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Assessing the Quality of Healthcare Services: A Theoretical Aspect

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ABSTRACT

In the XXI century, in the field of healthcare, the emphasis has shifted to innovation, technological development, and active involvement of patients in assessing the quality of medical services. This process requires an in-depth analysis of the factors that affect the provision of quality services and effective management of the health care system, which complicates the unification of standards. The purpose of the study is to analyze the main components of the quality of medical services in modern conditions. The features of the criteria for assessing the quality of medical services are defined and given: *technical competence* (competence of employees who provide medical services); *material and living conditions*; *access to services* (determined by the availability of services to different segments of the population in different territories of residence); *interpersonal relationships* in the process of providing services (information and consulting work, quality of medical service and communication with patients); *continuity* (continuity of service provision, speed and completeness and timeliness of services provided to patients); *efficiency* (measured both by economy and low cost, as well as by the optimality of using all types of resources in the provision of services); *safety* (safety for patients, the environment, medical personnel, compliance with waste disposal measures and non-contamination of employees, compliance with sanitary and hygienic conditions). It has been proven that comprehensive compliance with the defined criteria will ensure high efficiency of medical services, their accessibility for the population and generally improve the quality of life of the population. It has been proven that comprehensive compliance with and monitoring of certain criteria allows for ensuring high-performance medical services, their accessibility for the population and generally improves the quality of life. The quality criteria used for monitoring must be meaningful, specific, sensitive and reliable in order to ensure the effectiveness of management decisions.

KEYWORDS

public management, medical services, health care system, treatment, quality, health care institutions.



Оцінювання якості медичних послуг: теоретичний аспект

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У XXI столітті у сфері охорони здоров'я акцент змістився на інновації, технологічний розвиток та активне залучення пацієнтів до оцінки якості медичних послуг. Цей процес вимагає глибокого аналізу факторів, які впливають на надання якісних послуг та ефективне управління системою охорони здоров'я. Актуальність дослідження посилюється тим, що на якість медичної допомоги впливають культурні та економічні особливості різних країн, що ускладнює уніфікацію стандартів. Метою дослідження є аналіз основних складових якості медичних послуг у сучасних умовах. Визначено та наведено особливості критеріїв оцінки якостей медичних послуг: *технічна компетентність* (компетентність працівників, які надають медичні послуги); *матеріально-побутові умови*; *доступ до послуг* (визначається доступністю послуг різними верствами населення на різних територіях проживання); *міжособистісні стосунки* в процесі надання послуг (інформаційно-консультаційна робота, якість медичного сервісу та комунікації з пацієнтами); *безперервність* (безперебійність надання послуг, швидкість та повнота і своєчасність наданих послуг пацієнтам); *ефективність* (вимірюється як економічністю і низькою затратністю так і оптимальністю використання усіх типів ресурсів при наданні послуги); *безпека* (безпека для пацієнтів, середовища, медичного персоналу, дотримання заходів з утилізації відходів та незараження працівників, дотримання санітарно-гігієнічних умов). Доведено, що комплексне дотримання визначених критеріїв дозволить забезпечити високу результативність медичних послуг, їх доступність для населення та загалом підвищити якість життя населення. Доведено, що комплексне дотримання та моніторинг визначених критеріїв дозволяє забезпечити високу результативність медичних послуг, їх доступність для населення та загалом підвищити якість життя. Критерії якості, що використовуються для моніторингу, повинні бути значущими, специфічними, чутливими та надійними, щоб забезпечити ефективність управлінських рішень.



КЛЮЧОВІ СЛОВА

публічне управління, медичні послуги, система охорони здоров'я, лікування, якість, заклади охорони здоров'я.

1. Introduction

In the XXI century, the global healthcare system is going through a period of profound transformations due to technological innovations, changes in the structure of morbidity and growing public demand for quality, affordable and patient-centered services. Under these conditions, the assessment of the quality of medical care ceases to be an exclusively clinical issue and turns into a key element of public administration and administration. The quality of services directly affects the level of public confidence, the efficiency of the use of state resources, as well as the overall socio-economic development. The relevance of the study is also enhanced by the need to adapt the health system to the challenges associated with global uncertainty and economic reforms, which requires the unification of assessment standards that can be applied in different cultural and institutional contexts.

2. Literature Review

The issue of the quality of medical services has been studied by many Ukrainian and foreign scientists. Thus, O. Bernaz-Lukavetska and R. Podsiadlo consider the legal aspects of medical services and care in Ukraine. The authors conduct a comparative analysis of the legal norms that determine the rights of patients and the obligations of medical institutions. The need to improve national legislation to ensure quality medical care is emphasized [2].

S. Vovk conducts a study of changes in the health care system in Ukraine that are taking place in the context of European reforms and studies the main challenges and problems faced by the Ukrainian medical system, as well as proposes ways to modernize it. The paper highlights aspects of management and financing of medical services in the new conditions [17].

Also, in their scientific work, S. Vovk et al. analyze the processes of transformation of quality management of medical services in Ukraine, in particular, the introduction of new approaches to quality control and assessment. The authors focus on the importance of adapting standards and assessment mechanisms to meet modern requirements. The need for effective integration of international practices into the national system is emphasized [18].

G. Akhade et al. consider various aspects of the quality of medical services in different countries, including the measurement and evaluation of this indicator. The authors analyze how cultural and economic characteristics of different countries affect the quality of medical services. An important emphasis is the comparison of the results of assessing the quality of medical services in different health care systems [1].

The work of L. DiPrete Brown et al. discusses the issue of quality assurance of medical care in developing countries, with a special emphasis on methods for controlling and improving this quality. The authors offer recommendations for improving the effectiveness of medical services in resource-constrained settings. The problems of integrating international standards into local health care systems are also considered [5].

B. Debata et al. investigate the relationship between the quality of medical services and patient loyalty in the context of medical tourism. The authors analyze the factors influencing the choice of patients when choosing medical institutions abroad. The main characteristics of medical services that contribute to a high level of patient satisfaction and loyalty are determined [4].

Fundamental approaches to assessing the quality of medical care are considered in the classic work of A. Donabedian [6]. The author laid the theoretical foundation for understanding quality through the prism of a three-dimensional model: structure, process, and result. B. Endeshaw [7] conducts a thorough review of modern models for measuring the quality of medical services, focusing on a comparative analysis of various methods used to quantify this indicator in healthcare practice.

D. Ferreira et al. [9] carry out a systematic review of studies on patient satisfaction with medical services, analyzing a variety of techniques and methods that are used to objectively assess the perception of the quality of services by consumers. I. Göttgens and S. Oertelt-Prigione [9] explore the application of human-centered (Human-Centered Design) approaches in the field of medical innovation, emphasizing the importance of incorporating patient and user experience into the development of new medical services and technologies.

R. Kaplan and R. Hays [10] focus on measuring health-related quality of life as a key indicator in public health, discussing the methodology for integrating this indicator to assess the overall effect of

medical interventions. L. Kleinman and D. Dougherty [11] offer a theoretical framework for the practical evaluation of processes to improve the quality of care, which is an important contribution to understanding how theoretical models can be turned into tools for measuring real changes in healthcare settings.

G. Larsson and B. Wilde-Larsson [12] have developed a new theoretical and methodological approach to assessing quality of care and patient satisfaction, which contributes to a deeper understanding of the relationship between these two key dimensions. M. Lederle et al. [13] analyze the application of the Andersen behavioral model for qualitative research in the field of health services, which is relevant for understanding the social and behavioral factors that determine patients' access to medical care.

N. Nguyen et al. [14] conducted a study using mixed methods to assess the impact of quality of medical services on patient satisfaction, perceived value, and loyalty. H. Sixma et al. [16] looked at the quality of care from the perspective of patients, developing a new measuring tool that was key to the transition to patient-centric quality assessment.

Despite a significant number of thorough works devoted to both general theoretical models of quality and applied aspects of its assessment, legal regulation, and transformation of health care systems, the issue of comprehensive systematization and theoretical substantiation of key criteria for the quality of medical services in the context necessary for effective public administration and administration remains insufficiently resolved in the scientific field. There is also a lack of a single, structured theoretical approach that would clearly differentiate and describe a set of necessary criteria (technical competence, safety, accessibility, continuity, efficiency) as a holistic, interconnected system for further implementation in the national practice of assessment and management decisions. It is to eliminate this theoretical gap and unify the criterion base that this article is aimed at.

3. Problem Statement

Despite significant theoretical developments in the field of quality of medical care, including classical models (such as "structure-process-result") and numerous studies of patient satisfaction, the critical problem of the lack of a single, comprehensively systematized and theoretically grounded criterion base for monitoring the quality of medical services remains in the field of public administration. Existing approaches are often fragmented, focusing only on narrow dimensions (e.g., clinical skills or behavioral factors), making it difficult to make effective management decisions, oversee the implementation of reforms, and unify standards, especially in the face of cultural and economic differences between countries. This creates a theoretical gap that must be filled by systematizing and clearly differentiating key quality criteria (such as technical competence, safety, accessibility, continuity, efficiency) into a holistic model suitable for the purposes of public administration and strategic planning in the field of healthcare.

4. Methods and Materials

A combination of general scientific and specialized methods is typically used in research on the quality of medical services. Analysis and synthesis. Scientific literature, regulatory documents, and statistical data were reviewed to identify key approaches to assessing the quality of medical care. Synthesis allowed us to generalize the information obtained and form a comprehensive view of the problem. Comparative method. This was used to compare the quality indicators of medical services in different healthcare institutions, regions, or healthcare system models. This made it possible to identify differences and determine the most effective practices.

5. Results and Discussion

The quality of medical services depends on the interaction of direct and indirect factors. The high level of qualification of medical personnel and modern technical support can be ineffective without proper funding and support at the state level. On the other hand, favorable socio-economic conditions and education of the population significantly increase the efficiency of medical services even in the presence of certain resource constraints [2].

Factors depend on the type of service sector, needs, type of respondent, socio-demographic background of stakeholders, culture and beliefs [17].

Service quality can be defined as the difference between reality and consumer expectations for the services they receive or the services they receive or should receive [5].

The quality of services is usually evaluated in terms of technical and functional quality. In the world of healthcare, technical quality is determined on the basis of the technical accuracy of medical diagnoses and procedures or compliance with professional specifications, and the competence of personnel in the performance of their duties. In addition, the perception of individual health also depends on psychological well-being, which is certainly not directly related to physical condition [3].

It is important to carry out proper monitoring and evaluation at every stage of the provision of medical services. The criteria can be: positive (the higher the indicator, the better the quality) or negative (the higher the indicator, the worse the quality).

The development of quality criteria requires the collection of data and their proper processing so that they provide useful information for those who carry out monitoring. Therefore, an important element in defining the criteria is to ensure that they characterize: significance – must be effective and provide specific information necessary for management; specificity – the ability to assign them a grade; sensitivity – must clearly communicate changes; accessibility – be available for achievement subject to reasonable efforts; reliability – must be identical with similar measurements.

Quality criteria used in healthcare can be divided into two types: universal (quality measures) – external indicators developed by organizations dealing with quality issues in healthcare and suitable for use in every medical institution; individual – internal quality indicators developed by a medical institution [1], see Fig. 1.

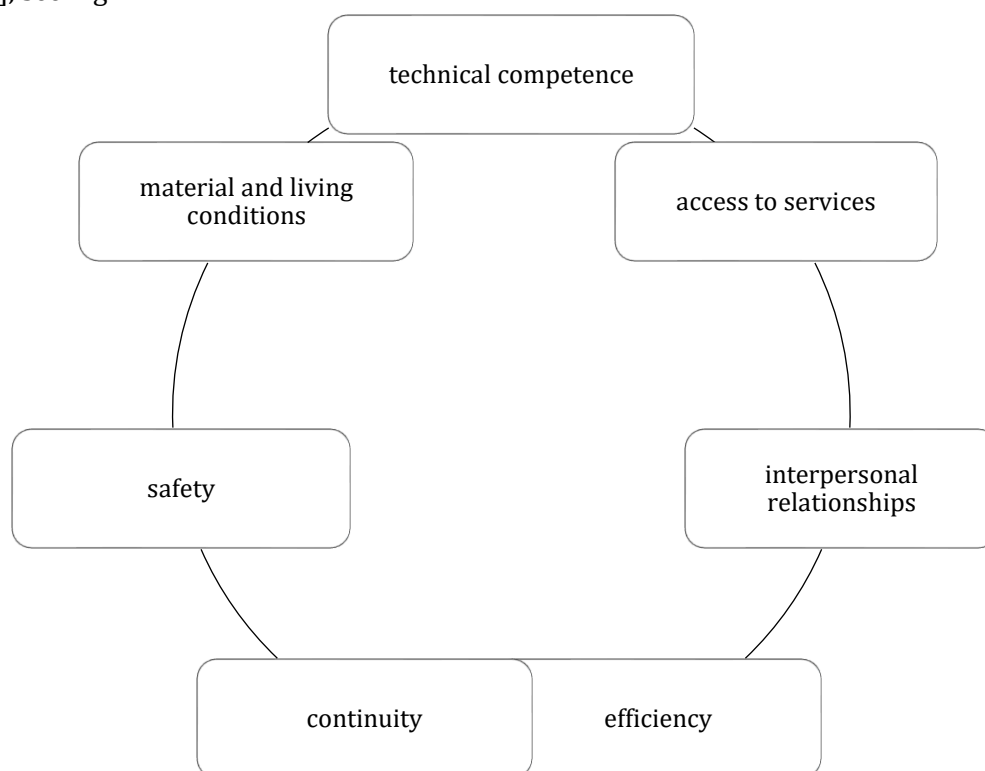


Figure 1. Criteria for assessing the quality of medical services

Source: Author's development.

Let's consider the main criteria for assessing the quality of medical services:

1. Technical competence refers to the skills, capabilities and actual work of healthcare professionals, managers and support staff. For example, in order to provide technically literate services, a healthcare worker must have the skills and knowledge (ability) to perform specific tasks and do it consistently and accurately (actual effectiveness) [15].

Technical competence is related to how well healthcare professionals follow practical guidelines and standards in terms of reliability, accuracy, and consistency. This dimension applies to both clinical

and non-clinical services. For healthcare professionals, it includes clinical skills related to prevention, diagnosis, treatment, and health counseling.

Competence in healthcare management requires supervision, training, and problem-solving skills. The required skills of support staff depend on individual job descriptions. For example, a technically competent secretary must be able to respond to information requests, while a pharmacist must know logistics and inventory management.

Technical competence can also refer to material resources: for example, an X-ray machine must produce radiation that consistently meets accepted standards. Lack of technical competence can range from minor deviations from standard procedures to serious errors that reduce efficiency or compromise patient safety.

2. Access to services. Access means that health services are not limited by geographical, economic, social, cultural, organizational, or linguistic barriers.

Geographic access can be measured using metrics such as transportation availability, distance, travel time, and any other physical barriers that may prevent a client from receiving medical care. Economic access refers to the availability of products and services to customers. Social or cultural access refers to the acceptability of services in the context of the client's cultural values, beliefs and attitudes. For example, family planning services may not be accepted if they are offered in a way that is not appropriate for the local culture.

Organizational access refers to how conveniently services are organized for potential clients and covers issues such as clinic hours and appointment scheduling systems, waiting times, and how services are delivered. For example, the lack of evening clinics can reduce organizational access for employees who work during the day. Where transportation issues, lack of home visits, or lack of home or village services can create an access problem.

Language accessibility means that the services are provided in the local language or dialect that the customer is fluent in.

3. Interpersonal relationships. The dimension of interpersonal relationships refers to the interactions between service providers and clients, managers and health care providers, as well as between the medical team and the community. High-level interpersonal relationships establish trust and authority through the demonstration of respect, confidentiality, courtesy, sensitivity, and empathy. Effective listening and communication are also important.

Proper interpersonal relationships contribute to effective health counseling and the establishment of positive contact with patients. Inadequate interpersonal relationships can reduce the effectiveness of a technically competent health service. Patients who are treated poorly may be less likely to follow a healthcare professional's advice or avoid seeking medical help.

4. The effectiveness of health services is an important measure of quality, because it affects the availability of products and services, and because the resources of the health system are usually limited. Effective services provide optimal, not maximum, care to the patient and the community. They provide the greatest benefit within the limits of available resources. Effectiveness requires the provision of necessary or appropriate medical care. Poor quality care resulting from ineffective standards or improper provision must be minimized or eliminated.

In this way, quality can be improved while reducing costs. Poor quality care, in addition to causing undue risk and discomfort to the patient, is often expensive and takes a long time to fix. However, it would be wrong to assume that quality improvement never requires additional resources. But by analyzing effectiveness, health program managers can choose the most cost-effective intervention.

5. Continuity means that the client receives the full range of medical services he or she needs, without interruption, discontinuation, or unnecessary repetition of diagnosis or treatment. Services must be provided on an ongoing basis. The client must have access to routine and preventive care provided by a healthcare professional who knows his or her medical history. The client must also have access to timely referrals for specialized services and full follow-up care. Sometimes continuity is achieved by ensuring that the client always sees the same primary care physician; In other cases, this is achieved by maintaining accurate medical records so that the new doctor knows the patient's history and can build on and complement the diagnosis and treatment of previous doctors. Lack of continuity can compromise efficiency, reduce the effectiveness and quality of interpersonal relationships.

6. Security. As a measure of quality, safety means minimizing the risks of injury, infection, harmful side effects, or other hazards associated with the provision of services. Safety applies to both the provider and the patient. For example, safety is an important measurement of the quality of blood

transfusions, especially with the advent of AIDS. Patients must be protected from infection, and medical workers who work with blood and needles. Additional safety issues associated with blood transfusions include maintaining aseptic conditions and using proper blood transfusion techniques.

While safety may seem paramount in the delivery of complex clinical services, safety issues exist and there are also safety concerns in the provision of basic health services. For example, waiting rooms in medical centers can put clients at risk of infection from other patients if measures are not taken to reduce the risk.

7. Material and living conditions. Amenities include characteristics of medical services that are not directly related to clinical efficacy, but can increase client satisfaction and their desire to return to the facility for subsequent medical services. Conveniences are also important because they can affect the customer's expectations for other aspects of the service or product, and their trust in them.

6. Conclusions

The study achieved its goal by carrying out a theoretical analysis and systematization of the key components of the quality of medical services, which is crucial for improving the mechanisms of public administration and administration in the field of healthcare. First of all, the essence of the quality of medical services was defined as the degree of compliance of the actually provided service with the expectations of its consumer, emphasizing that the assessment is two-dimensional: it covers technical quality (clinical competence and accuracy of procedures) and functional quality (interaction process and service support). Such a dualistic approach allows the heads of medical institutions and public administration bodies to focus not only on medical results, but also on the patient-centricity of the process.

As a result of the analysis, seven key criteria were systematized and substantiated, which form a holistic picture of the quality of medical services. These include Technical Competence (level of knowledge, skills and qualifications of personnel), Safety (minimization of the risks of injury, infections and compliance with sanitary and hygienic standards) and Efficiency (achievement of the required medical result with optimal use of resources and minimization of costs). Ensuring these three criteria is the basis for the clinical reliability of the system.

Along with clinical criteria, social and organizational components were singled out. These are Access to Services (elimination of all barriers: geographical, financial and organizational), Continuity (ensuring a complete, timely and coordinated range of services without failures), Interpersonal relationships (quality of communication, respect, empathy and building trust between staff and patient) and Material and living conditions (comfort, convenience and aesthetics of the premises). The systematization of these criteria creates a theoretical basis for the formation of indicators sensitive to the quality of management and patient satisfaction.

Thus, the comprehensive implementation of monitoring according to the identified seven criteria is a prerequisite for increasing the effectiveness of medical care and its accessibility for the population. The practical significance of the work lies in providing managers with clear theoretical tools that can be transformed into measuring indicators. This allows for effective evaluation of the effectiveness of government programs, allocation of funding and adjustment of reform policies, ensuring that quality criteria are meaningful, specific, sensitive and reliable. Further research should be aimed at developing practical methods for quantifying these criteria in the conditions of the Ukrainian health care system.

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