

## The Meaning of Quality in Health Services

Ouzounakis P.<sup>1,A,B,D</sup>, Sialakis Ch.<sup>2,C,B</sup>, Iliadis Ch.<sup>3,E</sup>, Kleisiaris Ch.<sup>4,A</sup>, Adamakidou Th.<sup>5,B,E</sup>, Kourkouta L.<sup>6,F</sup>

1. General Hospital of Alexandroupoli, Greece
2. General Hospital “Agios Dimitrios-G Gennimatas” Thessaloniki, Greece
3. Private Diagnostic Health Center of Thessaloniki, Greece
4. Home-based Nursing Care, Nursing Department - Hellenic Mediterranean University, Greece.
5. Nursing Department, University of Western Attica, Athens, Greece
6. Department of Nursing, Hellenic International University “DIPAE”, Thessaloniki, Greece.

---

A- Conception and study design; B - Collection of data; C - Data analysis; D - Writing the paper; E- Review article; F - Approval of the final version of the article; G - Other (please specify)

---

### ABSTRACT

**Introduction:** In the modern era, businesses and organizations try to survive in a highly competitive environment to attract as many consumers as possible.

**Purpose:** This review study aims to investigate the meaning of quality in health services with the intention of health promotion.

**Materials and Methods:** The methodology followed was based on the literature search of review and research studies, in international databases such as Medline, Pubmed, Cinahl, and the Greek database Iatrotek. The exclusion criterion of the articles was the language other than English and Greek.

**Results:** Health is a complex concept and therefore the definition of quality in health is difficult to define with absolute clarity. The only certain thing is that quality in health is an important factor – target, both for scientists, organizations, and workers in the field of health, as well as for the final receivers of the services, the patients - users.

**Conclusions:** Quality in health services is undoubtedly a first-priority need, which is becoming more and more demanding.

**Keywords:** quality, health, health services, consumer, supplier

---

DOI:

**\*Corresponding author:**

Kourkouta Lambrini, Professor, Nursing Department, International Hellenic University, Thessaloniki, Greece.  
Email: laku1964@yahoo.gr

Received: 19.04.2023

Accepted: 21.05.2023

Progress in Health Sciences

Vol. 13(1) 2023 pp 42-46

© Medical University of Białystok, Poland

## INTRODUCTION

In the modern era, businesses and organizations are trying to survive in a highly competitive environment aiming to attract as many consumers as possible. The consumer now can choose from a multitude of services and goods, while appearing to be particularly aware of the quality of the services and goods provided [1,2].

According to Crosby (1990), quality is defined as the conformity of products-services with requirements [3]. According to ISO8402, quality is the set of characteristics of a product or service that can satisfy a certain or implicit need [4].

The ideal level of quality with a given quantity will certainly be different for different people, as it depends on the value they attach to quality. Stakeholders in health systems often emphasize different characteristics of a service [5]. A more complex question is the ideal variety of quality levels when people have different preferences, but it is very costly to produce a different quality level for each person. This definition of ideal quality applied to medical services certainly includes everything that could be incorporated into any clinical definition of quality [6]. A series of effects significantly influence the relationship between quality and health. Both demand and supply for quality are defined differently by each stakeholder involved. Quality is perceived differently by the patient, differently by health professionals, economists, the state, or insurance agencies [7]. Change in quality is certain to occur, due to unknown forces and contingencies. However, supplier decisions affecting quality are clear and rational, while consumer choices about which producer or supplier to choose to depend on perceived quality [8].

## PURPOSE

This review study aims to investigate the meaning of quality in health services with the intention of health promotion.

## MATERIALS AND METHODS

The methodology followed was based on the literature search of review and research studies, in international databases such as Medline, Pubmed, Cinahl, and the Greek database Iatrotek, with keywords such as quality, health, health services, consumer, and supplier. The exclusion criterion of the articles was the language other than English and Greek.

## QUALITY IN HEALTH SERVICES

Evans and Lindsay define quality as the extent to which a product or service meets or exceeds customer-user expectations [9]. Quality is in connection with consumer satisfaction at the lowest possible cost [10]. According to Parasuraman (1985), the quality of services is the result obtained from the comparison between what the customer feels that the organization providing the services [11]:

- should deliver (expectation level), and
- what it was offered (perception level)

In addition, it also defines the 5 basic dimensions of quality, which are as follows [12]:

- Reliability. That is the ability of the provider to offer exactly the service it promises to the user – customer.
- Responsiveness. The provider must be able, always having the willingness, to serve the consumer -client whenever needed.
- Safety. Employees must have the appropriate education and training to meet the needs of customers.
- Accuracy. To be able to perform the provided service correctly from the very first time.
- Uniqueness. The service is different, responding to the needs of each client separately.

Health is a complex concept and therefore the definition of quality in health is difficult to define with absolute clarity. The only certain thing is that quality in health is an important factor - a target for scientists, organizations, and workers in the health field, as well as for the final receivers of the services, the patients - users [1].

One of the first who tried to give a clear definition of quality in health was Avedis Donabedian (1998). According to him, quality is that type of care that aims to maximize the "well-being" of the patient, taking into account the multitude of potential losses as well as the benefits included in the process of care [13].

He classifies the provision of health care in three dimensions, which are referred to in the following parts [13]:

- In the technical part. To what extent applications and practices of science and technology are adopted to deal with the health problems faced by the patient.
- In the interpersonal part. It refers to how the patient is treated by health professionals, whose behavior is influenced by their professional level, the observance of moral and ethical principles, the respective morals of the society where

they act and work, and also the expectations of the patients themselves.

- In the hotel part. Hotel infrastructure refers to the environment of health organizations, cleanliness, catering, hotel infrastructure, and services in general

Palmer (1991), considering medical staff's views on quality as well as its economic dimensions, states that the quality of care is a measurable variable, which is the result of the level of improvement of a population, under specific conditions and constraints, which include limitations on available resources as well as the level of burden of a population from a specific disease [10,14].

According to Maxwell (2001), quality of care depends on 6 parameters [15]:

- Accessibility: the use of health services should be possible for all users, without barriers such as financial or geographic.
- Equality: access to care services for all people regardless.
- Social acceptance: the views of patients – users on the provision of health services and the criticism they apply to them to evaluate them.
- Relevance to needs: the degree of agreement between the services offered and the needs of the users.
- Efficiency: performing any medical procedure at the lowest possible cost.
- Technical efficiency: the best possible treatment result for each patient.

Quality is measurable in health services and according to Donebedian (1998) three main characteristics can be distinguished [13]:

- The structure, refers to the available resources (materials and manpower, and infrastructures).
- The processes, which include the organization, operation, and provision of health services by the organization.
- The results of the organization's actions and services.

In each of the above categories there are specific quantitative characteristics, such as the training and experience of the health personnel, how accurate the medical machines are in their results, the degree of patient satisfaction with the health services provided, the success rate of operations – treatments, etc. [16].

All these characteristics can be measured and from the results to investigate those points that need change or improvement, thus defining the standards of good practices, evaluation indicators, and actions for compliance in cases where the results deviate from the desired [13].

## **IMPROVING THE QUALITY OF HEALTH SERVICES**

The quality of health services refers to the best possible care provided for the patient. To achieve this, care is delivered at the most appropriate time, most appropriately, to ensure the maximum possible effect [5]. From the managerial side of an Organization, quality is achieved when it combines the most effective care with the lowest cost and despite the limitation of available resources, achieves the most rational distribution of them. As far as patients, quality is defined as the ability to choose services they want in the shortest possible time [15,17]. Quality improvement cannot occur unless a quality strategy is defined in any organization. This quality strategy, in principle, must be a commitment to the management of the organization [18].

The quality strategy must focus on customer needs. In the term customers, Sullivan & Decker (2009) distinguish between 'external' customers, i.e. users of health services, and 'internal' customers, i.e. employees in the organization, adding the dimension of the needs of those serving the system [19]. Regarding employees, Vouzas (2002) states that organizations should ensure the participation of employees, develop their knowledge and skills and establish a mentality of communication and cooperation [20]. The effort to improve quality seems to have progressed, in the last decades, through four evolutionary stages: inspection, quality control, and quality assurance, reaching the development of total quality management systems [21].

Papanikolaou (2007) in her attempt to describe all the components that could characterize any quality service provision, encodes them into 10 service quality factors, which essentially constitute evaluation criteria of the services provided [22]:

- reliability,
- responsiveness,
- ability,
- accessibility,
- politeness,
- communication,
- professional credit,
- safety,
- understanding,
- natural characteristics.

WHO categorizes health service evaluation indicators into input indicators, process evaluation indicators, intermediate output indicators, population health indicators, efficiency indicators, socio-economic indicators, and health policy indicators. It is obvious that depending on the health service under evaluation, an appropriate selection of indicators must be made. The main criteria for choosing an assessment index are utility,

validity, reliability, comparability, responsiveness, specificity, and sensitivity [23].

The World Health Organization also states that high-quality care in the health sector, specifically in a hospital unit, must include the following characteristics [5]:

- high-level health professionals (medical, nursing, and paramedical staff)
- efficient management of resources (human and material) for better and more reliable health care provision.
- greater possible reduction of potential risks for patients, whether they concern health care, hospital-acquired infections, or surgical procedures.

Regarding quality assurance in health services, it should be emphasized that the implementation of a quality assurance system is not related to nor does it promise quality improvement, it simply ensures the stability of quality and the reliability of the products or services produced [21]. ISO developed the ISO 9000 family of standards, which is used worldwide to guide a company on its way to implementing quality systems. The standards in the ISO 9000 series state the specifications that a quality assurance system must meet, but do not dictate how the requirements are to be met.

## CONCLUSIONS

Quality in health services is undoubtedly a first-priority need, which is becoming more and more demanding. The requirement for the implementation of good practices, which lead to the improvement of quality, should concern health services, which reflect the evolution of science, technology, and ethics. Quality management systems have operational processes that ensure their operation and effectiveness. However, for their efficient implementation, the participation of all those involved in the system is necessary, not only at the level of application of the predetermined processes but mainly in the feeling that they are necessary for the very existence of the system [24].

## ORCID

**Kourkouta, Lambrini**

<https://orcid.org/0000-0001-9346-2287>

## Conflicts of interest

There are no conflicts of interest to declare.

## Funding

No funding source was used in the present study.

## REFERENCES

1. Tsirintani M, Giovanis A, Binioris S, Gouda A. A New Modelling Approach for Investigation of the Relationship between Quality of Health Care Services and Patient Satisfaction. *Nosileftiki* 2010; 49(1):40-52.
2. Kourkouta L, Iliadis Ch, Sialakis Ch, Adamakidou Th, Ouzounakis P, Kleisiaris Ch. Quality of health services. *World Journal of Advanced Research and Reviews* 2021;12(1):498–502.
3. Crosby LA, Evans KR, Cowles D. Relationship Quality in Services Selling: An Interpersonal Influence Perspective. *Journal of Marketing* 1990;54(3):68–81.
4. Lushi I, Mane A, Kapaj I, Keco R. A literature review on ISO 9001 STANDARDS. *European Journal of Business, Economics and Accountancy* 2016;4(2):81 -85.
5. Ouzounakis P. Assessment of satisfaction concerning health services, provided at the Infections Unit of Alexandroupoli University General Hospital, for People Living with Human Immunodeficiency Virus (PLHIV). Postgraduate Curriculum "Administration of Health Units of the NHS". Hellenic Open University. Alexandroupoli, 2021.
6. Nelson A. *Measuring Performance and Improving Quality*, Sterling Publications, 1996.
7. Iliadis Ch, Frantzana A, Tachtsoglou K, Lera M, Ouzounakis P. Quality and accreditation in health care services. *World Journal of Advanced Research and Reviews* 2021;12(2):539 – 543.
8. Jackson S. Successfully Implementing Total Quality Management Tools within Health Care Quality Assurance. *Journal of Health Care Quality Assurance* 2001; 14(4):157-163.
9. Yasamis F, Arditi D, Mohammadi J. Assessing contractor quality performance. *Construction Management and Economics* 2002;20(3):211–223.
10. Ervin NE. Does patient satisfaction contribute to nursing care quality? *J Nurs Adm.* 2006;36(3):126 – 130.
11. Parasuraman A, Zeithaml VA, Berry LL. A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing* 1985;49(4):41–50.
12. Kotsagiorgi I, Gkeka K. Satisfaction of patients from provided quality of care. *Rostrum of Asclepius* 2010;9(4):398-408.

13. Donabedian A. The quality of care. How can it be assessed? *Arch Pathol Lab Med.* 1998;121(11):1145 – 1150.
14. Palmer DC. A behavioral interpretation of memory. In L.J. Hayes & P. N. Chase (Eds.). *Dialogues on verbal behavior* Reno, NV: Context Press; 1991;pp. 261-279.
15. Maxwell D. Quality improvement in primary care and importance of patient perceptions. *J of Amb C Man.* 2001;24(2): 30 -46.
16. Pierrakos G, Tomaras PI. Marketing Development. *Health Services. Nosileftiki* 2009;48(1):105– 114.
17. Iliadis Ch, Kourkouta L, Bountas D, Tsaloglidou A, Koukourikos K, Frantzana A, Doumas A. The Quality of Health Services Provided to Patients Undergoing Myocardial Perfusion Imaging by a Nuclear Medicine Department. *Acta Inform Med.* 2022;30(1):29-35.
18. O’Leary DS. CQI—A Step beyond QA. *Quality Review Bulletin* 1991;17(1):4–5.
19. Sullivan EJ, Decker PJ. *Effective Leadership and Management in Nursing.* Pearson Education, 2009.
20. Vouzas F. Utilization of Human Resources, Strategic Quality Improvement Factor. *Soc Rev Research* 2002;108-109: 285-302.
21. Tsiotras G. *Quality improvement, Athens: Benou Publications;2002.*
22. Papanikolaou B. *Quality in health services: Principles, methods and applications, Athens: Papazisi Publications;2007.*
23. Tsoukalas N., Kostakis J., Siakavellas S., Tolia M., Papakostidi A. , Karameris A., Tzovaras A., Sfiniadakis I., Tsiambas E., Ardavanis A., Manolis E., Kittas Ch., Theocharis S.. The value of RCAS1 as a potential biomarker in non-small cell lung cancers, *J Clin Oncol.* 2012; 30(15 suppl):e21098-e21098
24. Iliadis Ch, Sialakis Ch, Papathanasiou I, Ouzounakis P, Krepia V, Diamantidou V, Kourkouta L. Quality of Healthcare Services Provision in the Departments of Nuclear Medicine. *Int J Caring Sci.* 2022;15(1):663-667.