

Participants' Satisfaction About Health Services in Primary Health Care Centers in The Center of Basra City

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Abstract- Primary health care centres (PHCC) are the front line of the health care system. Patient satisfaction is a crucial indicator of the quality of health care delivery, and ongoing research is required to ensure that the health care system operates efficiently. The aim is to evaluate the level of patient satisfaction with the health care services provided in the primary health care centres located in the heart of Basra city. A cross-sectional study in the primary health care centres involved 450 patients, and it was conducted from the 1st of February 2023 until the 30th of June 2023 in Basra, Iraq. Six central PHCC were randomly selected from each of the 3 sectors in a systematic way (1:6). Clients' satisfaction with care was assessed according to the revised model of quality, which includes general appearance, trust, responsiveness, reassurance and sympathy. All of these details, including the socio-demographic characteristics, were collected by a face-to-face interview questionnaire and analysed by SPSS software. Patients' level of satisfaction was 59.2%. The reasons behind satisfaction were cleanliness of the facilities, good lighting, available area of waiting, ease of having a primary health care card, patient satisfaction within follow-up medical examination and procedure, and that the nursing staff provided their best services (79.6%, 91.3%, 97.8%, 98.2%, 86.2%, and 88.7%, respectively). The study showed that the most stated reason behind dissatisfaction was the unavailability of diagnostic machines and tools (51.8%) and the unavailability and effectiveness of medications (62.2%). A significant association was found between the level of patients' satisfaction with PHCC services and the respondents' level of education, and there is a significant association between age and level of satisfaction. The level of satisfaction with the services provided by PHCC in Basra is relatively acceptable. The majority of patients who come to PHCC are 30-39 years old (31.1%), and most of the patients that come to the primary health care centre have primary school education (36.7%). The lower educated patients are more satisfied than the higher educated patients. Cleanliness, competence of the staff, respect and good handling are the main causes of high levels of satisfaction.

Index Terms- PHCC, Basrah, Family Medicine, Iraq, Patient satisfaction

INTRODUCTION

A global competition in an emerging sector derives the curiosity of patients and makes them more aware of the delivery of health care services [1]. Patients' satisfaction represents the cornerstone for assessing the quality of health care services utilised by patients and how they can get the best benefits from them [2]. Improving the health care system is mandatory and must be monitored and managed through an understanding of its responsiveness to meet the needs and preferences of the population [3]. Accordingly, a more accurate and appropriate evaluation of the healthcare system can be done by considering the views, experiences, and perceptions of the public, of the public, as shown in several studies all over the world, such as in Turkey and China [1, 3]. The growing concern about health and elevated economic levels of modern civilisation have intensely improved the health care demands and shifted the trends of the population towards attaining a healthier lifestyle [1]. Patients' satisfaction has emerged as an important measure in the evaluation of healthcare systems and in predicting health outcomes [4]. Healthcare systems are comprised of several complex and interrelated elements spanning multiple settings in which diverse patients seek care. One of the many critical settings within the healthcare system is primary care, where patients' interactions may carry differences in perceived quality of healthcare or satisfaction [4].

Over the past 20 years, patient satisfaction surveys have gained increasing attention as meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare organisations [5]. Patients' satisfaction with medical care was defined as the way to assess whether the system responds well or unresponsively to serve people. Through responsiveness measurement of how a health system performs to meet a population's expectations, client satisfaction is considered one of the desired outcomes of health care and is directly related to the utilisation of health services [2]. Patient satisfaction is an outcome indicator for

measuring the quality of health care, which is expressed as the gap between the expected and perceived characteristics of a service [3]. Another definition is that a person's reaction in contrast to the service that was promised and the service that was received is called satisfaction [5].

Since patients' satisfaction is not directly observable, patient satisfaction surveys are commonly used as a measuring tool in an attempt to translate subjective results into meaningful, quantifiable, and actionable data. Measuring patient satisfaction and extracting useful and relevant information involves determining which aspects of patient satisfaction to measure, developing reliable and valid questions, randomly sampling individuals from within a patient population, and using standard techniques such as mail surveys, telephone surveys, or face-to-face interviews [6]. Patient satisfaction surveys capture patient assessments of multiple target points during their medical care experience. Depending on what aspect of patient satisfaction is being measured, examples may include responsiveness of staff, clinician communication, technical skill, and environment. Whether patients are "satisfied" depends on their expectations about these different target points [6]. Globally, a number of patient satisfaction tools have been used to measure the different aspects of patient satisfaction. The Likert scale is one of the most fundamental and widely used psychometric tools in research in the social and behavioural sciences. It's a simple agree-disagree scale that can be easily used by patients or interviewers to rate their level of satisfaction, and it has been used widely all around the world in different aspects, among many others [7]. Several approaches have been developed to survey patient perceptions of health care, such as suggestion boxes, formal complaints, qualitative methods, or audits. However, satisfaction questionnaires are undoubtedly the most commonly used method. The patient satisfaction questionnaires must fulfil certain psychometric properties, especially if the aim is to generalise the information to the target population [8]. Over the last 30 years, numerous questionnaires have been developed to measure patient satisfaction that may be utilised to identify areas of improvement [8]. Patient satisfaction questionnaires; their Such instruments have the advantage of good reliability and validity [5]. Most of the studies in the literature review examined the correlation between demographic factors such as age, gender, health status and level of education and patient satisfaction. A study conducted in Baghdad, Basra and Babylon showed different socio-demographic characteristics [9]. A large number of questionnaires targeting all kinds of patients and different areas of medical care have been developed; each domain is tested through different related questions, which is of substantial benefit when one aims to identify a particular area to improve [10]. Certainly, general satisfaction has a

strong correlation with the other domains, and thus it is important to improve in all. However, domains ability of a questionnaire allows questions to be tailored to specific domains; one may consider only asking those questions related to communication to determine whether information has been relayed from physician to patient appropriately and understood well [10]. The Patient Satisfaction Questionnaire (PSQ), originally developed by Willis H. Ware and his colleagues (Ware, Snyder, and Wright, 1976), had a structured set of questions used to collect feedback from patients to measure their satisfaction with the quality and care of the health care service provider [10]. Studies carried out by Sardar Aydin in Turkey show that patient satisfaction has a significant impact on the continuity of medical care. Satisfied patients are more likely to develop a deeper and longer-lasting relationship with their medical provider, leading to improved compliance and continuity of care, which increase the adequacy of the services and consequently result in a better health outcome [3].

This study aims to assess patients' satisfaction with the services of primary healthcare centres in the centre of Basra city and to evaluate the relationship between different dimensions of patients' satisfaction and sociodemographic factors.

METHODS

This study is a cross-sectional descriptive study. The public health department provided us with a list of primary health care centers in the center of Basra governorate, from which we selected six for our study. Then these centres were selected by systematic random sampling, so two health care centres from each sector were chosen. From every sector, we select the sixth primary health care centre (1:6) subsequently. The study included 450 participants (male and female) who attended the PHCC in the centre of Basra governorate. 75 patients from each PHCC were included in this study, the PHCCs that were chosen (Alashar and Almushraq from sector one, Alribat and Alhadi from sector two, and Alkhalij and Alghadeer from sector three). The data collection extended from February 1, 2023, to June 30, 2023.

Patient's satisfaction was assessed by a standard check list and questionnaire from the Iraqi Ministry of Health and Quality Management Department, which included five main indicators of patient satisfaction.

- General Appearance: Tangibles include the include the physical structure of the health facility, equipment and appearance of health care providers.

- Trust: the ability of employees to gain trust and confidence.
- Responsiveness: willingness to help the patient and provide the needed service.
- Reassurance: knowledge and courtesy of the health care service providers.
- Sympathy: caring and individualised attention.

Each main indicator consists of multiple questions. A total of 36 questions were included in the study, in addition to details including the socio-demographic characteristics of participants.

Some questions were added or removed after being reviewed and developed by the researchers, which depends on the extensive review of relevant literature and similar previous studies. The structured interview questionnaire consisted of two parts:

- The socio-demographic characteristics include gender, age, and educational level.
- Satisfaction's part consists of 36 questions: 8 questions related to general appearance, 8 questions for trust, 5 questions on the response, 4 questions on the reassurance, and 11 questions on sympathy.

Some questions were added, which included: Why did you choose this PHC center? If you get sick again, will you come back to the same PHC center? Where was the place you were getting special medical care? public sector and private sector

We analysed frequencies and percentages using the statistical package for social science, version 26 (SPSS-v. 26). We used descriptive statistics to illustrate the demographic characteristics of the participants.

The Scientific Research and Ethics Committee of the Basra Health Department in Basra City provided ethical approval prior to data collection.

RESULTS

The sociodemographic characteristics of the studied sample were presented in Table (1). The highest percentage of participants were from this age group (30-39) years old (31.1%) and the least percentage was for those who were less than 20 years old (6.9 %). Regarding gender, the majority of the participants were female (78.2%) while on the other hand, male formed only (21.8%). Concerning their educational level, most of them (37.6%) had a primary school education followed by those with secondary school

education (29.1%), while (0.8%) of participants had a postgraduate certificate.

Table (1) Sociodemographic Characteristics of The Studied Sample

Variables	N.	%	
Age (Years)	<20	31	6.9
	20-29	131	29.1
	30-39	140	31.1
	40-49	63	14
	>50	85	18.9
gender	Male	98	21.8
	Female	352	78.2
educational level	Illiterate	57	12.7
	Primary school	169	37.6
	Secondary School	131	29.1
	Diploma	31	6.9
	Bachelor	58	12.9
	Post graduated	4	0.8

Table (2) shows that the majority of participants mentioned that the nearest distance is the most contributing factor to their selection of PHCC (96.4 %).

Table (2) The distribution of sample according to the cause of choosing the PHCC

Why Did You Choose This Primary Care Centre?	N.	%
Near	434	96.4
Availability of services	6	1.3
Good staff	1	0.2
Used to it	6	1.3
Good Reputation	0	0.0
The only choice I have	0	0.0
Good services	4	0.8
total	450	100

The highest percentage of satisfaction was about the "the ease during having the PHCC card" with a (98.2%) satisfaction rate. On the other hand, the highest dissatisfaction rate was about the availability of diagnostic machines and tools with (51.8 %) of the participants. The total satisfaction rate regarding the general appearance was (68.2%) while the total dissatisfaction rate was (19.1%) and the participants were neutral with the general appearance of the primary healthcare centers (12.7%) (Table 3).

Table (3) The distributions of sample according to general appearance of the PHCC

General appearance	Unsatisfied		neutral		Satisfied		Total	
	No.	%	No.	%	No.	%	no.	%
The external and internal appearance of the health Centre is elegant and organized	176	39.1	0	0.0	274	60.9	450	100.0
The health care centre is clean	91	20.2	1	0.2	358	79.6	450	100.0
The external appearance of the employee in the healthcare centre is elegant and organized	0	0.0	450	100	0	0.0	450	100.0
Good lighting in the primary care centre	39	8.7	0	0.0	411	91.3	450	100.0
Available areas for patient waiting and their families and availability of sitting chairs	10	2.2	0	0.0	440	97.8	450	100.0
The Primary Health care centre have good furniture's	129	28.7	2	0.4	319	70.9	450	100.0
Availability of diagnostic machine and tools	233	51.8	5	1.1	212	47.1	450	100.0
The ease of having a Primary Health care card	8	1.8	0	0.0	442	98.2	450	100.0
Total	686	19.1	458	12.7	2456	68.2	3600	

The trust	Unsatisfied		neutral		Satisfied		Total	
	No.	%	No.	%	No.	%	No.	%
The patient is conveniently examined	72	16	7	1.6	371	82.4	450	100.0
Primary healthcare is committed to (follow-up, examination, and procedure)	45	10	17	3.8	388	86.2	450	100.0
Waiting times in a primary healthcare are acceptable	103	22.9	7	1.5	340	75.6	450	100.0
When you face problem do the primary health care centre try to fix it with interest	134	29.8	0	0.0	316	70.2	450	100.0
The medications	280	62.2	0	0.0	170	37.8	450	100.0
The medical staff provide their best services	50	11.1	5	1.1	395	87.8	450	100.0
Nursing staff provide their best services	38	8.4	13	2.9	399	88.7	450	100.0
Service staff provide their best services	10	2.2	212	47.1	228	50.7	450	100.0
Total	732	20.3	261	7.3	2607	72.4	3600	

Table (4): The distribution of the sample according to the trust aspect of the PHCC

The highest satisfaction rate was about the nursing staff Providing their best service with (88.7%). The highest dissatisfaction rate was for the availability of medication in the primary healthcare center with 62.2%. The overall satisfaction rate for the trust in the primary healthcare center was (72.4%) While the dissatisfaction rate was (20.3%) and the participants who were neutral with the services represent (7.3%). Table (3-4): the distribution of the sample according to the trust aspect of the PHCC (Table 4).

Table (5) shows their satisfaction with the response of staff in the Primary Health care center, (92%) was the highest satisfaction rate for that the (health care center will tell you exactly when the service will be done). On the other hand, the highest dissatisfaction rate was for that “the compliance and notes always are taken into consideration and try to fix them with interest” with (38.4%). In conclusion regarding satisfaction, the response of the staff (76.2%) was the total satisfaction rate while (23.5%) was the dissatisfaction rate and (0.3%) was neutral.

Table (5): Satisfaction with the responsiveness of staff in a primary healthcare center

The responsiveness	Unsatisfied		To some extent satisfied		Satisfied		Total	
	No.	%	No.	%	No.	%	no.	%
The healthcare centre will tell exactly when the service done	35	7.8	1	0.2	414	92	450	100.0
The staff of healthcare centre provide immediate and quick services	122	27.1	1	0.2	327	72.7	450	100.0
The staff of the health care centre is always ready for help	88	19.6	1	0.2	361	80.2	450	100.0
The healthcare centre responds quickly to your need no matter how busy they are	112	24.9	3	0.7	335	74.4	450	100.0
The complaints and notes always are taken into consideration and try to fix them with interest	173	38.4	0	0.0	277	61.6	450	100.0
total	530	23.5	6	0.3	1714	76.2	2250	100.0

The highest satisfaction rate was for the question about the healthcare staff having the ability and experience to answer your question represent (29.3%). The highest dissatisfaction rate was (12.2%) for the question of does the behavior of the healthcare center gives you confidence. The overall satisfaction rate was (22.5%), the dissatisfaction rate was (8%) and (69.5%) were neutral (Table 6).

Table (6): the distribution of the sample by the satisfaction with the reassurance in the PHCC

Reassurance	Unsatisfied		neutral		Satisfied		Total	
	No.	%	No.	%	No.	%	No.	%
The behaviour of the healthcare centre gives you confidence	55	12.2	361	80.2	34	7.6	450	100.0
You feel safe and reassured when you deal with health care centre	30	6.6	305	67.8	115	25.6	450	100.0
The health care staff treat you with kindness and courtesy	43	9.6	283	62.9	124	27.5	450	100.0
The health care staff have the ability and experience to answer your questions	16	3.6	302	67.1	132	29.3	450	100.0
Total	144	8	1251	69.5	405	22.5	1800	100.0

The highest percentage of satisfaction was (100%) for the question “The administrative of health care center keeps on treating all patients with the same level of attention without differentiation between poor and rich, VIP and normal people”. The dissatisfaction right was the highest for the question “Does the health service center provide individualized care for each patient” which is represented about (41.8%). The overall satisfaction rate was (56.8%), the dissatisfaction rate was (12.5%), and (30.7%) of the participants were satisfied to some extent (Table 7).

It showed that the mean score of satisfied in the first sector was (89) while the unsatisfied were (24.8) and (36) were neutral. In the second sector the level of satisfaction was (89.4) while the unsatisfied were (25.6) and (35.6) were neutral. Lastly, over the third sector were the satisfied (88.2) while the unsatisfied were (25.2) and (36.6) were neutral (Table 8).

Table (7): The distribution of the sample according to the participant satisfaction with sympathy in the PHCC

The Sympathy	Unsatisfied		neutral		Satisfied		Total	
	No.	%	No.	%	No.	%	no.	%
The health service centre provides individualized care for each patient	200	44.4	206	45.8	44	9.8	450	100.0
The work time of the healthcare centre suitable for the patient	10	2.2	187	41.6	253	56.2	450	100.0
The health care centre has staff to provide individual care for each patient	188	41.8	207	46	55	12.2	450	100.0
The administration of health care centre put patient benefits at the top of their priorities	0	0.0	118	26.2	332	73.8	450	100.0
The staff of the healthcare centre understand your special needs	24	5.3	188	41.8	238	52.9	450	100.0
The staff of the healthcare centre show kindness and respect to the patient and their compassion and welcome them	67	14.9	248	55.1	135	30	450	100.0
The administration of health care centre keeps on treating all patients with the same level of attention without differentiation between poor and rich or VIP and normal people	0	0.0	0	0.0	450	100.0	450	100.0
The behaviour of the healthcare staff makes you feel confident	88	19.6	162	36	200	44.4	450	100.0
The healthcare staff deal with a patient with gentleness and diplomacy	43	9.6	193	42.8	214	47.6	450	100.0
The healthcare centre has the knowledge and the experience to answer your question	0	0.0	6	1.3	444	98.7	450	100.0
You feel safe when you deal with a healthcare centre	0	0.0	5	1.1	445	98.9	450	100.0
Total	620	12.5	1520	30.7	2810	56.8	4950	100.0

Age and level of satisfaction									
Age	Unsatisfied		Neutral		Satisfied		Total		p-value
	No.	%	No.	%	No.	%	No.	%	
<20	6	1.3	7	1.6	18	4	31	6.9	0.001
20-29	26	5.8	27	6	78	17.3	131	29.1	
30-39	23	5.1	47	10.4	70	15.6	140	31.1	
40-49	7	1.6	14	3.1	42	9.3	63	14	
>50	13	2.9	13	2.9	59	13.1	85	18.9	
The overall	75	16.7	108	24	267	59.3	450	100	

Table (8): the distribution of the sample according to mean score over all the three sectors.

Sectors	Mean Score Level of Satisfaction			
	Unsatisfied	Neutral	Satisfied	Total
Sector 1	24.8	36	89	150
Sector 2	25	35.6	89.4	150
Sector3	25.2	36.6	88.2	150
Total	75	108	267	450

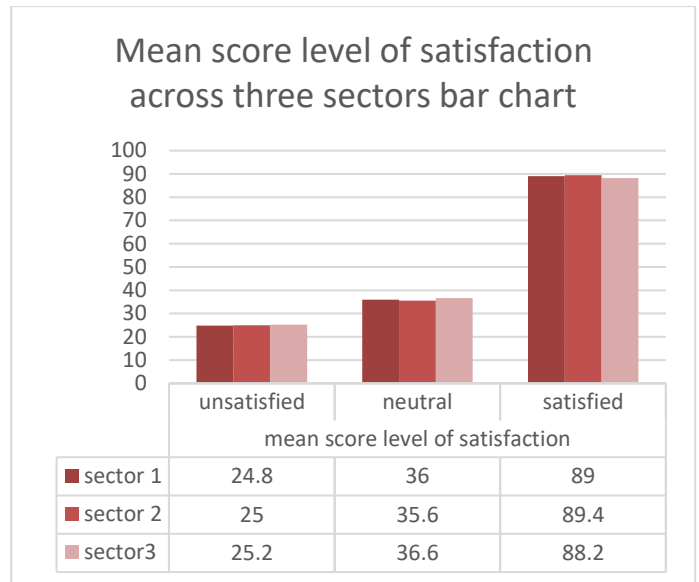


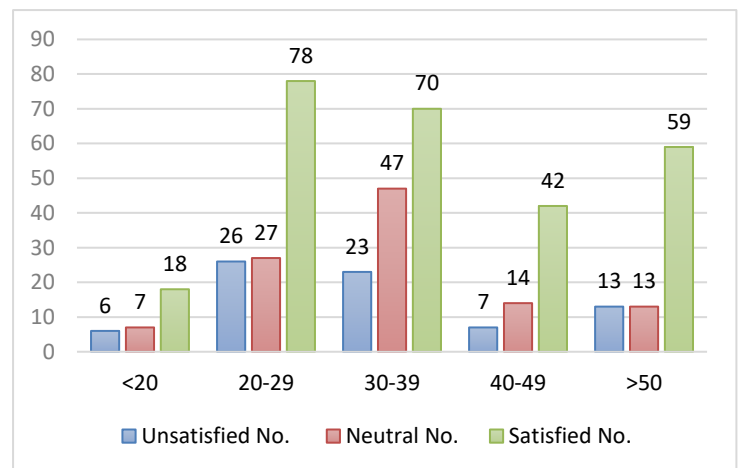
Figure (1) mean score satisfaction level across the three sectors (Bar-chart)

The most satisfied age group were (20-29) years old, about (17.3%) were satisfied. There was significant association between age and satisfaction ($p < 0.001$) (Table 9).

Table (9): The relation between age and the level of satisfaction

Figure (2) Age and level of satisfaction (bar-chart)

The most satisfied were those who had primary school education primary school (23.1%), while the most unsatisfied participant were those who had primary school and secondary school



education (5.8%). There was significant association between education level and satisfaction ($p < 0.001$) (Table 10).

Table (10): The relation between education level and satisfaction .

Education level and satisfaction									
Educational level	Unsatisfied		Neutral		Satisfied		Total		p-value
	No	%	No	%	No	%	No	%	
Illiterate	9	2	14	3.1	34	7.6	57	12.7	0.001
Primary school	26	5.8	39	8.7	104	23.1	169	37.6	
Secondary School	26	5.8	30	6.6	75	16.7	131	29.1	
Diploma	3	0.7	11	2.4	17	3.8	31	6.9	
Bachelor	10	2.2	13	2.9	35	7.8	58	12.9	
Postgraduate Certificate	1	0.2	2	0.4	1	0.2	4	0.8	
The overall	75	16.7	108	24.1	267	59.2	450	100	

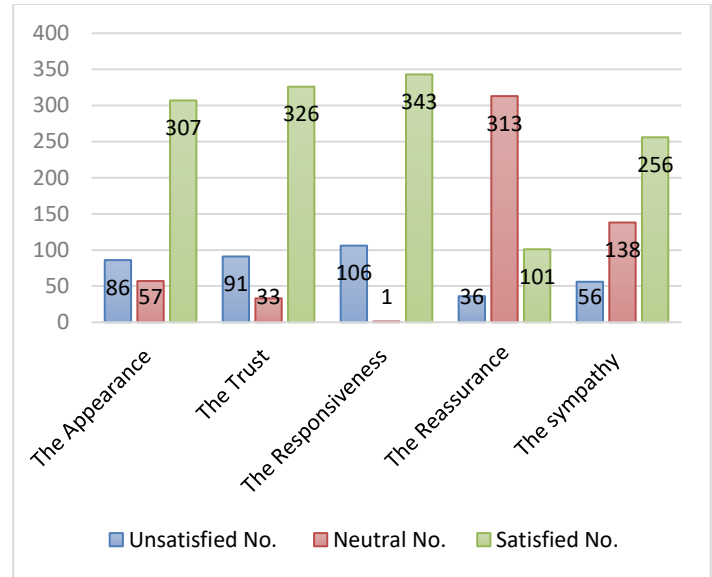


Figure (4) overall satisfaction over the five main domains

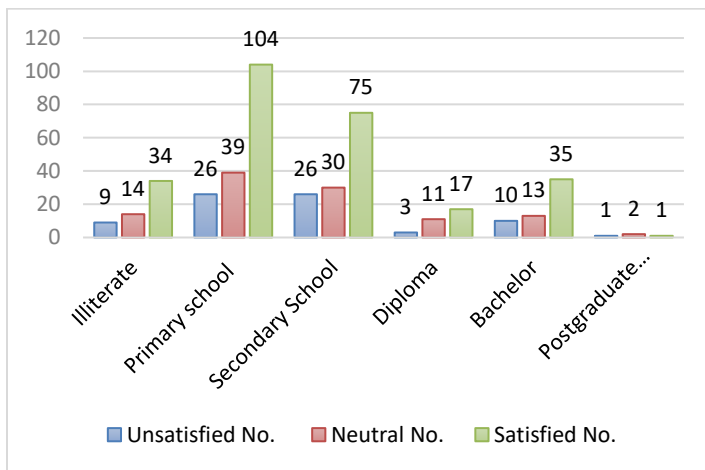


Figure (3) education level and satisfaction (Bar -chart)

First of all the reliability test of the questionnaire was acceptable (Cronbach's alpha 0.72). The highest satisfaction rate was for responsiveness with (76.2%). And least was (22.5%) for reassurance. On the other hand, the highest dissatisfaction rate for responsiveness was (23.5 %).

Table (11) Overall satisfaction level through the five domains

Overall satisfaction domains									
	Unsatisfied		Neutral		Satisfied		Total		
	No.	%	No.	%	No.	%	No.	%	
The Appearance	86	19.1	57	12.7	307	68.2	450	100	
The Trust	91	20.3	33	7.3	326	72.4	450	100	
The Responsiveness	106	23.5	1	0.3	343	76.2	450	100	
The Reassurance	36	8	313	69.5	101	22.5	450	100	
The sympathy	56	12.5	138	30.7	256	56.8	450	100	
Overall	375	16.7	542	24.1	1333	59.2	2250	100	

Table (12) shows that most of the studied sample were satisfied, and their satisfaction level was (59.2%), while the unsatisfied level represents only (16.7%) of the studied sample. Were the neutral results represented only (24.1%) of the studied sample.

Table (12) overall satisfaction level of the studied sample

Overall satisfaction	%
Unsatisfied	16.70%
neutral	24.10%
Satisfied	59.20%

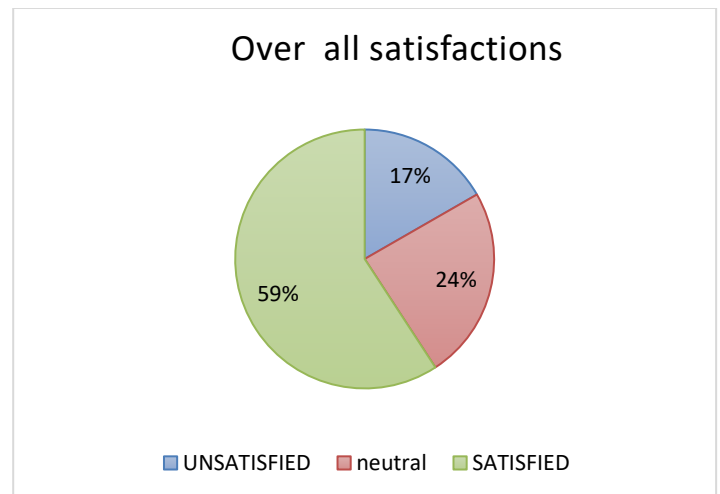


Figure (5) overall patients' satisfactions

Table (13): The distribution of sample by the desire to come back to the healthcare center in the future

If you ever sick again, will you come back to this healthcare centre	N.	%
yes	440	97.8
no	10	2.2
total	450	100

This table (13) show that most of participants (97.8%) had desire to Come back to PHCC.

Table (14): The distribution of samples by the participants preference regarding the place of best health care services

Where is the place that provide you with special health care?	N.	%
Privet section	166	36.9
Governmental section	283	62.9
Outside Iraq	1	0.2
total	450	100

This table shows that about 62.9% will choose governmental section.

DISCUSSION

Patient satisfaction is an important measure of the effectiveness of healthcare services. In primary health care, patient satisfaction reflects the quality, accessibility, and affordability of healthcare services, as well as the effectiveness of healthcare providers in meeting patients' needs. Furthermore, patient satisfaction plays an important role in improving patient adherence to treatment, reducing the likelihood of treatment abandonment or delayed follow-up visits, and promoting positive health behaviours. Hence, it is crucial to explore the factors that may affect patient satisfaction and identify potential strategies to enhance patient satisfaction with healthcare services in primary health care in Iraq.

The overall patient satisfaction rate was 59.2%, slightly higher than the patient satisfaction rates for health care in Babylon, Iraq (49.6%), Pakistan (41.3%), and Ghana (57.1%) [11-13]. The satisfaction levels in our study were lower than those in Baghdad, Karbala, and Iraq (65% and 77%), respectively, as well as in Riyadh, Saudi Arabia (72.5%), Lebanon (96.6%), and Kuwait (99.6%) [9, 14-18]. Each study used different questionnaire types, cultural backgrounds, and sample sizes, which may have contributed to satisfaction levels being different [9].

The majority of patients who come to PHCC have primary school education (37.6%), followed by secondary school education (29.1%). These findings are similar to those obtained in Jubail City, Saudi Arabia, and Hail City, Saudi Arabia [17, 19]. However, this study differed from findings in Qatar, where 73.1% of attendants held a bachelor's degree or higher education [20]. The staff's competency, combined with respect, decent handling, and cleanliness, were the main reasons behind the high level of satisfaction [21]. In our study, we found the highest level

of satisfaction with the ease of obtaining a primary healthcare card, the provision of excellent nursing services, and the administration of health care services that treat all patients equally and do not differentiate between them. According to our study, respondents with primary school education were the most satisfied with the PHCC services provided, followed by those with secondary school education, as discovered in Saudi Arabia [21]. While those with higher education, such as diplomas, bachelors, and postgraduate certificates, were the least likely to visit PHCC, the highly educated group was the least satisfied with the facilities' services, a finding that aligned with a study from Majmaah, Kingdom of Saudi Arabia [21]. Given that each study's participant distribution varied in terms of educational level, their interpretation differed significantly from ours [9]. As demonstrated, individuals with lower levels of education exhibit a higher satisfaction level, likely due to their limited understanding of the limitations of primary healthcare services. This finding aligns with findings from Kuwait [18]. Nearly all of the patients who came to PHCC were female (78.2%); these findings are similar to those from Lebanon (56.3%) and Saudi Arabia (57%) [30, 36]. Contrary to findings in Qatar, men made up most attendants (53.8%) [20].

According to this survey, most patients who visited the PHCC were between 30-39 years old, or about 31.1%. This result was like that of Baghdad City, Iraq, where this age group represented about 37.5%, but it was lower than that of Qatar (53.8%) [9]. The age group between 20 and 29 years old had the highest level of satisfaction (17.3%), a result that was also observed in Babylon, Iraq, and Riyadh, Saudi Arabia [11, 15]. However, this study contradicts the study conducted in Baghdad, Iraq, where the most satisfied age group was >45 years old (46%) [9].

The highest level of satisfaction towards the primary health care centre itself and its general appearance was the ease of having a primary health care centre card (98.2%), while the highest level of satisfaction in the trust aspect was the nursing staff's ability to provide their best services to patients (88.7%). Conversely, in terms of responsiveness, the health care centre's ability to provide an estimated service completion time garnered the highest level of satisfaction (92%). In terms of reassurance, the staff's ability to answer your questions had the highest level of satisfaction (29.3%). Lastly, the administration of health care centres, which consistently treat all patients with the same level of tension without distinguishing between the poor, rich, or VIP patients, elicited the highest level of satisfaction (100%) from patients. Healthcare planners and decision-making personnel at the Ministry of Health should not only rely on the overall levels of satisfaction, but also consider the levels of satisfaction within each service individually.

The overall levels of satisfaction were acceptable however certain aspects of the questionnaire scored low levels of satisfaction such what was found in the availability of diagnostic machine and tools (51.8%) like diagnostic blood tests ,ultra sounds and x-ray ,and about (62.2%) were un satisfied about medication their availability and efficacy, also was notice higher unsatisfaction level in the complaints and notes always are taken

into consideration and try to fix them with interest, while some patient was unsatisfied about the behaviour of the health care center and they did not feel confident about it count about (12.2%). Finally, patients show high un satisfactions about the health center and the ability to provide individualized care for each patient.

This study has some limitations. It was a cross-sectional, small-sample study of clients who visited only six primary health care centres in the centre of a single city (Basra).

CONCLUSIONS AND RECOMMENDATIONS

Patient satisfaction indicates the quality of healthcare services. Regular surveys help improve service quality and patient outcomes. The study found many people are unaware of the specific services provided in primary healthcare, such as treatment by general practitioners and minor surgeries. Despite general satisfaction in Basra's health facilities, educating patients about service limits and referral needs is important. Comprehensive evaluation of all service components is necessary, as overall satisfaction can be misleading.

Enhancing community knowledge about the importance of primary healthcare services and raising awareness that both men and women can benefit from these services are essential. Improvements should include better infrastructure, such as clean and well-lit waiting areas, suitable furniture, and accessible diagnostic tools like blood tests, ultrasounds, and X-rays. Additionally, efforts should focus on making medications affordable and of high quality to address identified weaknesses in the survey.

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