Influential Article Review - Evaluation of the Quality of Health Services: Comparative Analysis of the Groups of Patients

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This paper examines healthcare. We present insights from a highly influential paper. Here are the highlights from this paper: The purpose of this study is to examine the effects of healthcare service quality (HEALTHQUAL) measurement items. First, the proposed measurement items for HEALTHQUAL were tested using data collected from a hospital in South Korea with more than 500 beds. The data set included 365 patients and 232 public respondents. ANOVA and t-tests were used to perform a comparative analysis of HEALTHQUAL measurement items among three patient treatment groups (inpatients, outpatients, and family members of patients in the emergency room) and between the patient and general public groups. The results indicated significant differences among measurement items of HEALTHQUAL depending on the type of patient treatment, while there were no significant differences among measurement items of HEALTHQUAL between patients and the public. For our overseas readers, we then present the insights from this paper in Spanish, French, Portuguese, and German.

Keywords: Healthcare service quality, HEALTHQUAL measurement items, Type of patient treatment

SUMMARY

- Today, one of the most frequently discussed aspects of healthcare service quality is the information generated about and from patients, thus, a patient-centered approach should determine improvements and decisions be made during care treatments. Also, organizations need to provide a safe and pleasant treatment environment for not only patients and employees, but also to other general customers of the hospital. The care environment should make patients feel comfortable and safe when receiving needed services for disease treatments, diagnosis, and prevention during the hospital stay.
- It is imperative for healthcare organizations to understand what consumers need or want so they can meet or exceed their care service expectations. Thus, hospitals should explore different approaches to improving customer satisfaction and operational efficiency. Even if the type of disease is the same, the result of treatment could show different effects depending on the various characteristics of the patient, the environment, and the methods used for disease treatments. Given these results, improving customer satisfaction through medical treatment presents both a challenge and an opportunity for the hospital. Although difficult at times, if care providers employ the best

method for customized care services, then they would be able to elicit customers' positive emotions.

- Overall, efficient measurement and improvement of healthcare service quality occur when there is a common understanding about what constitutes quality healthcare service for patients as well as the public. Thus, the results of this study can be applied to healthcare service quality improvement and operational efficiency, both of which can influence patient satisfaction and provider performance. Also, this study contributes to the literature by empirically testing Lee's HEALTHQUAL model to evaluate patient satisfaction and provider performance.
- This study has several limitations. First, data was collected from patients and their caretakers in a hospital with more than 500 beds in South Korea. Second, the emergency room patients could not participate in the study for obvious reasons and thus questionnaires were filled out by their caretakers, shifting the response from experiential to witnessed.

HIGHLY INFLUENTIAL ARTICLE

We used the following article as a basis of our evaluation:

Lee, D. H., & Kim, K. K. (2017). Assessing healthcare service quality: A comparative study of patient treatment types. International Journal of Quality Innovation, 3(1), 1–15.

This is the link to the publisher's website:
https://jqualityinnovation.springeropen.com/articles/10.1186/s40887-016-0010-5

INTRODUCTION

Healthcare has recently received much attention as it is the fastest growing service industry around the globe [1–3]. Concerns for healthcare quality and patient safety have increased, especially in the context of cost, malpractice, and healthcare reform [1–9]. Research has shown that both patients and care provider staff prioritize the availability of clinical service options, as well as an environment which is safe and secure, clean, comfortable, quiet and pleasant to practice and receive medical care.

The fundamental value of service in the healthcare industry can be distinguished from other services, thus raising the challenge of assessing comparative service quality of care providers in this complex industry. Myers [10] first introduced the concept of healthcare service quality, which has been measured using several dimensions [e.g., 11–15]. Measurement items of healthcare service quality have evolved and shifted based on research agenda [e.g., 2, 13, 16, 17]. Managing service quality within a hospital requires an efficient approach for gathering feedback on the care provided. Healthcare providers should examine the perceptions of a variety of stakeholders including patients, physicians, nurses, and others to create a more comprehensive view of service quality.

Although previous studies focused on evaluations of healthcare service quality based on various approaches (SERVQUAL, SERVPERF, or mixed models), Lee [3] proposed HEALTHQUAL, a model of healthcare service quality measurement items by focusing on care processes and results. HEALTHQUAL consists of five components: empathy, tangibles, safety, efficiency, and degree of improvements of care service.

There is a paucity of research that tested mean differences of service quality measurement items among different healthcare user groups (e.g., type of patients, the patient's family members and public) in a hospital setting. Building on Lee's [3] work, the present study focuses on analysis of mean differences among different healthcare user groups and applies the results to improve care quality specific to different treatment experiences (e.g., inpatient, outpatient, and emergency). This study proposes a research model to examine mean differences in healthcare service quality among different healthcare user groups. The rest of this paper is organized as follows: Section 2 presents a review of relevant literature; Section 3 proposes methods; Section 4 provides the result; and Section 5 presents the Discussion and conclusions of the study.

CONCLUSION

Today, one of the most frequently discussed aspects of healthcare service quality is the information generated about and from patients, thus, a patient-centered approach should determine improvements and decisions be made during care treatments [3, 11]. Also, organizations need to provide a safe and pleasant treatment environment for not only patients and employees, but also to other general customers of the hospital. The care environment should make patients feel comfortable and safe when receiving needed services for disease treatments, diagnosis, and prevention during the hospital stay.

It is imperative for healthcare organizations to understand what consumers need or want so they can meet or exceed their care service expectations. Accordingly, healthcare organizations can provide a positive patient experience and satisfaction by doing things right for quality care service and interactions with both patients and staff.

When assessing the differences among the three patient groups (inpatients, outpatients, and patients' family members for the emergency), quality measurement items showed that the patient's or their family member's perceptions differed in the care treatment area. Also, the t-test results of differences between the two groups, patients, and the public, showed that there was no significant difference in scores of empathy, tangibles, safety, efficiency, and improvement in care services. Thus, hospitals should explore different approaches to improving customer satisfaction and operational efficiency. Even if the type of disease is the same, the result of treatment could show different effects depending on the various characteristics of the patient, the environment (e.g., age, gender, family medical history, geographic location, ethnicity, etc.), and the methods used for disease treatments. Given these results, improving customer satisfaction through medical treatment presents both a challenge and an opportunity for the hospital. Although difficult at times, if care providers employ the best method for customized care services, then they would be able to elicit customers' positive emotions.

Overall, efficient measurement and improvement of healthcare service quality occur when there is a common understanding about what constitutes quality healthcare service for patients as well as the public. Thus, defining and evaluating healthcare service quality should be the priority in identifying the most crucial values of a healthcare service process according to the type of treatment and different types of patients and the public.

Considering the research results presented by previous studies [e.g., 1,11–16], this study contributes to the literature by proposing an approach to examine differences among types of patient treatments (IN, OUT, and ER) and between patient reflections and general public comments. Thus, the results of this study can be applied to healthcare service quality improvement and operational efficiency, both of which can influence patient satisfaction and provider performance. Also, this study contributes to the literature by empirically testing Lee's [3] HEALTHQUAL model to evaluate patient satisfaction and provider performance.

This study has several limitations. First, data was collected from patients and their caretakers (or advocates) in a hospital with more than 500 beds in South Korea. Second, the emergency room patients could not participate in the study for obvious reason and thus questionnaires were filled out by their caretakers, shifting the response from experiential to witnessed.

Future research should consider these limitations. The comparative research on quality measurement items could be extended through cross-cultural study samples, including different size and type of hospitals, and also longitudinal analyses of the data. Also, the future study should develop appropriate operational processes for different types of hospitals as hospital characteristics tend to require different types of patient treatments.

APPENDIX

FIGURE 1
PROPOSED RESEARCH MODEL

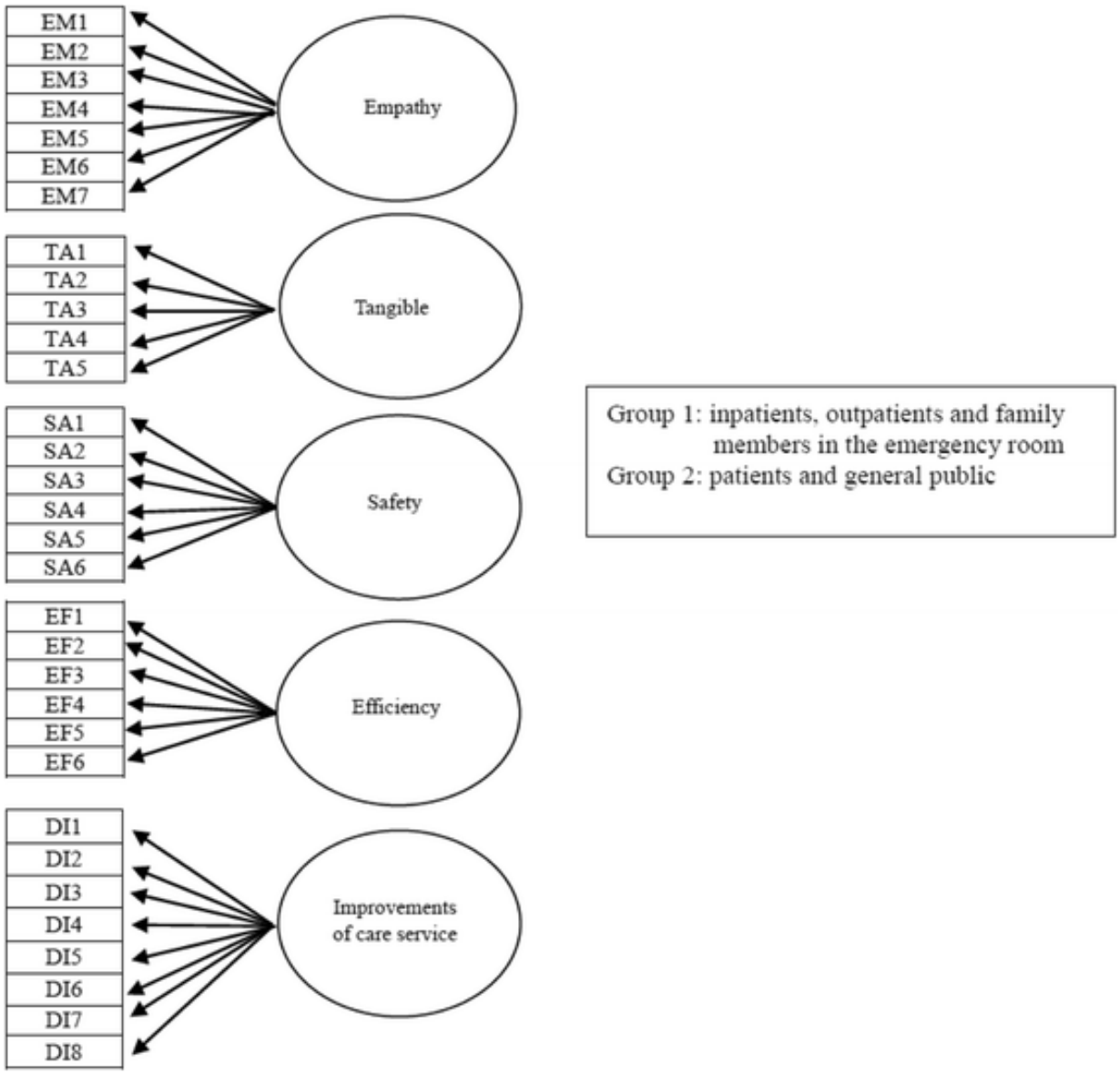

TABLE 1
CHARACTERISTICS OF RESPONDENTS AT K-HOSPITAL

Items		**Frequency (%)**			**Frequency (%)**	
		Patients			**General Public**	
Gender	Male	156 (42.7%)	Outpatient	138 (37.8%)	Male	78 (33.6%)

	Female	209 (57.3%)	Inpatient	125 (34.2%)	Female	154 (66.4%)
			ER	102 (27.9%)		
	Total	365 (100.0%)			232 (100.0)	
Medical experiences within 3 months at this hospital		Yes	238 (65.2%)		Yes	0.0%
		No	127 (34.8%)		No	232 (100.0%)
Occupation	Homemaker	61	16.7		53	22.8
	Student	41	11.2		31	13.4
	Office worker	38	10.4		29	12.5
	Professional	32	8.8		22	9.5
	Owner-operator	16	4.4		11	4.7
	Public official	37	10.1		23	9.9
	Business person	39	10.7		7	3.0
	Military	3	0.8		0	0.0
	Unemployed	79	21.6		27	11.6
	Other	19	5.2		29	12.5
	Total	365	100.0%		232	100.0%

TABLE 2
MEASUREMENT ITEMS OF HEALTHQUAL

Dimensions	**Measurement variables (Likert type 5-point Scale, 1 = Worst; 5 = Outstanding)**	**M**	**SD**
Empathy (EM)	- Polite attitudes of employees (EM1)	3.32	.96
	- Explaining the details (EM2)	3.29	.98
	- Listen to the patient (EM3)	3.46	.87
	- Understand and consider the patient's situation (EM4)	3.43	1.08
	- A sense of closeness and friendliness (EM5)	3.28	1.01
	- Hospital knows what the patient wants (EM6)	3.59	.91

	- Hospital understands the patient's problems as empathy (EM7)	3.17	.89
Tangible (TA)	- Degree of securing advanced medical equipment (TA1)	3.84	.81
	- Degree of securing medical staff with advanced skills and knowledge (TA2)	3.82	1.21
	- Degree of convenient facilities (TA3)	3.43	.98
	- Degree of cleanliness of employee uniforms (TA4)	3.61	.78
	- Overall cleanliness of the hospital (TA5)	3.53	.74
Safety (SA)	- Degree of a comfortable and safe environment for receiving treatment (SA1)	3.78	.96
	- Degree of the feeling that doctors would not make misdiagnoses (SA2)	3.93	1.51
	- Degree of the feeling that nurses would not make mistakes (SA3)	3.21	.83
	- Degree of confidence about the medical proficiency of this hospital (SA4)	3.38	.94
	- Degree of a hospital environment that is safe from infection (SA5)	3.45	.92
	- Degree of a comfortable and safe environment for patients (SA6)	3.58	1.05
Efficiency (EF)	- Attitudes about not using unnecessary medication(EF1)	3.25	.78
	- Degree of efforts for proving appropriate treatment methods (EF2)	3.37	1.05
	- Reasonable medical expenses(EF3)	3.05	.84
	- Appropriateness of cost for medical services provided (EF4)	3.37	.79
	- Degree of convenience for treatment procedures (EF5)	3.45	1.01
	- Degree of efforts for reducing unnecessary procedures (EF6)	3.71	1.24
Improvements of care service (DI)	- Appropriateness of care service provided (DI1)	3.02	.87
	- Recognition and efforts for the best treatment by the medical staff (DI2)	3.85	.92
	- Improvement in medical condition as a result of efforts and treatment (DI3)	3.07	1.05
	- Degree of improved patient condition after using this hospital care(DI4)	3.54	1.21

	- Degree of explanations to the patient to prevent related diseases (DI5)	3.24	.88
	- Degree of efforts and willingness to prevent disease (DI6)	3.18	.94
	- Improvement of disease through this hospital's treatment (DI7)	3.47	1.01
	- Degrees of disease prevention to communities (DI8)	3.81	1.42

TABLE 3
RESULTS OF RELIABILITY AND FIT INDICES FOR PCA AND CFA

Independent Variables	**PCA**			**CFA**			**Cronbach's α**
	Factor loadings	**Eigen values**					
		Total	**% of variance**	**Standardized loading**	**t-value**	***p*-value**	
EM1	.825	11.754	49.103	.787	17.320	.000	.932
EM2	.845			.765	17.149	.000	
EM3	.884			.814	18.015	.000	
EM4	.873			.854	20.709	.000	
EM5	.923			.823	18.238	.000	
EM6	.873			.821	18.172	.000	
EM7	.795			.719	-	-	
TA1	.742			.701	10.015	.000	
TA2	.769			.684	9.582	.000	
TA3	.784	1.374	4.801	.721	10.206	.000	.807
TA4	.783			.718	10.145	.000	
TA5	.725			.675	-	-	
SA1	.802			.784	16.145	.000	
SA2	.925	1.124	4.514	.889	21.524	.000	.872
SA3	.854			.827	19.450	.000	
SA4	.884			.855	-	-	

EF1	.821			.784	14.435	.000	
EF2	.841	1.041	4.051	.798	15.045	.000	.823
EF3	.834			.774	13.819	.000	
EF4	.863			.801	-	-	
DI1	.854	2.805	7.417	.802	11.745	.000	.842
DI2	.824			.785	11.402	.000	
DI3	.809			.794	11.514	.000	
DI4	.801			.774	11.313	.000	
DI5	.778			.701	10.962	.000	
DI6	.724			.678	-	-	

TABLE 4
RESULTS OF FIT INDICES FOR CFA

	χ^2	df	P	GFI	CFI	TLI	RMSEA	RMR
Measurement model	542.425	253	.000	.897	.916	.925	.052	.038
Recommended value				> .9	> .9	> .9	< .08	< .08

Comparative Fit Index(CFI), Goodness of Fit Index(GFI), Turker-Lewis Index(TLI),
Root Mean Square Error of Approximation(RMSEA), Root Mean Square Residual(RMR)

TABLE 5
CORRELATION MATRIX AND AVERAGE VARIANCE EXTRACTED (AVE)

Constructs	Empathy	Tangibles	Safety	Efficiency	Improvement of care services
Empathy	1				
Tangible	.612***	1			
Safety	.733***	.593**	1		
Efficiency	.718***	.681***	.625***	1	
Improvements of care services	.754***	.701***	.699***	.758**	1
CR	.943	.859	.899	.865	.912
AVE	.738	.693	.704	.672	.647
Sqrt. (AVE)	.859	.832	.840	.820	.804

CR (construct reliability) = ∑(factor loading2)/[∑(factor loading2) + ∑(error): more than .7
AVE = ∑(factor loading) 2/[∑(factor loading) 2 + ∑(error)] : more than .5
**p <.01, ***p <.001

TABLE 6
RESULTS OF ANOVA

		Sum of Squares	DF	Mean Squares	F	p-value
Empathy	Between Groups	13.172	2	6.586	9.450	.000***
	Within Groups	266.225	360	.697	9.450	.000***
	Total	279.396	362		9.450	.000***
Tangibles	Between Groups	3.812	2	1.906	4.919	.008**
	Within Groups	148.006	360	.387	4.919	.008**
	Total	151.818	362		4.919	.008**
Efficiency	Between Groups	3.234	2	1.617	3.098	.046*
	Within Groups	199.386	360	.522	3.098	.046*
	Total	202.619	362		3.098	.046*
Safety	Between Groups	2.665	2	1.332	1.837	.161
	Within Groups	277.132	360	.725	1.837	.161
	Total	279.796	362		1.837	.161
Improvement of care services	Between Groups	4.493	2	2.246	5.949	.003**
	Within Groups	144.240	360	.378	5.949	.003**
	Total	148.732	362		5.949	.003**

* p <.05 ** p <.01 *** p <.001

TABLE 7
RESULT OF MULTIPLE COMPARISONS

Dependent Variable	(I) where	(J) where	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval

						Lower Bound	Upper Bound
Empathy	EM	OUT	−.39753*	.10700	.001	−.6605	−.1346
		IN	−.42925*	.10816	.000	−.6950	−.1634
	OUT	EM	.39753*	.10700	.001	.1346	.6605
		IN	−.03172	.09999	.951	−.2774	.2140
	IN	EM	.42925*	.10816	.000	.1634	.6950
		OUT	.03172	.09999	.951	−.2140	.2774
	EM	OUT	−.23242*	.07978	.015	−.4285	−.0364
		IN	−.21063*	.08065	.034	−.4088	−.0124
Tangibles	OUT	EM	.23242*	.07978	.015	.0364	.4285
		IN	.02179	.07455	.958	−.1614	.2050
	IN	EM	.21063*	.08065	.034	.0124	.4088
		OUT	−.02179	.07455	.958	−.2050	.1614
	EM	OUT	−.21555	.09260	.068	−.4431	.0120
		IN	−.19166	.09361	.124	−.4217	.0384
Efficiency	OUT	EM	.21555	.09260	.068	−.0120	.4431
		IN	.02388	.08653	.963	−.1888	.2365
	IN	EM	.19166	.09361	.124	−.0384	.4217
		OUT	−.02388	.08653	.963	−.2365	.1888
	EM	OUT	−.20217	.10917	.181	−.4704	.0661
		IN	−.16093	.11036	.346	−.4321	.1103
Safety	OUT	EM	.20217	.10917	.181	−.0661	.4704
		IN	.04124	.10202	.922	−.2095	.2919
	IN	EM	.16093	.11036	.346	−.1103	.4321
		OUT	−.04124	.10202	.922	−.2919	.2095
	EM	OUT	−.25906*	.07876	.005	−.4526	−.0655

		IN	−.21682*	.07962	.025	−.4125	−.0212
Improvement of care Services	OUT	EM	.25906*	.07876	.005	.0655	.4526
		IN	.04224	.07360	.848	−.1386	.2231
	IN	EM	.21682*	.07962	.025	.0212	.4125
		OUT	−.04224	.07360	.848	−.2231	.1386

*. p <.05

TABLE 8
GROUP STATISTICS

Groups		**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
Empathy	Patients	263	3.5776	.81686	.04890
	Publics	232	3.5441	.86089	.05434
Tangibles	Patients	263	3.8416	.62004	.03712
	publics	232	3.8255	.71037	.04484
Safety	Patients	263	3.5484	.80627	.04827
	Publics	232	3.5837	.80186	.05061
Efficiency	Patients	263	3.5251	.72270	.04327
	Publics	232	3.5169	.72004	.04545
Improvement of care services	Patients	263	3.7611	.59980	.03591
	Publics	232	3.7317	.63454	.04005

TABLE 9
INDEPENDENT SAMPLES TEST

		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Empathy	Equal variances assumed	.964	.327	.459	493	.646	.03346	.07290	−.10975	.17668
	Equal variances not assumed			.458	489.102	.647	.03346	.07310	−.11016	.17708
Tangibles	Equal variances assumed	.196	.658	.278	493	.781	.01608	.05780	−.09746	.12962
	Equal variances not assumed			.276	487.236	.782	.01608	.05821	−.09829	.13045
Safety	Equal variances assumed	.009	.926	−.504	493	.614	−.03528	.06996	−.17271	.10216
	Equal variances not assumed			−.504	489.718	.614	−.03528	.06994	−.17268	.10212
Efficiency	Equal variances assumed	.666	.415	.130	493	.897	.00816	.06276	−.11514	.13145
	Equal variances not assumed			.130	489.529	.897	.00816	.06275	−.11512	.13143

Improvements of care services	Equal variances assumed	.084	.772	.547	493	.585	.02931	.05363	−.07605	.13467
	Equal variances not assumed			.545	487.498	.586	.02931	.05379	−.07637	.13499

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TRANSLATED VERSION: SPANISH

Below is a rough translation of the insights presented above. This was done to give a general understanding of the ideas presented in the paper. Please excuse any grammatical mistakes and do not hold the original authors responsible for these mistakes.

VERSION TRADUCIDA: ESPAÑOL

A continuación se muestra una traducción aproximada de las ideas presentadas anteriormente. Esto se hizo para dar una comprensión general de las ideas presentadas en el documento. Por favor, disculpe cualquier error gramatical y no responsabilite a los autores originales de estos errores.

INTRODUCCIÓN

La atención sanitaria ha recibido recientemente mucha atención, ya que es la industria de servicios de más rápido crecimiento en todo el mundo [1–3]. Las preocupaciones por la calidad de la atención médica y la seguridad del paciente han aumentado, especialmente en el contexto de los costos, la mala praxis y la reforma de la atención sanitaria [1–9]. Las investigaciones han demostrado que tanto los pacientes como el personal del proveedor de atención médica priorizan la disponibilidad de opciones de servicio clínico, así como un entorno seguro, limpio, cómodo, tranquilo y agradable para practicar y recibir atención médica.

El valor fundamental del servicio en la industria de la salud puede distinguirse de otros servicios, lo que plantea el desafío de evaluar la calidad comparativa de los proveedores de atención en esta compleja industria. Myers [10] introdujo por primera vez el concepto de calidad del servicio de salud, que se ha medido utilizando varias dimensiones [por ejemplo, 11–15]. Los elementos de medición de la calidad del servicio sanitario han evolucionado y cambiado sobre la base de la agenda de investigación [por ejemplo, 2, 13, 16, 17]. La gestión de la calidad del servicio dentro de un hospital requiere un enfoque eficiente para recopilar comentarios sobre la atención proporcionada. Los proveedores de atención médica deben examinar las percepciones de una variedad de partes interesadas, incluidos pacientes, médicos, enfermeras y otros, para crear una visión más completa de la calidad del servicio.

Aunque estudios previos se centraron en evaluaciones de la calidad del servicio de salud basados en diversos enfoques (SERVQUAL, SERVPERF o modelos mixtos), Lee [3] propuso HEALTHQUAL, un modelo de elementos de medición de calidad del servicio de salud centrándose en los procesos y resultados de la atención. HEALTHQUAL consta de cinco componentes: empatía, tangibles, seguridad, eficiencia y grado de mejora del servicio de atención.

Hay una escasez de investigación que puso a prueba las diferencias medias de los elementos de medición de la calidad del servicio entre los diferentes grupos de usuarios de atención médica (por ejemplo, el tipo de pacientes, los miembros de la familia del paciente y el público en general) en un entorno

hospitalario. Basándose en el [3] trabajo de Lee, el presente estudio se centra en el análisis de las diferencias medias entre los diferentes grupos de usuarios de atención médica y aplica los resultados para mejorar la calidad de la atención específica para diferentes experiencias de tratamiento (por ejemplo, hospitalizados, ambulatorios y de emergencia). Este estudio propone un modelo de investigación para examinar las diferencias medias en la calidad del servicio de atención médica entre los diferentes grupos de usuarios de atención médica. El resto de este documento se organiza de la siguiente manera: la Sección 2 presenta una revisión de la literatura pertinente; La Sección 3 propone métodos; La Sección 4 proporciona el resultado; y la Sección 5 presenta el Debate y las conclusiones del estudio.

CONCLUSIÓN

Hoy en día, uno de los aspectos más discutidos de la calidad del servicio de salud es la información generada sobre y desde los pacientes, por lo tanto, un enfoque centrado en el paciente debe determinar mejoras y decisiones que se toman durante los tratamientos de atención [3, 11]. Además, las organizaciones necesitan proporcionar un ambiente de tratamiento seguro y agradable no sólo para los pacientes y empleados, sino también para otros clientes generales del hospital. El entorno de atención debe hacer que los pacientes se sientan cómodos y seguros al recibir los servicios necesarios para el tratamiento de la enfermedad, el diagnóstico y la prevención durante la estancia hospitalaria.

Es imperativo que las organizaciones de atención médica entiendan lo que los consumidores necesitan o quieren para que puedan cumplir o superar sus expectativas de servicio de atención. En consecuencia, las organizaciones de atención médica pueden proporcionar una experiencia positiva del paciente y satisfacción haciendo las cosas bien para un servicio de atención de calidad y las interacciones con el paciente y el personal.

Al evaluar las diferencias entre los tres grupos de pacientes (pacientes hospitalizados, pacientes ambulatorios y familiares de los pacientes para la emergencia), los elementos de medición de calidad mostraron que las percepciones del paciente o de su familiar diferían en el área de tratamiento de atención. Además, los resultados de las pruebas t de las diferencias entre los dos grupos, los pacientes y el público, mostraron que no había diferencias significativas en las puntuaciones de empatía, tangibles, seguridad, eficiencia y mejora en los servicios de atención. Por lo tanto, los hospitales deben explorar diferentes enfoques para mejorar la satisfacción del cliente y la eficiencia operativa. Incluso si el tipo de enfermedad es el mismo, el resultado del tratamiento podría mostrar diferentes efectos dependiendo de las diversas características del paciente, el medio ambiente (por ejemplo, la edad, el sexo, la historia clínica familiar, la ubicación geográfica, la etnia, etc.) Y los métodos utilizados para los tratamientos de la enfermedad. Dados estos resultados, mejorar la satisfacción del cliente a través del tratamiento médico presenta tanto un desafío como una oportunidad para el hospital. Aunque a veces es difícil, si los proveedores de atención emplean el mejor método para servicios de atención personalizados, entonces serían capaces de provocar emociones positivas de los clientes.

En general, la medición eficiente y la mejora de la calidad de los servicios de salud se producen cuando hay un entendimiento común sobre lo que constituye un servicio de salud de calidad tanto para los pacientes como para el público en general. Por lo tanto, definir y evaluar la calidad de los servicios de salud debe ser la prioridad a la hora de identificar los valores más cruciales de un proceso de servicio sanitario de acuerdo con el tipo de tratamiento y los diferentes tipos de pacientes y el público en general.

Teniendo en cuenta los resultados de la investigación presentados por estudios anteriores [por ejemplo, 1,11–16], este estudio contribuye a la literatura proponiendo un enfoque para examinar la diferencia entre el tipo de tratamientos para pacientes (IN, OUT y ER) y entre las reflexiones del paciente y los comentarios públicos en general. Por lo tanto, los resultados de este estudio se pueden aplicar a la mejora de la calidad del servicio de salud y la eficiencia operativa, lo que puede influir en la satisfacción del paciente y el rendimiento del proveedor. Además, este estudio contribuye a la literatura probando empíricamente el modelo HEALTHQUAL de Lee [3] para evaluar la satisfacción del paciente y el rendimiento del proveedor.

Este estudio tiene varias limitaciones. En primer lugar, se recogieron datos de pacientes y sus cuidadores (o defensores) en un hospital con más de 500 camas en Corea del Sur. En segundo lugar, los

pacientes de la sala de emergencias no pudieron participar en el estudio por una razón obvia y, por lo tanto, sus cuidadores llenaron cuestionarios, cambiando la respuesta de experiencial a presencial.

La investigación futura debe considerar estas limitaciones. La investigación comparativa sobre los elementos de medición de calidad podría ampliarse mediante muestras de estudio interculturales, incluidos diferentes tamaños y tipos de hospitales, y también análisis longitudinales de los datos. Además, el estudio futuro debe desarrollar procesos operativos adecuados para diferentes tipos de hospitales, ya que las características hospitalarias tienden a requerir diferentes tipos de tratamientos para pacientes.

TRANSLATED VERSION: FRENCH

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VERSION TRADUITE: FRANÇAIS

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INTRODUCTION

Les soins de santé ont récemment reçu beaucoup d'attention car c'est l'industrie des services qui connaît la croissance la plus rapide dans le monde [1–3]. Les préoccupations relatives à la qualité des soins de santé et à la sécurité des patients se sont accrues, en particulier dans le contexte des coûts, des fautes professionnelles et de la réforme des soins de santé [1–9]. La recherche a montré que les patients et le personnel des fournisseurs de soins donnent la priorité à la disponibilité des options de services cliniques, ainsi qu'à un environnement sécuritaire et sécuritaire, propre, confortable, silencieux et agréable à pratiquer et à recevoir des soins médicaux.

La valeur fondamentale du service dans l'industrie des soins de santé peut être distinguée des autres services, ce qui soulève le défi d'évaluer la qualité comparative des services des fournisseurs de soins dans cette industrie complexe. Myers [10] a d'abord introduit le concept de qualité des services de santé, qui a été mesuré en utilisant plusieurs dimensions [p. Ex., 11–15]. Les éléments de mesure de la qualité des services de santé ont évolué et ont changé en fonction de l'ordre du jour de la recherche [p. Ex., 2, 13, 16, 17]. La gestion de la qualité du service au sein d'un hôpital exige une approche efficace pour recueillir des commentaires sur les soins fournis. Les fournisseurs de soins de santé devraient examiner les perceptions d'une variété d'intervenants, y compris les patients, les médecins, les infirmières et d'autres afin de créer une vision plus complète de la qualité des services.

Bien que des études antérieures aient porté sur des évaluations de la qualité des services de santé basées sur diverses approches (SERVQUAL, SERVPERF ou modèles mixtes), Lee [3] a proposé HEALTHQUAL, un modèle d'éléments de mesure de la qualité des services de santé en mettant l'accent sur les processus et les résultats des soins. HEALTHQUAL se compose de cinq composantes : l'empathie, les tangibles, la sécurité, l'efficacité et le degré d'amélioration du service de soins.

Il y a un manque de recherche qui a testé les différences moyennes des éléments de mesure de la qualité du service entre les différents groupes d'utilisateurs de soins de santé (p. Ex., le type de patients, les membres de la famille du patient et le grand public) dans un milieu hospitalier. S'appuyant sur le travail de Lee [3], la présente étude se concentre sur l'analyse des différences moyennes entre les différents groupes d'utilisateurs de soins de santé et d'appliquer les résultats pour améliorer la qualité des soins spécifiques à différentes expériences de traitement (p. Ex., hospitalisation, ambulatoire et d'urgence). Cette étude propose un modèle de recherche pour examiner les différences moyennes dans la qualité des services de santé entre les différents groupes d'utilisateurs de soins de santé. Le reste du présent document est organisé comme

suit : la section 2 présente un examen de la documentation pertinente; La section 3 propose des méthodes; l'article 4 donne le résultat; et la section 5 présente la discussion et les conclusions de l'étude.

CONCLUSION

Aujourd'hui, l'un des aspects les plus fréquemment discutés de la qualité des services de santé est l'information générée à l'égard des patients et des patients, donc, une approche centrée sur le patient devrait déterminer des améliorations et des décisions à prendre pendant les traitements de soins [3, 11]. En outre, les organisations doivent fournir un environnement de traitement sûr et agréable non seulement pour les patients et les employés, mais aussi pour d'autres clients généraux de l'hôpital. L'environnement de soins devrait permettre aux patients de se sentir à l'aise et en sécurité lorsqu'ils reçoivent les services nécessaires pour les traitements de la maladie, le diagnostic et la prévention pendant le séjour à l'hôpital.

Il est impératif que les organismes de soins de santé comprennent ce dont les consommateurs ont besoin ou ce dont ils veulent afin qu'ils puissent répondre ou dépasser leurs attentes en matière de services de soins. Par conséquent, les organismes de soins de santé peuvent offrir une expérience et une satisfaction positives aux patients en faisant les choses correctement pour un service de soins de qualité et des interactions avec le patient et le personnel.

Lors de l'évaluation des différences entre les trois groupes de patients (patients hospitalisés, patients externes, et les membres de la famille des patients pour l'urgence), les éléments de mesure de la qualité ont montré que les perceptions du patient ou de leur membre de la famille différaient dans le domaine du traitement des soins. De plus, les résultats des tests t des différences entre les deux groupes, les patients et le public, ont montré qu'il n'y avait pas de différence significative dans les scores d'empathie, de tangibles, de sécurité, d'efficacité et d'amélioration des services de soins. Ainsi, les hôpitaux devraient explorer différentes approches pour améliorer la satisfaction de la clientèle et l'efficacité opérationnelle. Même si le type de maladie est le même, le résultat du traitement pourrait montrer des effets différents selon les différentes caractéristiques du patient, l'environnement (par exemple, l'âge, le sexe, les antécédents médicaux familiaux, l'emplacement géographique, l'ethnicité, etc.), et les méthodes utilisées pour les traitements de la maladie. Compte tenu de ces résultats, l'amélioration de la satisfaction de la clientèle grâce à un traitement médical représente à la fois un défi et une opportunité pour l'hôpital. Bien que parfois difficiles, si les fournisseurs de soins utilisent la meilleure méthode pour des services de soins personnalisés, alors ils seraient en mesure de susciter les émotions positives des clients.

Dans l'ensemble, une mesure et une amélioration efficaces de la qualité des services de santé se produisent lorsqu'il existe une compréhension commune de ce qui constitue un service de santé de qualité pour les patients ainsi que pour le grand public. Ainsi, la définition et l'évaluation de la qualité des services de santé devraient être la priorité pour identifier les valeurs les plus cruciales d'un processus de service de santé en fonction du type de traitement et des différents types de patients et du grand public.

Compte tenu des résultats de recherche présentés par des études antérieures [p. Ex., 1,11–16], cette étude contribue à la littérature en proposant une approche pour examiner la différence entre le type de traitement des patients (IN, OUT et ER) et entre les réflexions des patients et les commentaires du grand public. Ainsi, les résultats de cette étude peuvent être appliqués à l'amélioration de la qualité des services de santé et à l'efficacité opérationnelle, qui peuvent tous deux influencer la satisfaction des patients et le rendement du fournisseur. En outre, cette étude contribue à la littérature en testant empiriquement le modèle HEALTHQUAL de Lee [3] pour évaluer la satisfaction des patients et le rendement du fournisseur.

Cette étude comporte plusieurs limites. Tout d'abord, les données ont été recueillies auprès des patients et de leurs gardiens (ou défenseurs) dans un hôpital de plus de 500 lits en Corée du Sud. Deuxièmement, les patients de la salle d'urgence ne pouvaient pas participer à l'étude pour une raison évidente et donc des questionnaires ont été remplis par leurs gardiens, déplaçant la réponse de l'expérience à témoin.

Les recherches futures devraient tenir compte de ces limites. La recherche comparative sur les éléments de mesure de la qualité pourrait être étendue par des échantillons d'études interculturelles, y compris différentes tailles et types d'hôpitaux, ainsi que des analyses longitudinales des données. En outre, la future

étude devrait mettre au point des processus opérationnels appropriés pour différents types d'hôpitaux, car les caractéristiques des hôpitaux ont tendance à nécessiter différents types de traitements pour les patients.

TRANSLATED VERSION: GERMAN

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ÜBERSETZTE VERSION: DEUTSCH

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EINLEITUNG

Das Gesundheitswesen hat in letzter Zeit viel Aufmerksamkeit erhalten, da es die am schnellsten wachsende Dienstleistungsbranche weltweit ist [1–3]. Die Bedenken hinsichtlich der Qualität des Gesundheitswesens und der Patientensicherheit haben zugenommen, insbesondere im Zusammenhang mit Kosten, Fehlverhalten und der Gesundheitsreform [1–9]. Untersuchungen haben gezeigt, dass sowohl Patienten als auch Mitarbeiter des Pflegedienstes die Verfügbarkeit klinischer Serviceoptionen sowie eine Sichere, saubere, komfortable, ruhige und angenehme Praxis und medizinische Versorgung priorisieren.

Der grundlegende Wert von Dienstleistungen in der Gesundheitsbranche kann von anderen Dienstleistungen unterschieden werden, was die Herausforderung stellt, die vergleichbare Dienstleistungsqualität von Leistungserbringern in dieser komplexen Branche zu bewerten. Myers [10] führte zuerst das Konzept der Qualität des Gesundheitswesens ein, das in mehreren Dimensionen gemessen wurde [z. B. 11–15]. Messpunkte der Qualität der Gesundheitsdienstleistungen haben sich auf der Grundlage der Forschungsagenda weiterentwickelt und verschoben [z. B. 2, 13, 16, 17]. Die Verwaltung der Servicequalität innerhalb eines Krankenhauses erfordert einen effizienten Ansatz, um Feedback zur bereitgestellten Versorgung zu sammeln. Gesundheitsdienstleister sollten die Wahrnehmung einer Vielzahl von Interessenträgern, einschließlich Patienten, Ärzten, Krankenschwestern und anderen, untersuchen, um einen umfassenderen Überblick über die Servicequalität zu schaffen.

Obwohl sich frühere Studien auf Die Auswertungen der Qualität von Gesundheitsdienstleistungen auf der Grundlage verschiedener Ansätze (SERVQUAL, SERVPERF oder gemischte Modelle) konzentrierten, schlug Lee [3] HEALTHQUAL vor, ein Modell für Messpunkte zur Qualität von Gesundheitsdienstleistungen, indem es sich auf Pflegeprozesse und -ergebnisse konzentrierte. HEALTHQUAL besteht aus fünf Komponenten: Empathie, Greifbarkeit, Sicherheit, Effizienz und Grad der Verbesserung des Pflegedienstes.

Es gibt einen Mangel an Forschung, die getestet, bedeuten Unterschiede der Service-Qualitätsmesselemente zwischen verschiedenen Benutzergruppen im Gesundheitswesen (z. B. Art der Patienten, die Familienmitglieder des Patienten und die allgemeine Öffentlichkeit) in einem Krankenhaus. Aufbauend auf Lees [3] Arbeit konzentriert sich die vorliegende Studie auf die Analyse der mittleren Unterschiede zwischen den verschiedenen Nutzergruppen im Gesundheitswesen und die Anwendung der Ergebnisse auf die Verbesserung der Behandlungsqualität speziell auf unterschiedliche Behandlungserfahrungen (z. B. Stationäre, ambulante und Notfall-Erfahrungen). Diese Studie schlägt ein Forschungsmodell vor, um die durchschnittlichen Unterschiede in der Qualität der Gesundheitsdienstleistungen zwischen den verschiedenen Nutzergruppen im Gesundheitswesen zu untersuchen. Der Rest dieses Papiers ist wie folgt organisiert: Abschnitt 2 enthält einen Überblick über

einschlägige Literatur; In Abschnitt 3 werden Methoden vorgeschlagen; Abschnitt 4 liefert das Ergebnis; und Abschnitt 5 stellt die Diskussion und die Schlussfolgerungen der Studie vor.

SCHLUSSFOLGERUNG

Heute ist einer der am häufigsten diskutierten Aspekte der Qualität des Gesundheitswesens die Informationen, die über und von Patienten generiert werden, daher sollte ein patientenzentrierter Ansatz Verbesserungen bestimmen und Entscheidungen während der Behandlungen treffen [3, 11]. Außerdem müssen Organisationen ein sicheres und angenehmes Behandlungsumfeld nicht nur für Patienten und Mitarbeiter, sondern auch für andere allgemeine Kunden des Krankenhauses bieten. Die Pflegeumgebung sollte dazu führen, dass sich Patienten wohlfühlen und sicher sind, wenn sie während des Krankenhausaufenthalts benötigte Leistungen für Krankheitsbehandlungen, Diagnosen und Prävention erhalten.

Für Gesundheitsorganisationen ist es unerlässlich, zu verstehen, was Verbraucher brauchen oder wollen, damit sie ihre Erwartungen an den Pflegedienst erfüllen oder übertreffen können. Dementsprechend können Gesundheitsorganisationen eine positive Patientenerfahrung und -zufriedenheit bieten, indem sie die Dinge für einen qualitativ hochwertigen Pflegeservice und Interaktionen mit Patienten und Mitarbeitern tun.

Bei der Beurteilung der Unterschiede zwischen den drei Patientengruppen (patienten, ambulante patienten und Angehörige der Patienten für den Notfall) zeigten Qualitätsmesspunkte, dass sich die Wahrnehmungen des Patienten oder des Familienmitglieds im Bereich der Behandlung unterschieden. Auch die T-Test-Ergebnisse der Unterschiede zwischen den beiden Gruppen, Patienten und der Öffentlichkeit, zeigten, dass es keinen signifikanten Unterschied in den Partituren von Empathie, Sachwerten, Sicherheit, Effizienz und Verbesserung der Pflegedienste gab. Daher sollten Krankenhäuser verschiedene Ansätze zur Verbesserung der Kundenzufriedenheit und der betrieblichen Effizienz erkunden. Selbst wenn die Art der Krankheit gleich ist, könnte das Ergebnis der Behandlung unterschiedliche Auswirkungen zeigen, abhängig von den verschiedenen Merkmalen des Patienten, der Umwelt (z. B. Alter, Geschlecht, Medizinische Familiengeschichte, geografischer Standort, ethnische Zugehörigkeit usw.) Und den Methoden, die für Krankheitsbehandlungen verwendet werden. Angesichts dieser Ergebnisse stellt die Verbesserung der Kundenzufriedenheit durch medizinische Behandlung sowohl eine Herausforderung als auch eine Chance für das Krankenhaus dar. Obwohl es manchmal schwierig ist, wenn Pflegedienstleister die beste Methode für maßgeschneiderte Pflegedienste anwenden, dann könnten sie die positiven Emotionen der Kunden wecken.

Insgesamt erfolgt eine effiziente Messung und Verbesserung der Qualität der Gesundheitsdienstleistungen, wenn ein gemeinsames Verständnis dafür besteht, was eine qualitativ hochwertige Gesundheitsversorgung sowohl für Patienten als auch für die breite Öffentlichkeit ausmacht. Daher sollte die Definition und Bewertung der Qualität der Gesundheitsdienstleistungen vorrangig bei der Ermittlung der wichtigsten Werte eines Prozesses im Gesundheitswesen nach art der Behandlung und den verschiedenen Arten von Patienten und der breiten Öffentlichkeit liegen.

Unter Berücksichtigung der Forschungsergebnisse früherer Studien [z. B. 1,11–16] trägt diese Studie zur Literatur bei, indem sie einen Ansatz zur Untersuchung der Unterschiede zwischen der Art der Patientenbehandlung (IN, OUT und ER) und zwischen Patientenreflexionen und allgemeinen öffentlichen Kommentaren vorschlägt. So können die Ergebnisse dieser Studie auf die Verbesserung der Qualität der Gesundheitsdienstleistungen und die betriebliche Effizienz angewendet werden, die beide die Patientenzufriedenheit und die Leistung der Anbieter beeinflussen können. Diese Studie trägt auch zur Literatur bei, indem sie Lees [3] HEALTHQUAL-Modell empirisch testet, um die Patientenzufriedenheit und die Leistung der Anbieter zu bewerten.

Diese Studie hat mehrere Einschränkungen. Zunächst wurden Daten von Patienten und ihren Betreuern (oder Anwälten) in einem Krankenhaus mit mehr als 500 Betten in Südkorea gesammelt. Zweitens konnten die Patienten in der Notaufnahme aus naheliegenden Gründen nicht an der Studie teilnehmen, so dass die

Fragebögen von ihren Betreuern ausgefüllt wurden, wodurch die Reaktion von Erfahrung auf Zeuge verlagert wurde.

Die künftige Forschung sollte diese Einschränkungen berücksichtigen. Die vergleichende Forschung zu Qualitätsmesselementen könnte durch interkulturelle Studienproben, einschließlich unterschiedlicher Größe und Art der Krankenhäuser, sowie Längsanalysen der Daten erweitert werden. Außerdem sollte die zukünftige Studie geeignete operative Prozesse für verschiedene Arten von Krankenhäusern entwickeln, da Krankenhausmerkmale in der Regel unterschiedliche Arten von Patientenbehandlungen erfordern.

TRANSLATED VERSION: PORTUGUESE

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VERSÃO TRADUZIDA: PORTUGUÊS

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INTRODUÇÃO

A saúde recebeu recentemente muita atenção, pois é a indústria de serviços que mais cresce em todo o mundo [1-3]. As preocupações com a qualidade da saúde e a segurança do paciente aumentaram, especialmente no contexto de custo, negligência e reforma da saúde [1-9]. Pesquisas mostraram que tanto os pacientes quanto a equipe do prestador de cuidados priorizam a disponibilidade de opções de serviços clínicos, bem como um ambiente seguro e seguro, limpo, confortável, tranquilo e agradável para praticar e receber cuidados médicos.

O valor fundamental do serviço no setor de saúde pode ser distinguido de outros serviços, levantando assim o desafio de avaliar a qualidade comparativa dos prestadores de serviços nessa complexa indústria. Myers [10] introduziu pela primeira vez o conceito de qualidade dos serviços de saúde, que foi medido utilizando várias dimensões [por exemplo, 11-15]. Os itens de medição da qualidade dos serviços de saúde evoluíram e mudaram com base na agenda de pesquisa [por exemplo, 2, 13, 16, 17]. Gerenciar a qualidade do serviço dentro de um hospital requer uma abordagem eficiente para coletar feedback sobre o cuidado prestado. Os prestadores de cuidados de saúde devem examinar as percepções de uma variedade de stakeholders, incluindo pacientes, médicos, enfermeiros e outros para criar uma visão mais abrangente da qualidade do serviço.

Embora estudos anteriores focasse em avaliações da qualidade dos serviços de saúde com base em diversas abordagens (SERVQUAL, SERVPERF ou modelos mistos), Lee [3] propôs o HEALTHQUAL, um modelo de itens de medição de qualidade dos serviços de saúde, com foco nos processos e resultados assistenciais. O HEALTHQUAL é composto por cinco componentes: empatia, tangíveis, segurança, eficiência e grau de melhorias no atendimento.

Há uma escassez de pesquisas que testaram diferenças médias de itens de medição da qualidade do serviço entre diferentes grupos de usuários de saúde (por exemplo, tipo de pacientes, familiares do paciente e público em geral) em ambiente hospitalar. Com base no trabalho de Lee [3], o presente estudo foca na análise das diferenças médias entre diferentes grupos de usuários de saúde e aplica os resultados para melhorar a qualidade do cuidado específica para diferentes experiências de tratamento (por exemplo, internação, ambulatorial e emergência). Este estudo propõe um modelo de pesquisa para examinar diferenças médias na qualidade dos serviços de saúde entre diferentes grupos de usuários de saúde. O resto deste artigo é organizado da seguinte forma: a Seção 2 apresenta uma revisão da literatura relevante; A

Seção 3 propõe métodos; A seção 4 fornece o resultado; e a Seção 5 apresenta a Discussão e conclusões do estudo.

CONCLUSÃO

Hoje, um dos aspectos mais discutidos da qualidade dos serviços de saúde é a informação gerada sobre e dos pacientes, portanto, uma abordagem centrada no paciente deve determinar melhorias e decisões tomadas durante os tratamentos de cuidado [3, 11]. Além disso, as organizações precisam proporcionar um ambiente de tratamento seguro e agradável não só para pacientes e funcionários, mas também para outros clientes em geral do hospital. O ambiente assistencial deve fazer com que os pacientes se sintam confortáveis e seguros ao receber os serviços necessários para tratamentos, diagnósticos e prevenção durante a internação hospitalar.

É imprescindível que as organizações de saúde entendam o que os consumidores precisam ou querem para que possam atender ou superar suas expectativas de atendimento. Assim, as organizações de saúde podem proporcionar uma experiência e satisfação positivas do paciente, fazendo as coisas certas para um serviço de atendimento de qualidade e interações com pacientes e funcionários.

Ao avaliar as diferenças entre os três grupos de pacientes (pacientes internados, ambulatoriais e familiares dos pacientes para a emergência), os itens de medição de qualidade mostraram que as percepções do paciente ou de seus familiares diferem na área de tratamento do cuidado. Além disso, os resultados dos t-test de diferenças entre os dois grupos, pacientes e público, mostraram que não houve diferença significativa nos escores de empatia, tangíveis, segurança, eficiência e melhoria nos serviços de atendimento. Assim, os hospitais devem explorar diferentes abordagens para melhorar a satisfação do cliente e a eficiência operacional. Mesmo que o tipo de doença seja o mesmo, o resultado do tratamento pode apresentar efeitos diferentes dependendo das diversas características do paciente, do ambiente (por exemplo, idade, sexo, histórico médico familiar, localização geográfica, etnia, etc.), e dos métodos utilizados para tratamentos da doença. Diante desses resultados, melhorar a satisfação do cliente por meio do tratamento médico apresenta um desafio e uma oportunidade para o hospital. Embora difícil às vezes, se os prestadores de cuidados empregam o melhor método para serviços de atendimento personalizados, então eles seriam capazes de provocar emoções positivas dos clientes.

No geral, a medição eficiente e a melhoria da qualidade dos serviços de saúde ocorrem quando há um entendimento comum sobre o que constitui um serviço de saúde de qualidade para os pacientes, bem como para o público em geral. Assim, definir e avaliar a qualidade dos serviços de saúde deve ser a prioridade na identificação dos valores mais cruciais de um processo de serviço de saúde de acordo com o tipo de tratamento e diferentes tipos de pacientes e o público em geral.

Considerando os resultados da pesquisa apresentados por estudos anteriores [por exemplo, 1,11-16], este estudo contribui para a literatura propondo uma abordagem para examinar a diferença entre os tipos de tratamentos de pacientes (IN, OUT e ER) e entre reflexões do paciente e comentários públicos em geral. Assim, os resultados deste estudo podem ser aplicados à melhoria da qualidade dos serviços de saúde e à eficiência operacional, ambos os quais podem influenciar a satisfação do paciente e o desempenho do provedor. Além disso, este estudo contribui para a literatura testando empiricamente o modelo HEALTHQUAL de Lee [3] para avaliar a satisfação do paciente e o desempenho do provedor.

Este estudo tem várias limitações. Primeiro, os dados foram coletados de pacientes e seus cuidadores (ou defensores) em um hospital com mais de 500 leitos na Coreia do Sul. Em segundo lugar, os pacientes do pronto-socorro não puderam participar do estudo por motivo óbvio e, portanto, os questionários foram preenchidos por seus cuidadores, deslocando a resposta de experiencial para testemunha.

Pesquisas futuras devem considerar essas limitações. A pesquisa comparativa sobre itens de medição de qualidade poderia ser estendida por meio de amostras de estudos transculturais, incluindo diferentes tamanhos e tipos de hospitais, e também análises longitudinais dos dados. Além disso, o estudo futuro deve desenvolver processos operacionais adequados para diferentes tipos de hospitais, pois as características hospitalares tendem a exigir diferentes tipos de tratamentos aos pacientes.