

# Review Article

## Dimensions of Quality in Health Care Facilities: A simple review article

### Abstract:

The quality of medical care is human rights. Higher quality health care enhances customer (patient and community in general), employee and supplier satisfaction and improves organizational performance. Improving the quality of medical services reduces costs, increases productivity, and enables customers to use better services. This improves the performance of the organization and enables long-term collaboration between employees and suppliers. Joint Commission on Accreditation of Healthcare Organizations published key dimensions of quality care according to which quality in any health care setting can be judged upon. The SERVQUAL model can be used to measure the impact of the quality dimension on customer satisfaction.

**Key words:** Quality dimensions, Healthcare services, quality management, Customers of health care.

### Introduction:

Quality has become an increasingly predominant part of our lives. People are constantly looking for quality products and services. Quality is difficult to define. Healthcare service quality is even more difficult to define and measure than in other sectors but it can be understood as a comprehensive customer evaluation of a particular service and the extent to which it meets their expectations and provides satisfaction (1). There are many definitions of quality used both in relation to health care and health systems, and in other spheres of activity. There is also a language of quality, with its own frequently-used terms. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality (2). The complex nature of healthcare practices, the existence of many participants with different interests in the healthcare delivery and ethical considerations add to the difficulty (3).

**Comment [ZM1]:** right

**Comment [ZM2]:** Totology

**Comment [ZM3]:** .....” SERVQUAL model can be used to measure the impact of the quality dimension on customer satisfaction”. But the author did not mention anything with deem to that in his/her review. Please shed more light

**Comment [ZM4]:** Keywords

**Comment [ZM5]:** Semicolon should be used in between each keyword not comma

**Comment [ZM6]:** redundancy

Quality in healthcare is a human right. Higher healthcare quality results in satisfaction for the clients (patients and the community in general), employees, suppliers and better performance for the organization. If quality of healthcare services improves, costs decrease, productivity increases and a better service would be available for clients, which in turn enhances organizational performance and provides long-term working relationships for employees and suppliers (4).

SERVQUAL model can be used to measure customer satisfaction, and the effect of the dimensions of quality on customer satisfaction.

A wealth of knowledge and experience in enhancing the quality of health care has accumulated globally over many decades. In spite of this wealth of experience, the problem frequently faced by policy-makers at the country level in both high- and low-middle-income countries is to know which quality strategies – complemented by and integrated with existent strategic initiatives – would have the greatest impact on the outcomes delivered by their health systems. This guide promotes a focus on quality in health systems and provides decision-makers and planners with an opportunity to make informed strategic choices to advance quality improvement. There are two main arguments for promoting a focus on quality in health systems at this time. (5)

- Even where health systems are well developed and resourced, there is clear evidence that quality remains a serious concern, with expected outcomes not predictably achieved and with wide variations in standards of health-care delivery within and between health-care systems. (6)
- Where health systems – particularly in developing countries – need to optimize resource use and expand population coverage, the process of improvement and scaling up needs to be based on sound local strategies for quality so that the best possible results are achieved from new investment. (7)

## **Customers of health care:**

### **External Customers :**

Patients are the most obvious external customers in healthcare. However, there are other customers as well such as third-party payers, insurance companies, employers or government agencies (who pay the bills for most patients). (8)

### **Internal Customers:**

Internal customers are those within your organization who are affected in some way by your work. Satisfaction of our external customers will not be achieved without satisfying the needs of our internal customers. (9)

## **Dimensions of quality**

Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 1991) published key dimensions of quality care according to which quality in any health care setting can be judged upon.

### **1. Tangibility:**

Tangibility is the appearance of physical facilities, equipment, personnel, and communication materials. It may also be defined as the clear visibility of resources necessary for providing a service to customers, the appearance of the management team, which will have an effect on customer satisfaction. (10)

The tangibility dimension becomes intrinsic in service quality, according to the tangible facets of the servicescape, such as equipment, physical facilities, and visual appeal. Subsequently, it can be said that there is a significant influence of tangibility on customer satisfaction. Similarly, many researchers have found a meaningful influence in

this sense. Many studies found that attractiveness, physical facility, and visual appeal could be considered positive indicators of tangibility on customer satisfaction. (11)

**1. Appropriateness :**

The degree to which the care/intervention is relevant to the patient's clinical needs given the current state of knowledge. It is concerned with doing the right things in accordance with the purpose. (12)

**2. Access to service :**

The degree to which appropriate care/intervention is obtainable to meet the patient's need. It means that health care services are unrestricted by geographic, economic, social, cultural, organizational, or linguistic barriers. (13)

**3. Competency :**

The degree to which practitioner adheres to professional standards of care and practice. It refers to skills, capability, and actual performance of health providers, managers, and support staff. (This is not a Joint Commission dimension). (14)

**4. Continuity:**

It means that the client receives the complete range of health services that he or she needs, without interruption, cessation, or unnecessary repetition of diagnosis and treatment. (15)

**5. Effectiveness :**

The degree to which care is provided in correct manner to achieve the desired outcome. Effectiveness answers the questions, "Does the procedure or treatment, when correctly applied, lead to the desired results? It is concerned with doing things right. (16)

**6. Efficacy :**

The power of a procedure or treatment to improve health status, as already shown through scientific research (evidence based) findings. (17)

**7. Efficiency:**

Efficient services provide the greatest benefit within the resources available. It is the relation between outcomes and the resources used to deliver care. It is concerned with the delivery of a maximum number of “units” of health care for a given unit of health resources. (18)

**8. Respect and Caring:**

The degree to which patients are involved in the decision and the provider’s reaction in the meantime to the patient needs and expectations. (19)

**9. Safety :**

The degree to which the organization environment is free from hazards. It is concerned with minimizing risks of adverse outcome for both patient and provider as a result of healthcare intervention. (20)

**10. Timeliness :**

The degree to which needed care and services are provided to the patient at the most beneficial or necessary time. (21)

**11. Equitability:**

Delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status. (22)

### **The Quality Management Principals**

- Customer Focused Organization: should understand current and future needs and strive to exceed customer expectation.

- Leadership: establish unity of purpose and direction. Create and maintain the proper internal environment. (23)
- Involvement of people: Those who know the most about process details must be empowered to improve it. Focus on team approach for problem solving and quality improvement is essential. (24)
- Process Approach :Focusing on the analysis of service delivery process, activities and tasks will allow health care providers to develop in-depth understanding of the problem and its root causes.
- Systems Approach: Health organizations are systems! In-order to understand any system; it is necessary to find out its components. (25)
- Continual improvement :should be a permanent objective of the organization.
- Factual Approach to Decision Making :Effective decision and actions are based on analysis of data and information. (26)
- Mutually Beneficial Supplier Relationship :An organization and its suppliers are interdependent ,and a mutually beneficial relationship enhances the ability to create value. (27)

### **Roles and responsibilities in quality improvement**

Another way to think about quality in health systems is to differentiate among roles, responsibilities in the various parts of a system. This critical activity will need to engage the whole health system, but lead responsibilities will normally rest at national and regional levels. The main concerns of decision-makers at these levels will be to keep the performance of the whole system under review, and to develop strategies for improving quality outcomes which apply across the whole system. The core responsibilities of health-service providers for quality improvement are different. (28) Providers may be seen as whole organizations, teams, or individual health workers. In each case, they will ideally be committed to the broad aims of quality policy for the whole system, but their main concern will be to ensure that the services they provide are of the highest possible

standard and meet the needs of individual service users, their families, and communities. Improved quality outcomes are not, however, delivered by health-service providers alone. Communities and service users are the co-producers of health. (29) They have critical roles and responsibilities in identifying their own needs and preferences, and in managing their own health with appropriate support from health-service providers. While it is important to recognize these differences in roles and responsibilities, it is equally important to recognize the connections between them. Examples include the following. (30)

- Decision-makers cannot hope to develop and implement new strategies for quality without properly engaging health-service providers, communities, and service users. (31)
- Health-service providers need to operate within an appropriate policy environment for quality, and with a proper understanding of the needs and expectations of those they serve, in order to deliver the best results.
- Communities and service users need to influence both quality policy and the way in which health services are provided to them, if they are to improve their own health outcomes. (32)

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**Comment [ZM7]:** Very obsolete

**Comment [ZM8]:** Very obsolete

**Comment [ZM9]:** Very obsolete

**Comment [ZM10]:** Very obsolete

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