Quality Assurance and Evaluation of Healthcare Reform Initiatives: Strategy for Improving the Quality of Health Care Services in Public Health Care Units, Management Model that Allows the Providing of High Quality Health Care and Efficient Brand-Building

Anna Beata Rosiek, Ross-Medica s.c., Poland
Krzysztof Leksowski, Military Clinical Hospital & Nicolaus Copernicus University, Poland

ABSTRACT

This article describes a model of health-care services that ensure the high quality of health-care service and effective brand creation for a hospital. The problems described here that are connected to improving the quality of health care in Poland indicates that high quality of health care builds a positive and strong image of a health-care unit on the medical market. The contents of this article involve basic definitions of quality in health care and also the way the quality is understood and perceived from patient’s and hospital’s point of view. The article also describes a health care quality model, to which health care units should aspire in order to create a positive picture of said units, simultaneously improving and maintaining high quality of health care services. The article investigates the quality factors of health care services, which influence the healthcare units’ brand, its functioning on the market and patient-perceived quality of services. The described management model, which ensures efficient brand-building of healthcare units through services’ quality, takes into account changes in healthcare system and does so in order to ensure the improvement in healthcare units’ functioning.

Keywords: Healthcare, Healthcare Services, Hospital, Management, Patient’s Point of View, Poland, Quality, Quality Assurance

INTRODUCTION

The issues, raised first by the European Union, largely contributed to actions which were undertaken later and which would result in improving the quality of health care service in medical units in Poland. Besides that, the significant structural changes in the social and economic systems in Poland, have led to transformation and commercialisation of many aspects of...
life, including the medical service sector. The changes affected not only structures, but also the patients’ thinking mode, their way of seeing a health care unit and the services it offers. Patients have become more demanding, they have started to behave like customers (clients) and expect the same quality of services as in the case of consumer goods.

Such a situation is caused by the entry of medical services to the market of consumer goods, into the area of mutually competitive medical units. This new situation requires a medical organization to take into consideration patients’ needs, to listen to them and to improve the quality of its services.

Specifics of medical service – its professional and interpersonal aspects – are extremely important in health care. Those specifics concern the highest values, that is: health and human life (Pędziwiat, 1999). However, concentrating on providing high quality medical services in their technical aspect is not sufficient in contemporary market environment. Therefore, in order to obtain patient’s positive opinion on medical services provided by health care units, we have to take care of those factors which pertain directly to the image of a medical unit as seen by its customer. Those factors are highly subjective; they include: patient’s feelings and experience in previous contacts with a health care organization, his/her trust and satisfaction and also the commitment of the whole organization to the treatment process and improvement of patient’s physical and psychological state. Those factors, as peculiar determinants of medical service, have direct influence on shaping the image of a health care unit on the service market.

Emphasizing this issue is extremely important now because in everyday medical practice in hospitals, we encounter depreciation of work and stance of medical personnel, specifically doctors and nurses. In the long run, such a situation leads to decrease of trust, contributes to negative viewing of a medical unit, to the decrease in satisfaction, to deterioration of quality of medical service and that leads to a bad image for a health care unit. Furthermore, the managers of health care units, focused on solving system problems, often forget that organization’s success lies in its image and how it is perceived, and also in the quality of services it provides, in the way it communicates with its patients and its identity. There is, therefore, a need for specific indication and appreciation of medical personnel as an important part of the organization, influencing its image through the quality of services offered to a patient. Creating and ensuring the quality of the relations between a service provider (in this case a hospital) and a patient; relations based on connections, both rational and emotional (Mruk & Wałkowski, 2000), and also determining critical areas in an organization, which affect the way this organization and the quality of medical services are perceived by a patient, will allow to create a medical service which will fulfill patient’s expectations. By the same token, it will also help to build a solid image of a health care unit, which will be based on trust, satisfaction and partnership, with special emphasis on many levels and areas of quality in medical service, in relation to the ongoing process of evaluation and increasing expectations of customers (patients). The aforementioned premises became the starting point for discussion about quality improvement in medical services in the aspect of hospital’s image-creation on the service market. They also inspired work on creating an eventual model of medical service that would be aimed at the service’s quality, for the goal is to effectively build a hospital’s image that would be based on satisfaction, trust and good relations with others.

The aim is, therefore, to create a medical service model and a management model that would help to create a good image through improvements in quality of offered medical services. The general aim can be further described in the following specific aims:

- The analysis of the process of shaping and evaluation of the definitions of medical service quality as perceived by a patient.
- Determination of rational and emotional factors which influence the quality of
10 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the product's webpage:

www.igi-global.com/article/quality-assurance-evaluation-healthcare-reform/72306?camid=4v1

This title is available in InfoSci-Journals, InfoSci-Journal Disciplines Medicine, Healthcare, and Life Science. Recommend this product to your librarian:

www.igi-global.com/e-resources/library-recommendation/?id=2

Related Content

Realizing Knowledge Assets in the Medical Sciences with Data Mining: An Overview
www.igi-global.com/chapter/realizing-knowledge-assets-medical-sciences/7234?camid=4v1a

The Importance of Telemedicine in Global Health Care
www.igi-global.com/chapter/the-importance-of-telemedicine-in-global-health-care/163828?camid=4v1a

A Social Network Framework to Explore Healthcare Collaboration
www.igi-global.com/chapter/a-social-network-framework-to-explore-healthcare-collaboration/115106?camid=4v1a
Flexitarianism (Flexible or Part-Time Vegetarianism): A User-Based Dietary Choice for Improved Wellbeing
Talia Raphaely, Dora Marinova, George Crisp and Jordan Panayotov (2013).
*International Journal of User-Driven Healthcare* (pp. 40-64).
[www.igi-global.com/article/flexitarianism-flexible-or-part-time-vegetarianism/101343?camid=4v1a](www.igi-global.com/article/flexitarianism-flexible-or-part-time-vegetarianism/101343?camid=4v1a)