

EFFECT OF MANAGEMENT OF MEDICAL FACILITIES ON QUALITY OF MEDICAL SERVICES

Magdalena Bsoul-Kopowska
Czestochowa University of Technology

Abstract: The aim of the article is to increase the awareness of the role of quality management in medical facilities and to discuss the key factors determining the effectiveness and quality of patient-oriented medical care. The management of medical facilities plays an important role in providing effective and safe health care for patients and the quality of medical services is a key element to guarantee its highest level. The paper discusses the importance of quality management of medical services and presents various approaches to quality management in medical facilities. Furthermore, the results of empirical research confirmed the relationship between effective quality management and improved medical care and satisfaction of patients and medical staff. These findings emphasize the need to invest in effective methods for managing the quality of medical services in medical facilities.

Key words: medical facility, medical service, medical service quality, management of medical facilities

Introduction

Nowadays, the healthcare system represents one of the most important aspects of social life. The management of medical facilities and the quality of medical services are crucial to providing adequate health care to patients. Managing medical facilities requires the ability to coordinate multiple activities and effectively utilize human, financial, and technological resources. High quality of medical services depends on the qualifications of medical staff, efficient treatment, availability of equipment and technology, and ensuring patient safety. In this context, the management of medical facilities and the quality of medical services provided are an important element in the operations of health systems around the world. The present paper's aim is to analyse the issues related to the management of medical facilities and their impact on the quality of medical services. The paper also highlights the key determinants of the efficiency and quality of patient-centered medical care.

Characteristics of medical facilities

According to Article 68 of the Constitution of the Republic of Poland, every citizen, regardless of his or her financial situation, has the right to health care, with the entity responsible for access to health care services being the public authorities. (<https://bip.brpo.gov.pl/pl/kategoria-konstytucyjna/art-68-prawo-do-ochrony-zdrowia>). Medical facilities are various types of institutions and entities that provide health care, treatment of diseases, and rehabilitation services. These include:

- hospitals, which are facilities that provide comprehensive medical services, such as diagnosis, treatment, rehabilitation, and palliative care. Hospitals, depending on their treatment profile, are divided, among others, into general, psychiatric, oncology, pediatric, cardiology, and other hospitals;
- medical health centers: entities where doctors and other specialists provide medical advice and services for the diagnosis and treatment of diseases. These include public facilities, such as health clinics, as well as private facilities, such as specialist medical clinics;
- pharmacies: establishments where patients can purchase prescription or non-prescription drugs and medical products;
- rehabilitation centers: facilities where patients receive comprehensive rehabilitation services after illnesses or injuries. Among them are neurological, orthopedic, cardiology, and other centers;

- diagnostic laboratories: facilities where laboratory tests, such as blood, urine, stool, and microbiological and genetic tests are performed
- doctor's offices: smaller establishments where doctors provide medical services. There are many private doctor's offices that specialize in various fields of medicine.
- Hospices: facilities where patients receive specialized palliative care in the terminal phase of the disease (Chołuj, 2019).

The above-mentioned medical facilities can operate as public entities, funded by the state budget and the National Health Fund, or as private entities, funded by other sources such as health insurance, patient payments, or private funds. Public healthcare includes hospitals, clinics, health centers, and specialist medical clinics such as university clinics. Private healthcare, on the other hand, includes private clinics, private clinics, doctors' offices, and specialized diagnostic or rehabilitation centers.

Both forms of healthcare have their advantages and disadvantages. Public care provides free access to basic medical services for all citizens, but waiting times for an appointment or procedure can be long, with the limited range of services. Private care offers faster access to medical services and a greater choice of facilities and doctors but is more expensive and may be unavailable to some patients due to differences in income (Nagraba, 2015, pp.15-127).

Medical services and their quality

Medical services are an area that greatly affects the health and lives of patients, so it is important to ensure their high quality. Medical services are a broad spectrum of healthcare activities, including diagnosis, treatment, rehabilitation, and disease prevention. According to K. Krot (2008), a medical service is considered to be "a series of activities of an intangible nature: from the patient's first contact with a healthcare facility until his or her leaving it, undertaken to ensure health or improve personal qualities."

The market for medical services should secure the basic health needs of society. Today, increasing resources, especially human resources, whose availability determines the number and quality of medical services provided, has become a priority task.

The term "quality" is difficult to define. This is due to several reasons:

- its multidimensional and interdisciplinary nature,
- quality assessment depends on experience and knowledge,
- the concept of quality is changing as a result of the development of the economy just as the level of awareness of entrepreneurs, managers, and employees,
- it depends on the quality concepts used in the organization.

The term "quality" originates from the Greek word *poiotes*, introduced for the use of philosophical disputes, denoting the possession of certain qualities to evaluate specific things, later translated into Latin by Cicero as the word *qualitas*, denoting the properties of an object. Plato considered quality to be "a certain degree of perfection" (Bielawa, 2011, pp. 143-152). This statement was the beginning of the development of the concept of quality, an important element in the development of society. Current literature reports a considerable number of definitions proposed for the concept. For example, according to P.B. Crossy, quality is compliance with requirements (Ząbek & Ząbek-Kwiek, 2015, pp. 117-131). E.W. Deming defines quality as "the expected degree of uniformity and reliability at the lowest possible cost to meet market requirements"(Deming, 1986). In contrast, for J.M. Juran, quality means utility (Juran, 1988).

Furthermore, the concept of "quality in medical services" in European countries gained the attention of politicians and government authorities in the mid-1980s. According to the World Health Organization (WHO), the concept has been defined as a composite of the characteristics of a service product, while assuming that quality consists of all those characteristics of a service product that, taken together, ensure that the product can satisfy both expressed and unexpressed needs of the buyer. Quality in the area of medical care is the result and the way the resources are used, the organization of services, and patient

satisfaction. It is also the degree to which health services, involving individuals and populations, increase the likelihood of meeting the expectations for treatment outcomes and demonstrate compliance with current professional knowledge (Wiśniewska, M. 2016).

According to the Ministry of Health, the quality of medical services depends on several factors, such as availability of services, effectiveness of treatment, patient safety, patient communication, respect for the patient, responsibility for the patient's health, and cost-effectiveness (Ministry of Health, 2020). Furthermore, according to a report by the European Agency for Safety and Health at Work (EU-OSHA), key factors affecting the quality of medical services include the skills of medical staff, the availability and effectiveness of medicines and medical equipment, hygiene standards, and safety procedures (EU-OSHA, 2019).

Various methodologies are used in research on the quality of medical services, including patient surveys, clinical audits, risk analyses, health care process evaluation, and patient safety research. According to a study conducted in Poland, the quality of medical services is perceived by patients as one of the most important criteria for choosing a medical facility and deciding to continue treatment (Szpringer et al., 2015, pp. 132–137).

Effect of management of medical facilities on quality of medical services

There are many studies both in the Polish and world literature devoted to the concepts and methods of management in medical institutions. This is due, among other things, to the dynamic development of medical entities, competition, or technological advances. These factors mean that medical facilities that cannot meet the quality expectations of patients are eliminated from the market. Recent years have also seen an increase in the awareness of patients and their needs for medical services, making the development of medical facilities dependent on the quality of their services. Many authors have demonstrated that patient satisfaction with treatment is, along with the knowledge and experience of the staff and access to increasingly modern diagnostic methods, a prerequisite for good treatment results. Therefore, the achievement of high-quality medical services requires effective coordination of activities and the ability to adapt to ever-changing conditions. There are many entities in the medical services sector, such as patients, health professionals, the National Health Fund, and the public. Each of these entities has its own goals and interests, which means that health care quality must be analyzed from many different perspectives.

Ensuring a high level of quality in medical services is expensive and therefore cannot be considered only as an investment. Investing in quality should take into account marketing aspects such as the prestige or image of the facility in the market, but also the possibility of building loyalty relationships between the patient and the facility.

The new approach to quality issues in medical services is a result of changes in global markets, such as stricter requirements for safety and producer responsibility for a product or service, increasing customer demands for reliability, durability, ease of use, and accessibility. The economic factor is also important as it influences medical facilities' interest in quality issues. This is because it was found that there is a direct relationship between the quality of the services provided and the financial performance of the organization. Improvement in the level of quality should therefore lead to strengthening the position of the medical facility and attracting patients and thus improving the financial results.

Examples of medical facility management include the following areas: human resource management, financial management, clinical process management, and quality management. Each of these elements is critical to providing quality health care to patients:

Human resource management: medical staff is a key component of a medical facility. Therefore, human resource management is extremely important. Human resource management includes recruitment, training, developing, and motivating staff. Medical personnel should be qualified and

experienced enough to provide quality health care to patients. Furthermore, medical staff should be motivated to work to provide the best possible care to patients.

Financial management: Financial management is important for maintaining the financial stability of a medical facility. It is worth noting that medical facilities have specific financial requirements that differ from other enterprises. Financial management of a medical facility includes, but is not limited to, budget planning, cost control, and revenue and expense management. Effective financial management allows medical facilities to invest in growth and modernization, which translates into the quality of services they can offer to patients.

Clinical process management: Clinical process management is a guarantee of effective and efficient healthcare. It includes managing treatment processes, monitoring the patient's condition, and coordinating the activities of medical staff.

Quality management: Management of the quality of services in medical facilities is a comprehensive process that encompasses various aspects of the activities of medical facilities. There are many quality management tools and methods for the continuous improvement of medical processes and services. In any medical facility, the implementation of a quality management system and obtaining ISO 9001 certification is expected to bring many tangible and intangible benefits. ISO 9001 includes detailed quality management system requirements that enhance the ability to consistently deliver care that meets patient needs, as well as statutory and regulatory requirements. For patients, the certification of a quality management system by PCC-CERT proves that a medical facility is able to meet their requirements and needs. This standard is implemented to improve the quality of services and products by understanding and meeting customer requirements, using a process approach, as well as providing results of their effectiveness and continuous improvement based on the information collected. The standard enforces methods to improve process efficiency.

One solution is to embrace the organizational processes with the Deming cycle, or PDCA (Plan-Do-Check-Act). Planning is the first step in the quality management process. In this stage, goals and a strategy for service quality are defined. It is worth taking into consideration patient expectations, legal regulations, medical standards, and resource availability. The second stage is the implementation of the plan, the DO stage. This is where specific measures are implemented at the medical facility. At this stage, it is important that employees are properly trained and equipped with the necessary tools and materials. The next stage is CHECK, which means checking the effectiveness of the actions taken at the DO stage. In this stage, the results are monitored and their compliance with the established goals is assessed. If the results are unsatisfactory, appropriate corrective action should be taken. The final stage is ACT, which is the implementation of measures to improve the quality of services. Based on the results of monitoring and analysis, a corrective action plan can be designed and implemented at the medical facility (Wawak, 2002, pp. 21-24).

Communication with patients is also an important part of service quality management. Patients should be informed about the standards of medical care and the processes of managing the quality of services, whereas medical facilities are required to allow patients to participate in the process of evaluating the quality of services and provide them with the opportunity to make comments and suggestions.

This forms the patient's experience both by all the elements and situations that the patient encounters when he or she is provided the services in a medical facility, and contact with the facility's employees, starting with the appointment process. This contact builds the patient's perceptions and opinions about the quality of the entire entity's work. Therefore, the goal of the activities of medical institutions is to achieve patients' satisfaction and gain their trust while the quality of medical services becomes one of the most important elements affecting the effectiveness of healthcare institutions in the competitive market (Horbaczewski, 2006, p.10).

The review of the literature on the issue studied revealed examples of empirical studies that have confirmed the relationships between quality management of medical services and improved medical care and patient and medical staff satisfaction, along with their sources. For example, a study conducted by Linda Aiken et al. in the United States found that medical facilities that used advanced service quality management methods had better patient safety scores than facilities that did not (Aiken et al. 2002, pp. 1987-1993). Furthermore, a study conducted in Switzerland found that medical facilities using service quality management received higher patient satisfaction ratings than facilities that did not implement such management (Alkhenizan & Shaw, 2011). According to a study conducted in Poland, the implementation of programs for the management of the quality of medical services in hospitals led to a reduction in medical errors and improved patient satisfaction (Trzcińska., 2019, pp. 120-125).

These results confirm that effective management of the quality of medical services is key to providing the best quality of health care for patients and for the satisfaction of medical staff.

Conclusion

In conclusion, service quality management in medical facilities is a key element for providing patients with the best possible medical care. There are many tools and methods for the continuous improvement of medical processes and services. It is important for medical facilities to focus on providing top-quality services to attract and retain patients and provide them with high-quality medical care.

Therefore, the quality of medical services is one of the main elements of the effectiveness of healthcare entities in a competitive market, and patient satisfaction with medical services is a prerequisite for good treatment results. The results of the evaluation of the quality of health services are the basis for their improvement, and, at the same time, determine the implementation of the principle of customer-patient orientation.

Literature

1. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002), Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Jama*, 288(16), 1987-1993.
2. Alkhenizan A, Shaw C. (2011). Impact of accreditation on the quality of healthcare services: a systematic review of the literature. *Ann Saudi Med*, Jul-Aug;31(4):407-16. doi: 10.4103/0256-4947.83204. PMID: 21808119; PMCID: PMC3156520
3. Bielawa A., (2011), „Postrzeżenie i rozumienie jakości – przegląd definicji jakości, *Studia i prace Wydziału Nauk Ekonomicznych i Zarządzania, Wydawnictwo Naukowe Uniwersytetu Szczecińskiego*, Tom 21.
4. Buchbinder, S. B., Shanks, N. H. (2016). *Introduction to health care management*. Jones & Bartlett Learning.
5. Chołuj B., (2019), *System opieki zdrowotnej w Polsce - efekty zmian w Polsce i krajach sąsiednich* (red.). T. Wydawnictwo Naukowe, Scholar, Warszawa.
6. Deming, E. W., (1986). *Out of the crisis: quality, productivity and competitive position*. Cambridge University Press..
7. European Agency for Safety and Health at Work Consolidated Annual Activity Report 2019 , <https://osha.europa.eu/en/publications/annual-activity-report-2019> (dostęp: 23.04.2023).
8. Horbaczewski D., (2006), Filozoficzne źródła współczesnego pojmowania jakości, „*Problemy Jakości*” 2006, nr 10, pp. 9-12..
9. Juran, J. M. (1988). *Juran on quality by design: the new steps for planning quality into goods and services*. Free Press.
10. Karaszewski R., (2001), *TQM teoria i praktyka*, TNOiK, Toruń .
11. Krot K., (2008). *Jakość i marketing usług medycznych*. Warszawa: Wolters Kulwer business. Wyd.1.
12. Marczak M., (2001), Wymiary jakości produktu, „*Problemy Jakości*”, nr 7, 10-15.
13. Ministerstwo Zdrowia,(2020), <https://www.gov.pl/web/zdroie/jakosc-w-opiece-zdrowotnej>. (dostęp: 23.04.2023).
14. Opolski K., Dykowska G., Moździoń M., (2021), *Zarządzanie przez jakość w usługach zdrowotnych. Teoria i praktyka*, CeDeWu, Warszawa.



15. Nagraba K., (2015). Zarządzanie wartością klienta na rynku usług medycznych w Polsce. Zeszyty Naukowe PWSZ w Połocku. Nauki Ekonomiczne, XXI, 115–127.
16. Szpringer M., Chmielewski J., Kosecka J., Sobczyk B., Komendacka O., (2015), Poziom satysfakcji pacjenta jako jeden z aspektów jakości opieki medycznej, Medycyna Ogólna i Nauki o Zdrowiu, om 21, Nr 2.
17. Tatarkiewicz W., (1997), Historia filozofii, Warszawa. tom 1.
18. Trzczińska H., (2019), Satysfakcja Pacjenta W Wybranych Aspektach Oceny Jakości Usług Medycznych, Studia Ekonomiczne Gospodarka • Społeczeństwo • Środowisko Nr 1/2019 (3) 119.
19. Wawak S., (2002), Zarządzanie jakością. Teoria i praktyka, HELION ,Gliwice.
20. Ząbek J., Ząbek-Kwiek K., (2015), Służba zdrowia a doskonalenie jakości, Jakość usług medycznych, Ekonomika i Organizacja Przedsiębiorstwa, 6 (785) | 117-131.
21. <https://www.gov.pl/web/zdrowie/jakosc-uslug-medycznych>. (dostęp: 21.04.2023).
22. <https://bip.brpo.gov.pl/pl/kategoria-konstytucyjna/art-68-prawo-do-ochrony-zdrowia>.(dostęp: 21.04.2023).

