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QUALITY MANAGEMENT AS A DETERMINANT OF HEALTHCARE USER SATISFACTION

Abstract: Improving the quality of work of health care institutions, i.e., health care, as an integral part of daily activities of health workers and all other employees in the health care system, is a continuous process whose goal is to achieve higher levels of efficiency and effectiveness, as well as greater user satisfaction. Quality health care is one that enables the organization of resources in the most effective way, in order to meet the health needs of the patients for prevention and treatment, in a safe way, without unnecessary losses and at a high level of their requirements. The vision of continuous quality improvement is to achieve safe and secure health care, which is developed by joint efforts of all key actors in the health system in the interest of the patient. Recommendations for improving the quality of health care and the functioning of the entire health system include: further development and incorporation of quality standards in the operations of health institutions, improvement of information systems as a way to promote the quality of the entire system, ensuring sufficient funding, investment in prevention, development of quality indicators, the system of tracking and records to enable rapid reporting. It is important to recognize and respect the different dimensions of quality and set realistic expectations and create a balanced health system in accordance with them.

Keywords: quality, health system, health care quality, satisfaction

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1. Introduction

One of the areas of special importance, in addition to the economic system for the state, society and individuals, is the health care system, in addition to the education system, pension system, system of cultural values (Prnjat, 2019) and cultural policy, etc. The health system itself, according to its organizational structure, professional, legal and financial position, requires appropriate reforms and changes in order to preserve its functioning in meeting the needs of patients and maintaining the safety of one of the basic human needs for the right to adequate treatment. Appropriate reform can improve the existing efficiency and effectiveness of the health care system (reforming within the health system and within primary, secondary and tertiary level health care institutions), but this requires a new approach, especially in the management system throughout the health system and the need to apply methods and models of modern health management. Further, there is a lot of space within the health system to develop entrepreneurial initiative and approach, not only within the private health care sector but also in the state or public sector.

The subject of this paper is to improve the quality of health services in the function of customer satisfaction. The goal is to point out that the permanent improvement of the quality of services and patient safety is an integral part of the daily activities of health workers, health associates and all other employees in the health system. The aspiration to provide quality treatment and care for the patient, as well as to achieve the most favourable outcome for the patient's health is as old as the medical profession. However, organized efforts to assess and improve the quality of work in the health care system are more recent (Sathiyaseelan, et al., 2015).

2. Literature review and definition of research problems

It is indisputable that the entire history of medicine consists of efforts and attempts to help the patient as much as possible, i.e., to implement the treatment as well as possible, from which it can be concluded that the care for the quality of treatment, i.e., health care, is as old as the treatment practice. The first records of such an

approach can be found in the Code of King Hammurabi of Babylon, which provided for the punishment of cutting off the hand of a doctor whose patient dies or goes blind after the intervention. In the first periods of development of medicine, as a science and practice, the doctor was the main and most often the only implementer of help, care and nursing provided to the patient, and thus responsible for the quality of care provided, which is in line with Hippocrates (460-377 BC), since; "The doctor must do not only what he thinks is good, but also enable the patient and his companions to cooperate." Despite the fact that in the first half of the 19th century there were researches on the outcome of various therapeutic procedures by the French doctor Louis, who was looking for more successful approaches in treatment, and the first organized quality studies are related to the name Florence Nightingale and her "Notes on Hospitals" (1858). The real beginning of work on quality began only in the period 1912-1916 and is associated with the name of the American surgeon Codman. He insists on verification as "the internal function of the medical profession" which "shows and fulfils responsibility towards the individual patient and towards the public as a whole, provides self-control, continuous learning and functional differentiation within the health system". In the field of health care quality, the greatest contribution at the end of the 1970s was made by Avedis Donabedian, who was the first to introduce a "comparison between provided and expected health care based on defined standards as criteria" (Jovanović, et al., 2019). In 1966, he introduced a certain systematicity in the consideration of the concept of health services management. According to Donabedian's theory, quality can be achieved through structure, processes and outcomes.

Quality health care is one that enables the organization of resources in the most effective way, in order to meet the health needs of users for prevention and treatment, in a safe way, without unnecessary losses and at a high level of their requirements (Official Gazette of RS, Belgrade, No. 15/2009). The quality of health care belongs to the type of terms whose meaning seems close, understandable and clear, associating with a whole range of desirable features of health care, which can include adequacy, efficiency, comprehensiveness, fairness, accessibility, satisfaction. But even after many years of theoretical and practical interest of the scientific

and professional public in quality, no universally accepted definition has been reached, each of the authors starts from his own premise (Ramamoorthy, et al., 2018). The national health system in Serbia is organized on three levels. The term health system means activities that include health as well as other sectors (economic and social) that together participate in providing health care to the population (Tasić, 2002).

Awareness and the need to introduce modern methods and techniques for managing the quality of health services are still difficult to penetrate into the health care system and the functioning of health institutions. The reason for that can be found that the attention in improving the quality of services is mostly focused on the technology of health care, i.e., medical services, and much less on the way of organizing, functioning and managing the health institution as an entity (Aliman, Mohamad, 2013). In addition, one of the reasons for the insufficient presence of important elements of quality system management is the prevailing administrative and budgetary approach to the management of the health institution. In health systems in which there is a developed private sector in this area, professional management of various orientations, the quality management system is not questioned, but it is continuously given great attention and importance (Anil, Satish, 2019). The extent to which quality management is an integral part of modern management is confirmed by the fact that all areas of business and professional activities are checked and evaluated through a complete quality system, i.e., full quality management (Nguyen, Nagase, 2019; Amin, Nasharuddin, 2013). Our management practice started setting the quality standard at the national and international level very ambitiously about 15 years ago, so that this process would slowly and continuously stop and lag behind the trends in the world (Mitrović, Gavrilović, 2013).

Total Quality Management - TQM (Total Quality Management) is a way of managing processes in which everyone is committed to continuous improvement of work within the operation and activities it performs and executes. It is a systemic and systematic approach to the business philosophy of quality management whose goal is to continuously improve the value of a product or service for the customer, and it becomes an ongoing

process. This principle and approach is valid for any activity in the economy and society, and thus for the health care system (Mitrović, Mitrović, 2013, 268).

The quality of health care belongs to the type of terms whose meaning seems close, understandable and clear, associating with a whole range of desirable features of health care, which can include adequacy, efficiency, comprehensiveness, fairness, accessibility, satisfaction. But even after many years of theoretical and practical interest of the scientific and professional public in quality, no universally accepted definition has been reached. For these reasons, this paper presents a multifaceted approach to the definition of health care. By definition, "quality health care implies the degree to which the health care system and health services increase the likelihood of a positive treatment outcome." More clearly, this means that quality health care providers have supplied resources to the highest degree (in the given circumstances) and followed health care delivery processes to increase the likelihood of health improvement or cure. The WHO has launched mechanisms to accept health as the most important factor in the overall development of society and change through the general principles of the strategy, based on:

- equality in exercising the right to health care,
- accessibility of health care,
- emphasizing promotion and prevention,
- cross-sectoral cooperation,
- community involvement in the decision-making process,
- decentralization,
- integration of health programs and
- coordination of separate health activities.

A large number of definitions are oriented towards quality protection. The first attempts in this regard were made by individual authors, equating good protection with "the treatment of the individual as a whole, with the application of all necessary services of modern medical science to the needs of all people, including preventive activities and intellectual cooperation between non-professionals and practitioners" (Bewick, 1989; Batalden, Davidoff, 2007; Henseler, et al., 2015). Good care should provide "the best that medicine has to offer, and which is accessible and accessible to

anyone who needs it" and so that "it meets all the needs and requirements of the patient in the most efficient and effective way", i.e., provides "optimal results that can be achieved, while avoiding complications, in a way that provides a balance between cost and efficiency, documented in an appropriate manner" ("with maximum benefit, i.e., minimum harm (risk) per patient "). Other definitions of health care quality are primarily process-oriented (Leape, 2009). The last period in the development of the definition of quality is characterized by an orientation towards the outcome, i.e., an orientation towards efficiency. In 1984, the World Health Organization defined quality (good care) as "such a combination of diagnostic and therapeutic services that can bring a patient to an optimal level of health." Donabedian defines health care quality as "a property that medical care can have to varying degrees", i.e., "the manner of performing professional duties by health professionals, based on the degree to which improvements in health are possible and the degree achieved in the development of medical science and technology" (Mittermayer, et al., 2010). Quality is also defined as "a confirmed or desirable relationship between resources and the outcome (changes in health condition)". The following definitions of quality health care are also "full satisfaction of the needs of those who need the services the most, at the lowest price for the organization, within the existing restrictions and within the professional framework defined by the authorities". The need for more efficient and rational protection has increased in parallel with the increasingly pronounced demands of the public to express and fulfil the responsibility of the health service for the results it achieves. In addition, the interest of health workers in quality is growing, since it has been identified as a "factor in the development of the profession." In accordance with that, the World Health Organization, recognizing the importance of quality as a factor in the development of the service and personnel, in 1981 included it in the list of goals of the strategy "Health for all until the year 2000".

Thus, the quality of health care belongs to the type of terms whose meaning seems close, understandable and clear, "associating with a whole range of desirable features of health care, which can include adequacy, efficiency, comprehensiveness, fairness, accessibility, satisfaction" (Keshavarz, 2016; Šofranac, Šofranac,

2011). But even after many years of theoretical and practical interest of the scientific and professional public in quality, no universally accepted definition has been reached. For these reasons, this paper presents a multifaceted approach to the definition of health care quality and the characteristics that need to be realized in order for service users to be satisfied.

3. Methodology

For the purposes of this article, secondary data sources were used, including information available on the Internet, as well as in the modern literature on methods of improving the quality of health services. The method of qualitative data analysis was applied. The basic hypothesis follows from the presented relations, which reads:

X0: The application of modern management and quality management in health care, reduces the dissatisfaction of health care users.

H1: Quality staff greatly affects the quality of service

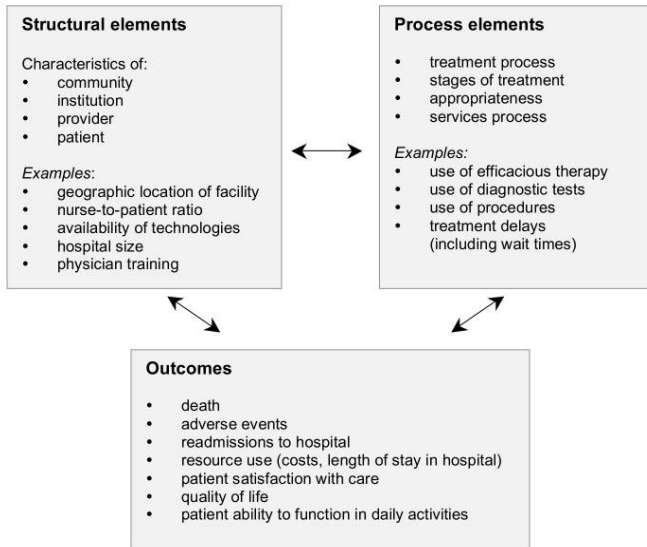
4. Result and discussion

4.1 Quality management in the health system

We can conclude that quality is everyone's job "is a slogan that is often used in the health system and which emphasizes that the obligation of continuous quality improvement is not only the obligation of individuals, special commissions, health institutions and establishments but should be the basis of overall health care to the patients. The process of quality improvement takes place in several stages and is identical to the process that exists in clinical practice - the cause of poor quality is diagnosed with the help of health care quality indicators, and then interventions that can lead to its improvement are tested (Jovanović, et al., 2019). A schematic representation of the dimensions of health care quality according to Donabedian, shown in Figure 1, indicates that the management structure (resources) and process management influences the outcome, i.e., the quality of health care. Indicators, such as indicators

of quality, predominantly refer to the course and outcome of the health service and can also refer to the characteristics of the system structure (Jovanović, 2014).

Figure 1. Donabedian model of measuring the performance of the health care system



Source: Brien, C., Ghali, W. (2008). Public reporting of the hospital standardized mortality ratio (HSMR): implications for the Canadian approach to safety and quality in health care. *Open Med.*; 2(3): e70–e73. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3091609/>

Health systems in countries can be organized differently and have different priorities, which affects performance and quality, and the possibility of introducing performance and quality management systems. Since the regulation of the health system directly affects citizens, it is necessary to develop a stable foundation of the system and introduce changes only when there are the necessary preconditions and in cases where it is determined that they will

ensure better functioning of the system and thus ensure better quality of life. Today, health is seen as a fundamental human right and the connection between social status, living conditions and human health is emphasized. Therefore, the quality of health services is a prerequisite for ensuring health and improving living conditions. Numerous factors can affect the quality of health care. For example, a lack of financial resources can result in a reduction in expenditures such as wage expenditures or a reduction in the number of employees which in turn adversely affects a business environment in which even performance will not be satisfactory (Martinez, 2000).

According to Woodward (2000), the factors that affect the quality of health services are: organization of the health system, available staff, introduction of changes, access to developed technology, available knowledge and skills, connection of education system and health sector and ability to absorb and adopt new knowledge.

Regarding quality management, four basic principles can be singled out (Diagnosis, 1998):

- (1) poor quality is a consequence of problems related to the functioning of the system, non-functioning of people within the system,
- (2) everyone within the organization is responsible for quality and for identifying and solving problems,
- (3) quality is viewed from the perspective of the customer (patient) and
- (4) poor quality is expensive.

Quality measurement can be performed by qualitative and quantitative methods and can be continuous, periodic or one-time. In the last thirty years, several models and approaches have been developed to measure and improve quality in the health system. Usually, health system quality measurement models are divided into quality assurance models and quality improvement models. The first of these, the quality assurance approach, is based on determining whether certain standards, set by third parties or groups outside the organization, are met. On the other hand, the quality improvement

approach represents a shift from the already mentioned oversight of meeting certain standards, and is based on improving the performance of key processes. A comparison of these two approaches, i.e., quality management models, can be found in Table 1.

Table 1: Comparison of quality assurance models and quality improvement models

| CHARACTERISTICS | QUALITY ASSURANCE MODEL | QUALITY IMPROVEMENT MODEL |
|----------------------------------|---|----------------------------------|
| philosophy | poor performance must be noticed and remedied | improvements are always possible |
| subject of research | people | processes |
| the goal | error control | to a higher level |
| assessment of what has been done | based on standards | based on abilities and needs |
| source of knowledge | colleagues from the profession | all staff |
| method of review and analysis | summary | analytics |
| patient needs | are not taken into account | included in the analysis |
| comparison of statistical data | restrictions | it is necessary |
| stimulating action | only if deficiencies are observed | always |

Source: adapted to Woodward, C. A. (2000.) Strategies for assisting health workers to modify and improve skills: developing quality health care – a process of change. World Health Organisation discussion paper. No. 1. Geneva: World Health Organization.

It is very difficult to determine which of the models is more efficient because it depends on several factors such as the structure of the health system, the level of economic development of the country, the resources at its disposal and the like. It is possible to achieve multiple benefits if an integrated quality management system in healthcare is developed that would link risk management, quality assurance and quality improvement, and ensure a balanced orientation to structure, processes and results (Ostojčić, et al., 2012).

4.2 Satisfaction of health care users

Today, there are numerous organizations and institutions in the world that deal with the quality of health services or health care. Among other things, they give instructions - guidelines to potential patients on how to choose a doctor, hospital or insurance system, directing them to monitor measurable indicators.

The changes that are taking place in our society have encouraged the re-evaluation of the existing health care system. There is a growing interest in the quality of health care in general and health services and their improvement. "Health care institutions are faced with the need to provide the maximum achievable level of quality of their service in the existing conditions, but also to prepare for survival in some new, changed conditions. The quality management system can be seen as a means to meet these needs" (Jovičević-Beki, 2021).

Patient satisfaction with the provided health care is a basic dimension in the evaluation of the quality of health care. Satisfaction is the complex relationship between a patient's perceived needs, his or her expectations of the health care service, and experience with the services provided. It reflects the patient's assessment of all aspects of health care, including the technical aspect, and interpersonal relationships and the organization of health care. Satisfaction is the degree to which a health care system meets a patient's expectations and measures the patient's attitude toward the physician, the health care system, and the medical care they receive. The survey on the satisfaction of health service users and employed health workers in Voždovac and Palilula health centres confirms the above statement that health service users are generally satisfied with

the quality of health services received in primary health care institutions, which confirms that in times of economic crisis and financial deficit, lack of funds for health, reduced number of health staff, good organization of work and application of principles and procedures of modern management lead to optimal and satisfactory functioning of the health system of Serbia at the primary level (Gavrilović, 2014). Introducing the patient's opinion, along with other elements, into decisions about organizing and providing health care leads to its progress. Satisfaction is one of the variables that affects the outcome of health care and the use of services. To improve the provision of protection, predictors of dissatisfaction must be identified and eliminated (Tong, et al., 1997).

Lochman points out that "factors that have the clearest relationship with satisfaction include the availability of health services, organizational structure, doctor's competence, communication and continuity, without being related to pay, doctor's personality, sociodemographic characteristics of patients, their health status." Patient satisfaction is a complex relationship between his perceived needs, expectations from the health service, and experiences with the services received (Larrabee, et al., 1997).

In one study (Kocić, et al., 2007), the results suggest that health professionals are the greatest resource that any health care institution has. The impact that health professionals have on health care users can be very large, and the reason for this lies precisely in the vulnerability of each individual patient at the time of his illness. Therefore, the main emphasis should be on educating staff, on topics such as understanding the needs of users and meeting their requirements. This is confirmed by the results of another study (Biderman et al., 1994), which claims that "satisfaction with the work of a doctor is most important for overall satisfaction." The surveyed patients highly appreciated the professional expertise of the doctor, which includes knowledge and ability to apply it, ease in making decisions, promptness.

The user satisfaction survey of the Institute for Student Health Care in Belgrade was conducted on November 28, 2016. Customer satisfaction was examined according to the professional and methodological instructions of the Institute of Public Health of Serbia "Dr Milan Jovanović Batut", and in accordance with the

instructions of the Ministry of Health (Review of the most important research results). The respondents, students, visited an internal medicine specialist on average 2.2 times, and they visited doctors of another specialty from the same (specialist) service on an average of 3.3 times. During the research period, 20% of students visited a private doctor. Students significantly (98%) agreed with the statement that the doctor listened to them carefully during the examination and that he set aside enough time to talk (100%). Explanations about diseases, prescribed medications and the importance of diagnostic tests are clear to 92% of students, while almost every tenth (8%) does not completely agree with that statement. For 90% of students, the treatment plan is clear and understandable, and to almost the same extent (85%) they feel more capable of fighting health problems, after a medical examination. All this influenced that 64.3% of students who participated in the research to express satisfaction with health care in the internal medicine clinic of the Specialist Consulting Service, and 21.4% were dissatisfied and very dissatisfied. The assessment of satisfaction with the services of the Department of Internal Medicine in 2016 is lower compared to the previous year.

Thus, patient satisfaction with the health care provided is a fundamental component in evaluating the quality of health care. The importance of the patient's opinion and his view of treatment and care in health care institutions is today recognized in all developed health care systems. Measurement of satisfaction has a significant function in identifying problems in the health care system, as well as locating key places to which these problems may be related. In this way, with an objective assessment of quality, satisfaction contributes to the overall evaluation of the functioning of the system and the fulfilment of its roles. Donabedian says that "user expectations are the ones that should set the standard for what is available, acceptable, comfortable and timely. They are the ones who can tell us to what extent we have listened to them, informed them, enabled them to make a decision and treated them with respect" (Donabedian, 1992).

4.3 The most common problems in the health care system

Some authors (Gavrilović, 2014) state that the health care system of Serbia in such a difficult and turbulent time of financial, political and economic crisis successfully responds to the set requirements, at least in the part of primary health care.

In our country, a number of health care institutions already have a certified quality management system. There is a strong interest in some areas of health care - for example in oncology (the Institute of Oncology in Sremska Kamenica and the Institute of Oncology and Radiology of Serbia in Belgrade have a certified system), transfusiology (Institute for Blood Transfusion of Serbia, Institute for Blood Transfusion from Novi Sad), health care institutes, pharmaceutical health care, etc. while in a number of institutions the process of introducing the system is underway (Jovićeović-Beki, 2021).

In the primary health care system, health care providers receive a standard payment per capita for patients who register with them. There are obvious problems in this organization of payments because payments to primary health care do not change in relation to the quantity and quality of services provided and there is a tendency to encourage excessive referral of patients to hospitals or outpatient units for specialist care. This discourages the busy direction of health care towards the primary level in both efficiency and convenience.

4.4 The impact of management and human resources on the quality of health services

Human resource management implies the area of research and organization of knowledge aimed at understanding, anticipating, directing, changing and developing human behaviour and potential in organizations. Faced with very great and fast changes in today's world, we are witnessing an increasing outflow of medical staff abroad. The causal connection is that the need for workers can be partially met by the work of retired professionals, and the lack of employees results in the impossibility and poor quality of various medical interventions.

Precisely because of this, human resource management is an increasingly important process, which ensures the achievement of both organizational and individual goals of employees, given that the organization is increasingly viewed as a process rather than an entity. The management process consists of performing a multitude of activities aimed at the effective management of human resources in the process of work and to meet personal, organizational and social interests. In order to be efficient, it is necessary to systematize the organization and standardize its processes. The right things must be done at the right time, in the right order, intensity and properly arranged. It is not enough to do the right things but to do them the right way (Kulić, 2002).

Numerous studies (Linnander, et al., 2017) have shown a link between management capacity and the performance of health systems, and a lack of management capacity at all levels is evident as a key constraint in achieving the Millennium Development Goals and other global health goals. Health management - defined as the process of achieving health goals through human, financial and technical resources - includes strategic and operational management activities such as supply chain management, human resource management, performance management and improvement, financial management and management, without which resources cannot be efficiently distributed in order to maximize health outcomes (Dašić, 2018).

Human resources planning and their education appear to be a problem particularly pronounced in health care. This situation is a consequence of various knowledge and skills required of healthcare employees, various educational levels as well as fields of activity. As we live in a very turbulent environment, the need for human resource planning in healthcare is growing day by day. A major problem facing healthcare, and imposing a great need for human resource planning, is labour shortages. Healthcare employees are divided into several different groups: managers, doctors and dentists, medical staff, non-medical staff, professionals of various professions related in one way or another to healthcare. They are all represented by different professional associations with more or less different goals and views on what constitutes efficient health care and effective health service. Different views create tensions and even conflicts,

both between different professional groups and within the same groups (for example, in the case of clinical physicians and dentists, these are groups or factions composed of the same or similar specialists). "Periodic assessment, inspections, resolving deficiencies, selection of evaluation criteria/employee rewards are effective measures in providing assistance. Human resource management should design and develop simplified standards. Challenges such as lack of manpower and lack of effective communication, lack of HRM teamwork will be neglected for quality health care" (Pillai, 2019).

It is important to note that the development of managers, both in theory and in practice, stands out and differentiates the development of other employees. It encompasses all the learning processes that an organization provides that results in the achievement of the skills and knowledge required for current and future managerial positions. Education and training refer to the training and development of employees in order to more successfully perform current tasks, i.e., current tasks.

In order for organizations to develop a competitive advantage through hiring quality staff, it takes a lot of work and effort. In the current economic conditions, large and cumbersome health systems are planning and feeling the need to reduce costs. This could be the right environment to apply a talent management system as a technique to increase the performance of every employee, including the organization. Professional staff and their strength will be the most important quality of any organization. "However, the depth and scope of effective management of quality staff indicates that this is a method that presents several challenges, the benefits are enormous, and effective talent management provides several benefits to organizations" (Santhanalaxmi, Chandramohan, 2019).

Conclusion

It is necessary to develop a stable foundation of the quality management system and introduce changes only when the necessary preconditions exist and in cases where it has been determined that they will ensure better functioning of the system and thus ensure a better quality of life. There are several activities that can be

implemented at the local, regional or national level, in order to improve the quality of the health system. At the local level, certain standards, guidelines and quality improvement proposals can be adopted, committees set up to supervise key activities, reengineer business activities and educate employees. At the regional and national level, laws need to be adopted and a legal framework developed to regulate the health care system and the education system for health workers in order to facilitate its monitoring. Healthcare professionals should also have access to the tools and resources needed to upgrade their knowledge and change behaviour. Although increasing research is being conducted today in the field of health system quality management, since both patients and professionals are more aware of the role of health, the introduction of a comprehensive quality management system is a more recent area in most countries, including Serbia (Dašić, 2016). Equal availability, quality of services, coordination and finding new sources of funding are some of the fundamental challenges facing the Serbian health system. In addition, maintaining the growth of health expenditures, ensuring access to medicines at affordable prices, encouraging innovation and improving quality are key goals within the health sector, among which a sustainable balance needs to be established. The informatization and implementation of e-health reflects a new picture of health care with a high level of information processing to achieve accessibility, speed and security. In measuring quality, the most important thing is the choice of dimension. That is why it is important that every country or every health system recognizes and respects different dimensions and realistic expectations and creates a balanced health system in accordance with them.

In general, health care quality assessment is possible based on indicators such as waiting time for services, scope and reach of health care services, patient safety and rights, quality of services provided, application of e-health, availability of medicines and others. Patient education occupies an important place in the policy of improving the quality of health care. In that direction, such a health system should be developed that would ensure the provision of timely, safe, informative services to all who need them.

The obtained research results confirm *General Hypothesis 0*, that respect for the principles of modern management and its

application in primary health care institutions reduces the dissatisfaction of both providers and users of health services. New technology of work and management has enabled a new way (system) of operation, which speeds up and simplifies the processes of work and communication between all participants in the health care system, while the application of health information system means saving time and money (reducing costs) in the operation.

The quality of the provided health service is significantly influenced by the application of the modern management system, standardization of work with patients, good communication, kindness of health workers and teamwork, as a crucial basis for good work organization and quality of the provided health service. From this conclusion, we see the importance in the development of communication and good cooperation between health workers, as well as organizing into teams that will successfully overcome difficult professional and human tasks and challenges. The feeling of satisfaction of health service users with the received service is significantly influenced by the attitude of kindness of health workers towards patients (users), because such behaviour shows care and desire for a positive solution to the health problem, which has an extremely positive effect on the person compromised by the illness and his physical health, emphasizing communication that needs to be studied, dealt with and raised to the highest possible level in organizational culture, since only in this way can dissatisfaction be avoided and the quality of service raised to a significant level, which has been proved in the research.

Reference

1. Anil, A. P., & Satish, K. P. (2019). Enhancing customer satisfaction through total quality management practices—an empirical examination. *Total Quality Management & Business Excellence*, 30(13-14), 1528- 1548.
2. Aliman, N. K., & Mohamad, W. (2013). Perceptions of service quality and behavioural intentions: A mediation effect of patient satisfaction in the private health care in Malaysia. *International Journal of Marketing Studies*, 5(4) DOI:10.5539/ijms.v5n4p15

3. Amin, M., & Nasharuddin, S. Z. (2013). Hospital service quality and its effects on patient satisfaction and behavioural intention. *Clinical Governance: An International Journal*, 18(3), 238–254.
4. Biderman A, Carmel S, Yeheskel A. (1994). Measuring patient satisfaction in primary care: a joint project of community representatives, clinic staff members and a social scientist, *Fam Prac*; 11(3). 49-54.
5. Batalden PB, Davidoff F. (2007) What is „quality improvement“ and how can it transform healthcare? *Qual Saf Health Care*; 16: 2-3.
6. Bewick DM. (1989). Continuous improvement as an ideal in health care. *N Engl J Med*; 320: 53-56.
7. Brien, C., Ghali, W. (2008). Public reporting of the hospital standardized mortality ratio (HSMR): implications for the Canadian approach to safety and quality in health care. *Open Med.*; 2(3): e70–e73.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3091609/>
8. Diagnosis Pty Ltd (1998), Quality systems and public health: background review. Report to the National Public Health Partnership by Diagnosis Pty Ltd. Available at: www.nphp.gov.au/publications/phpractice/qualbgreview.pdf (10.4.2021)
9. Dašić, D., (2018). Menadžment zdravstvenog i medicinskog turizma – mogući pravci razvoja u Republici Srbiji, *Ekonomski signali*, Vol. 13., br 1. 41-56, 10.5937/ekonsig1801041D;
10. Dašić, D., (2016). Brendiranje mesta i/ili destinacija. *Kultura*, 152, 377-393.
<https://doi.org/10.5937/kultura1652377D>
11. Donabedian A. (1992). Quality assurance in health care. *Quality in Health care*; 18, (6):183–190.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1055035/>
12. Gavrilović, A. (2014). *Primena savremenog menadžmenta u ustanovama primarne zaštite*. doktorska disertacija. Univerzitet Privredna akademija Novi Sad, str. 129; <https://nardus.mpn.gov.rs/bitstream/id/59609/Disertacija3862.pdf>

13. Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the academy of marketing science*, 43(1), 115-135.
14. Jovičević-Beki, A., Božanić, V., Miletić, D. (2021) Kvalitet zdravstvene usluge. <http://vojislavbozanic.rs/radovi/24.pdf>
15. Jovovic, T., (2014) Pristup uspostavljanju Sistema menadžmenta kvalitetom u zdravstvenim ustanovama u funkciji kvaliteta usluge. U: *Zbornik radova Asocijacije za kvalitet i standardizaciju Srbije*. https://www.researchgate.net/publication/269937718_Approach_to_establishing_quality_management_system_in_medical_institutions_as_service_quality_itself-Pristup_uspostavljanju_Sistema_menadzmenta_kvalitetom_u_zdravstvenim_ustanovama_u_funkciji_kvalitet/link/549a658b0cf2b8037135941d/download
16. Jovanović, S., Milošević, M., Aleksić, I., Mandić, J. (2019) Pokazatelji kvaliteta stomatološke zdravstvene zaštite u Srbiji. *Stomatološki glasnik Srbije*; 66(1):36-42 <http://scindeks-clanci.ceon.rs/data/pdf/0039-1743/2019/0039-17431901036J.pdf>
17. Kocić S., Andrejević V. , Milić Č., Karajović-Zogović M. (2007). Zadovoljstvo pacijenata u primarnoj zdravstvenoj zaštiti. u: 34 Nacionalna konferencija o kvalitetu, Kragujevac. <http://www.cqm.rs/2007/pdf/34/42.pdf>
18. Keshavarz, Y., Jamshidi, D., & Bakhtazma, F. (2016). The Influence of Service Quality on Restaurants' Customer Loyalty. *Oman Chapter of Arabian Journal of Business and Management Review*, 34(3967), 1- 16.
19. Кулић, Ж. (2002) *Управљање људским ресурсима са организационим понашањем*, Мегатренд универзитет, Београд.
20. Leape L, Berwick D, Clancy C et al. (2009) Transforming healthcare: a safety imperative. *Qual Saf Health Care*; 18: 424-428.
21. Linnander EL, Mantopoulos JM, Allen N, Nembhard IM, Bradley EH. (2017). Professionalizing healthcare

- management: a descriptive case study. *Int J Health Policy Manag.* 6(10):555–560. doi:10.15171/ijhpm.2017.40
22. Larrabee JH, Ferri JA, Hartig MT. (1997) Patient satisfaction with nurse practitioner care in primary care. *Anesthesiology*; 11(5): 9-14.
 23. Mitrović, M., Gavrilović, A. (2013). Organizacija i menadžment u zdravstvenom sistemu Srbije. U: (Z. Čekerevac, Ed.) FBIM Transactions, 1(2), 145–158. doi:10.12709/fbim.01.01.02.15
 24. Mitrović, M., Mitrović, U. (2013). *Menadžment u teoriji i praksi*. Beograd: Fakultet za menadžment MSP i UMIKS.
 25. Mittermayer, R., Huić, M., Meštrović, J. (2010). Kvaliteta zdravstvene zaštite, akreditacija nositelja zdravstvene djelatnosti i procjena zdravstvenih tehnologija u Hrvatskoj - uloga Agencije za kvalitetu i akreditaciju u zdravstvu *Acta Med Croatica*, 64 (2010) 425-434. file:///C:/Users/PC/Downloads/2010_Vol_64_Broj_5_1__split_15%20(1).pdf
 26. Martinez, J. (2000), Managing staff performance in developing countries: issues and lessons from an international research study. Draft Report. Workshop on Global Health Workforce Strategy. Available at: http://www.who.int/hrh/documents/en/Assessing_quality.pdf [1.4.2021.].
 27. Nguyen, T. L. H., & Nagase, K. (2019). The influence of total quality management on customer satisfaction. *International Journal of Healthcare Management*, 12(4), 277-285.
 28. Ostojić R., Bilas, V., Franc, S. (2012) Unapređenje kvaliteta zdravstvenih sustava zemalja članica europske unije i Republike Hrvatske. *Poslovna izvrsnost Zagreb. God. VI, Br. 2, 109 - 126*, <https://core.ac.uk/download/pdf/14461259.pdf> (14.4. 2021)
 29. Prnjat, Aleksandar (2019). Xenophobia and Identitarian Nationalism. In: V. Milisavljević & N. Mićunović (eds.), *Xenophobia, Identity and New Forms of Nationalism*, (240-251). Belgrade, Institute of Social Sciences.

30. Pillai M, Senthilraj O, Swaminathan S. (2019). Role of human resources management in healthcare organizations: a review. *Int J Health Sci Res.* 9(1):228-235.
31. ПРЕГЛЕД НАЈВАЖНИЈИХ РЕЗУЛТАТА ИСПИТИВАЊА ЗАДОВОЉСТВА КОРИСНИКА У 2016. godini. Zavod za zdravstvenu zaštitu studenata Beograd. <http://zzzsbg.rs/wp-content/uploads/2017/02/Zadovoljstvo-korisnika-ZZZZSB-2016.pdf> (22.4.2021).
32. Ramamoorthy, R., Gunasekaran, A., Roy, M., Rai, B. K., & Senthilkumar, S. A. (2018). Service quality and its impact on customers' behavioural intentions and satisfaction: an empirical study of the Indian life insurance sector. *Total Quality Management & Business Excellence*, 29(7-8), 834-847.
33. Strategija za stalno unapređenje kvaliteta zdravstvene zaštite i bezbednosti pacijenata. Službeni glasnik RS, Beograd, br. 15/2009
34. Santhanalaxmi, K., Chandramohan, S., (2019). Talent Management: A Tactic to Develop Organisational Performance for Business Sustainable. *International Journal of Scientific Research and Review*, Volume 8, Issue 1, 420-426. file:///C:/Users/PC/Downloads/53-s40-s41.pdf
35. Šofranac, R., Šofranac, M. (2011). Definicija kvaliteta zdravstvene zaštite. U: 7. Naučno-stručni skup sa međunarodnim učešćem "KVALITET 2011", Neum, B&H. 961-966; <https://quality.unze.ba/zbornici/QUALITY%202011/160-Q11-221.pdf>
36. Sathiyaseelan, T., Gnanapala, W. A. C., & Athula, C. (2015). Service quality and patients satisfaction on ayurvedic health services. *American Journal of Marketing Research*, 1(3), 158-166.
37. Tong D., Chung F., Wong D. (1997) Predictive factors in global and anesthesia satisfaction in ambulatory surgical patients. *Anesthesiology*; 87(4): 856-64.
38. Tasić Lj. (2002). *Farmaceutski menadžment i marketing*. Beograd.

39. Woodward, C. A. (2000), Strategies for assisting health workers to modify and improve skills: developing quality health care – a process of change. World Health Organization discussion paper. No. 1. Geneva: World Health Organization.

UPRAVLJANJE KVALITETOM KAO DETERMINANTA ZADOVOLJSTVA KORISNIKA ZDRAVSTVENE ZAŠTITE

Sažetak: Unapređenje kvaliteta rada zdravstvenih ustanova, odnosno zdravstvene zaštite, kao sastavnog dela svakodnevnih aktivnosti zdravstvenih radnika i svih ostalih zaposlenih u zdravstvenom sistemu, je kontinuiran proces čiji je cilj postizanje viših nivoa efikasnosti, i efikasnost, kao i veće zadovoljstvo korisnika. Kvalitetna zdravstvena zaštita je ona koja omogućava organizovanje resursa na najefikasniji način, kako bi se na bezbedan način, bez nepotrebnih gubitaka i na visokom nivou njihovih zahteva, zadovoljile zdravstvene potrebe pacijenata za prevencijom i lečenjem. Vizija stalnog unapređenja kvaliteta je postizanje bezbedne i sigurne zdravstvene zaštite, koja se razvija zajedničkim naporima svih ključnih aktera u zdravstvenom sistemu u interesu pacijenta. Preporuke za unapređenje kvaliteta zdravstvene zaštite i funkcionisanja celokupnog zdravstvenog sistema obuhvataju: dalji razvoj i ugrađivanje standarda kvaliteta u poslovanje zdravstvenih ustanova, unapređenje informacionih sistema kao načina za unapređenje kvaliteta celokupnog sistema, obezbeđivanje dovoljne finansiranja, ulaganje u prevenciju, razvoj indikatora kvaliteta, sistem praćenja i evidencije kako bi se omogućilo brzo izveštavanje. Važno je prepoznati i poštovati različite dimenzije kvaliteta i postaviti realna očekivanja i u skladu sa njima stvoriti uravnotežen zdravstveni sistem.

Ključne reči: kvalitet, zdravstveni sistem, kvalitet zdravstvene zaštite, zadovoljstvo

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