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**Quality Management in Health Services –  
Theoretical Perspectives**

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**Abstract**

*Improving the health of the population is the primary goal of medical activity. Health services include all categories of personnel, financial capital, equipment, medical instruments, medical supplies, and computer systems, which are used to provide health care that aims to improve, maintain, or restore the health of the population. The quality of health services is a complex of factors, and at the level of the health unit may include specific objectives: ensuring patient satisfaction, involvement of a competent human resource, ensuring the economic and financial balance of the unit, using the quality system in health activities. The management of public and private hospitals must be concerned with the continuous evaluation of the quality of the services provided, and the optimization of the quality should be the result of a feedback from the service users. This paper aims to investigate the quality management in health services from a theoretical perspective and to evaluate the results of previous studies on this topic. The results can help health care decision makers and it can contribute to future applied research that follows this direction.*

**Keywords:** health care, medical services, quality management, quality attributes, patient satisfaction.

**JEL Classification:** I12, I14, M12.

**1. Introduction**

The quality of medical services is an activity of great importance for managers, patients, and the bodies that ensure the payment of medical services, to the same extent. The health sector has a high consumption of financial resources that lead to high costs for the whole society and whose causes can be: obsolete medical equipment, considerable differences in the performance of practice between hospitals, unequal access to health services, patient dissatisfaction with services received, long waiting time for access to health services (Berman, 1995; Correia, Dussault, Pontes, 2015).

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It is important for the patient to have quality and safe medical services. The hospital wants to provide quality services that build trust for patients and the community (Berry, 2019), although it can be challenging for managers to put innovation into practice and turn an abstract idea into tangible, significant activities (Dima, 2020). Medical staff want the opportunity to demonstrate their experience in a supportive work environment, and insurers and authorities want quality medical services to be provided, standards to be introduced, and procedures and protocols to be followed, favouring increased patient satisfaction.

## **2. Literature Review**

According to the World Health Organization, the quality of the services received by the patient in the healthcare process represents the totality of the diagnostic and therapeutic processes provided for the best result, at the lowest cost and with the lowest risk, which would favour the patient's satisfaction regarding the procedures received and the contacts with the medical staff of the respective health unit (Syed et al., 2018).

In the chain of quality of health services, there are key points of managerial control that allow systematic active and passive feedback in the systemic thinking and are the basis for continuous quality improvement. Active feedback can be obtained through activities to periodically assess the satisfaction of inpatients, regarding the quality of services provided by the health unit and which can initiate a new cycle of change in managerial activities, in favour of the patient.

An important indicator of the quality of health services is patient satisfaction, and from a management point of view, effectiveness is highlighted in the achievement of objectives, and efficiency is represented by the lowest volume of resources used to achieve objectives. According to the WHO, the performance of health units can also be represented by the following: meeting the needs of the population, the qualification of medical staff, placing the patient at the centre of the medical system, and patient safety (Carayon, Wood, 2009; Classen et al., 2021). Healthcare facilities are helped to use best practices in hospitals through a theoretical model of hospital performance developed by the World Health Organization (WHO) – Performance Assessment Tool for Quality Improvement in Hospitals (PATH) (WHO, 2007).

At the European level, since 1997 the Council of Europe has made recommendations for the implementation of quality improvement models in healthcare, and in 1999 good practice guidelines were published to ensure efficient and effective healthcare. The essential elements of the performance of the health units consist in: the use of standardization, of the statistical indicators of the managerial performance, as well as the accommodation conditions, the level of the infections associated with the medical act, and the available technologies.

The performance of a hospital, the user's expectations are defined with the help of hospital standards, and to these are added the structure and processes that take place in the health unit and must ensure quality care, treatment and services, safe services, and adequate to patient expectations. The standard is, in fact, the expected value of the service in question or the level to which it is intended, in relation to the

elements of analysis of the health unit. The development of standards applied in health facilities is done in accordance with the international principles enunciated by ISQua (International Society for Quality in Health Care). The application of standards allows hospitals to improve the quality and performance of their services, which is also necessary for their reporting to the whole healthcare system.

For a health system to be effective, it is necessary for the people involved in the management of the health units to evaluate the performance and to draw up strategies that will favour better results (Campos, Reich, 2019). The concept of performance in the idea of the WHO is built on three fundamental pillars (WHO, 2007):

1. improving health - is the most important principle of the health system and translates into improving health and reducing inequalities in the population, in terms of access to health services.
2. increasing the capacity to provide medical services, correlated with the wishes of the population, which includes respect for the person (respect for human dignity, confidentiality) and patient orientation (providing the necessary care as soon as possible, the possibility to choose the service provider);
3. ensuring the fairness of the financial contribution.

Gakidou, Murray, and Frenck proposed a general framework for understanding the performance of health systems (Gakidou, Murray, Frenck, 2001). Since 2000, there has been a report recording data on how to provide healthcare in those countries, which are in the annexes to the World Health Report. The evaluation of the performance of the health systems is made by the ratio between the achievement of the three basic goals and the endowment and capital of the health unit, and the performance materializes in the examination of the way in which the medical assistance was provided and the patient's satisfaction depending on the resources used.

Improving the health of the population is the primary goal of medical activity (Lee, Porter, 2013) and must be correlated with both the average level of health and the distribution of health inequalities in the population. The increase of the response capacity, of the health system to the expectations of the population, is the second objective; in this sense, people must also take into account the inequalities in distribution and the differences related to social, economic, and demographic factors.

The provision of health care must be done independently of the financial contribution of the individual (Cohen, Flood, 2022), the contribution should reflect the difference between rich and poor, in terms of disposable income after meeting basic needs. According to Gakidou, Murray, and Frenck (2001), the way in which healthcare is provided in each country is a political decision, and the level of capital invested in health can lead to a quantification of the performance of the whole system.

### **3. Research Methodology**

The main objective of the present empirical research is to investigate the quality management in health services from a theoretical perspective and to evaluate the results of previous studies on this topic. Therefore, qualitative research was selected

and in this direction. Various case studies and textual analysis of journal articles, books, and reports that address the issue were analysed. Thus, the secondary objectives of this paper are the following:

- (O1) investigating the main aspects of the healthcare system performance from a theoretical point of view;
- (O2) analysing the quality management and highlighting the main attributes of quality;
- (O3) presenting the relationship between users and health care providers from the quality and performance achievement perspective.

The results of this research may be the foundation of future actions for health care decision makers, or it can contribute to future applied research that follows this direction.

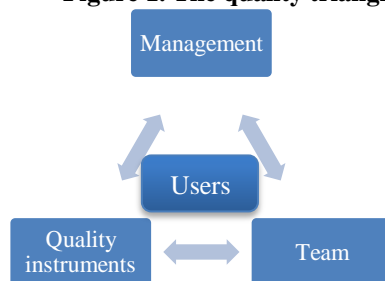
#### 4. Quality Management

Schneider and Palmer (2002) describe quality as: "providing accessible and fair services, at an optimal professional level, taking into account the available resources and obtaining user adherence and satisfaction." A study by Donabedian (2005) concluded that "the need to assess quality with a focus on understanding the healthcare process itself" should be replaced.

In a more modern sense, quality has been considered to be the degree to which the health service increases the probability of the expected outcome of health (Fallon, 2002). The definition given to quality by the ISO 8402/1995 standard is: the totality of the characteristics of an entity, which gives it the ability to meet the known and potential needs of the user. Or, quality is the satisfaction of users' needs through solutions of an optimal technical level and at an affordable price. Quality is considered a fundamental condition that helps public and private organizations to remain competitive (Dobrin et al., 2015).

The graphic representation of quality can be done using a triangle whose components are: management (leadership), work team, or quality team and problem-solving tools. The quality team and the tools are at the base of the triangle because they are the components in the daily relationship with the user, and the management is at the top of the triangle because without his contribution quality assurance would not be possible, according to Figure 1.

**Figure 1. The quality triangle**



Source: Author, based on literature review.

## **5. Attributes of Quality**

The attributes of quality in the health system are (Bowers, Swan, Koehler, 1994; Venkateswaran, 2019):

1. Professional competence: which in medical staff is reflected in their technical, administrative and interpersonal communication skills; in carrying out their activity, the medical staff offers both technical support, involving clinical, diagnostic, and curative services, as well as the maintenance of the relationship with the patient.
2. The accessibility of the service is highlighted by the absence of barriers of any kind (geographical, economic, social, linguistic, and cultural) to health services. Accessibility is described by three elements: economic costs, degree of access to the service (geographical, access to information), acceptability: cultural, linguistic, and racial. Accessibility is correlated with the number of health units, with their structure that is in line with the needs of the population, with the presence of qualified staff and the existence of appropriate equipment.
3. The effectiveness of a rule or procedure is also very important for the service or rule to be applied correctly and to produce positive results, for its realization it is necessary to have adequate training and thorough knowledge that must be taken into account.
4. User satisfaction is given by the way in which health services meet the needs of the population, patient satisfaction depends on solving his problem, the treatment received and the degree of empathy with which the service is provided, and the care received.
5. The efficient use of available resources is important so that the patient and the community receive the necessary care. Efficiency is demonstrated when professionals use time, materials, funds, and information in order to produce as many services and quality as possible. Efficiency means reducing the number of low-quality treatments, which result from incorrect diagnoses or the application of poor standards, as they are a waste of resources.

It is also important for each employee to know the processes in which he or she participates, to have the correct data collection and the transmission of information so as to participate in the change processes initiated. Addressability to health services has several implications, it depends on several factors (Dumitrache et al., 2016), the most important being the quality of services provided to the population; then there are the costs of these services, correlated with the legislation governing the provision of healthcare. Other factors that influence addressability are: the level of culture, schooling, and level of health education of the population.

The patient has the right to free address in terms of healthcare. Patients have certain preferences, when they go to the health units, they can be in accordance with certain aspects: they choose a health unit where they have been treated and received the best care, it is the unit closest to home, and it is the unit where was guided.

## **6. The Relationship between Users and Health Care Providers**

The needs of the user are met by correlating the quality tools with the management and work team of the respective organization. The literature describes the following types of needs of users (Kaufman, Rojas, Mayer, 1993): existing needs, felt needs, needs that produce demand, needs that stimulate the use of health services. They are not necessarily curative. Through its requests, the user produces demand, which must be satisfied even if they have variable chances of success, it is correlated with the offer of services and their quality, ability to pay, access from a geographical point of view.

There is always a part of the needs that is not met, despite the large number of services. This may be due to the fact that the supply does not meet the demand (misdiagnosis or poor quality of services). In this situation, there is also the system of alternative health services: certain healers, family or self-medication, they will respond to those needs that are not met by the formal system.

It is found that not all health services are used, although there are expressed needs of users, this may be due to the low quality of a service which will lead to the perception of the low quality of those services and which is increasing among users. According to Voorhees, Brady and Horowitz (2006), "every dissatisfied user will tell about his experience to 11 more people, while one satisfied, only 3 people".

As an example, in the literature (Lee et al., 2010) it has been found that patient dissatisfaction comes from: increased waiting time, for a percentage of 19.3% of cases, staff is not always present at the scheduled time, in 15% of cases, the absence doctor, in 13.4% of cases, the application of incorrect treatment, in 9.4% of cases and a high cost of medical services for 3.1% of cases.

In order to increase the quality of the services, the user's problems and needs must be closely known, using fast and efficient techniques, so that the services provided can respond exactly to the user's problems. These indirect techniques used as quality tools to determine needs are correlated with the source of the information. Another category can be direct observation techniques with which to analyse the health problems of the population and analyse the use of services by it. Another option is consensus techniques, which select important issues for both users and health services. Elements for quality assurance in a health unit will be found in the mission and vision of the health unit, in a solid quality improvement program, in the existence of professional standards that apply in the health unit, and an external evaluation of the unit that ensures medical services.

For the evaluation of the quality and performance of health systems, for the verification of the performance of the activity to achieve a specific objective, indicators are used which are tools associated with the operational procedures (Kruk, Freedman, 2008). The indicators are: structure (assess the extent to which patients can receive appropriate and timely health care), process (represent the totality of events that occurred during the care), and outcome (are the clinical results, the final effects of medical services).

Examples of structural indicators:

- availability of equipment (endoscopes) for investigations provided in the protocol / number of patients, for which the protocol is required / month, year;
- availability of the drug X, according to the protocol / inpatients / month, year.

Examples of process indicators:

- number of interclinical consultations / number of patients with the same main diagnosis;
- number of specific tests / hospitalized patient;
- number of adverse reactions, incidents / in X patients treated.

Examples of result indicators:

- improved number of outpatients / total number of outpatients;
- number of deaths / total number of hospitalized patients.

For each operational procedure developed, in order to monitor it, the indicators associated with the activity performed will be identified, indicators that measure the degree of compliance with the procedure. Improving the individual performance of the members of the organization leads to an increase in the performance of the organization, all this is achieved through a good management of human resources and personnel management (Papa et al., 2018). It is important for the success of the organization to hire adequately trained staff, in sufficient numbers in the right place and at the right time, and also the existence of a human resources planning process (Potcovaru, Girneata, 2015).

Staff performance evaluation is a very important aspect of human resources, and in order to be effective, it must be tailored to each position, be practical, have clear evaluation criteria, and contain valid, reliable measures, and be managed by competent persons.

## **7. Patient Satisfaction**

Patient satisfaction is an important measure of the performance of the organization in which the care process takes place and is combined with the conditions in the health unit, with the experience and professionalism of the medical staff, and with the material endowment (Al-Abri, Al-Balushi, 2014). Patient satisfaction can be interpreted as a level of patient satisfaction with the care provided. According to expectations theory, satisfaction is the correlation between what the patient wants and the extent to which his desire has been satisfied, but it is necessary to know the needs of patients (Verbeek et al., 2004).

Patients' expectations are different, they can be correlated with: age, pathology, socio-cultural, demographic, and professional characteristics. There are the following categories of patients' expectations: those related to the endowment of the health unit, psychosocial needs due to hospitalization (the patient is anxious because he was disconnected from his family environment), material and intellectual needs.

Elements of performance most often cited by patients are: the effectiveness of care, the adequacy of care, the availability of care, the timeliness of care, the quality of care, the continuity of care, the safety of care, the effectiveness of care, respect, and goodwill on the part of the provider. From the patient's point of view, there are

aspects of satisfaction that must be taken into account, such as: medical care and communication; food and accommodation facilities; the atmosphere in the health unit, the care provided by nurses, and the organization of visits. In the literature, components of the aspects of satisfaction are described as the following: humanism, information, quality of care, competence, patient satisfaction, treatment administration, etc. (Hermann, Long, Trotta, 2019; Hu et al., 2019).

It was also found that there is a direct proportional relationship between providing respect for the patient, providing more information, and the patient's participation in the treatment process and increasing his satisfaction. Patient satisfaction is also influenced by technical equipment, so hospital managers must ensure a high standard of technical equipment. Accessibility refers to the physical location and facilities provided, the availability of equipment, scheduling, and access to healthcare (Ng, Luk, 2019).

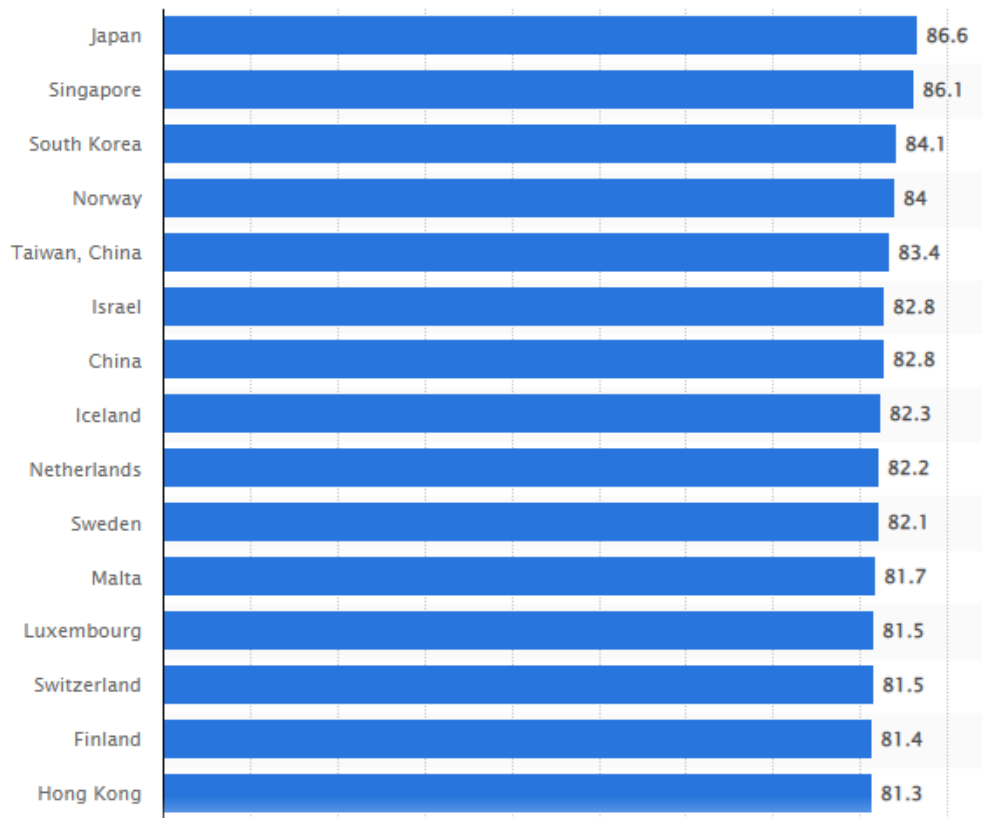
In order to improve patient satisfaction, it is necessary to maintain high standards of hygiene and cleanliness, to develop the skills and abilities of the staff. The attitude of the medical staff and especially of the doctor is very important to the patient. This has been demonstrated in a study by whose results led to the conclusion that patients consider their primary care physician the one who cares most about them, respectively, the resident physician, and the satisfaction with the physician was 90% (Dalia, Schiffman, 2010). Similar studies were conducted in Greece (Matis, Birbilis, Chrysou, 2009) which assessed the satisfaction of hospitalized patients and their questioning of medical services, accommodation conditions, nutrition, and staff attitudes. A comparative study was conducted between hospitalized patients in Poland and Greece and found that men were more satisfied with the quality of care provided by doctors compared to women participating in the study. Elderly patients were the most satisfied with the care of nurses, and the period of hospital stay is negatively correlated with the overall satisfaction of the patient (Raftopoulos, Theodosopoulou, Nikolaos, 2007).

The patient is an important part of the care process; he must understand what a certain procedure or intervention consists of, for the acceptance of which he must give his consent.

Analysing the health ranking of countries according to the Statista Research Department report published in 2022 based on data available in 2021 (Figure 2), it can be seen that the first three countries are: Japan, Singapore, and South Korea. This ranking shows the degree to which people are healthy and have access to the resources required to maintain good health, including mortality rates, sickness and risk factors, health outcomes, and healthcare systems. Therefore, the three countries have the best healthcare systems in the world, pay great attention to the health of their citizens, and have the most satisfied patients.



**Figure 2. Health and health systems ranking of countries (2021)**



Source: <https://www.statista.com/statistics/1290168/health-index-of-countries-worldwide-by-health-index-score/>.

## 8. Conclusions

Previous studies in the literature have shown that the patient is more satisfied when the healthcare provider provides more information, gives him respect, when ensuring the patient's participation in the treatment process. Patient satisfaction is also influenced by the technical equipment, accessibility to services, and availability of equipment, hygiene, comfort, and infrastructure of the health unit.

Another issue, which affects patient satisfaction and has been observed in some studies, is the waiting time for access to healthcare. Longer waiting times were associated with lower patient satisfaction, however, the actual time spent by the physician with the patient was the strongest predictor of patient satisfaction. The decrease in satisfaction associated with long waiting times is substantially reduced with the increase in time spent with the doctor. Another study correlated the waiting time with patient satisfaction and the recommendation for other patients of the respective unit, and the results were that minimizing waiting times in the clinic may improve patient satisfaction but may not affect their likelihood of recommending the clinic to other patients as well.

The endowment of the health units is a reflection of the managerial activity, and the perception of the patients about this can be easily influenced if there is a constant preoccupation for the implementation of the quality standards in the hospital.

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