#### International Platform of Registered Systematic Review and Meta-analysis Protocols

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# Perception of Quality in Health Services from the point of view of professionals and patients

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#### ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - None declared.

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**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 20 November 2023 and was last updated on 20 November 2023.

#### **INTRODUCTION**

Review question / Objective Research question: What are the main dimensions of health quality used in the literature and what are the gaps in studies, in theoretical and empirical terms, that allow for an effective proposal of strategies for promoting the quality of health care for patients and professionals?

RSL objectives: The systematic review aims to (1) provide a comprehensive bibliometric view of healthcare quality from the point of view of users and healthcare professionals; (2) point out thematic trends, research topics, theories, quality assessment methods, countries involved, authors of health quality, (3) contribute to identifying gaps in the literature and emerging opportunities in health quality that allow guiding the production of information and knowledge for health decision-makers.

**Rationale** Identifying and understanding which factors affect, positively and negatively, healthcare from both the perspective of professionals and

users, is relevant for public health systems. Quality management in healthcare aims to ensure user satisfaction, ensuring that their needs are met. On the other hand, different factors involving the quality of care can affect health professionals and directly influence the development of organizations.

Factors such as remuneration, ease of decisionmaking, career progression, physical conditions of the facilities and recognition by peers, allow for an increase in the quality of healthcare provision from the professionals' point of view. At the level of users, the quality of The health services provided to them is a very important element of health care, as it is linked to several areas, namely medical, nursing, accessibility and conditions of the facilities. The term quality in healthcare is difficult to define due to the perception that each individual has about quality and also because of what it implies.

**Condition being studied** In Portugal, health accreditation programs began with Ordinance No. 288/99, of April 27, giving rise to the Institute of

Quality in Health, constituting an organization endowed with scientific, technical and administrative autonomy, dependent on of the DGS (Diário da República no. 98/1999, Series I-B of 1999-04-27), with the objective of promoting and disseminating, in institutions providing health care, continuous improvement in Quality. Some authors state that there are three objectives of public health policies - Sustainability, Equity/ Results and Quality - guiding the development around health policies and Health Systems in recent decades, and being present in the contributions and recommendations presented by entities international references such as the World Health Organization. The WHO states that primary health care is at the forefront of care provision in all societies, as it is formulated for broader health determinants and is focused on aspects comprehensive and interrelated physical, mental, social health and well-being.

#### **METHODS**

**Search strategy** Search on November 1, 2023. Three bibliographic databases, including Web of Science (WoS), Scopus and PubMed, were systematically searched to retrieve potential literature. The search terms were developed based on three concepts: (1) Perceived Quality, (2) Healthcare Professionals, (3) Patient. Within each concept, we use the Boolean operator AND and OR.

The search carried out in the Scopus Database is as follows:

KEY ABS TITLE "Perceivedquality"; "Health professionals"; "Patient."

There were no limitations by subject area, language, source type, source title, publication stage, affiliation).

In the WoS Database, the Core Collection (All fields) was used, with the following search:

ALL Fields: "Perceived quality, AND Health, AND Health professionals, AND Patients".

At PubMed, we use:

All fields, from -2022, with the following keywords: (Perceived AND Quality, AND Health, AND Professionals, AND Patients), (All fields).

**Participant or population** Users and multidisciplinary team.

Intervention None.

Comparator None.

Study designs to be included Qualitative, using bibliometric and content analysis.A review of articles that academia and professionals in the field of study identify as relevant in the context of health quality and how this is important for the provision of health care, however, health quality may be different depending on the country. In view of this discrepancy, in-depth and integrated knowledge on the topic of Quality and Health is important, both from the perspective of users and professionals.

**Eligibility criteria** Inclusion: All articles that address the themes of quality of care and satisfaction in the health sector.Exclusion: The following will be excluded:- Articles that are not in English, Spanish and/or Portuguese;- Articles submitted to Seminars, Conferences;- Master's Dissertations and Doctoral Theses.

**Information sources** Electronic databases for bibliographic research: Web of Science (Core Collection), Scopus and PubMed.

Main outcome(s) The removal of duplicate literature is supported by RStudio. Next, a threestep screening phase is carried out: (1) title screening based on inclusion and exclusion criteria; (2) abstract screening and, (3) full text screening based on eligibility criteria. A second investigator confirms the excluded articles. In the next phase, complete articles are analyzed according to a content analysis matrix defined in the research. Reasons for any exclusions will then be recorded after reviewing the full text. The process is iterative to ensure that all relevant

studies are included. The search results and the study selection process will be reported in the final systematic review and presented in the PRISMA flow diagram. After the entire process, all data is recorded and exported in Excel format.

Quality assessment / Risk of bias analysis In order to evaluate the quality of the studies that will be included in the RSL, the Law et al. matrix will be used. (1998) for quantitative studies, matrix Letts et al. (2007) for qualitative studies and the Amstar2 matrix for analyzing the quality of RSIs.

**Strategy of data synthesis** A qualitative content analysis will be carried out to obtain data and evidence from the analyzed literature. The number of studies that address quality in healthcare from the point of view of professionals and users is explained. What are the main problems encountered, the main actors involved, the geographic location where each study is based, the purpose, the sources of information , the form of investigation, the processing of data and the predominant themes. As a complement, the VOS viewer software will be used for bibliometric analysis. Use of PRISMA Extended Scoping Review (Prisma-ScR)\_2020.

**Subgroup analysis** Use of figures extracted from analyzes of the VOSviewer software. The analyzes provide a graphical view of the interconnection of key terms in documents, co-authorship network of country contributions and key terms, three-field graph on sources, authors and keywords, main authors, among others. The tables and figures will present the data extracted for each extraction category, followed by a detailed qualitative descriptive analysis.

**Sensitivity analysis** Use of PRISMA\_2020\_expanded\_checklist as a guiding matrix for creating a quality RSL. PRISMA flow\_diagram to demonstrate all stages of inclusion and exclusion of articles contained in the RSL. Use of VOS viewer (version 1.6.17) for bibliometric analysis of studies.

Language restriction None.

Country(ies) involved Portugal.

**Keywords** Perceived Quality, Health Professionals, Patient.

#### Contributions of each author

Author 1 - Luis Massa, Co-first author of the protocol who drafted the protocol and led and provided feedback for the screenings and development of the research question, search and research strategy, eligibility criteria, protocol outline, data extraction and presentation plans, and formal screening of the research results against.

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Author 2 - Isabel C. P. Marques, Co-first author of the protocol who led the refinement and modification of the search strategy, eligibility criteria, conducted and pilot test and formal screening of the search results against the eligibility criteria.

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