Evaluation of Health Services Delivered in the District of Al-Ardah

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Abstract

Aim: The present study aimed at evaluating the health services delivered in the district of Al-Ardah, Jordan. To do so, the study relied both on the secondary data derived from books and research papers related to the study topic and on the primary data gained from a questionnaire which was distributed to the study sample, consisting of the people receiving health services in the regions of Al-Subaihi, Biodah Al-Sharqiah, Biodah Al-Shamaliah, Gusaib, Sihan, Jereesh and Aliqon.

Methods: The study sample consisted of 200 people receiving health services in those regions. In addition, SPSS software was used to find any significant correlations.

Results: The findings showed that there is a correlation between the spatial distribution of health service centers in the district of Al-Ardah and the variables of partnership, justice, excellence, financial efficiency, and financial protection.

Conclusion: The study recommends that specialized physicians have to visit these regions more.

Keywords: Evaluation of health services, Al-Ardah, health service providing centers.

Introduction

Elevating the level of public health in any country is considered as one of the cornerstones of progress and elimination of underdevelopment. In addition, investigating health care systems, planning their facilities, managing their organizations, controlling and evaluating their facilities and services, solving their administrative problems, and considering the decision-making processes involved are essential and must be heavily undertaken and addressed in every study tackling the idea of health services.[1] The extent to which the planning standards of health services are adopted to meet the population's needs and deliver suitable health services to them must be noted. [2]

Health services are considered productive operations which aim at delivering a range of health services for individuals, training services, medical education of professions, and public services provided for the environment and community as a whole at a suitable time, in a suitable place, and with an acceptable quality level at the lowest possible cost, in other words, accessibility to health service when needed.[3]

The primary health care services depend mainly on the concept of comprehensive health care where the basic services such as health education, reproductive health, water safety, food control, environmental sanitation, early detection of diseases, school health, occupational health, communicable disease control, dental health, and

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people with special needs' care are all delivered.[4] However, the area of the district of Al-Ardah is about 92 square km in size, located in the north of the Balqa Governorate. It consists of 14 population communities, namely: Al-Subaihi, Biodah Al-Sharqiah, Biodah Al-Shamaliah, Gusaib, Sihan, Jereesh, Al-Azab, Khashfeh, Al-Bioob, Al-Haqawah, Meesra, Al-Dhraisat, Biodah Al-Gharbiah, and Aliqon. The population number was 10,054 in 2004,[5] and this number increased to be 13,000 people in 2010.[6]

The Problem of the Study

There is a valid relationship between the population and the spatial distribution of health centers. That is, there is no planning of the spatial distribution of health centers, which in turn deprives some people of health services. In addition, there are some health centers, providing health services for a small number of the population, while there are a small number of health centers providing health services for a huge number of people, which stands for one of the difficulties and challenges which face providing health care effectively for the people living there. Accordingly, the population density must be taken into account when planning health centers. However, this study will attempt to answer several questions in this regard.

Significance of the Study

The significance of the present study is derived from the fact that it evaluates the health services in the district of Al-Ardah as a rural region. This study is of importance because of the absence of rural studies concerning this topic. This study focuses on specific criteria, identified in the form of the study, which aim at presenting specific recommendations.

Hypotheses of the Study

The study was based on the following hypotheses:
- There is no relationship between the evaluation of health services in the district of Al-Ardah due to partnership.
- There is no relationship between the evaluation of health services in the district of Al-Ardah due to justice.
- There is no relationship between the evaluation of health services in the district of Al-Ardah due to excellence.
- There is no relationship between the evaluation of health services in the district of Al-Ardah due to financial efficiency.
- There is no relationship between the evaluation of health services in the district of Al-Ardah due to financial protection.

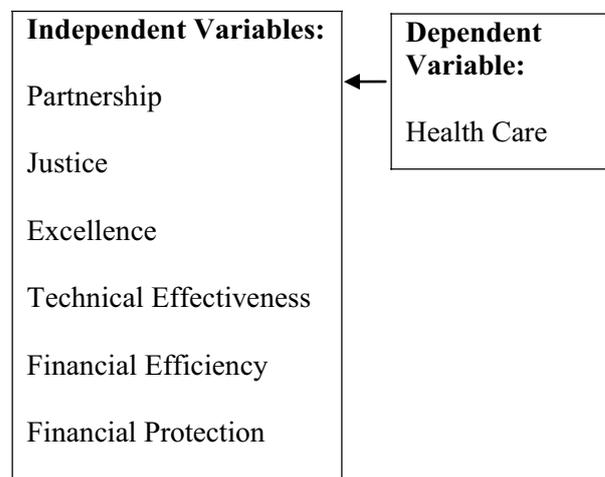**Form of the Study**

The study form is represented in figure 1:

Independent Variables:

Partnership

Justice

Excellence

Technical Effectiveness

Financial Efficiency

Financial Protection

Dependent Variable:

Health Care

Figure (1): The study form.

Definitions

These are the concepts used in the study, which were explained to the community of the sample during the interview to fill the form.

Partnership: the partnership found between the public and private sectors to enhance the partnership between the health sectors in Jordan.

Justice: providing all people with distinguished health services regardless of their ability to pay.

Excellence: distinguished health institutions maintaining the distinct position of Jordan.

Technical Efficiency: a trained health staff on the latest scientific developments and technology.

Financial Efficiency: careful planning to identify needs, optimal use of resources, and guidance of all programs to work within an agreed mechanism limiting duplication and enhancing the ability of the system to continue.

Financial Protection: providing all people with health care under the umbrella of any type of health insurance.

Related Literature

Spatial studies related to health services varied according to their spatial level and from different aspects. These studies can be divided into three subsections; 1) foreign, 2) Arab, and 3) Jordanian studies.

Foreign studies included those of Massam, Roemes, Schwartz et al., Brvida and Wan, Shanon and Bashshur, Gester, Rahman and Smith, Jensen and Richard, Oppong and Hodgson, Comez, and Gatrell and Bailey. [7-16] What distinguishes these studies was their focus on addressing the factors affecting the specialized physicians' distribution to health centers, taking into account the population size, distance length, and the spatial distribution of health centers, planning and developing health services by choosing appropriate locations for, and focus on addressing the spatial dimension of these services.

Arab studies included those of Yahya, Tumas, Al-Jarallah, Rabda, Al-Dhaher, and Al-Zahrani. [22] These studies addressed the spatial correlation with distribution of health services, the relationship between population distribution and primary health centers, and the selection of suitable sites for these centers.

The Jordanian studies included those of Al-Momani, Hunaiti, Hamidat, Hiyari et al., Dabbas, Abu Khraibeh, Badih, Masaad, and Riyallat.

These studies addressed the performance improvement of health facilities, assessment of the level of services in health centers, the relationship between the population and the spatial distribution of health care centers, and the optimal distribution of health services. [22-30]

The present study differs from those previous studies in terms of selecting a rural area in Jordan in order to determine the reality of health centers by using different variables to assess the level of health services. This study also used a sample and relied on a special questionnaire which was particularly prepared to cover the specific variables identified by the study form in order to highlight the importance and objectives of the study.

Methodology of the Study

The analytical descriptive method was used to collect, analyze, and interpret the data in addition to the statistical treatment of the variables and correlations. Also, this study depended on analyzing and interpreting results through their correlation with reality.

Community and Sample of the Study

The study community consisted of one category, all services recipients in health centers in the year of 2011. Given the difficulty of access to all of the community, a sample consisting of 200 people was taken, based on the number of service recipients in the year of 2011. A sample size of each health center was determined as shown in Table (2). The sample was randomly selected, and data were collected during the period from 10/6/2011- 18/07/2011.

The Instrument of the Study

The primary data were obtained by designing a questionnaire for the purposes of achieving the objectives of the study. The questionnaire was designed based on the quintet model of Likert, and the answers were scaled according to five levels: strongly agreed (5 degrees), agreed (4 degrees), no opinion (3 degrees) not agreed (2

degrees) strongly not agreed (one degree). The authenticity of the instrument was verified by introducing it to specialists in this subject. The test of Cronbach's alpha was used to measure the stability extent of the measuring instrument as The value of alpha (α) which was 88.8%, which is an excellent percentage since it is higher than the accepted percentage (60%). The questionnaire consisted of three parts: 1) the demographic personal information, 2) the location data, and 3) the six variables (partnership, justice, excellence, technical effectiveness, financial efficiency, and financial protection).

The total sum total of the items of Part 3 was 26 items, concerning: the partnership field, 4 items; the justice field, 6 items; the excellence field, 5 items; the technical effectiveness field, 5 items; the financial efficiency, 3 items; and the financial protection field, 3 items as shown below in table (1).

Procedures of the Study

Questionnaires of the study instrument were distributed to members of the study sample, by visiting the health centers, meeting members of the sample, delivering the questionnaire, and informing people to put a check (√) in the suitable place. The answers were transferred to the computer, and data were analyzed by using the Statistical Package for Social Sciences (SPSS). As for the distribution of questionnaires, they were distributed according to the percentages shown in table (2).

Table (1) the number of items that measure each field of the study.

No.	Question	No. of Items	The number of items that measure each field of the study, according to their order in the scale
1	Partnership	4	1.2.3.4
2	Justice,	6	5.6.7.8.9.10
3	Excellence	5	11.12.13.14.15
4	Technical effectiveness	5	16.17.18.19.20
5	Financial efficiency	3	21.22.23
6	Financial protection	3	24.25.26

Table (2): Health centers in the study area and the percentage of questionnaire distribution.

The Center's Location and its Type	Percentage
Subaihi - comprehensive	32.0%
Biodah Al-Sharqyiah - secondary	20.5%
Biodah Al-Shamalyiah- primary	10.5%
Gosaib- primary	14.5%
Ceyhan- primary	7.0%
Jericho- primary	8.5%
Aliqon- primary	7.0%

The Statistical Treatment

The study used the Statistical Package for Social Sciences (SPSS) to conduct this analysis and statistical tests as well as to achieve the purposes of the study. The following statistical methods were used:

A. Descriptive Statistics: The study used average and standard deviation.

B. Analytical Statistics: The validity and stability of Cronbach's alpha, the study instrument, were examined and verified; this instrument was used to measure the internal consistency of the instrument of the study. One-sample t-tests were used to examine hypotheses of the study.

C. The Level of Significance (alpha "α"): The maximum level of significance (alpha "α ") was at (0.05). Therefore, if the level of significance was less than (0.05), there was a statistically significant relationship, but if it the level of significance was greater than (0.05), there was no relationship.

Results

The study used descriptive statistics to extract the average and the standard deviation to measure the following fields:

The First Field, Partnership: Table (3) shows the test results of the average and standard deviation used to measure the items of this field.

As shown in table (3), the trends of the study sample were positive in all the questions. Their averages were larger than the average of the measurement instrument, which was three.

The highest item in this field was the second one with an average (3.655), which states that the health centers belonging to the public sector take into account the principles of cooperation and solidarity with their counterparts in the private sector. This was followed by item (4) with an average (3.610) which states that health expertise of the private sector is adopted when health expertise is not available in the public sector.

The Second Field: Justice: Table (4) shows the test results of the average and standard deviation to measure the items of this field.

Table (3): The average and standard deviation of the items of this field, partnership.

The item	Average	Average of measurement instrument	Standard deviation
1- A group of health centers belonging to the private sector provides health services for the population with suitable prices.	3.523	3	.92786
2 - The health centers belonging to the public sector take into account the principles of cooperation and solidarity with their counterparts in the private sector.	3.655	3	7.40798
3 - The health centers belonging to the private sector provide health services to people, regardless of profitability.	3.600	3	.84486
4 -Health expertise of the private sector is adopted when health expertise is not available in the public sector.	3.610	3	.62146

Table (4):The average and standard deviation of the items of this field, justice.

The item	Average	Average of measurement instrument	Standard deviation
5- Access to health services does not differentiate between people.	4.5000	3	.50855
6 - The application of the justice principle in access to health services provides the opportunity for all to benefit from these services.	3.6000	3	.77013
7 - The principle of personal connections is not found in access to health services.	4.3000	3	.53498
8 - All people of different ages benefit from health services regardless of their social level.	4.433	3	.54667
9 – All people of different ages benefit from health services regardless of their ability to pay.	4.1667	3	.59209
10 - The health centers provide the appropriate treatments for people with suitable prices.	4.4000	3	.56324

As shown in table (4), the trends of the study sample were positive in all the questions. Their averages were larger than the average of the measurement instrument, which was three. The highest item in this field with an average (4.500) was the fifth one, which states that access to health services does not differentiate between people followed by item (8) with an average (4.433) which states that all people of different ages benefit from health services regardless of their social level.

The Third Field, Excellence: Table (5) shows the test results of the average and standard deviation to measure the items of this field.

Table (5): The average and standard deviation of the items of this field, excellence.

The item	Average	Average of measurement instrument	Standard deviation
11 - The health services provided for people conform to international quality standards.	3.0933	3	1.26463
12 - The health centers belonging to the public sector provide everything new and developed in the health centers.	3.0933	3	1.09265
13 - If there is a lack of health services in the public sector, health services in the private sector are provided.	3.5200	3	1.33329
14 - The health centers provide medicine to people when requested, and in case of its absence, health services in the private sector are provided.	3.2933	3	1.17143
15 - The health centers provide all advanced health services for people.	3.6267	3	1.17143

As shown in table (5), the trends of the study sample were positive in all the questions. Their averages were larger than the average of the measurement instrument, which was three. The highest item in this field with an average (3.6267) was item (15), which states that the health centers provide all advanced health services for people, followed by item (13) with an average (3.5200) which states that if there is a lack of health services in the public sector, health services in the private sector are provided.

The Fourth Field, Technical Effectiveness: Table (6) shows the test results of the average and standard deviation to measure the items of this field.

Table (6): The average and standard deviation of the items of this field, technical effectiveness.

The item	Average	Average of measurement instrument	Standard deviation
16 – Patients' medical cases were diagnosed by a scientifically qualified team of physicians.	3.6004	3	1.28358
17 - Patients' medical cases were diagnosed by an experienced team of physicians with enough practice.	3.2400	3	1.01129
18 - Doctors working in the health centers attend specialized courses to enhance their medical level.	3.2667	3	1.18929
19 - Doctors working in the health centers have foreign scholarships or gained experience abroad for needed optimal practice.	3.4867	3	1.35461
20 - Health centers are linked to the Internet to overcome difficulties and obstacles when they happen.	3.2200	3	1.27936

As shown in table (6), the trends of the study sample were positive in all the questions. Their averages were larger than the average of the measurement instrument, which was three. The highest item in this field was item (16) with an average (3.6004) which states that patients' medical cases were diagnosed by a scientifically qualified team of physicians, followed by item (19) with an average (3.4867) which states that doctors working in the health centers have certain foreign scholarships or gained experience abroad for needed optimal practice.

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The Fifth Field, Financial Efficiency: Table (7) shows the test results of the average and standard deviation to measure the items of this field.

Table (7): The average and standard deviation of the items of this field, financial efficiency.

The item	Average	Average of measurement instrument	Standard deviation
21 - The Ministry of Health provides appropriate treatments for patients with a suitable amount on time.	3.4867	3	1.35461
22- The tasks carried out by the Ministry of Health are based on systematic and scientific strategies and policies.	3.2200	3	1.27936
23 - The Ministry of Health depends on a unified policy for arranging all health centers.	3.2525	3	1.24089

As shown in table (7), the trends of the study sample were positive in all the questions. Their averages were larger than the average of measurement instrument, which was three. The highest item in this field was item (21) with an average (3.4867), which states that the Ministry of Health provides appropriate treatments for patients with the suitable amount on time, followed by item (23) with an average (3.2525) which states that the Ministry of Health depends on a unified policy for arranging all health centers.

The Sixth Field, Financial Protection: Table (8) explains the test results of the average and standard deviations to measure the items of this field.

Table (8): The average and standard deviation of the items of this field, financial protection.

The item	Average	Average of measurement instrument	Standard deviation
24 - The Ministry of Health provides appropriate treatments for patients with medical insurance.	3.1067	3	1.09758
25 - Health centers do not differentiate between patients when providing health service.	3.2533	3	. 1.25303
26- The purpose and ultimate goal of the Ministry of Health is to "alleviate patients' pains regardless of their ethnicity, attitudes and their way of thinking."	3.3867	3	.98493

As shown in table (8), the trends of the study sample were positive in all the questions. Their averages were larger than the average of measurement instrument, which was three. The highest item in this field was item (26) with an average (3.3867) which states that the purpose and ultimate goal of the Ministry of Health is to "alleviate patients' pains regardless of their ethnicity, attitudes and their way of thinking", followed by item (25) with an average (3.2533) which states that health centers do not differentiate between patients when providing health service.

Test of Study Hypotheses

This section includes the test of study hypotheses as follows:

The First Hypothesis

It is a null hypothesis, which states: "There is no relationship between the evaluation of health services in the district of Al-Ardah due to partnership." Table (9) shows the results of testing this hypothesis.

Table (9): Results of the test (one-sample t-test) for the first hypothesis.

Degrees of freedom	No. of cases	Average	Standard deviation	T-value	Level of significance
199	200	4.54	0.899	7.44	0.000

A one-sample t-test was used in which the value of (t) was 7.44, which is statistically significant at a level of 0.000. Because this level is less than significant at 0.05, the result is the rejection of the null hypothesis (Ho) stating that there is no relationship between the evaluation of health services in the district of Al-Ardah due to partnership, so the alternative hypothesis (Ha) which recognizes the existence of a relationship between the evaluation of health services in the district of Al-Ardah due to partnership is acceptable.

The Second Hypothesis

It is a null hypothesis, which states: "There is no relationship between the evaluation of health services in the district of Al-Ardah due to justice." Table (10) shows the results of testing this hypothesis.

Table (10): Results of the test (one-sample t-test) for the second hypothesis.

Degrees of freedom	No. of cases	Average	Standard deviation	T-value	Level of significance
199	200	4.54	0.899	5.65	0.010

A one-sample t-test was used in which the value of (t) was 5.65, which is statistically significant at a level of 0.010. Because this level is less than significant at 0.05, the result is the rejection of the null hypothesis (Ho) stating that there is no relationship between the evaluation of health services in the district of Al-Ardah due to justice, so the alternative hypothesis (Ha) which recognizes the existence of a relationship between the evaluation of health services in the district of Al-Ardah due to justice is acceptable.

The Third Hypothesis

It is a null hypothesis, which states: "There is no relationship between the evaluation of health services in the district of Al-Ardah due to excellence." Table (11) shows the results of testing this hypothesis.

Table (11): Results of the test (One-Sample t-test) for the third hypothesis.

Degrees of freedom	No. of cases	Average	Standard deviation	T-value	Level of significance
199	200	4.33	0.758	5.15	0.021

A one-sample t-test was used in which the value of (t) was 5.15, which is statistically significant at a level of 0.021. Because this level is less than significant at 0.05, the result is the rejection of the null hypothesis (Ho) stating that there is no relationship between the evaluation of health services in the district of Al-Ardah due to excellence, so the alternative hypothesis (Ha) which recognizes the existence of a relationship between the evaluation of health services in the district of Al-Ardah due to excellence is acceptable.

The Fourth Hypothesis

It is a null hypothesis, which states: "There is no relationship between the evaluation of health services in the district of Al-Ardah due to financial efficiency." Table (12) shows the results of testing this hypothesis.

Table (12): Results of the test (One-Sample t-test) for the fourth hypothesis.

Degrees of freedom	No. of cases	Average	Standard deviation	T-value	Level of significance
199	200	4.11	0.815	5.33	0.000

A one-sample t-test was used in which the value of (t) was 5.33, which is statistically significant at a level of 0.000. Because this level is less than significant at 0.05, the result is the rejection of the null hypothesis (Ho) stating that there is no relationship between the evaluation of health services in the district of Al-Ardah due to financial efficiency, so the alternative hypothesis (Ha) which recognizes the existence of a relationship between the evaluation of health services in the district of Al-Ardah due to financial efficiency is acceptable.

The Fifth Hypothesis

It is a null hypothesis, which states: "There is no relationship between the evaluation of health services in the district of Al-Ardah due to financial protection." Table (13) shows the results of testing this hypothesis.

Table (13): Results of the test (One-Sample t-test) for the fifth hypothesis.

Degrees of freedom	No. of cases	Average	Standard deviation	T-value	Level of significance
199	200	4.99	0.587	5.99	0.000

A one-sample t-test was used in which the value of (t) was 5.99, which is statistically significant at a level of 0.000. Because this level is less than significant at 0.05, the result is the rejection of the null hypothesis (Ho) stating that there is no relationship between the evaluation of health services in the district of Al-Ardah due to financial protection, so the alternative hypothesis (Ha) which recognizes the existence of a relationship between the evaluation of health services in the district of Al-Ardah due to financial protection is acceptable.

Results

Based on the analysis of the data, the study concluded that there is a relationship between the spatial distribution of health centers in the Al-Ardah District and the variable of partnership. Also, there is a relationship between the evaluation of health services and the variables of justice, financial efficiency, and financial protection. Trends of the study sample were positive towards the study areas identified in the hypotheses and form of the study.

The researcher believes that there are communities, requiring health centers, and there is a weakness in the spatial distribution and absence of planning standards, which affect the performance of these services. Also, the number of such centers is not sufficient and does not cover the study area.

Recommendations

Based on the previous findings, this study recommends:

1. Covering the villages, which are not served by these services
2. Selecting suitable places for health centers
3. Increasing the amount of medicines in the pharmacies of the health centers
4. Intensifying specialized physicians' visits to such centers
5. Delivering medical lectures and seminars in the region
6. Adopting the issue of free medical days
7. Encouraging further studies to be undertaken in such subjects.

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تقييم الخدمات الصحية المقدمة في قضاء العارضة

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الملخص

هدفت هذه الدراسة إلى معرفة " تقييم الخدمات الصحية في قضاء العارضة ". واعتمدت على البيانات الأولية والثانوية، وقد تم الحصول على البيانات الثانوية من عدد من الكتب والدراسات السابقة ذات العلاقة بموضوع الدراسة، أما عن البيانات الأولية فتم الحصول عليها عن طريق توزيع استبانة على عينة الدراسة المتمثلة في المواطنين المتلقين للخدمات الصحية في كل من مناطق (الصبيحي، وبيوضة الشرقية، وبيوضة الشمالية، وقصيب، وسيحان، وجريش، وعليقون)، وبلغ عدد العينة (200) مواطن من متلقي الخدمة الصحية، واستخدام التحليل الإحصائي(SPSS)، وتوصلت الدراسة إلى وجود علاقة للتوزيع المكاني لمراكز الرعاية الصحية في قضاء العارضة تبعاً لمتغيرات كل من: الشراكة، والعدالة ، والتميز، والكفاءة المالية، والحماية المالية.

توصلت الدراسة الى عدة توصيات أبرزها:

تكثيف زيارة أطباء الاختصاص لتلك المراكز، وإقامة مراكز صحية في بقية التجمعات السكانية في منطقة الدراسة، وإقامة المحاضرات والندوات الطبية للمراجعين وأهل المنطقة، وإطلاق الأيام الطبية المجانية في منطقة الدراسة.

الكلمات الدالة: تقييم الخدمات الصحية، قضاء العارضة، مراكز الرعاية الصحية.