

Quality of health services

Lambrini Kourkouta ¹, Christos Iliadis ^{2,*}, Christos Sialakis ³, Theodoula Adamakidou ⁴, Petros Ouzounakis ⁵ and Christos Kleisiaris ⁶

¹ Department of Nursing, Hellenic International University "DIPAE", Thessaloniki, Greece.

² Private Diagnostic Health Center of Thessaloniki, Greece.

³ General Hospital "Agios Dimitrios-G. Gennimatas" Thessaloniki, Greece.

⁴ Nursing Department, University of Western Attica, Athens, Greece.

⁵ General Hospital of Alexandroupoli, Greece.

⁶ Home-based Nursing Care, Nursing Department - Hellenic Mediterranean University, Greece.

World Journal of Advanced Research and Reviews, 2021, 12(01), 498–502

Publication history: Received on 17 September 2021; revised on 29 October 2021; accepted on 31 October 2021

Article DOI: <https://doi.org/10.30574/wjarr.2021.12.1.0555>

Abstract

Introduction: Health services are that part of the health system, which focuses specifically on the provision of health care services in the society. A health system includes a complex set of structural relationships between populations and institutions that have an impact on health.

Purpose: This review aims to investigate the relationship between the quality of health services and health in general.

Methodology: The study material consisted of recent articles on the subject found mainly in the Medline electronic database and the Hellenic Academic Libraries Association (HEAL-Link).

Results: Certain dimensions of health service quality, such as consistency, completeness, and effectiveness, are also difficult to be measured, apart from the subjective evaluation by the client. But even subjective evaluation by the client can be difficult and the results will be different from the evaluation of services done by other parties, such as health professionals. While the latter evaluate the design and delivery of the service, the customers evaluate the service based on their overall perception of its provision.

Conclusions: The continuous monitoring of health services for quality evaluation is very important, in such extent that the evaluation of patients' perceptions of the quality of health care, has received significant attention in recent years.

Keywords: Quality; Health Services; Health system; Quality Standards

1. Introduction

Health services are that part of the health system, which focuses specifically on the provision of health care services in the society. A health system includes a complex set of structural relationships between populations and institutions that have an impact on health [1].

The successful delivery of health services is largely a function of the knowledge, skills, motivation, and development of employees who are responsible for the organization and delivery of health services [2].

* Corresponding author: Christos Iliadis
Private Diagnostic Health Center of Thessaloniki, Greece.

Service organizations can be either public or private, and if they are privately owned, then they can be for-profit or non-profit. Despite different ownership models, contractual relationships with financiers often allow organizations to participate fully in an integrated system. The general framework of a system and the degree of government regulation are likely to determine the extent of integration and therefore the overall efficiency and responsiveness of health services [3].

In most nations, funding for health care services is provided by a combination of government and private spending, and external funding. In many nations, funding for health services remains a challenge due to a lack of financial resources. Securing funding, ensures access to health services and protects individuals from paying high fees for using health services [4]

Certain dimensions of health service quality, such as consistency, completeness, and effectiveness, are also difficult to be measured, apart from the subjective evaluation by the client. But even subjective evaluation by the client can be difficult and the results will be different from the evaluation of services done by other parties, such as health professionals. While the latter evaluate the design and delivery of the service, the customers evaluate the service based on their overall perception of its provision. Thus, it is obvious that the concept of quality of health care means different things to different stakeholders involved in the health care system [5].

This **review aims** to investigate the relationship between the quality of health services and health in general.

2. Material and methods

This study consists of reviews in Greek and international literature. The material of the study consists of articles related to the subject found in Greek and international databases such as Google Scholar, the Hellenic Academic Libraries Association (HEAL-Link), using keywords such as healthcare quality. Rejection criterion of articles searched, was the language. Only Greek and English language articles reviewed. Mostly, only articles and studies accessible to authors were used.

3. The Meaning of Quality in Health

The quality of healthcare is one of the most frequently mentioned concepts in health policy principles and is currently high on the agenda of policy makers at national, European, and international level. At the national level, addressing the issue of the quality of healthcare can be raised for several reasons, characteristically by the general commitment to provide high quality healthcare, because health is a public good [6].

The European Commission, for example, recognizes quality as an important element of health system performance, that is the degree to which health systems meet their objectives [7]. At the international level, quality is receiving increasing attention in the context of the Sustainable Development Goals. (SDGs), as they include the urgent need to achieve global health coverage, including access to qualitative basic health care services and access to safe, effective, qualitative, and affordable basic medicines and vaccines for all. These positions are also reflected in the World Health Organization (WHO) reports published in 2018, which constitute a handbook of national quality policies and strategies [8] and a guide facilitating a global understanding of quality as part of global health coverage aspirations [9].

The concept of quality in the field of healthcare has many different dimensions and its definition has evolved significantly over the years. The first definitions of healthcare quality were formulated almost exclusively by healthcare professionals and healthcare researchers. In this context, the definition of Institute of Medicine (IOM) is probably the most frequently mentioned in the literature. According to this definition, published in 1990 and stated by Chung & Shauver (2008: 73), quality in health care is "the degree to which health services for individuals and for the population increase the likelihood of the desired health outcomes and is consistent with current professional knowledge" [10].

The desired health outcomes reflect patient satisfaction and well-being. The IOM definition also emphasizes health services in general to individuals and populations (and not patients) and the link between quality with prevention and health promotion. Current professional knowledge is also important, emphasizing that the care provided must be evidence based. This indicates that the concept of quality of healthcare is dynamic and evolving and that health care providers should assess the current state of knowledge, so that their services can be considered qualitative [6]. Today is increasingly recognized that the preferences and views of patients, the public and other key actors are also important in determining the quality of healthcare [11].

4. Quality in Health Services

Although many researchers argue that the "real" quality of a service cannot be accurately reflected through patients' perceptions, patients will always draw their own conclusions about the quality of a service. In the field of healthcare management, patients' perception refers to perceived quality, as opposed to the actual or absolute quality required by critical management. Therefore, health care providers are under constant pressure to provide qualitative health services [12].

Reproduction of consistent health services becomes another challenge, as the services provided differ significantly between providers, customers, places, and time. This "heterogeneity" arises from the fact that different health professionals (e.g., doctors, nurses, etc.) are involved in their provision, as well as from the fact that patients can have varieties and very different needs from each other. The services offered by healthcare professionals are different, they also depend on factors such as education / training, experience, and individual skills. Another special feature of health services is that they are produced and consumed at the same time and cannot be stored for future use. This makes quality control difficult, because the customer cannot judge the "quality" before buying and consuming [13].

Patients' perspective on the quality of health care is important for several reasons. First, the high level of quality of services offered by health facilities is related to issues such as patient satisfaction, willingness to re-use services in the future, etc. Second, patient feedback and perceptions are significantly required in many health care quality assessment programs. Third, the perceived high level of service quality is positively related to the financial performance and efficiency of health care institutions [12].

Various scales have been developed to assess the quality of healthcare structural aspects, processes, and outcomes. There are many dimensions to the quality of health services in this context. For example, Upadhyai et al., (2019) distinguished between dimensions that are medical and non-medical in nature. The medical aspects of the quality of health services include three sub-dimensions, namely the techniques, the outcome, and the interpersonal ones [14]. The technical dimension of healthcare quality includes the knowledge, skills and evaluation of the care provider and the available medical facilities [15, 16]. The outcome dimension (or result) includes effectiveness, efficiency, accessibility, patient safety, user-centered care and generally the dimensions

of health quality as defined earlier by the WHO. The interpersonal dimension of quality in health services includes the exchange of information, friendliness, attention and the development of understanding and cooperation through the exchange of information, in other words, dimensions related to the provider-patient interaction [17].

On the other hand, the non-medical aspects of the provided health services, indirectly affect the health and well-being of patients and other health care users and include three sub-dimensions, which are the aesthetics of the space (servicescapes), accessibility and responsiveness. The aesthetics of the space refers essentially to the natural environment and the basic comforts [16, 18] including accommodation, appearance of the facilities, landscaping, staff clothing, signage, cleanliness and so on. Accessibility includes the location of the facility, the time it takes to reach it, and affordable cost of the care. The ease of hospitalization, charging, issuing discharges and other non-health-related procedures are also included in this dimension. Finally, the response relates to the expectations of care received by health care users, including patient dignity and autonomy, the confidentiality of care, instant attention, access to social support networks during care and quality of basic services [14].

5. Quality Standards and Accreditation in Health Services

Quality standards can exist individually from accreditation and are set through legislation, guidelines, and recommendations of national and international health organizations. For example, the World Health Organization has set standards for health promotion and prevention in hospitals, quality management guidelines for multidisciplinary health services, human resources training, and more. [19]. Certification is also a related term and is commonly used in connection with the external assessment of compliance with standards published by the International Organization for Standardization (ISO). Since its inception in 1946, ISO has developed standards, including quality management in healthcare, based on which organizations can be certified. International Organization for Standardization, like other certification bodies, is independent from government, but must be recognized by national accreditation bodies, which in turn must be recognized by national governments. Compliance with the standards is assessed by accredited auditors, through audits carried out in accordance with ISO 19011 guidelines for the control of quality management systems. A certificate of conformity is then issued, based on the auditors' report [20].

As far as certification bodies are concerned, ISO standards and certification against these standards in general have a long history. EN ISO 15224: 2012 (updated in 2017) is the first ISO standard created specifically for quality management systems in healthcare. It focuses on clinical procedures and risk management to promote quality improvement. The standard aims to adapt and define the requirements, as well as the customer perspective in the specific conditions of health care, where products are mainly services and customers are mainly patients [20]. Certification in the field of health care has increased significantly. In recent years, according to a WHO survey mentioned earlier, the number of certified hospitals and other health facilities rose to more than 22,000 in 2016, in contrast to 5,000 in 2000 [19, 21].

6. Conclusion

Continuous monitoring of health services for quality evaluation is very important, so the evaluation of patients' perceptions of the quality of health care, has received significant attention in recent years. In the past, the quality assessment process was carried out without considering the views and feedback of patients. However, today the importance of patients' views in evaluating the quality of services is emphasized and the simple dependence on clinical effectiveness is not supported by itself. Patient feedback and views or customer voice, influence quality improvement and provide health organizations with an opportunity for organizational learning.

Compliance with ethical standards

Disclosure of conflict of interest

There are no conflicts of interest.

References

- [1] Fennell ML, Alexander JA. Perspectives on organizational change in the US medical care sector. *Annual Review of Sociology*. 1993; 19(1): 89-112.
- [2] WHO. Health workforce. Retrieved from Geneva: World Health Organization 2010.
- [3] Barnett R, Barnett P. Health Systems and Health Services. *International Encyclopedia of Human Geography*. 2009; 58-70.
- [4] Rhatigan J. Health Systems and Health Care Delivery. In *Hunter's Tropical Medicine and Emerging Infectious Diseases*. Elsevier, 2020; pp. 214-218
- [5] Pai YP, Chary ST. Measuring patient-perceived hospital service quality: a conceptual framework. *Int J Health Care Qual Assur*. 2016; 29(3):300-323. doi:10.1108/IJHCQA-05-2015-0069
- [6] Busse R, Panteli D, Quentin W. An introduction to healthcare quality: defining and explaining its role in health systems. *Improving healthcare quality in Europe*, 2019.
- [7] OECD 2016. Nuclear Legislation in OECD and NEA Countries. Regulatory and Institutional Framework for Nuclear Activities. Available in <https://www.oecd-nea.org/law/legislation/greece.pdf>
- [8] WHO Handbook for national quality policy and strategy – A practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization, 2018.
- [9] WHO/OECD/World Bank Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank, 2018.
- [10] Chung KC, Shauver MJ. Measuring Quality in Health Care and Its Implications for Pay-For-Performance Initiatives. *Hand Clinics*. 2009; 25(1): 71– 81.
- [11] Legido-Quigley H, Nolte E. Assuring the quality of health care in the European Union: a case for action (No. 12). World Health Organization, 2008.
- [12] Hinson R, Aziato L, Adeola O, Osei-Frimpong K. *Health Service Marketing Management in Africa*. Productivity Press, 2019
- [13] Mosadeghrad AM. Healthcare service quality: towards a broad definition. *International journal of health care quality assurance*. 2013; 26(3): 203- 2019

- [14] Upadhyai R, Jain AK, Roy H, Pant V. A Review of Healthcare Service Quality Dimensions and their Measurement. *Journal of Health Management*. 2019; 21(1): 102-127.
- [15] Donabedian A. Evaluating the quality of medical care. *The Milbank Quarterly*. 1966; 44(3):166–203.
- [16] Grönroos C. A service quality model and its marketing implications. *European Journal of Marketing*. 1984; 18(4): 36–44.
- [17] Chahal H, Kumari N. Development of multidimensional scale for healthcare service quality (HCSQ) in Indian context. *Journal of Indian Business Research*. 2010; 2(4): 230 – 255
- [18] Lovelock CH, Wright L. *Principles of service marketing and management*. Upper Saddle, 1999; p. 391.
- [19] WHO (2019). Management of quality of care: Standards. Available in <https://www.who.int/management/quality/standards/en/>
- [20] Kohl H. *Standards for Management Systems: A Comprehensive Guide to Content, Implementation Tools, and Certification Schemes*. Springer Nature, 2020.
- [21] Alhassan RK, Duku SO, Janssens W, Nketiah-Amponsah E, Spieker N, van Ostenberg P, de Wit TFR. Comparison of perceived and technical healthcare quality in primary health facilities: implications for a sustainable National Health Insurance Scheme in Ghana. *PloS one*. 2015; 10(10).