



A Review in Improving Quality in Healthcare: To Make a Satisfied Patient

1Malak Mohsen Alajmi, 2Ajaeb Ali Muhammad Alkudise, 3Hamad Fahad Hamad Al salem, 4Talal Sharif Al-Yazidi, 5Ibrahim Muhammad Nasser Al-Yami, 6Naif Muhammad Nasser Al-Yami, 7Ali Hassan Nasser Al-Yami, 8Sultan Ahmed ALbariqi, 9Hassan Hamoud Ali Ahl Ummnamis

1Dental, Aseer health cluster- bisha region

2Nursing technician, Nawan primary health care

3Specialist-Health Administraiton, Al-Farsha General Hospital Abha

4Assistant hospital director, Al-Muzhailif General Hospital

5Male medical services technician, Khabash General Hospital

6Epidemiological monitoring technician, Najran Health Cluster, Environmental Health Department

7Epidemiological monitoring technician, King Khalid Hospital

8Public Health, Phcc Alkosh barq

9Radiological Technology, PHCC Bariq

Abstract

1. Introduction

Healthcare is a business service that offers acute, chronic, and preventive medical care to people in the community. The demand is known to rise each year, along with higher expectations and awareness among patients about healthcare quality and its outcomes. Quality is one of the main determinants of satisfaction in healthcare. If these aspects are not met, the delivery of services must begin with the patient once. They could move to another healthcare provider that can satisfy their needs. This condition pushes healthcare service providers to pay attention to all representative patients through process improvement, structural change, or the purchase of new technologies, equipment, and treatment systems. These efforts by healthcare providers can lead to an increase in patient satisfaction and improvement in healthcare outcomes. The establishment and proof of effectiveness of a good communication structure, feedback, and patient satisfaction as components of healthcare quality should be identified, followed by an analysis of their interrelationships.



The implementation of data envelopment will be necessary to evaluate the structure of hospitals, which has already been supported by the hospital management department. While collecting and examining healthcare processes and their characteristics, there are potential interactions between different areas. Such an analysis may provide a description of the hospital that acts as a point to guide management decisions, implementing change and improvement programs in existing situations. On the other hand, patient satisfaction has always attracted the attention of authorities, not only in the healthcare sector but also in all kinds of service sectors. Many studies have reported that understanding patient satisfaction is essential for delivering good quality service in healthcare. However, if patient complaints arise from dissatisfaction, they can trigger the possibility of malpractice litigation, malpractice insurance, and could lead to various issues that providers have regarding the dissonance or conflicts with what patients have expressed in satisfaction measurements. Patients with higher satisfaction could have a lower probability of filing a lawsuit against their doctors. In this study, patients expressing dissatisfaction showed their anger and were more likely to file a malpractice lawsuit.

Methods

Ensuring high-quality healthcare in a hospital is essential yet challenging. To optimize patient outcomes, health systems must deliver care that is safe, effective, patient-centered, timely, and efficient, yielding equitable treatment. Over the last decade, numerous studies have emerged focusing on interventions aimed at enhancing care quality, underscoring the diversity in this sector. However, defining quality varies across processes, structures, and outcomes, complicating assessments in a hospital context. Patients, staff, caregivers, and managers often have differing perceptions based on their experiences and expectations. This necessitates diverse quality measures reflecting various stakeholder perspectives. While a systematic review of quality improvement efficacy in hospitals is lacking, existing reviews have addressed quality improvement curricula by exploring dimensions of quality across settings. Each factor is examined, evaluating current evidence on effective interventions for enhancing hospital care quality and suggesting future study design directions. The definition of “High Quality of Healthcare?” also assessed whether quality improvement efforts considered healthcare providers' technical capabilities and whether interventions aimed at enhancing these abilities were accounted for. Overall, quality definitions encompass a comprehensive range of process, structure, and outcome measures aligned with IOM standards.



Conclusion

Quality improvement initiatives are gaining importance in healthcare as their potential to enhance the value of care delivered is increasingly pronounced. Consequently, the demand for structured, standardized evaluations of the effects of quality improvement interventions on patient experiences is growing, as the sum of all interactions that influence patient perceptions across the continuum of care has been shown to correlate positively with health outcome. Thus, we systematically reviewed studies on the effects of quality improvement initiatives on patient experiences, regarding outcome measures, effects, and instruments used. Forty-five studies met the inclusion criteria. The most-reported outcome measures were patient satisfaction and patient-reported experiences. Though a significant percentage of all studies reported a positive effect on at least some of the outcome measures, this percentage was significantly lower in observational studies and randomized controlled trials. A wide variety of instruments were used across studies, questionnaires being most-commonly used. Using matched-pair comparisons, significant differences in the effects of quality improvement initiatives on patient experiences between instruments could be identified for the majority of comparisons. Eighty-five domain-specific effects of quality improvement initiatives in eleven heterogeneous and comparable studies were analyzed in depth. An effect in favor of the quality improvement initiative was found for a majority of effects. Effects on the domains Involvement in decisions and respect for preferences, needs, and values, Involvement of and support for family and friends, and Effective treatment and trusted professionals held consistently across studies. Positive effects on patient experiences correlated positively with health outcome, based on multi-institutional validation of effects and another additional comparative study. Amongst others, these lines of evidence showed a significant survival advantage for patients treated in institutions with effect sizes above the median in at least one of the two item-based comparative studies. These conclusions summed up the increasing importance of quality on healthcare services to make a satisfied patient, hence the medical person or unit should take care of this.

1.1. Background and Rationale

The gap between the quality of healthcare possible and that currently provided has been referred to as a chasm (C Conry et al., 2012). Healthcare should be safe, effective, patient-centred, timely, efficient and equitable. Despite a plethora of initiatives the failings of healthcare systems are as great now as they were a decade ago. Four key factors have been proposed to explain this failure; an increase in chronic conditions, poorly organized systems for healthcare delivery, limited use of information technology,



and the increased complexity of care as a result of medical advances. Since the publication of these findings, there has been a falling of mortality amenable to healthcare. Variability in care provision and higher health costs have sharpened the focus on quality of care. Reports have resulted in the establishment of organizations to improve the quality of healthcare. Despite this increased focus, no clear academic consensus has emerged on either a definition of quality of care or the key elements of it. A starting point in the discussion of quality of care is to agree on its definition. However, the literature uses multiple definitions which can be ambiguous and lack specificity. Against a backdrop of rising healthcare costs, variability care provision, and an increased emphasis on patient satisfaction, the need for effective interventions to improve the quality of care has come to the fore. The aim of this review was to evaluate the impact of strategies to improve quality of care in a hospital setting.

Our findings suggest that future interventions to improve the quality of care could be enhanced by focusing on the following areas: the use of multi-strand interventions; targeted interventions directed at patient and healthcare professionals; and tailor-made interventions, which are designed specific to the institution involved. Satisfaction is an important issue in health care as it is likely patients who are more satisfied with their care will be more likely to follow the treatment provided and to make fewer complaints.

1.2. Scope and Purpose

1.2.1. Scope. Irrespective of department, quality care could mean different things in different conditions based on criteria decided by stakeholders (Verma, 2007). This might also depend on patients. Surveys of clinics indicate the need for patient feedback in quality measurement. Quality measurement in ambulatory care is crucial for several reasons. Primarily, it helps to monitor care over time. Second, there is substantial pressure, both internally and externally, to provide evidence of the appropriateness and effectiveness of care. This pressure may increase as alternative ways of care provision become popular. In short, it describes how well care is delivered in a clinic. It also defines what care will be delivered: this includes the type of services, staffing, hours of service, availability of internists, etc. It can be used by many parties to assess care in a particular clinic. It helps a clinic's management to make decisions in allocating care or assistance, suggests areas for improvement, and helps in evaluating changes over time.

Other important stakeholders in quality care provision are patients. Patients, having the most direct experience of care, often describe technical and service quality differently.



Since patients pay for that care from their own pocket, they deserve a quality of care that fulfills their needs and expectations. To provide quality care from the patients' point of view, it is essential to view the world as they view it. This also enables future work in metric identification and definition to promote continuous improvement and visibility in care provision. By allowing them to play an active role in defining quality care and collaborating with providers, it will educate and empower them to participate in the delivery of service. The patient's involvement in care is not a new phenomenon. Doctors who are attentive will always remember powerful advice for caring for patients. In order to obtain complete information about a patient's condition, ". . . the first questions which should be asked should be of the patient himself . . ." and also emphasized that ". . . it is much more important to know what sort of patient has a disease than what kind of a disease a patient has." Like the land or sea, there is much to be discovered in patients. Patients need to be involved in decisions about their care if those needs and expectations are to be met. Evidence from the literature review suggests that patients' desire for being involved in care provision has its potential merit.

2. Understanding Quality in Healthcare

Introduction The assessment of quality is of particular importance in the provision of health care. Health care quality can be assessed as compliance with established clinical guidelines. There are several definitions of quality, reflecting the different points of view of various stakeholders. For example, safety involves the provider as well as the patient. Effectiveness can be defined as the extent to which possible or attainable improvements in health are, in fact, attained. Efficiency refers to the system's optimal use of available resources to yield maximum results. Outcomes can be defined, in simple terms, as the change in a patient's health status that may be attributed to the medical care provided. However, outcomes can be evaluated by the patients themselves as well, for at least in some part. Similarly, access implies the availability of medical care whenever it is something needed. A last definition relates to equity, which stresses the provision of care without any disparities. In summary, the six dimensions are widely considered to be fundamentals of the service quality. This dimension should be evaluated by all three identified groups in the health care institution. The evaluation of every group might be reasoned on different aspects, according to the competence required and the point of reference. The assessment of the patient's contribution may include the reception facilities, information provided, appointment system, waiting time, and education after the diagnostic examinations.



2.1. Definitions and Dimensions

All definitions and dimensions of a common set of interests need to be discussed, so that the operated system and research, as well as obtained results, could be better comprehended. The analysis is placed in the context of a specific health care institution, System operative, and service quality is defined through its three different dimensions in this research: provider's, patient's and manager's.

Safety began to be regarded as even the foremost requirement in the quality of an institution having in its functions preserving human health, life and corporeal integrity (kumar Nakkeeran & G, 2010). It is stated as a protection from unsuitable medical treatment. If a patient feels that he/she is being provided such a treatment, his/her perception of the service yield is completely put aside from the perception of outputs coming out of the service process.

Subsequent to safety, it is noted that two other dimensions highly come to the forefront: effectiveness and efficiency (Verma, 2007). Yet, their perception is argued not always to be independent but to cross paths. So that, in the perception of a patient that a medical process may be done more rapidly, he/she might directly link this with a lower recovery duration. Conversely, for a service provider, treating a patient in less time might be related to using less resources.

3. Factors Influencing Patient Satisfaction

1. Introduction

The patient should be the center of any kind of medical facilities that have been offered up to this time. The patient is the reason why these facilities were established in the first place. In keeping the patient as the main focus of any medical services provided, this perspective will create “A Happy Patient” that would be the most important objective. Patient satisfaction allows doctors and other healthcare providers to ensure whether the healthcare services offered are operating at the benefit of the patients effectively. The patient covers most aspects and looks at the behavior of medical staff, especially doctors and nursing staff. The patient also observes the prompt medical examination, the effects of a varying medical regimen, and hospital cleanliness. Medical facilities that are patient-centered benefit greatly in the form of patient loyalty, receiving recommendations from existing patients and the attraction of new patients. Traditionally the survival of a medical facility depends on word of mouth marketing which is very limited but facilitated by a happy patient (Fang et al., 2019).



2. Methods

From the above dialogue depends a very interesting concern with three of the largest persons, namely doctors, patients, and private hospitals. The patients along with the doctors yesterday were seen to have a view contradictory to the view taken now. The concern over what happens if the patient is not satisfied has not arisen till now. In analyzing this concern it will prove beneficial to first see the explanations if the patient is satisfied. The success of a private hospital depends largely on a happy patient. The happy patients carry positive news and information about the private hospital and the services and facilities provided therein which gradually increases the reputation of the hospital. The patient keeps faith and confidence in the hands of the doctors and other medical practitioners who provide healthcare services.

3.1. Communication

Patient satisfaction gets significant notice as a worldwide health policy issue. Satisfaction is the most critical perspective of quality care that directs to patients' choice of healthcare facility and increases the involvement of patients. Expectations, perceived quality, safety and costs of care are some of the components covered in the appraisal of satisfaction related to quality care in health care delivery system (Moslehpour et al., 2022). Satisfaction is the initial goal of quality care and guarantees that what the patient gets sums up what they need.

Quality care claims that patients are content with the care while receiving care from healthcare specialists. In conjunction with the economic performance of healthcare delivery in the national and international perspective, healthcare advisors propose upgrading activities to progress care quality. In the Netherlands, patients will be asked for their involvement in the care provided in all public hospitals. This survey strives to know the analysis and assessment of patient care and better the skills and services of healthcare professionals, including physicians, nurses and other medical functionaries. Complaints, advice, and feedback will be thought over and considered by healthcare administration to enhance topmost medical facilities in the healthcare field to have better the care services and to facilitate patients to be happier.

4. Improvement Strategies

Patient satisfaction is determined not only by the results of the health care services received, but also by the process of those services. Patients will feel more satisfied if they get services in a pleasant atmosphere, get an explanation of referral actions transparently



and comprehensively, a professional attitude towards them, respect for patient rights, and guarantees the security of the installment procedure. This satisfaction generally manifests itself in the decision of patients to return to the same service point or recommend it to others (Bastemeijer et al., 2019). In an effort to make a satisfied patient, treatment quality management strategies are carried out by service officers in hospitals or health centers. Patient satisfaction is a subjective evaluation of the health care services they receive. Although in theory it is easy to understand the definition of patient satisfaction, in practice this is usually not always the case.

In many studies, the measurement of patient satisfaction remains a difficult problem. Factors that influence patient satisfaction studies are the inconsistent theoretical constructs to provide a comprehensive explanation of patient satisfaction. Moreover, there are contradictory empirical indications. Until now, many patient satisfaction studies have reported that there are only short-term patients and outpatients or statutory patients who participate in the Indonesian National Health Card program. Satisfaction is the discrepancy between the patient's expectations of the health service and the reality experienced. Generally, patient satisfaction should be given much attention by the hospital management because satisfaction is the appearance from heart comfort and good response from the service received. Patient satisfaction is the level of satisfaction that patients feel of the services received by the hospital's service, where the level of satisfaction includes the assessment of availability, affordability, quality, safety, determination and convenience of the health services provided by the hospital. Street considers satisfaction to be a helpful evaluation, it is a post-use action; he is a cumulative evaluation representing cognitive, emotional and behavior results of the service experience itself. For this reason, patient satisfaction studies are needed, and using appropriate analytical methods are also needed to understand the factors that affect it comprehensively. Consequently, before designing the improvement it is important to know how the strategy has been done so that further evaluations

4.1. Quality Improvement Models

In order to strategize health services and to provide exceptional healthcare measures to patients, there is a serious need in modern healthcare systems to offer high-quality hospital services. Offering good healthcare features will significantly reduce the number of difficulties created or caused to patients. In this era, the quality of healthcare is defined as the effectiveness, safety, and compassion found in healthcare services. In current times, patient trust, performance, and similar competitive organizations largely depend on



providing high-quality healthcare care. It is registered that a working healthcare organization takes the needs and requirements of its patients because healthcare organizations cannot work effectively without patients. This research focuses on quality medical care services to provide patients with full satisfaction. The majority of low charitable health foundations provide healthcare systems to their patients. Since the early 20th-century scientific industrial healthcare psychologists have been busy providing healthcare facilities and helping people stay healthy. It has been found that a patient's trust, his or her trust, or faith in that particular physician or healthcare facility are among the main reasons for getting a healthcare facility. Scientists work to broaden the scope of top quality care for modern healthcare services. Focusing on patients with hospitals in various locations of the town, let's try to make a delightful patient for them. In recent studies, it was seen that healthcare organizations are struggling to understand why the satisfaction level of their patients is still not up to the mark. This is the scenario where healthcare quality change modeling steps.

5. Case Studies and Best Practices

To Make A Satisfied Patient, Two Viewpoints; Professional and Patient said. From the beginning, the most important aspect of care services is to provide patient quality. Each party shows the differences in ideas, health institutions, or between the patient and their relatives for the concept of quality. Constantly changing and updating concepts, customer satisfaction is one of the strong developments. In healthcare services, customer satisfaction is in the treatment process, physician behavior, hospital environment, appointment, doctor's attention, property, and hospital security with physical factors. There are all process measures where quality has room for improvement. Staff knowledge about job tasks Staff adaptability to change Staff communication Patient health outcome This study was conducted in the hospitals and primary care units as a sample in public hospitals. There are learning questions hospitals needed to be assessed. Hospitals' senior managers or supervisors, physicians, medical specialists, nurses, laboratory technicians, cleaning staff, paramedics, attendants, or other support staff working totally amount to 6,400 employees whose related job is selected. Data simply reflected how senior management and related control units are perceived by the employees about their staff knowledge and quality aspects to help the hospitals for planning quality improvement in their business practice. Early problem identification in quality management allows for proactive take appropriate action before further problems impact the quality of the service (Bastemeijer et al., 2019). To measure the quality results, many approaches and methods can be used. c2 chart is an easy and simple



method to develop. Before the c2 chart was applied to doctor examination days lost caused by work injuries in a hospital. It was tested and found out all the chart rules were filled. While a couple of doctors did not work overtime during the examination appointment day looks lost caused by work injuries decreased. When excessive workload detected, further action was taken that extra staff hired for a certain period of time, this time loss decreased even further.

References:

1. Zakariya Imam, S., Shahzada Syed, K., Ahad Ali, S., Umer Ali, S., Fatima, K., Gill, M., Ovais Hassan, M., Hasan Hashmi, S., T Siddiqi, M., & Muhammad Khan, H. (2007). Patientsu27 satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan - a cross sectional study. [\[PDF\]](#)
2. C Conry, M., Humphries, N., Morgan, K., McGowan, Y., Montgomery, A., Vedhara, K., Panagopoulou, E., & Mc Gee, H. (2012). A 10 year (2000–2010) systematic review of interventions to improve quality of care in hospitals. ncbi.nlm.nih.gov
3. Bastemeijer, C. M., Boosman, H., van Ewijk, H., Verweij, L. M., Voogt, L., & (Jan) Hazelzet, J. A. (2019). Patient experiences: a systematic review of quality improvement interventions in a hospital setting. [\[PDF\]](#)
4. Verma, S. (2007). Defining service quality in an outpatient clinic with complex constituency. [\[PDF\]](#)
5. kumar Nakkeeran, S. & G, T. (2010). Optimizing the stake holder’s perspective on enhancing the service quality in health care. [\[PDF\]](#)
6. Fang, J., Liu, L., & Fang, P. (2019). What is the most important factor affecting patient satisfaction – a study based on gamma coefficient. ncbi.nlm.nih.gov
7. Moslehpour, M., Shalehah, A., Fadzul Rahman, F., & Lin, K. H. (2022). The Effect of Physician Communication on Inpatient Satisfaction. ncbi.nlm.nih.gov