Swedish Science Pioneers
Developing World Journal Series
Journal of Clinical Research & Governance
www.jcrg.sciencepub.se

Editorial

Quality Improvement in Health Care

Quality of care can be seen as having three principal components, Technical, Service and Customer [1]. Technical quality (TQ) is one of the important dimensions of quality in health care. TQ deals with the disease specific aspects of care as reflected by care-related processes and care-related outcomes and indicate how well health systems handle the specific condition. TQ refers to the clinical or disease specific aspects of care and deals with what the customers receive relative to what is known to be effective, and largely reflects issues related to the health care providers [2]. TQ differs from condition to condition and shows how well health systems deal with the specific condition. TQ also, has two main dimensions: the appropriateness of the services provided and service provider's skill [3]. It is widely accepted that improving disease specific aspects of care improves health outcomes [4-6]. Technical quality based on process indicators can be measured in several ways. Evaluation of medical records and using health care providers' perception of care have been the most popular methods for assessing the quality of care while there has been little attention to patients' perspectives [7].

Service quality (SQ) reflects the relationship between customers, providers, and care processes which measures two aspects that people value: the way people are treated by the health system and the environment they are treated in [8]. SQ refers to the non-technical aspects of care and reflects the experience of the patient with the health care system, including relationships between patients and care providers, facility standards and support services. SQ has a direct influence on overall quality of care experienced by service users [9,10]. Perceptions of what is quality of care are linked to expectations and are likely to differ from system to system, region to region and even person to person. Perceptions of service quality reflect individual's values and personal experiences of care services [11].

The third principal dimension of quality improvement is Customer Quality. While evidence demonstrates the influence of the health care customers on quality of health care [12-14], it seems that the vital role of health care customers and the important attributes that customers can add to quality of care have been neglected. This dimension includes aspects of the health care user's responsibility in health systems as well as their capacity for self-management and contribution to improving quality of health care services. Customer Quality refers to the attributes of patients or health care consumers that enable them to participate more effectively with health care delivery system in order to manage successfully their own conditions [1].

It suggests that three main attributes are necessary to attain high-quality customers: knowledge (why and what to do), skills (how to do it) and confidence (want to do it). Developing these attributes requires that customers: 1. Have a good understanding of themselves and of health care professionals' mutual role and responsibility, and have the basic information about management, health, the nature of the specific condition as well as habits and lifestyle changes, 2.Use problem solving techniques for analyzing the existing situation and making the right choices and 3. Are motivated to develop a plan to take that action (at the right time and right place) and to change their health behavior and/or environment [2].

These three are not separate attributes; they are integrated in the proactive person. Through a continuous and progressive personal development process, enhancing knowledge, skills and confidence will move a health care customer from a dependent person to a mentally and emotionally interdependent person. An interdependent customer will emphasize cooperation with health care providers to maximize effort and ability to achieve the desired outcomes [15].

JafarSadeghTabrizi
Department of Health Services Management
Faculty of Health Management and Medical Informatics
Tabriz Medical Sciences University
Attar Nishabouri Rd
Golgasht
Post code: 5166614711
Tabriz, Iran
Tele fax: +98 (411) 3352291
Email: tabrizijs@tbzmed.ac.ir

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