Methods

- Study design: A cross sectional, descriptive study will be conducted.
- Study sample: included 100 clients who attend P.H.C centers for immunization and they chosen convenient.
- Setting of the study: Main Primary Health care centers in Erbil city such as (Mali-fandy, nazdar bimarny, nawroz, tayrawa, and layla kasm and nafih akrawy).
- Time of the study: the study period was in 1-6-2013 to 1-10-2014.
- Tools of the study: A questionnaire was used depending on extreme review of literature. The questionnaire was viewed to the panel of experts in nursing field for validity and for the reliability the pilot study was done.
- SPSS program version 18 was used for analyzing data.
- Inclusion criteria all adult clients 18 years old and above who attend primary health care centers with their children for immunization.

Results

Table 1: Sociodemographic characteristics of sample study

Socio-demographic Characteristics		F	%
Age Group	18-27	51	51.0
	28-37	38	38.0
	38-47	11	11.0
Sex	male	21	21.0
	female	79	79.0
Level of education	illiterate	21	21.0
	primary	38	38.0
	secondary	27	27.0
	college	12	12.0
	others	2	2.0
Address	city center	89	89.0
	suburbs	11	11.0

Table 1 indicated that the majority of the people involved from city center 89%, between age 18-27 51%, female 79% and from primary school 38%.

Table 2 : Clients' satisfaction regarding immunization services in Health Care Centers

client's satisfaction toward immunization services	Yes		no		not certain		MS
	F	%	F	%	F	%	
Are you satisfied with immunization services?	95	95.0	3	3.0	2	2.0	1.07
Are you satisfied with schedule immunization?	88	88.0	9	9.0	3	3.0	1.15
Are you satisfied with nursing services in center?	93	93.0	5	5.0	2	2.0	1.09
Are you satisfied with staff in Dept.	83	83.0	10	10.0	7	7.0	1.24
Are you satisfied with quality of immunization?	80	80.0	3	3.0	17	17.0	1.27
Are you satisfied with schedule of immunization?	79	79.0	9	9.0	12	12.0	1.33
Are you satisfied with technique of giving immunization?	83	83.0	7	7.0	10	10.0	1.27
Does the time of the immunization suit you?	73	73.0	18	18.0	9	9.0	1.36
Are you happy with items of immunization?	77	77.0	10	10.0	13	13.0	1.36
Are you satisfied with administration services?	76	76.0	21	21.0	3	3.0	1.27
Do you observe any complication after immunization?	57	57.0	38	38.0	5	5.0	1.48
Are you happy with sterilization technique?	77	77.0	13	13.0	10	10.0	1.33
Do you think that immunization technique is standard?	41	41.0	43	43.0	16	16.0	1.75
Are you satisfied with adult female immunization?	69	69.0	27	27.0	4	4.0	1.35
Are you satisfied with staff working in immunization Dept.?	65	65.0	24	24.0	11	11.0	1.46
Are you satisfied with distance of house and center?	55	55.0	40	40.0	5	5.0	1.50

Table 2 indicated that the majority of them were satisfied with immunization services in the Health Center (Most of them answered by yes 55%--95 %.)

F: Frequency, %: Percentage, MS: mean of square.

Table 3: Association between clients' satisfaction and variables

Client's satisfaction Socio-demographic Characteristics		client's satisfaction toward immunization services			P-value Chi- square
		Satisfied	Unsatisfied	Not-Certain	
		%	%	%	
Age Group	18-27	46%	5%	0%	0.439 NS
	28-37	33%	5%	0%	
	38-47	11%	0%	0%	
Sex	male	17%	4%	0%	0.120 NS
	female	73%	6%	0%	
Level of education	illiterate	16%	5%	0%	0.116 NS
	primary	36%	2%	0%	
	secondary	26%	1%	0%	
	college	10%	2%	0%	
	others	2%	0%	0%	
Religion	Muslim	80%	7%	0%	0.92 NS
	Christian	10%	3%	0%	
Place of residence	city center	82%	7%	0%	0.043 S
	suburbs	8%	3%	0%	

Table 3 Indicated that the there was no significant association between most of variables and clients' satisfaction $P=0.439$, while there was significant association between address and clients' satisfaction toward immunization $P=0.043$.

P. value. Less than 0.05 was considered as significant.

Discussion

Results of the study indicated that the majority of the clients were satisfied with health services in the primary health care centers, immunization services from the health care centers, immunization items and staff practices, sterilization and standard technique; thus, the level of their satisfaction is high among them. This was because of good services in those primary health care centers in Erbil, and good follow up from general directorate for health in Erbil and good experiences of the staff as mentioned by the staff of immunization in health care centers. This was agreed with the studies of [16, 17] who mentioned in their studies that the level of satisfaction was good toward immunization

services. The study was not similar with study of [18], who said client satisfaction with immunization services provision is low due to factors such as poor attitude of health care providers, long waiting time and inadequate respect for the rights of clients. It is recommended that training and retraining of immunization service providers should be undertaken regularly and must include attitudinal change along with evaluation of services through feedback [19].

Other results of the study indicated that there was no significant association between clients' satisfaction and most of variables, this was due to the fact that, all clients in different levels of education, age, and sex should go to these centers for

immunization and they were satisfied with different services in the centers, and they need these services. On the other hand, if those people live faraway from the centers, they can not go easily. Therefore, there was significant association between their places of residence and their satisfaction with immunization services. These results were agreed with study of [20] who said that the clients whom houses near the primary health care centers are more satisfied with immunization services than those who live faraway from the health Care Centers.

Conclusion

1- Majority of sample study was satisfied with immunization services, health services, immunization items and staff practices, sterilization and standard technique during their work.

2- There was no significant association between clients' satisfaction and variables such as (age, sex, and level of education) but there is significant association between Place of residence and client's satisfaction with immunization services.

References

- 1-Maciosek MV, Coffield AB, Edwards NM, Flottesmesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med.* 2006; 31:52.
2. Centers for Disease Control and Prevention. National, state, and urban area vaccination coverage among children aged 19-35 months: United States, 2004. *MMWR Morb Mortal Wkly Rep.* 2005; 54:717-721. 61.
3. Luman ET, Barker LE, Shaw KM, McCauley MM, Buehler JW, Pickering LK. Timeliness of childhood vaccinations in the United States: days undervaccinated and number of vaccines delayed. *JAMA.* 2005; 293:1204-1211.

- 4- Brenner RA, Simon-Morton BG, Bhaskar B, Das A, Clemens JD. Prevalence and predictors of immunization among inner-city infants: a birth cohort study. *Pediatrics.* 2001; 108:661-670.
- 5- Klevens RM, Luman ET. U.S. children living in and near poverty: risk of vaccine preventable diseases. *Am J Prev Med.* 2001; 20(suppl 4):41-46.
- 6- Dombkowski KJ, Lantz PM, Freed GL. Role of health insurance and a usual source of medical care in age-appropriate vaccination. *Am J Public Health.* 2004; 94: 960-966.
- 7- Gust DA, Strine TW, Maurice E *et al.* Under immunization among children: effects of vaccine safety concerns on immunization status. *Pediatrics* 2004; 114: e16-e22.
- 8- Ashley HS, Cynthia SM, Donna MS, Bernard G. Parental satisfaction with early pediatric care and immunization of young children the mediating role of age-appropriate well child care utilization. *Arch Pediatric Adolescent Med* 2007; 161: 50-56.
- 9- Ghosh A, Singh LL. Child immunization in rural West Bengal (India): multilevel analysis". Paper presented at: 2004 Annual Meeting Programme of the Population Association of America. Boston Massachusetts 2004; 1-3.
- 10- Yadav RJ, Singh P. Immunization status of children and mothers in the state of Madhya Pradesh. *Indian J Community Med* 2004; 29: 147-148.
- 11- Barale A, Malaspina S, Rivetti D, Demicheli V, Moiraghi RA. Satisfaction of parents or accompanying persons with vaccination services for children and youngsters being vaccinated. *Ann Ig* 2004; 16: 179-186.
- 12- Halfon N, Inkelas M, Mistry R, Olson LM. Satisfaction with health care for young children. *Pediatrics.* 2004; 113(suppl 6):1965-1972.

13- Swiss Centre for International Health and World Health Organization: Assessment of determinants of children unreached by vaccination services. January 2010. Project summarized at <http://www.who.int>

14- Maciosek MV, Coffield AB, Edwards NM, Flottesmesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med* 2006; 31: 52-61?

15- Gust DA, Strine TW, Maurice E, et al. Under immunization among children: effects of vaccine safety concerns on immunization status. *Pediatrics*. 2004; 114:e16-e22.

16- Cotter S, Ryan F, Hegarty H, Keane E. Immunization: the views of Parents and health professionals in Ireland. *Euro Surveill* 2003; 8(6):

17- Anah MU, Etuk IS, Udo JJ. Opportunistic immunization with inpatient programmed: eliminating a missed

opportunity in Calabar, Nigeria. *Annals African Med* 2006; 5(4): 188-91.

18- Cheng S, Yang M, Chiang T. Patient satisfaction with and recommendation of a hospital: effect of interpersonal and technical aspects of hospital care. *Int J Qual Health Care* 2003; 15(4): 345-55.

19- Rainey JJ, Watkins M, Ryman TK, Sandhu TK, Bo A, Banerjee K: Reasons related to non-vaccination and under-vaccination of children in low and middle income countries: findings from a systematic review of the published literature, 1999–2009. *Vaccine* 2011, 29(46):8215–21.

20 -Udonwa NE1, Gyuse AN1, Etokidem AJ2, Ogaji DST2: Client views, perception and satisfaction with immunisation services at Primary Health Care Facilities in Calabar, South-South Nigeria, *Asian Pacific Journal of Tropical Medicine* (2010),298-301.