

The impact of accreditation of primary healthcare centers on quality of care as perceived by healthcare providers and directors in baghdad

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Abstract

Background: Accreditation is an increasingly employed method for promoting quality at the healthcare organizational level .The term accreditation reflects the systematic assessment of health facilities against clear standards.

Objectives: To find out the impact of accreditation of primary healthcare centers on quality of care as perceived by healthcare providers and directors in Baghdad and to Identify challenges and obstacles that prevent the implementation of accreditation in PHC centers in Iraq.

Subjects and Method: A descriptive cross sectional study with analytic elements was conducted in four PHC centers in Baghdad City, three centers in Al - Karkh and one in Al- Resafa sector from 1st of December 2016 to the 31th of July 2017.All staff members was included in the study. The data was collected by using structural questionnaire form was adopted and based on questions obtained from previous similar study in Lebanon.

Results: A total of 240 staff members were surveyed, the highest age group frequency was 40-49, and there was a significant association between primary healthcare centers and the quality score, human resources and the quality management score. The highest group of good scores was in Al-Adil PHCC. There was a significant association between age and the quality score mainly in relation to age group (50-59) years. There was statistical association between educational level and the quality score which is highest in baccalaureate of medicine. There was a significant association between strategic quality planning score and the total score with the duration of job, the highest was in (5-9) years.

Conclusions: The accreditation is important as a first step towards improving the quality of PHC delivery arrangement system. There is shortage both in financial and human resources in the four PHCC. According to respondents, this study shows the positive level of the impact of accreditation on quality of care, documentation and the benefit of training.

Key words: Accreditation, Quality of care, primary healthcare, Healthcare providers.

Introduction

A reactive and complete primary healthcare (PHC) system leads to more efficient health system, lower rates of health inequalities, better health outcomes and lower costs ⁽¹⁾. One increasingly in employment method for supporting quality at the healthcare organizational level is accreditation ⁽²⁾. In spite of its routine use in the work course of most hospitals worldwide, accreditation has only been presented into the PHC site in high income countries (HICs) in 2008⁽³⁾.This highlighting on accreditation in PHC organizations came with the modification in health care policy from hospitals towards preventive and primary healthcare delivery services ⁽⁴⁾.One of the main concentration areas for WHO country cooperation strategic agenda was developing a national health strategy, identifying specific short and medium term outlay programs and reform agenda, decentralizing health system and assist in the implementation and expansion of basic health service package (BHSP) based on family practice model ⁽⁵⁾.The aim of the study was to find out the impact of accreditation of primary healthcare centers on quality of care as perceived by healthcare providers and directors in Baghdad and to identify Challenges and obstacles that prevent the implementation of accreditation in PHC centers in Iraq.

Subjects and Method

A descriptive cross sectional study with analytic element, which was conducted in four PHC centers in

Baghdad City, those centers were visited by the accreditation team, three in Al - Karkh sector:

1. Al-Adel primary health center.
2. Al- Khadhraa primary health center.
3. Al - Mansour primary health center.

And one in Al- Resafa sector:

4. Bab Al-Muaadham primary health center.

The data collection was carried out during the period from first of December 2016 to the 31th of July 2017. The directors and all health services providers (physicians, dentists, pharmacists, lab.workers and administrators) were included in this study. The data were collected by direct interview with all staff members of the four PHC centers included in this study. Statistical analysis was carried out using SPSS version 24.0.A structural questionnaire form was adopted and based on questions obtained from previous similar study in Lebanon which was valid and reliable. The questionnaire include three types of questions (Demographic questions, general questions answered by (yes, no) and the questions that answered according to five-point Likert Scale which covered the following items⁽⁶⁾: (First)-Quality results (five items).(Second)-Strategic quality planning (five items).(Third)-Human resources utilization (five items).(Fourth)-Quality management (four items). (Fifth)-Use of data (four items).The score consisted of 5 items that measured perceived quality experiences over the previous two years with a score ranging from (strongly disagree =1), (disagree =2), (border line =3),(agree =4), and (strongly agree =5). The scale yielded a single score, with high scores indicating

higher levels of quality and low scores indicating lower levels of quality. Quality level was analyzed by quartiles and percentages. The summation of each score was founded and the results then divided by the total sample number (n=240) first part represented with a staff member response with score of more than 75%, the second part had a score of 50-74%, while the third part is less than 50% ⁽⁷⁾. A score of more than 75% was considered good, 50-74% fair, and less than 50% was taken as poor⁽⁸⁾.

Results

A total of 240 staff members were surveyed, 157 were female (65.4%), and 83 were male (34.6%). The age ranged from 20-63 years with a mean of 43.0 ± 10 . The highest age group frequency was 40-49 32.5%. More than 1/3 of the studied sample had secondary education (for nursing) and only 15% had higher education. Duration of job ranged from 2-18 years with a mean of 7 ± 3.7 years with the highest frequency 5-9 (45.4%) years as summarized in the table (1): Table (2) shows that the main challenges and obstacles facing the directors of the four centers

for application of accreditation in Baghdad which include financial barriers which were reported by all managers, while training difficulties by 75% of them. There was a significant association between primary healthcare centers and the quality score, human resources and the quality management score. The highest group of good scores was in Al-Adil PHCC, as shown in the table (3).

In addition there was a significant association between age and the quality score mainly in relation to age group (50-59) years. Also significant association was found between the use of data score and the age group (50-59) years, as shown in table (4). Table (5) shows the relation of educational level with different domains, where there is statistical association between educational level and the quality score which is highest in baccalaureate of medicine. Table (6) shows the relation of duration of job with different domains, by means there is a significant association between strategic quality planning and total score with the duration of job, the highest was in (5-9) years duration of job.

Table (1): The distribution of the study sample(n=240) according to socio- demographic description

		No	%
PHCCs	Khadraa	67	27.9
	Bab Moadam	56	23.3
	Mansoor	55	22.9
	Adil	62	25.8
Gender	Male	83	34.6
	Female	157	65.4
Age (years)	<30	23	9.6
	30---39	63	26.3
	40---49	78	32.5
	50---59	67	27.9
	=>60	9	3.8
	Mean $\pm$ SD(Range)	43.0 $\pm$ 10.0 (20-63)	
Educational level	Secondary school for nursing	87	36.3
	Baccalaureate of nursing	5	2.1
	Baccalaureate of medicine	8	3.3
	Master degree or equivalent	23	9.6
	Board of medical Science	17	7.1
	Others (Tech, Engin, Vet....)	100	41.7
Duration of job (years)	<5	73	30.4
	5---9	109	45.4
	=>10	58	24.2
	Mean $\pm$ SD(Range)	7.0 $\pm$ 3.7 (2-18)	

Table (2):The challenges that facing PHCC directors:

The Challenges	The PHCC				%
	Bab Moaadam	Khadraa	Mansour	Adil	
Financial barriers	Yes	Yes	Yes	Yes	100
Training difficulties	Yes	Yes	No	Yes	75
Technical barriers	No	Yes	No	No	25
Shortage in medical staff	Yes	No	No	No	25
Staff satisfaction	No	No	Yes	No	25
Difficulties in administration	No	Yes	No	No	25
Limited manager's capabilities	No	No	Yes	No	25
Turnover of medical and paramedical staff	No	No	No	Yes	25

Table (3): the relation between the primary health care center and different domains

		Khadraa PHC		Bab Moadam PHC		Mansoor PHC		Adil PHC		P value
		No	%	No	%	No	%	No	%	
Quality Score	Poor	3	4.5	12	21.4	14	25.5	1	1.6	0.0001*
	Fair	36	53.7	22	39.3	30	54.5	27	43.5	
	Good	28	41.8	22	39.3	11	20.0	34	54.8	
Strategic quality planning score	Poor	2	3.0	6	10.7	5	9.1	1	1.6	0.132
	Fair	37	55.2	33	58.9	32	58.2	31	50.0	
	Good	28	41.8	17	30.4	18	32.7	30	48.4	
Human resources utilization score	Poor	2	3.0	8	14.3	15	27.3	1	1.6	0.0001*
	Fair	48	71.6	34	60.7	27	49.1	44	71.0	
	Good	17	25.4	14	25.0	13	23.6	17	27.4	
Quality management score	Poor	-	-	1	1.8	2	3.6	-	-	0.013*
	Fair	26	38.8	32	57.1	33	60.0	23	37.1	
	Good	41	61.2	23	41.1	20	36.4	39	62.9	
Use of data score	Poor	1	1.5	4	7.1	3	5.5	1	1.6	0.062
	Fair	22	32.8	19	33.9	28	50.9	18	29.0	
	Good	44	65.7	33	58.9	24	43.6	43	69.4	
Total score	Poor	-	-	5	8.9	4	7.3	-	-	0.041*
	Fair	53	79.1	38	67.9	43	78.2	46	74.2	
	Good	14	20.9	13	23.2	8	14.5	16	25.8	

Table (4): The relation of age with different domains

		Age <30		30---39		40---49		50---59		=>60years		P value
		No	%	No	%	No	%	No	%	No	%	
Quality Score	Poor	-	-	12	19.0	9	11.5	6	9.0	3	33.3	0.031*
	Fair	16	69.6	28	44.4	39	50.0	27	40.3	5	55.6	
	Good	7	30.4	23	36.5	30	38.5	34	50.7	1	11.1	
Strategic quality planning score	Poor	1	4.3	6	9.5	3	3.8	4	6.0	-	-	0.858
	Fair	13	56.5	36	57.1	41	52.6	37	55.2	6	66.7	
	Good	9	39.1	21	33.3	34	43.6	26	38.8	3	33.3	
Human resources utilization score	Poor	2	8.7	6	9.5	7	9.0	8	11.9	3	33.3	0.596
	Fair	16	69.6	43	68.3	50	64.1	40	59.7	4	44.4	
	Good	5	21.7	14	22.2	21	26.9	19	28.4	2	22.2	
Quality management score	Poor	-	-	1	1.6	1	1.3	1	1.5	-	-	0.839
	Fair	12	52.2	31	49.2	39	50.0	26	38.8	6	66.7	
	Good	11	47.8	31	49.2	38	48.7	40	59.7	3	33.3	
Use of data score	Poor	-	-	3	4.8	2	2.6	2	3.0	2	22.2	0.038*
	Fair	8	34.8	25	39.7	31	39.7	18	26.9	5	55.6	
	Good	15	65.2	35	55.6	45	57.7	47	70.1	2	22.2	
Total score	Poor	-	-	4	6.3	2	2.6	3	4.5	-	-	0.617
	Fair	19	82.6	47	74.6	61	78.2	45	67.2	8	88.9	
	Good	4	17.4	12	19.0	15	19.2	19	28.4	1	11.1	

Table (5): The relation of educational level with different domains

		Secondary school for nursing		Baccalaureate of nursing		Baccalaureate of medicine		Masters degree or equivalent		Board of medical Science		Others (Tech, Engin, Vet....)		P value
		No	%	No	%	No	%	No	%	No	%	No	%	
Quality Score	Poor	19	21.8	-	-	-	-	3	13.0	2	11.8	6	6.0	0.031*
	Fair	41	47.1	4	80.0	2	25.0	12	52.2	6	35.3	50	50.0	
	Good	27	31.0	1	20.0	6	75.0	8	34.8	9	52.9	44	44.0	
Strategic quality planning score	Poor	7	8.0	-	-	-	-	1	4.3	-	-	6	6.0	0.871
	Fair	52	59.8	3	60.0	4	50.0	11	47.8	9	52.9	54	54.0	
	Good	28	32.2	2	40.0	4	50.0	11	47.8	8	47.1	40	40.0	
Human resources utilization score	Poor	12	13.8	1	20.0	1	12.5	2	8.7	3	17.6	7	7.0	0.617
	Fair	56	64.4	4	80.0	5	62.5	14	60.9	12	70.6	62	62.0	
	Good	19	21.8	-	-	2	25.0	7	30.4	2	11.8	31	31.0	
Quality management score	Poor	3	3.4	-	-	-	-	-	-	-	-	-	-	0.156
	Fair	42	48.3	4	80.0	1	12.5	11	47.8	5	29.4	51	51.0	
	Good	42	48.3	1	20.0	7	87.5	12	52.2	12	70.6	49	49.0	
Use of data score	Poor	2	2.3	-	-	2	25.0	-	-	1	5.9	4	4.0	0.067
	Fair	30	34.5	4	80.0	1	12.5	9	39.1	5	29.4	38	38.0	
	Good	55	63.2	1	20.0	5	62.5	14	60.9	11	64.7	58	58.0	
Total score	Poor	5	5.7	-	-	-	-	1	4.3	-	-	3	3.0	0.918
	Fair	66	75.9	4	80.0	5	62.5	18	78.3	14	82.4	73	73.0	
	Good	16	18.4	1	20.0	3	37.5	4	17.4	3	17.6	24	24.0	

Table (6): The relation of duration of job with different domains

		Duration of job <5		5---9		=>10years		P value
		No	%	No	%	No	%	
Quality Score	Poor	10	13.7	15	13.8	5	8.6	0.359
	Fair	34	46.6	57	52.3	24	41.4	
	Good	29	39.7	37	33.9	29	50.0	
Strategic quality planning score	Poor	6	8.2	8	7.3	-	-	0.038*
	Fair	45	61.6	51	46.8	37	63.8	
	Good	22	30.1	50	45.9	21	36.2	
Human resources utilization score	Poor	9	12.3	12	11.0	5	8.6	0.073
	Fair	51	69.9	60	55.0	42	72.4	
	Good	13	17.8	37	33.9	11	19.0	
Quality management score	Poor	-	-	2	1.8	1	1.7	0.558
	Fair	39	53.4	51	46.8	24	41.4	
	Good	34	46.6	56	51.4	33	56.9	
Use of data score	Poor	4	5.5	3	2.8	2	3.4	0.338
	Fair	32	43.8	38	34.9	17	29.3	
	Good	37	50.7	68	62.4	39	67.2	
Total score	Poor	3	4.1	5	4.6	1	1.7	0.012*
	Fair	64	87.7	72	66.1	44	75.9	
	Good	6	8.2	32	29.4	13	22.4	

Discussion

The majority of the respondents' were female, since more female work in healthcare services in general and nursing professional specifically, as in a study made in Saudi Arabia ⁽¹⁰⁾.

The challenges that facing PHCC directors are mainly financial barriers that resemble another study that done in Lebanon ⁽¹⁾ were said limited financial resources were the main challenge delaying the implementation of the standards. Limited financial resources delayed PHC centers from employing specialized staff and purchasing equipment to enable implementation of some accreditation standards ⁽¹⁾.

Challenges reported in this study parallel to those reported in other studies as training difficulties, Limited manager's capabilities and rapid turn over medical and paramedical staff ⁽⁶⁻⁹⁾.

There was a significant association between primary healthcare centers and the quality score, human resources and the quality management score. The highest group of good scores was in Al-Adil PHCC, these findings may be related to many factors according to the interview with the director and the staff of Al-Adil PHCC as the efficient management and good cooperation between them and long experience and participating in a lot of training and work shop programs, in addition to that all of them had the same goal of getting the accreditation.

The results in this study showed similarities with another study were people in their 40s were viewed

as having the highest status in their perceptions and as being more friendly, having higher ethical standards and as being more competent than their younger counterparts⁽¹¹⁾. So there is a significant association between age and the quality score mainly in relation to age group (50-59) years, also significant association was found between the use of data score and the age group (50-59) years in this study, which may be related to the longer experience than the other age groups.

A significant association was found between educational level and the quality score which is highest in baccalaureate of medicine, as thought to be that physicians having baccalaureate of medicine are more cooperative and had more time and less responsibilities than the family medicine specialist.

Also finding reveals that there was significant association between strategic quality planning and the duration of job, the highest was in (5-9) years. Also statistical significance was shown in relation of total score and the duration of job ranging from (5-9) years which is the same of the Saudi study which revealed general experiences in nursing professions were less than ten years since most of respondents are younger in age ⁽¹⁰⁾.

Conclusion from this study:

1. The accreditation is essential as a first step towards improving the quality of PHC delivery arrangement system.

2. There is shortage both in financial and non-financial resources in the four PHCC.

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