

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

Abstract:

The quality of medical care is human right . Higher quality health care enhances customer (totology), 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. The Joint Commission on Accreditation of Healthcare Organizations identified core dimensions of quality care that can be used to assess the quality of care in any health-care environment. The SERVQUAL model can be used to measure the impact of the quality dimension on customer satisfaction.

Keywords: 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 numerous definitions of quality used in health care and health systems, as well as in other fields. There is also a quality language, with its redundancy of commonly used phrases. 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).

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.

Over many decades, a wealth of knowledge and expertise in improving the quality of health care has collected around the world. Despite this wealth of experience, policymakers in both high- and low-middle-income countries frequently face the challenge of determining which quality strategies – when combined with and integrated with existing strategic initiatives – will have the greatest impact on the outcomes delivered by their health systems. This guide encourages a focus on quality in health systems and gives decision-makers and planners the information they need to make educated strategic decisions about how to improve quality. At this time, there are two basic arguments for emphasising quality in health systems. (5)

- Even in well-developed and resourced health-care systems, there is clear evidence that quality remains a serious challenge, with predicted outcomes not always being met and wide disparities in health-care delivery standards within and between health-care systems. (6)
- Where health systems, particularly in developing countries, seek to optimise resource usage and extend population coverage, the process of reform and scaling up must be based on good local quality policies to ensure that new investment yields the greatest possible results. (7)

This study aims to determine the dimensions of quality in health care

Health-care consumers include:

External Customers :

In the healthcare industry, patients are the most visible external clients. Other consumers include third-party payers, insurance companies, employers, and government bodies, among others (who pay the bills for most patients). (8)

Internal Customers:

Internal customers are those within your company who are impacted by your job in some way. We won't be able to satisfy our exterior customers until we also meet the needs of our internal customers. (9)

Discussion :

Achieving quality is very important, especially in the field of medical care. The quality of health care achieves the satisfaction of all parties involved in medical services. The Joint Commission for Accreditation of Healthcare Institutions has published the main dimensions of quality care by which quality can be judged in any health care setting. The service quality model can be used to measure the impact of the quality dimension on customer satisfaction.

Dimensions of quality

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 1991) defined core dimensions of quality care that can be used to assess the quality of care in any health-care setting.

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 :

Given the current level of knowledge, the degree to which the care/intervention is relevant to the patient's clinical needs. It's all about doing the right thing in the right way for the right reason. (12)

2. Access to service :

The extent to which a practitioner follows professional care and practise guidelines. It relates to health care professionals', supervisors', and support staff's abilities, capabilities, and real performance. (Please note that this is not a Joint Commission dimension.) (14)

3. Competency :

The extent to which a practitioner follows professional care and practise guidelines. It relates to health care professionals', supervisors', and support staff's abilities, capabilities, and real performance. (Please note that this is not a Joint Commission dimension.) (14)

4. Continuity:

It indicates that the client obtains the full spectrum of health treatments that he or she requires, without interruption, cessation, or unnecessary treatment. (15)

5. Effectiveness :

The extent to which care is delivered correctly in order to accomplish the desired result. "Does the process or treatment, when correctly applied, lead to the expected results?" is a question that effectiveness answers. It's all about doing things correctly. (16)

6. Efficacy :

The ability of a therapy or treatment to improve health status, as demonstrated by scientific research findings (evidence-based). (17)

7. Efficiency:

Within the resources available, efficient services deliver the maximum advantage. It's the relationship between care results and the resources needed to provide it. It is concerned with providing the greatest amount of "units" of health care for each unit of health resources available. (18)

8. Respect and Caring:

The extent to which patients are involved in the decision-making process, as well as the provider's response to the patient's needs and expectations in the interim. (19)

9. Safety :

The degree to which the work environment is free of dangers. It is concerned with reducing the chances of a negative outcome for both the patient and the healthcare provider as a result of the 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:

Providing great health care regardless of personal traits such as gender, race, ethnicity, geographic region, or socioeconomic position. (22)

The Quality Management Principals

- Customer-focused organisation: should be aware of current and future demands and aim to exceed them.
- Establish unity of purpose and direction through leadership. Establish and maintain a healthy interior environment. (23)
- People's involvement: Those with the most knowledge of the process's details must be given the authority to enhance it. The importance of a collaborative approach to issue solving and quality improvement cannot be overstated. (24)
- Process Approach: By concentrating on the examination of service delivery processes, activities, and tasks, health care practitioners will be able to gain a deeper understanding of the problem and its causes.
- Systemic Approach: Organizations in the health care field are systems! It is vital to identify the components of every system in order to comprehend it. (25)
Continual improvement :should be a permanent objective of the organization.
- Fact-based Decision Making: Effective decisions and actions are based on data and information analysis. (26)
- Mutually Advantageous Supplier Connection: An organization's potential to produce value is enhanced when it has a mutually beneficial relationship with its suppliers. (27)

Roles and responsibilities in quality improvement

Differentiating roles and duties in distinct areas of a system is another way to think about quality in health systems. This vital task will require the participation of the entire health system, although main responsibilities will often be held at the national and regional levels. The key priorities of decision-makers at these levels will be to keep the overall performance of the system under review and to devise strategies for enhancing overall quality outcomes. The primary responsibilities of health-care practitioners in terms of quality improvement varies. (28) Individual health workers, teams, or entire organisations might be considered providers. They will ideally be committed to the overall goals of quality policy, but their first focus will be to ensuring that the services they deliver are of the best possible quality and satisfy the requirements of individual service users, their families, and communities. However, improved quality outcomes are not only the responsibility of health-care providers. Health is co-produced by communities and service consumers. (29) They play essential roles and responsibilities in determining their own needs and preferences, as well as maintaining their own health with the help of health-care professionals. While it's critical to understand the differences in roles and duties, it's also critical to understand the relationships between them. The following are some examples. (30)

- Without effectively engaging health-care professionals, communities, and service consumers, decision-makers will be unable to create and execute innovative quality-improvement measures. (31)
- In order to achieve the best results, health-care providers must operate within an acceptable policy environment for quality, as well as have a thorough awareness of the needs and expectations of those they serve.
- If communities and service users are to enhance their own health outcomes, they must have a say in both quality policy and how health services are delivered. (32)

Conclusion:

Attention to the quality of health services is a priority because of its great importance in the lives of individuals and societies. The continuous quality improvement program is based mainly on the health service applicant. In addition, measuring the level of quality depends on facts and information, and

the success of this process requires the commitment of the administration and all workers in this sector to the policy of The quality is clear axes and specific goals and tasks

References:

1. Andaleeb SS. Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Health Care Quality Assurance*. 2003;6(11):181–187. [[PubMed](#)] [[Google Scholar](#)]
2. Conley H, Kubsch SM, Ladwig J, Torres C. Patients' and Nurses, perceptions of quality nursing activities. *British Journal of Nursing*. 2003;12(19):1122–1129. [[PubMed](#)] [[Google Scholar](#)]
3. Harteloh P. The meaning of quality in health care: A concept analysis. *Health Care Analysis*. 2003;11(3):259–267. [[PubMed](#)] [[Google Scholar](#)]
4. Curry A, Sinclair E. Assessing the quality of physiotherapy services using SERVQUAL. *International Journal of Health Care Quality Assurance*. 2002;15(5):197–205. [[Google Scholar](#)]
5. Hudelson P, Cléopas A, Kolly V, Chopard P, et al. What is quality and how is it achieved? Practitioners' views versus quality models. *Quality and Safety in Health Care*. 2008;17(1):31–36. [[PubMed](#)] [[Google Scholar](#)]
6. Eiriz V, Figueiredo JA. Quality evaluation in healthcare services based on customer-provider relationships. *International Journal of Health Care Quality Assurance*. 2005;18(6-7):404–412. [[PubMed](#)] [[Google Scholar](#)]
7. Evans D B, Edejer TT, Lauer J, Frenk J, Murray CJL. Measuring quality: From the system to the provider. *International Journal for Quality in Health Care*. 2001;13:439–446. [[PubMed](#)] [[Google Scholar](#)]

8. Hall JE. Pluralistic evaluation: A situational approach to service evaluation. *Journal of Nursing Management*. 2004;1(12):22–27. [[PubMed](#)] [[Google Scholar](#)]
9. Hasin MAA, Seeluangsawat R, Shareef MA. Statistical measures of customer satisfaction for health-care quality assurance: a case study. *International Journal of Health Care Quality Assurance*. 2001;14(1):6–14. [[Google Scholar](#)]
10. Hassan D. Measuring performance in the healthcare field: A multiple stakeholders' perspective. *Total Quality Management & Business Excellence*. 2005;16(8-9):945–953. [[Google Scholar](#)]
11. Jabnoun N, Chaker M. Comparing the quality of private and public hospitals. 2003.
12. Kelly DL. *Applying quality management in healthcare: A process from improvement*. Health Administration Press; 2003. [[Google Scholar](#)]
13. Kerssens JJ, Groenewegen PP, Sixma HJ, Boerma WW, van der Eijk I. Comparison of patient evaluations of health care quality in relation to WHO measures of achievement in 12 European countries. *Bulletin of the World Health Organization*. 2004;82(2):106–115. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
14. Kilbourne WE, Duffy JA, Duffy M, Giarchi G. The applicability of SERVQUAL in cross-national measurements of healthcare quality. *Journal of Services Marketing*. 2004;18(7):524–533. [[Google Scholar](#)]
15. Lee PM, Khong P, Ghista DN. Impact of deficient healthcare service quality. *The TQM Magazine*. 2006;18(6):563–571. [[Google Scholar](#)]
16. Lim PC, Tang NKH. A study of patients' expectations and satisfaction in Singapore hospitals. *International Journal of Health Care Quality Assurance*. 2003;13(7):290–299. [[PubMed](#)] [[Google Scholar](#)]
17. Arah OA, et al. A conceptual framework for the OECD Health Care Quality Indicators Project. *International Journal for Quality in Health Care*. 2006;18 S1:5–13. [[PubMed](#)]

18. Busse R. High Performing Health Systems: Conceptualizing, Defining, Measuring and Managing. Presentation at the “Value in Health Forum: Standards, Quality and Economics”; Edmonton. 19 January 2017. 2017
19. Carinci F, et al. Towards actionable international comparisons of health system performance: expert revision of the OECD framework and quality indicators. *International Journal for Quality in Health Care*. 2015;27(2):137–46. [PubMed]
20. EC. EU Actions on Patient Safety and Quality of Healthcare. European Commission, Healthcare Systems Unit. Madrid: European Commission; 2010.
21. EC. Communication from the Commission – On effective, accessible and resilient health systems. European Commission. Brussels: European Commission; 2014.
22. Hughes RG. Tools and strategies for quality improvement and patient safety. In: Hughes RG, editor. *Patient safety and quality: An evidence-based handbook for nurses*. Rockville, MD: Agency for Healthcare Research and Quality; 2008. pp. 1–182. [Google Scholar]
23. Fekri O, Macarayan ER, Klazinga N. Health system performance assessment in the WHO European Region: which domains and indicators have been used by Member States for its measurement? Copenhagen: WHO Regional Office for Europe; 2018. (Health Evidence Network (HEN) synthesis report 55) [PubMed]
24. Flodgren G, Gonçalves-Bradley DC, Pomey MP. External inspection of compliance with standards for improved healthcare outcomes. *Cochrane Database Syst Rev*. 2016;12:CD008992. [PMC free article] [PubMed] [CrossRef]
25. McLaughlin CP, Kaluzny AD. *Continuous quality improvement in health care*. 3rd. 6. Vol. 11. Jones & Bartlett Publishers; 2006. *International Journal of Health Care Quality Assurance*; pp. 181–187. [Google Scholar]
26. Mosadeghrad AM. *Principles of healthcare management*. Tehran: Dibagran Tehran; 2003. [Google Scholar]
27. Muntlin A, Gunningberg L, Carlsson M. Patients’ perceptions of quality of care at an emergency department and identification of areas for quality

- improvement. *Journal of Clinical Nursing*. 2006;15(8):1045–1056. [[PubMed](#)] [[Google Scholar](#)]
28. Naveh E, Stern Z. How quality improvement programmes can affect general hospital performance. *International Journal of Health Care Quality Assurance*. 2005;18(4):249–270. [[PubMed](#)] [[Google Scholar](#)]
29. Ramsaran-Fowdar RR. Identifying Health Care Quality Attributes. *Journal of Health and Human Services Administration*. 2005;27(4):428–443. [[PubMed](#)] [[Google Scholar](#)]
30. Rohlin M, Schaub RM, Holbrook P, Leibur E, et al. Continuous quality improvement. *European Journal of Dental Education*. 2002;6(3):67–77. [[PubMed](#)] [[Google Scholar](#)]
31. Tucker JL, Adams SR. Incorporating patients' assessments of satisfaction and quality: An integrative model of patients' evaluations of their care. *Managing Service Quality*. 2001;11(4):272–287. [[Google Scholar](#)]
32. Agency for Healthcare Research and Quality. National healthcare quality report. Rockville, MD: Author; 2009. Retrieved from <http://archive.ahrq/research/findings/nhqrd/nhqr09/Key.html>. [[Google Scholar](#)].

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