

Evaluation of Organization Structure as Component of Quality Improvement for Maternal and Child Health Promotion in Baghdad City's Primary Health Care Centers

تقويم هيكلية المؤسسة كمنهج لتطوير جودة تعزيز صحة الام والطفل في مراكز الرعاية الصحية الأولية في
مدينة بغداد

Naji Y. Saadoon, PhD*

Mohammed F. Khalifa, PhD**

*Graduate Nurse Specialist, Al-Karkh General Hospital, Al-Karkh Health Directorate, Ministry of Health

** Professor, Community Health Nursing Department, College of Nursing, University of Baghdad,

prof_khalifa2003@yahoo.com

المستخلص:

دراسة وصفية تقويمية أجريت في مراكز الرعاية الصحية الأولية في مدينة بغداد من أجل تقويم الهيكل التنظيمي كعامل لجودة تعزيز الصحة للامهات والاطفال العاشر من نيسان ٢٠١٢ لغاية العاشر من ايار ٢٠١٣ وكانت العينة الهيكل التنظيمي لمراكز الرعاية الصحية الأولية (٢٢). واحتوت اداة الدراسة على ثلاث استمارات استنبائية وتضمنت (٦٥) فقرة. تم جمع البيانات عن طريق استخدام الاستبيان وتقنية المقابلة كوسيلة لجمع البيانات واجراء مقابلات مع مديري مراكز الرعاية الصحية الأولية. تم تحليل البيانات من خلال تطبيق اساليب تحليل البيانات الاحصائية الوصفية التي تشمل قياس التكرارات والنسبة المئوية وحساب متوسط الدرجات اما في تحليل البيانات الاحصائية الاستنتاجية، استعمل قياس الانحدار الخطي المتعدد والتحليل العاملي. وكشفت نتائج الدراسة عن ان الهيكل التنظيمي عانى من نقص حاد في التمويل المالي وعدم اجراء المحاضرات وعدم توفر مكتبة ولوحة كتابة وعدم وجود قاعة للمحاضرات وعدم الاستفادة من الانترنت للحصول على المعلومات الصحية او التواصل مع المستفيدات من تعزيز الصحة. وكذلك هناك هياكل تنظيمية عانت وبشكل متوسط من انعدام وجود وحدات تكييف الهواء واجهزة الكمبيوتر والعرضات لوحدة تعزيز الصحة. وكشفت الدراسة انعدام التخطيط لبناء او توسيع قاعة المحاضرات وسد النقص الحاد في عدد الموظفين العاملين في وحدة تعزيز الصحة والافتقار الى برنامج تدريب وتطوير العاملين وتهيئة الموظفين المؤهلين والمدرّبين. واوصت الدراسة الى زيادة الجهود في وزارة الصحة لتحسين الهيكل التنظيمي لتعزيز صحة الام والطفل بتوفير الدورات التعليمية ومتطلباتها التي يمكن ان ترفع من مستوى صحة الام والطفل وزيادة عدد العاملين في تعزيز الصحة وتوفير لهم فرص افضل من التعليم وفرص لدورات تدريبية جيدة التنظيم في مجالات الصحة، واوصت الدراسة على اجراء المزيد من الدراسات على عينات كبيرة الحجم على مستوى البلد.

Abstract:

A descriptive evaluation study is conducted on primary health care centers in Baghdad City in order to evaluate the organization structure as component of quality improvement of maternal and child health promotion from April 10th 2012 to May 20th 2013. A total of (22) primary health care centers. Study instrument was comprised of three questionnaires and overall items included in these questionnaire were (65) items. Data are collected through the utilization of the developed questionnaire and the interview technique as means of data collection. Data are analyzed through the application of descriptive statistical data analysis methods which includes the measurement of the frequencies, percentages, and computation of mean scores, and inferential statistical data analysis approach which includes the measurement of the multiple linear regressions and factor analysis. The study findings reveal that the organizational structure has experienced severe lack of fund, lectures, availability of library, availability of classroom, availability of whiteboard, and use of internet to communicate with consumers. Furthermore, some organizational structure moderately experience lack of air-conditioned units, availability of computers, availability of data show, planning to establish or expand the health promotion hall and the number of the staff in the health promotion unit. On the other hand, the remaining items of the organizational structure have experienced better status than other items, and the aspect of staff has revealed that most of them staff has lacked practices and experiences relative to their task as providers of health promotion service to pregnant women as consumers. The study recommend that great efforts can be presented by the Ministry of Health for the improvement of the organizational structure for the sake of better continuous quality improvement of maternal and child health promotion, consumers can be considered vital participants who should be provided with benefit-wise educational courses by which their health promotion can be motivated and developed, staff has to be presented with better education and opportunities for well-structured training courses in the area of health promotion, and further studies can be conducted on large sample size and nation-wide oriented ones.

Keywords: Organization Structure, Quality Improvement, Maternal and Child Health, Health Promotion

Introduction:

Improving the health of mothers and babies is an important public health priority. Studies on women's health indicate that most deaths to women around the world are related to pregnancy and childbirth. The WHO and UNICEF have begun a global initiative to reform the health care received by women and children in developing countries. The primary goal of maternal and child health nursing care can be stated simply as the promotion and maintenance of optimal family health to ensure cycle of optimal childbearing and childrearing. Major philosophical assumptions about maternal and child nursing are. Promoting health and disease prevention are important nursing roles because these protect the health of the next generation ⁽¹⁾. Maternal and child health nursing is a challenging role for nurses and a major factor in keeping families well and optimally functioning. Maternal and child health nursing is evidence based, because this is the means whereby critical knowledge increases ⁽²⁾. There are substantial and important causal effects of education, the studies indicate the substantial public significance of the potential role of education in improving health. Indication could usefully be developed in relation to the relationships between educational level and health behavior such as smoking and or a measure of psycho-social development such as self-esteem. These indicators would provide useful information for national policy makers about the extent to which education and health system compare internationally in the harnessing of educational productivity in the services of health outcomes and about the genesis of health and well-being disparities. Key population indicators of maternal and infant health, including low birth weight,

prematurity and maternal mortality, have not improved significantly over the last decade, and in some instances have worsened. Even in measures where trends are improving, such as reductions in adolescent pregnancy rates and infant mortality rates, there are significant and persistent racial, ethnic and economic disparities ⁽³⁾. In targeting the different issues affecting our health, the various combinations and strategies included in health promotion are the development of personal skills, the strengthening of community actions, and the creation of a conducive and supportive atmosphere for health. These have to be backed by national policies. More attention is also given to the need for the adjustment of health facilities and services for the improvement of health promotion ⁽⁴⁾. Health promotion activities go far beyond this focus on individual behavior, and include a wide range of social and environmental interventions that increase health and wellbeing in populations as well as individuals. Health promotion also includes disease prevention actions taken to prevent a disease from developing, and health screening the routine testing of individuals to see if they are at risk of developing a health problem ⁽⁵⁾.

Methodology:

A descriptive study is conducted on primary health care centers in Baghdad City. The study is carried out to evaluate the organization structure as a component of quality improvement of maternal and child health promotion from April 10th 2012 through October 20th, 2013. A simple random sample of (22) Organization structure which includes health promotion unit in primary health care center. Through review of relevant literature a questionnaire was constructed for the purpose of the study by the researcher according to the health

promotion unit in the primary health care centers to measure the underlying concepts in the present study. The questionnaire is consisted of the following

Part I: This part contains information about environment of building, financial, and health promotion room it is comprised of (11) items.

Part II: This part contains information about sustainability of health promotion planes it is comprised of (5) items.

Part III: This part contains information about objectives of primary health care centers and staffing it is comprised of (5) items.

Data are collected through the utilization of the developed questionnaire and the interview technique as means of data collection. Interviews are conducted with directors of primary health care centers. Data are analyzed through the application of descriptive statistical data analysis methods such as, frequencies, and percentages and inferential statistical data analysis, multiple Linear Regression and factors analysis.

Results:

Table 1. Assessment of Resources (Material and Fund) as an Indicator of Organization Structure

List	Items	Frequency (22)	Percent
1	The funding for health promotion unit commensurate with the requirements of the unit		
	No	15	68.2%
	Yes	7	31.8%
2	The building is designed as a primary health care center		
	No	2	91%
	Yes	20	9%
3	Availability of a library in the primary health care center		
	No	22	100%
	Yes	0	000%
4	Availability of a classroom in the primary health care center		
	No	20	90.9%
	Yes	2	9.1%
5	Health promotion unit is air conditioned		
	No	6	27.3%
	Yes	16	72.7%
6	Lighting is adequate to the health promotion unit		
	No	2	9.1%
	Yes	20	91.9%
7	Availability of computer		
	No	8	36.4%
	Yes	14	63.6%
8	Availability of explanatory materials such as posters and folders		
	No	1	4.5%
	Yes	21	95.5%
9	Availability of white board and data show		
	No	16	72.7%
	Yes	6	27.3%

Results out of this table reveal that most of the study sample (68.2%) has insufficient funding for health promotion unit to commensurate with the requirements of the unit, (91%) of the buildings are designed as a primary health care centers, (100%) has no library in the primary health care center, (90.9%) has unavailability of a classroom in the primary health care center, (72.7%) of health promotion unit is air conditioned, (91.9 %) has adequate lighting in health promotion units, (63.6%) has computer and audiovisual, (95.5 %) has explanatory methods such as posters, and folders, (72.7%) unavailable of white board, and data show.

Table 2. Comparison between Staff Relative to Demand and Supply of Health Promotion Units

Health Directorate	Demand	Supply	Comparison	Percentage of Shortage
Al-Russafa	49	25	-24	48.9%
Al-Karkh	38	19	-19	50%

%= percent

Regarding health promotion staff supply and demand, the study findings have depicted that both health directorate have experienced almost the same level of shortage of staff at the health promotion units in primary health care centers.

Table 3. Determination of Quality Improvement for Organization Structure

Organization Structure	Poor 16-17		Fair 18-19		Good 20-21		Total	
	F	%	F	%	f	%	f	%
	2	9.09%	15	68.18%	5	22.72%	22	100%

F = Frequency, %= percent

The quality improvement for result out of this table presented that most of the organization structure was fair (68.18%).

Table 4. Contribution of Sustainability to Organization Structure

List	Items	Extraction	Contribution level
1	There is a plan to establish or to expand the health education hall	0.567	L.C
2	There is a plan to increase the staff of the health promotion unit	0.881	H.C
3	The use of internet for communication with consumers	0.949	H.C

H.C.: High Contribution (above 0.84) L.C.: Low Contribution (0, 65-0.84), M. C.: Moderate Contribution (Low 0.65)

This table reveals that items 2, and 3 of the organization structure have highly significant contribution; and item 1 has low contribution to the organization structure.

Table 5. Contribution of the Organization Structure Items

List	Items	Extraction	Contribution level
1	Funding for health promotion unit commensurate with the requirements of the unit	0.854	H.C
2	The building is designed as a health center	0.903	H.C
3	Availability of a library	0.949	H.C
4	Availability of a classroom	0.771	M.C
5	Health promotion unit is air conditioned	0.813	M.C
6	Lighting is adequate at the health promotion unit	0.903	H.C
7	Availability of computer	0.790	M.C
8	Availability of explanatory materials	0.875	H.C
9	Availability of white board	0.759	M.C
10	Availability of the data show	0.570	L.C

H.C.: High Contribution (above 0.480).L.C.: Low Contribution (0.65-0.84), M. C.: Moderate Contribution (Low 0.65)

This table reveals that items, Funding for health promotion unit commensurate with the requirements of the unit, the building is designed as a health center, availability of a library, lighting is adequate at the health promotion unit and availability of explanatory materials of the organization structure have highly significant contribution; items, availability of a classroom, health promotion unit is air conditioned, availability of computer and availability of white board have moderate contribution and item 10 has low contribution to the organization structure.

Table 6. Multiple Linear Regression for the Relationship between Quality Improvement and the Aspect of Structure

List	Item	Unstandardized Coefficients		Standardized Coefficients	Sig.
		B	Std. Error	Beta	
1	Funding	1.160	.297	.436	.002
2	Available of classroom	.711	.414	.165	.114
3	Air condition is enough	1.007	.250	.362	.002
4	Lighting is enough	1.857	.476	.431	.002
5	Available of computer	1.080	.239	.419	.001
6	Available of posters	.544	.887	.091	.552
7	Available of white board	.745	.251	.268	.013
8	Available of data show	.823	.200	.331	.002
9	plan to build or to expand the health education hall	.781	.194	.280	.002
10	plan to increase the staff of the health promotion unit	.928	.223	.360	.002

Dependent Variable: Quality Improvement, sig. =level of significance, B= Regression coefficient, std. = standard

The results out of this table indicate that there is highly significant relationships between quality improvement and availability of computer, significant with, funding, air condition is enough, lighting is enough, available of data show, plan to build or to expand the health education hall and plan to increase the staff of the health promotion unit and non-significant with items, available of classroom, posters and white board.

Discussion:

Such evaluation has revealed that the organizational structure has experienced severe lack of fund, lectures, availability of library, availability of classroom, availability of whiteboard, and use of internet to communicate with consumers or resources of information. Furthermore, some organizational structure moderately experience lack of air-conditioned units, availability of computers, availability of data show, planning to establish or expand the health promotion hall and the number of the staff in the health promotion unit, and the staff has not used the internet to communicate with consumers. On the other hand, the remaining items of the

organizational structure have experienced better status than other items (Table 1, 4 and 5). Items which are included in the evaluation of the organizational structure, have means of scores that represent the level of significance for each one (Tables 6). These findings present evidence that the management of the primary health care centers unfortunately do not pay careful attention to the importance of health promotion as vital process by which health protection and disease prevention can be initiated.

The setting in which the educational endeavor takes place has a significant impact on learning. Students probably have had the

experience of sitting in a cold room and trying to concentrate during a lecture or of being distracted by noise, heat, or uncomfortable seating. Physical conditions such as ventilation, lighting, room temperature, view of the speaker, and whispering must be controlled to provide the environment most conducive to learning ⁽⁶⁾.

The community health nurse sometimes presents information to a large group, the lecture method a formal kind of presentation may be the most efficient way to communicate general health information. However, lecturers tend to create a passive learning environment for the audience unless strategies are devised to involve the learners. This method is best used with adults. Distribution printed material that highlights and summarizes the content shared, or supplements it, also reinforces important points ⁽⁷⁾.

Regarding health promotion staff supply and demand, the study findings have depicted that Al-Karkh District has experienced more shortage of staff at the health promotion units in primary health care centers than those in Al-Russafa District (Table 2). This has resulted may be due to lack in staffing or performing job analysis for the staff. Analysis for such determination has depicted that the quality improvement for maternal and child health promotion has experienced fair level relative to its components of organizational structure (Table 3). Supply and demand projections should be carefully assessed. Nursing shortage makes it challenging for the health care sector to meet current service's needs. Nurses make a difference in the life of clients from disease, prevention and management to education to responding to emergencies ⁽⁸⁾.

Recommendations:

Upon the previously stated interpretation of findings, the study can recommend that:

1. Great efforts can be presented by the Ministry of Health for the improvement of the organizational structure for the sake of better quality improvement of maternal and child health promotion (such as air condition, white board and computers) .
2. Adequate number of qualified health promotion staff should be provided to the primary health care centers.

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