Journal of Pharmaceutical Research International

33(40A): 1-7, 2021; Article no.JPRI.71721
ISSN: 2456-9119
(Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

Quality of Patient Care in Hospital Administration: A Review

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i40A32214
Editor(s):
(1) Dr. S. Prabhu, Sri Venkateswara College of Engineering, India.
Reviewers:
(1) Supattra Changsuphan, Sukhothai Thammathirat Open University, Thailand.
(2) Dileep Kumar, DHA, UAE.
Complete Peer review History: https://www.sdiarticle4.com/review-history/71721

Review Article

Received 22 May 2021
Accepted 28 July 2021
Published 04 August 2021

ABSTRACT

Patients in need of healthcare expect high quality personalized care, which is also the primary goal of service providers. The main objective of our study was to synthesize the current evidence on the quality of patient care in hospital management. Methods: MEDLINE, Embase, CINAHL, PsycInfo, and ASSIA were searched from 2000 to April 2021, and reference lists of included studies were searched. The included studies describe the current evidence for the quality of patient care in hospital management. No software was used to analyze the data. The data are extracted on the basis of a specific form containing (Name of the author, year of publication, country, method and results). Results and Conclusions: Communicating a better understanding of health care quality is an important preliminary step towards health care quality research and initiatives. Without clear meaning, quality improvement can be sporadic or ineffective. Competent authorities should consider shaping the curriculum to provide training for future professionals to increase patient satisfaction. Improving the quality of health services requires strong leadership from national governments, targeted local support and action at the health facility level. At all levels, there is a need to engage and empower the communities served by the health system. Improving the quality of health services requires special attention to the creation and learning of knowledge. Lessons on the delivery of quality care should be systematically documented, documented and shared within and across countries.

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Keywords: Evidence; quality; patient care; hospital management.

1. INTRODUCTION

Quality is defined as the ability of care elements such as structures and procedures to achieve goals, such as improved outcomes. The stated or implied purpose of a medical appointment (or relationship with a long-standing physician patient) shapes the dimensions or attributes that will be used to measure the quality of the encounter or relationship to a large extent. Quality of care is one of the most frequently mentioned concepts in health policy and is currently high on the agenda of policy makers at national and international levels [1-6].

Health goals vary depending on whether they come from governments, patients, administrators of hospitals or other institutions or agencies, health professionals or other participants in the health system, such as a third party payer. Internationally, quality is receiving increasing attention in the context of the Sustainable Development Goals (SDGs), as the Sustainable Development Goals (SDGs) include the mandate to "achieve universal universal health, including protection from financial risks, access to essential quality health care. and safe access to effective, quality and affordable essential drugs and vaccines for all ”[7].

There are many definitions of quality of care, but the Institute of Medicine (IOM) has proposed a definition that captures the characteristics of many others and has been widely accepted "The extent to which health services to individuals and populations that increase the likelihood of desired health outcomes and are consistent with current professional knowledge. “Interpersonal excellence refers to care that meets the informational, emotional and physical needs of a patient in a manner consistent with their preferences and expectations. Another term for this type of care is "patient-centered care". An important aspect of interpersonal care is the participation of the patient in the decision-making process [8].

Individual-specific terms used in definitions of quality are patient, customer, consumer, senior, and Medicare beneficiaries or enrollees. “Patient” is by far the term most frequently used to describe recipients in the definitions we reviewed. Patients requiring medical services expect personalized and high-quality care, which is also the primary goal of care providers. Individual patient perceptions of quality of care are important, as they can reflect patient perceptions of hospital standards6 and also clarify how patients define quality [9].

As recipients, patients are the only source of information about whether they are being treated with dignity and respect. Their experiences can stimulate important ideas about the types of changes needed to bridge the gap between the care provided and the service that should be provided. Patients perceive quality based on the accessibility and affordability of healthcare, speed of delivery, early diagnosis and treatment, thus ensuring a quick return and treated treatment. treated with empathy, respect and concern [10].

Patients requesting medical services expect personalized and high-quality care, which is also a primary goal of care providers. Individual patient perceptions of quality of care are important, as they can reflect patient perceptions of hospital standards and also clarify how patients define quality. Theoretical model of quality of care: Quality of care from a patient perspective (QPP) looks at quality of care through the eyes of the patient and was used as the theoretical foundation for this study. Quality of care in the RRQ model is considered as a measure of the patient's experience of healthcare quality in the face of the patient's perceived reality (PR). Patients' perceptions of what constitutes quality of care are shaped by their set of standards, expectations and experiences, as well as their encounter with the existing structure of care [11].

A previous study on quality of care by the European Health Systems and Policy Observatory noted that the quality of care literature in health systems was extensive and difficult to systematize. ten years ago - and even more true today. [12]. Research is available through a variety of methods or strategies to ensure or improve the quality of care, often focusing on certain organizations (hospitals, medical centers, practice) or specific areas of care (emergency care, maternal care, etc.) [13]. This evidence has contributed to a better understanding of the effectiveness of specific interventions in specific settings for specific patient populations. However, the available literature rarely addresses the issue of the superiority of individual strategies and often does

not provide advice to policy makers on which strategy to implement in a given context.

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2. QUALITY OF HEALTHCARE

Healthcare involves a range of services, including acute, chronic, preventive, restorative and restorative care, provided in a variety of settings by many different healthcare providers. This magnitude is particularly important for older people, who often receive a variety of services from different sources. There is great potential for fragmented care unless programs and resources are available and dedicated to ensuring coordination and continuity [14].

To understand quality, the main characteristics are reliability, assurance and responsiveness. The seven pillars of quality presented by Donabedian are validity, efficiency, optimality, acceptability, legitimacy, fairness, and cost. According to the Institute of Medicine, service quality is safe, effective, patient-centered, timely, efficient and fair [15].

Healthcare quality spans several areas. As quality healthcare efforts have evolved within the healthcare team, differences are noted within and between disciplinary perspectives. In the field of nursing, quality begins with Florence Nightingale. Nightingale, one of the first to be credited for developing a theoretical approach to quality improvement, addressed the trade-offs in nursing quality and health by identifying and working to eliminate factors that hinder the repair process [16].

The Institute of Medicine (IOM) in the United States has defined quality of care as “the extent to which health services for individuals and populations increase the likelihood of achieving desired health outcomes and are consistent with the current expertise”. At first glance, the focus of the IOM definition of “health outcomes” may seem more restrictive than the Donabedian concept of “patient health”. However, when developing the definition, the IOM clarified that these “desired” health outcomes should reflect patient satisfaction and well-being in addition to general health or other measures of health. quality of life [17].

The IOM definition has inspired the understanding of quality by many other organizations in the United States and around the world. The IOM definition emphasizes health services in general (because “health care involves a range of services, including acute, chronic, preventive, restorative and restorative care, provided in different settings by many people. many different health care providers ”) and between individuals and populations (but not patients), thus strengthening the link between quality and prevention and health promotion. Finally, the concept of “current expertise” both underpins the evidence-based care movement and underlines that the concept of quality is dynamic and constantly evolving [18].

In a major report published in 2001 (“Overcoming the Quality Pit”), the Institute of Medicine (IOM) defined six goals for a quality health system that is safe for patients: (a) safe; (b) fair; (c) evidence-based; (d) timely; (e) effective; and (f) patient-centered. The following three factors directly affect patient satisfaction [19].

To the average person, how good is quality. It could be a service, for example. canteen service or a product, for example. watch. A person's evaluation of a service or a product depends on what he expects from it or from him [20].

3. PATIENT-CENTERED CARE

Patient-centered care is especially important for vulnerable or disadvantaged populations, such as the young, elderly, disabled or sick mental; people from diverse cultural and linguistic backgrounds, or from rural and remote areas; and Aboriginal and Torres Strait Islander peoples. For many of these people, communicating and collaborating with health professionals can be difficult and necessarily involves caregivers, friends, family, spiritual and pastoral counselors, or the community at large. The principles and approaches of patient-centered care are seen as an opportunity to address the inequalities that people in these populations may experience. It is also seen as a way to promote greater participation of all in health care processes and potentially better health outcomes [21].

Patient-centered care encompasses many concepts and ideas about how patients and consumers participate in the health system and health care delivery. The concept of patient-centered care includes a partnership between

the patient and the healthcare professional when providing care. It also includes partnerships between patients, families, caregivers, consumers and citizens in the policy, planning and governance of health services. There is an abundant literature on many specific aspects of patient care, such as patient-physician communication during consultations or consumer engagement strategies in the planning of medical services. This article does not go into detail on these specific aspects, but rather provides an overview of strategies and approaches that health services can use to make their services available.

In general, many regulators and organizations recognize patient-centered care as a key aspect of quality. Among the member countries of the Organization for Economic Co-operation and Development (OEGD), the United States, United Kingdom, Ghana and Australia include patient-centered care or responsiveness. healthcare quality in national documents and frameworks. OEGD and WHO have included these concepts as a dimension of health care [22].

4. PATIENT SATISFACTION

Quality of care from a patient's point of view can be defined as "the set of characteristics and characteristics of a medical product or service that affect its ability to meet declared need or service".

Since patient satisfaction is considered to be one of the possible operas of the concept of quality of care, elements of this definition are evident in most publications focusing on patient satisfaction. patients [23].

Pascoe described patient satisfaction (in) as the result of comparing key characteristics of an individual's healthcare experience with a subjective standard. This comparative process involves two related psychological activities: (1) cognitive evaluation, or rating, and (2) effective response, or emotional response, to structure, processes and outcomes of health care services. Subjective criteria for evaluating health care experiences can be ideal circumstances, subjective perceptions of what is worthwhile, average translations of past experiences in similar situations, level of acceptable minimum or a combination of these.

Dissatisfaction results from unfulfilled expectations: when accomplishment exceeds expectations, satisfaction increases. According to Parasuraman et al. The size and direction of the gap between expected and perceived services depends on (1) consumer expectations and management's perception of those expectations, (2) management's perception of expectations and management. QoS characteristics, (3) QoS characteristics and actual service delivery, and (4) actual service delivery and external service communications [24-25].

More recently, Strasser and Davies have viewed patient satisfaction as a direct response to real-life situations. Patient satisfaction was then defined as the patient's assessment of the patient's worth and subsequent responses to perceived stimuli immediately before, during and after exposure to health services. This model was further developed by Strasser et al., 11 who described patient satisfaction as (1) a cognitive and perceptual process in the sense of attitude formation, (2) a multidimensional construct and a structure global single, (3) a dynamic process along various dimensions such as time, self-perceived fairness and pain, (4) a longitudinal response pattern, expressed as cognitive or affective or both but not behavior, (5) an iterative process of attitude formation and subsequent behavioral responses, and (6) an individualized process that depends on the patient's values, beliefs, expectations, past healthcare experiences and specific sociological factors , including his current state of health [26].

5. IMPROVING PATIENT CARE

Improving patient care has become a priority for all healthcare providers with the common goal of achieving high levels of patient satisfaction. Greater public awareness, growing demand for better care, stronger competition, tighter healthcare regulation, an increase in medical malpractice lawsuits and concerns about poor performance are all contributing factors to this shift. [27].

The quality of patient care is fundamentally determined by the quality of the infrastructure, the quality of training, the capacity of staff and the efficiency of the operating system. The basic requirement is to adopt a patient-centered system. The problems that exist in health care involve both medical and non-medical factors and an overall system which improves both aspects must be implemented. Health systems in developing countries face an even greater challenge because the quality and cost of

rehabilitation must be balanced with equal opportunities in patient care [27].

Quality management in healthcare has observed a paradigm shift from expecting mistakes and errors to believing that a perfect patient experience can be achieved. Philip Crosby maintains the same principle that the system that delivers quality is preventive, not evaluative. The literature indicates that the cause of death of a large number of hospitalized patients is medical negligence and hospital-acquired infections. These deaths can easily be avoided by incorporating quality assurance programs [27].

System design is important but not sufficient in health care management. High-value clinical care results from the most efficient expenditure of resources to obtain high-quality care. Six Sigma design produces virtually flawless output. No model has been established as superior to others in terms of quality management. However, any mechanism will work if management and team are committed to quality [1].

Patient satisfaction is the desired outcome of a quality assurance program that requires the delivery of patient-centered care and adherence to effective standards and procedures. The Institute of Medicine defines patient-centered care as a type of care that respects and represents the preferences, needs and values of each patient, ensuring that the patient's values guide all clinical decisions. Another approach is shared decision making in which clinicians and patients make decisions together using the best available evidence [1].

Patient satisfaction, a loose term without a clear and uniform definition, is a multidimensional and to a large extent subjective entity. Most of the research aimed at understanding the complex relationship between the three main components of quality of service has been conducted in the context of developed countries, which cannot be generalized in the context of developing countries due to cultural differences. The overall quality of service provided is one of the main factors that patients consider important when choosing a dentist [2].

The tools can be used to continuously improve the effectiveness of the quality management system. These include internal quality reviews, public comments, and corrective / preventive actions to meet applicable standards. ITI Health Management Information Systems Integration and Leadership is committed to facilitate implementation. The four-step quality model, the plandocheckact cycle (PDCA), also known as the requirements cycle, is the most widely used tool for continuous quality improvement (CQI). (Fig. 1) Other methods are Six Sigma, Lean, and Total Quality Management (TQM). The Kano model

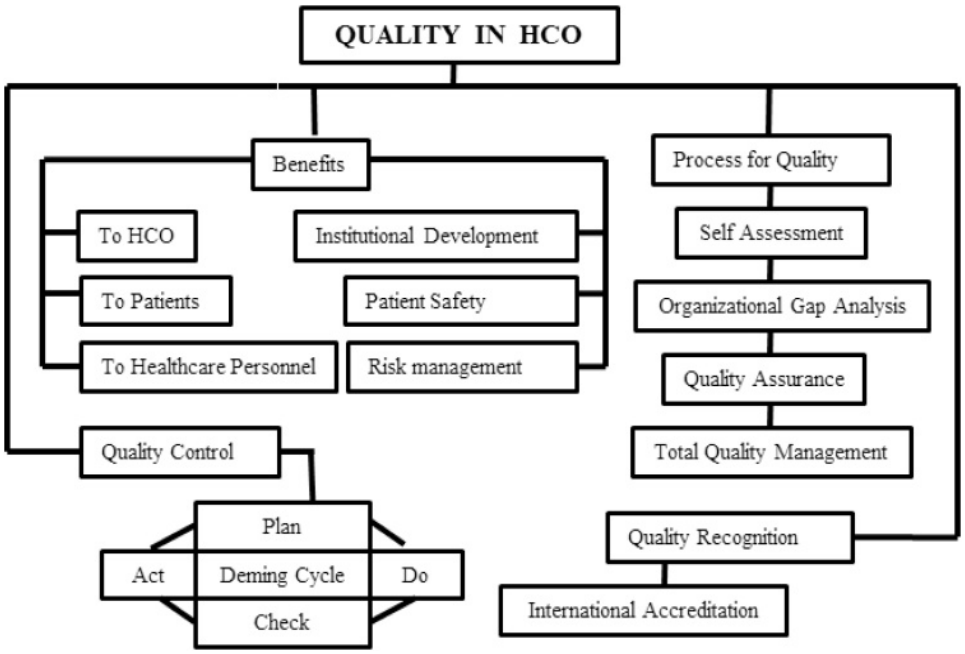

Fig. 1. Flow chart

has been applied to identify patient needs or improve their satisfaction with health services. Well-defined protocols that follow standard operating procedures and continuously trained staff are internal measures for quality control, while accreditation is an external assessment of quality and quantity [1].

6. CONCLUSION

Communicating a better understanding of health care quality is an important preliminary step towards health care quality research and initiatives. Without clear meaning, quality improvement can be sporadic or ineffective. Competent authorities should consider shaping the curriculum to provide training for future professionals to increase patient satisfaction. Improving the quality of health services requires strong leadership from national governments, targeted local support and action at the health facility level. At all levels, it is necessary to involve and empower the communities served by the health system. Improving the quality of health services requires special attention to the creation and learning of knowledge. Lessons on the delivery of quality care should be systematically documented, documented and shared within and across countries.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

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Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle4.com/review-history/71721