Assessment of Quality care in the health care sector: A Systematic Review

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ABSTRACT

High-quality health systems are more crucial than service quality in the other sectors because they have a major effect on the health and well-being. In reality, there has been a lot of interest in healthcare quality since raising the standard of treatment has a favourable effect on a nation's population's health, which in turn helps the economy and culture as a whole. Increasing the calibre of hospital treatment is a top goal for all nations, particularly developing ones where hospitals serve as the primary healthcare facilities.The release of several research on the evaluation of quality care with in healthcare industry served as the basis for the current study. The current study was inspired by a number of studies on the costs and issues associated with malnutrition. Relevant papers were included after a search of the internet databases of Pubmed, EMBASE, the Web of Science was done with English as the only permitted language. After that, databases got accessed to perform a more thorough literature search using key words or Boolean operators to produce papers relevant to the problem. Using inclusion/exclusion criteria, these papers were vetted to create a manageable eight pieces.These eight articles were evaluated, and the results showed that now the delivery and standard of care in the health sector suffer from considerable gaps. The study revealed the disparities in key service & quality of care parameters that depend on one another. Other service quality dimensions may decline as a result of a gap with one dimension, which can have a multiplicative effect. Doctors & paramedical staff availability, patient discharge procedures, hospital documentation policies, staff awareness of social responsibility, management standards, and medicine availability are some of the important hospital administration elements that have an impact on staff-patient interactions.The study came to the conclusion that managers as service providers should think about improving other dimensions in addition to concentrating on those with the biggest gaps. On these less explored characteristics, future scholars can base their work. The average stay duration, patient cooperation, patient quality/illness, and patient sociodemographic parameters are the final elements influencing the level of service in terms of patient characteristics.

Key words:Assessment, Quality, Health, Healthcare, Hospital, Care, Hospital care.

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INTRODUCTION

Private and public healthcare cable companies throughout the world have long been concerned about the level of care available. More crucial than Seroquel model in other sectors of the health sector, high-quality health system has great effect on the health and well-being.(Kruk et al., 2018). In reality, there has been a lot of interest in healthcare quality since raising the standard of treatment has a favorable effect on a nation's population's health, which in turn helps the economy as society as a whole. Increasing the caliber of hospital treatment is a top goal for all nations, particularly developing ones where hospitals serve as the primary healthcare facilities. In order to help policymakers, accomplish India's national objectives and international obligations, the government unveiled the National Health Policy (NHP) 2017 in this respect.Consistency, good health outcomes, hospital, equity, or reliable service delivery are some of the essential characteristics of high-quality healthcare that NHP identifies. To achieve the health-related aims of said Sustainable Development Goals, boosting the standard of healthcare is equally crucial (SDGs)(Gopal, 2019). Indicators for maternity, foetal, and neonatal care are areas where ongoing quality improvement is required to reduce maternal mortality rates (MMR), mortality rates for infants (IMR), neonatal mortality rates (NMR), and under-five mortality, and the SDGs place focus on improving these indicators (U5MR)(Kruk et al., 2018)

The diversity of service quality offered is one of the most outstanding aspects of India's health care system. Leaders in healthcare innovation and quality may be found in India. Many Indians simultaneously get very low natural and hospital care, especially the impoverished(Kasthuri, 2018). The inadequate quality of care is a major concern for health policy due to India's fast rising chronic illness burden. The issue of poor health care quality is not specific to India. Many studies from industrialised and developing nations have shown common issues with clinicians who don't put much effort into ensuring that patients earn excellent treatment, regional disparities in the level of care provided, and high rates of medical mistakes(Mohanan et al., 2017)

In low-resource environments, such as India, efforts to raise the calibre of healthcare services have usually concentrated on structural limitations. Recent research in low-income nations has revealed that there are significant gaps between providers' knowledge and indeed the care they offer, frequently referred to as "know-do gaps," and that provider knowledge is inadequate for both the public and private sectors(Peabody et al., 2006).Low levels of care may additionally be caused by a lack of incentives with in health system but rather information issues in the healthcare sector, together with an absence of accountability within and between providers and ineffective governance systems with in health system. This is in addition to the providers' insufficient resources or wisdom in such settings. It

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is critical to comprehend the steps involved in providing healthcare services as well as the variables that may restrict providers' efficacy.

JUSTIFICATION

Several studies have confirmed that customer expectations of service are much higher than the customer perception of services rendered by both public and private sector institutions. A firm provides quality service when its services at least meet or exceed the expectations of the customer. Service quality evaluation varies from the service provider's and service receiver's point of view. Service delivery professionals evaluate service based on delivery and design aspects, while receivers of service evaluate it based on their overall perception after consuming the service(Malik, 2012). Traditionally healthcare quality was judged based on some objective criteria such as mortality rate, morbidity rate, infant mortality rate, etc. However, as time passes, the structure of the industry changed, and the role of patients in deciding quality has been given more and more consideration. To survive in the modern competitive markets, it has become of utmost importance for service providers to understand the needs and expectations of customers(Kruk et al., 2018). They must deliver what the customer is expected instead of what they feel is important for a customer to maintain the business demand(Singh & Prasher, 2017). Kotler and Keller (2006) suggest that in the consumer-oriented healthcare market where healthcare delivery is commodified and patient-led, the patient should be the judge of service quality(Kotler, P. and Keller, 2006). Hence, to provide better quality services, healthcare service providers need to identify the main dimensions of service quality in healthcare and focus on those dimensions rated more important by the patients (Singh & Prasher, 2017)

The focus of growing attention is the quality evaluation of hospital treatment since it is the first stage in quality improvement as well as control in health care systems(Kiadaliri et al., 2013). In order to guarantee that patients' requirements are met and that the standard of inpatient care improves enough over time, it is vital to evaluate and track the standard of hospital services(Boffetta et al., 2011). Hospital administrators can pinpoint areas that need further focus for quality improvement thanks to the monitoring of quality service in hospitals.

The provision of healthcare services to patients in accordance with their requirements and expectations is crucial for the organization's survival and success in the cutthroat climate of the healthcare industry(Rivers & Glover, 2008). This indicates that satisfying patients' wants and expectations might serve as a gauge for gauging the level of services provided by healthcare institutions like hospitals. In other words, the gap in service quality may be expressed as the difference between patients' perceptions and expectations of hospital services: the smaller the difference, the greater the quality.

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OBJECTIVE

To investigate and summarize the available literature & principal dimension on quality healthcare service.

REVIEW OF LITERATURE

Concept of quality health care

It may be challenging and unclear to define quality, particularly when it comes to the health industry and the services offered there. Therefore, that obtaining a high degree of excellence and attractiveness may be used to describe quality in general.(Aggarwal et al., 2019)The delivery technique, the setting in which the service is provided, and the manner in which the client is served can all be considered aspects of service quality in the health sector. The quality of medical care is also described either by American Medical Institute as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge(Flodgren et al., 2016)." The UK health system too has established the provision of suitable health services to those in need, using appropriate practical techniques and society can afford and are accepted by the general public, as a measure of the quality of patient care. Continuous evaluation and planning for quality improvement are crucial given the significant relevance of quality within health systems because it influences illness incidence, expenditures of primary and clinical care, patient disabilities, and public mistrust of health system.(Grosios et al., 2010)Patients' quality of life may be improved by measuring and improving the quality of healthcare services by lowering hospital infections and mortality. Several issues and issues with health centres and hospitals may be resolved by monitoring and enhancing the level of service provided with in health system(Mainz et al., 2019)

Service Quality in Healthcare Sector

It is challenging to assess SQ in the healthcare sector because it is important and complex to understand patient perception and satisfaction(Padma et al., 2009). The logical explanation might be that while several institutions in the healthcare sector offer the same services, they do not all offer them to the same standard of excellence. Studying the SQ is crucial in the healthcare industry. Also, customers today are more cognizant of the options available to them and the improving quality of services. Due to these modifications, their expectations have grown (Lim and Tang, 2000). The significance of strict control, quality service, and the efficacy of medical treatment has risen due to the market's severe circumstances and globalisation, as well as the necessity to please patients.(Suki & Lian, 2011). In order to address these problems, SERVQUAL measures have become widely utilised in healthcare research to measure consumers' perceptions of SQ across a range of service categories, including patient satisfaction, skilled nursing hospitals, etc (Lim and Tang, 2000). Its application in healthcare

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has yielded a variety of results, indicating that it need refinement.(Duggirala et al., 2008).Despite SERVQUAL's widespread use, some authors created their original instrument to evaluate SQ, which can help them reach their study goals.

SERVQUAL model

Considering the multifaceted character of quality service, it makes sense to look at the SERVQUAL model, which ranks among the most popular methods for measuring it. The SERVQUAL model, which Parasuraman (1985) devised, divided service quality into five sub-dimensions: dependability, tangibles, reactivity, assurance, and empathy(Romiti & Sarti, 2016). Compare the three aspects of service quality that were mentioned previously (e.g. intangibility, heterogeneity, and inseparability),(Yoo & Park, 2007)We could see that five sub-dimensions may help in overcoming challenges brought on by the nature of the service. According to Miranda et al. (2010, p. 2139), the five sub-dimensions or service quality outlined by Parasuraman might apply to all service-providing businesses in general. Returning to SERVQUAL anti - anti, it is critical to comprehend what each one means. Thus, tangible dimension is "physical facilities, equipment, and appearance of personnel"; "reliability is ability to perform the promised service dependably and accurately"; "responsiveness is willingness to help customers and provide prompt service"; "assurance is knowledge and courtesy of employees and their ability to inspire trust and confidence" and "empathy is caring, the individualized attention the firm provides to its customers" (Miranda et al., 2010).

Several interactions between the four service quality categories enumerated by Dagger et al. (2007, p. 125) and the five SERVQUAL sub-dimensions might be discovered through comparison. At the beginning, it might be claimed that SERVQUAL sub-dimensions primarily relate to an interpersonal component because they all include some sort of contact between consumers and service providers.("A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model," 2007).The fact that SERVQUAL might be used to measure the functional rather than the technical aspect of service quality is reinforced by Miranda et al. (2007, p. 2139). Two SERVQUAL sub-dimensions, tangible and responsiveness, can, however, be linked to the technical and administrative service quality categories, respectively. The similarities between the technical category and the tangible dimension are rather obvious, while responsiveness could be connected to an administrative segment if we define admin duties (i.e. SERVQUAL aspects) as the willingness of administrative personnel to assist clients and offer prompt service.In their 2014 study, Kitapci et al. looked at the impact of 4.6 mm on patient satisfaction, found the impact of satisfaction for word-of-

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mouth advertising and repurchase intent, and looked for a strong correlation between these two variables in the Turkish healthcare sector. SERVQUAL variables were used in the study, and SEM was employed.(Kitapci et al., 2014)

There are two different approaches to the SERVQUAL dimension that may be found in the literature. One was proposed inside the SERVQUAL paradigm and it defined the five SERVQUAL aspects as a sub-dimension.(Parasuraman et al., 1985). Another strategy was put out by Brandy with Cronin, who showed the five SERVQUAL factors as assessors for dimensions rather than as sub-dimensions.(Brady & Cronin, 2018). Nonetheless, we may advise utilizing them as sub-categories inside the synopsis of Service Quality groups for the sake of our study rather than as evaluators overall categories. As a result, we choose to use the first stance as SERVQUAL subdimensions, which enables us to analyse categories from a wider perspective than if SERVQUAL sub-dimensions were used only as assessors for rigid categories. Furthermore, the second method would include three levels, including categories, subcategories, and assessors of the latter, making the structure of basic service and hospital service quality categories even more complicated.(Gounaris, 2005). It should be noted that, for the sake of their depiction in our research, the second level's subcategories will be referred to as dimensions.

The relevant literature recognises the significance of SQ or patient satisfaction, thus researchers could employ this input for more research in order to enhance hospitals' performance.

METHODOLOGY

A systematic review was conducted by adhering towards the Recommended Reporting Items for Systematic Evaluations and Meta-Analyses (PRISMA) statement's instructions for documenting results.

At the time of database was created until 2023, all pertinent papers published on the PubMed, EMBASE, and Web of Science databases were searched. The PICOs concept was used to construct search strategy. To include any pertinent research which might not have been found in the first search, a search was also carried out.

DATA COLLECTION STRATEGIES

Three databases were selected for this investigation, and they were used for the whole data collection procedure. PubMed, EMBASE, and Web of Science was search. The search was conducted using logical operators and keywords to reduce data saturation. So, it is essential to show that a thorough, extensive, and wide search was conducted.

Inclusioncriteria

- The included studies were:

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- Studies emphasised on quality of health care services
- Studies published in the last 10 years
- Studies published in English language
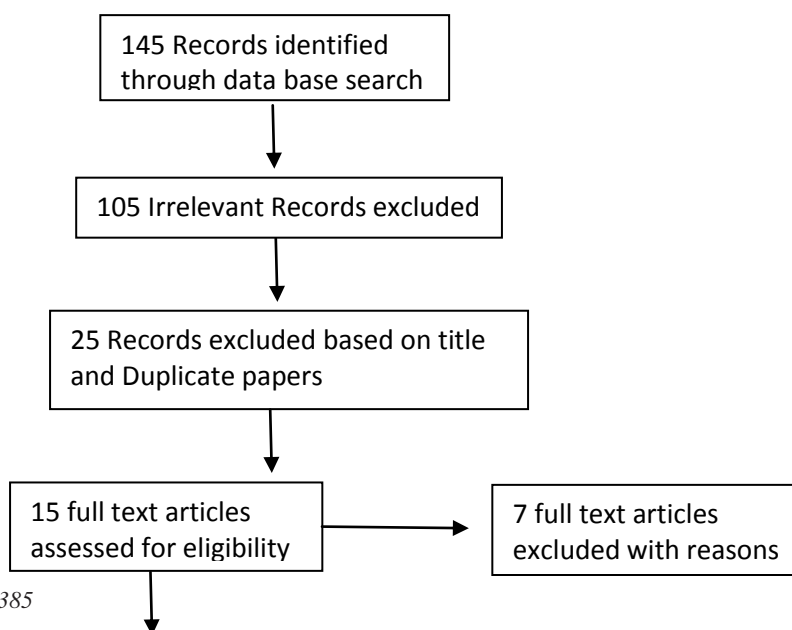- Peer Reviewed articles

Exclusion criteria

- Pilot study or protocols
- studies not conducted in the Asia-Pacific region
- Not an original study
- Paid articles
- Articles written in other language than English

DATA EXTRACTION

A Boolean search for relevant phrases was performed, followed by filtering them using various filters based on inclusion criteria. This restricted the number of records to 55 in Web Of Science, 30 in Embase, and 60 in PubMed.

Two of the writers independently carried out the recommended reporting items from systematic studies and meta-analyses (PRISMA) criteria for data extraction. Discussions were used to settle disagreements. The author, publication year, nation or region where the study was done, and study setting were among the data gathered.Diagrams of PRISMA's flow were made. Due to their lack of relevance to the study's topic, a few items were eliminated. The duplicates were eliminated, and each article's abstract was reviewed. Eight articles in total satisfied the admission requirements for all of this systematic review after papers with meta-analytic reviews were also eliminated.

PRISMA FLOWCHART

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            ┌─────────────────────────┐
            │ 145 Records identified  │
            │ through data base search│
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            │ 105 Irrelevant Records excluded│
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            │ 25 Records excluded based on title│
            │ and Duplicate papers        │
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    ┌──────────────────────┐        ┌──────────────────────┐
    │ 15 full text articles│───────▶│ 7 full text articles │
    │ assessed for eligibility│     │ excluded with reasons│
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<div style="border:1px solid black; display:inline-block; padding:8px;">8 full text articles studied</div>

RESULTS

The completed compositions will be reviewed and analysed. The study is comprised of eight studies. The assessment of the general situation and comprehension of the literature were made possible by the application of such a theoretical model (The C.A.S.P. tool, 2018). Each article is summarised in the table below.

Author and Year	study design	Sample size	Key findings
Taqdees Fatima (Fatima et al., 2018)	Observational Survey	611	Recommend better quality of healthcare services help in building satisfaction
Singh and Prashar(Singh & Prasher, 2017)	Observational Survey	650	The hospitals should focus more on Reliability and Trustworthiness to offer the best quality service to patients.
Kalaja et al (Kalaja et al., 2016)	Observational Survey	200	Positive results towards quality services
Khalid Al Fraihi et al (Fraihi et al., 2016)	Cross Sectional descriptive study	306	Significant Service quality gaps
Mohammad karim Bahadori et al (Bahadori et al., 2014)	Cross Sectional descriptive study	195	Service quality was not as per expectations of the patient
Israr, et al (Israr et al., 2016)	Observational Survey	120	Satisfied Quality Care
Nasim Kazemi et al (Kazemi et al., 2013)	Cross Sectional	190	Service Quality gaps
Lim et al (Lim et al., 2018)	Exploratory	176	Service quality depends on patient satisfaction

In terms of healthcare quality service metrics and the theories used to examine healthcare service quality, the meta analysis of 8 papers produced a number of significant discoveries. Healthcare service quality, because of its intangible character and subjective nature, is difficult to define and measure. The comprehensive study of research articles about healthcare service quality illustrated that service quality in healthcare is examined by using different measures primarily related to servicescape, personnel, hospital administration and patients.

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Fatima et al. examined the relative importance of quality metrics in predicting patients' happiness and loyalty with a focus on hospital service quality. Results show that private medical providers are aiming to give their clients with well-improved healthcare services. The effectiveness of healthcare services tends to increase patient happiness and loyalty. The physical environment, customer-friendly atmosphere, responsiveness, communication, privacy, and safety features of healthcare services are positively associated to patient loyalty, which is mediated in patient satisfaction(Fatima et al., 2018).Fuzzy set theory and the SERVQUAL methodology were combined by Singh and Prashar to quantify service quality. They underlined that in order to provide better healthcare services, hospital management must understand and align with patients' perceptions of service quality (SQ). They emphasised that in order to compete in this cutthroat industry, it is crucial to properly grasp customer expectations and demands.(Singh & Prasher, 2017). The public regional hospital's level of service quality was evaluated by Kalaja et al. Five aspects of service quality were identified, including empathy, tangibility, responsiveness, assurance, and reliability, all of which are crucial for gauging patients' impressions and expectations of each. The results in particular show that there are no appreciable discrepancies between patients' actual perceptions and expectations in terms of receiving high-quality care. While making choices influencing service quality evaluation, hospital administrators and policy makers should take the findings into consideration as highly essential factors.(Kalaja et al., 2016). Using a gap in service quality model and factors affecting such gaps, Fraihi et al. looked at patients' views and expectations of hospital outpatient services. The findings demonstrated that the suggested model for dimensions of service quality satisfied the suggested values and had a satisfactory match. In every area of service quality, patients' expectations surpassed their perceptions, revealing statistically significant discrepancies in service quality. In the assertions, prompt services had the largest service quality gap, whereas privacy observation had the least service quality gap. The research revealed a connection between service quality characteristics and gender, age, education, and the number of visits.(Fraihi et al., 2016). An appealing outpatient environment and appropriate outpatient services are regarded as one of the most key causes for patients to visit the hospital, and the physical environment of the hospital plays a significant role in increasing the service quality(Fraihi et al., 2016). Hospital services for individuals with chronic renal disease were evaluated by Bahadori et al. Results showed there were significant gaps in any and all dimensions because patient expectations were higher than what they thought the quality of the treatments they received were in all aspects. Healthcare professionals and staff members should pay greater attention to the views and feedback of their patients and utilise it to address issues at work and raise the calibre of the services offered. It is also advised that the medical personnel receive training on how to cater to the mental needs and expectations of the patients. They also emphasised the possibility that poor patient communication between doctors,

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nurses, and staff members may be the cause of the wide empathy difference (Bahadori et al., 2014)All of the respondents, according to Israr et al., expressed satisfaction with the medical care they received. By offering all healthcare facilities to the community and patients, and in the majority of cases, patients were happy with the health care system, quality service plays a crucial part in improving the health condition of the rural population(Israr et al., 2016)By using gap analysis or patient satisfaction, Kazemi et al. provided an empirical inquiry to gauge many aspects for hospital service quality (HSQ) (PS). the greatest disparity in "responsiveness" and the smallest in "confidence." The goal of service integrity is to add value to the hospital under study and to satisfy customers. Because a high level of service quality affects customer happiness, profitability, productivity, market share, and expenses, hospitals that want to stand out should pay attention to how patients feel about the quality of their care. The greatest gaps in reliability and empathy come after responsiveness. The hospital's confidence and tangible condition were better than others.Due to hospital staff members' lack of willingness to assist, inability to adequately reply to patient requests in a timely manner, and failure to call patients when necessary, patients were disappointed with the hospital's response(Kazemi et al., 2013)Hospital servqual, patient happiness, hospital usage, and hospital economic condition were investigated by Lim et al using a conceptual model. The analysis's findings indicate a considerable discrepancy in service quality, and that quality significantly influenced customer satisfaction, which in turn had an impact on financial success. The outcomes corroborate earlier findings that service quality and patient satisfaction were positively correlated, and that patient satisfaction and utilisation significantly improved financial performance. The analysis's findings confirm earlier findings that patient happiness and hospital service quality are positively correlated. Also, the results demonstrate a considerable positive relationship between patient happiness and hospital use and hospital financial success(Lim et al., 2018).

DISCUSSION

Overall, there are large inequalities in the service of quality of care provided by hospitals. Utilization has received less research in the past than the other servicescape parameters that were listed. Future researchers can look at these areas since the capacity of the infrastructure in healthcare facilities is frequently under or overutilized, which impedes the provision of healthcare services. Healthcare personnel attitude, efficacy, speed, empathy, responsiveness and assurance, physician / staff performance, professional performance, dependability, responsiveness, punctuality, and trustworthiness are the main factors used to assess the competence of human resources (people). Quality of hospital communication, information quality, professional reliability, provider motivation, and satisfaction encounters are some of the personnel characteristics that have received less research.These similar

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results are shown by (Gupta & Rokade, 2016)where they mentioned that these factors can influence the service quality of healthcare centers but are less researched in the past. Admission, assurance, the healthcare delivery system, high prevalence, standards, leadership and management, and medical service are some of the elements that affect the quality of hospital management and administration.

The study showed the gaps in various dimensions of service and quality of care which are depending on each other. The same is in agreement with Suki and Lian, who backed the idea that even a gap with one dimension might negatively impact other factors related to service quality and cause those aspects to decline. Therefore, managers but also service providers should think about improving other dimensions in addition to concentrating on those with the biggest gaps(Suki & Lian, 2011)

Doctors or paramedical staff availability, patient discharge procedures, hospital documentation policies, staff awareness of social responsibility, management standards, and medicine availability are some of the important hospital administration elements that have an impact on staff-patient interactions. These determinants are less studied in the literature. As mentioned and supported by (Mosadeghrad, 2014)that these lesser-studied characteristics might serve as the foundation for future study. The average duration of stay, user cooperation, medical quality/illness, and patient sociodemographic parameters are the final elements influencing the service level in terms overall patient characteristics.

Patients who frequently use outpatient services have different hopes for the empathy dimension and for receiving honourable treatment, in contrast to a study by Adebayo et al. that found no statistically significant relationship between the frequency of dental visits and gender and the quality gaps examined. In contrast to our findings, Kavitha's study done in India to identify the factors impacting the service quality gap found no relationship between age, gender, schooling, and occupation(Kavitha, n.d.).The components used to gauge hospitals' perceived service quality under theories except from the SERVQUAL model can be broadly categorized into the five SERVQUAL dimensions. Nevertheless, Chahal and Mehta also highlighted in agreement that various new dimensions are being utilised to evaluate the clinical quality of hospitals, including result quality, process quality, bureaucratic quality, utilization, technological quality, and trustworthiness (Chahal & Mehta, 2013)

LIMITATIONS

The current study has some shortcomings which open up opportunities for future research. The present study followed a systematic review process to obtain research articles from different database. Several inclusion criteria were applied, and only those full-text articles that are available in the English language were selected for the review. Therefore, there is the possibility of excluding some articles that are not available in these databases or are available in some other languages. The limitations in the

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included a potential variability due to the types of settings. It only included peer-reviewed literature.The review of available literature has revealed that there are a large number of measurement tools available for the assessment of service quality in healthcare. However, the majority of these measurement instruments developed by the researchers assess quality from patients' perspectives and do not take into consideration service providers' perspectives. The technical aspect of service quality cannot be assessed by patients alone. For a better understanding of service quality evaluation and satisfaction of service encounters, both service providers' and receivers' perspectives should be taken into consideration.

CONCLUSION

The study has attempted to identify and describe all dimensions and measurement tools relevant to healthcare service quality in light of the available literature. The study provides a thorough description of a vast number of investigations and reflects their outcomes. This research could help understand the diverse conceptualizations of service quality in healthcare compared to other types of services. The study also identified various gaps in the available literature that could be answered by future research.

Service quality is a subjective measure and hence tends to vary from place to place and from patient to patient based on preference. The study has identified different measures that have been utilized to date to examine service quality or quality gaps in various hospital settings. The majority of the studies that were chosen for review used SERVQUAL quality dimensions as service quality measures. The most of the research used a difference between the perceived and anticipated scores of Seroquel factors to determine service quality. In this study, which adds to the field of theory on the issues and topics mentioned above, an effort has been made to open up new areas for service quality care research in the future.

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