



Health Care Quality: Its Importance in Health Care Delivery

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Abstract

Health care quality is increasingly recognised as a central determinant of health outcomes, system efficiency, and public trust, particularly in low- and middle-income countries (LMICs) where access has expanded faster than quality. While coverage-oriented reforms have improved service availability, suboptimal quality of care continues to undermine gains across communicable diseases, non-communicable diseases, maternal and child health, and preventive services. This narrative review examines the conceptual foundations of health care quality, its measurable dimensions, and its programmatic relevance across diverse health system settings. Drawing upon published evidence from PubMed-indexed literature and empirical insights from the author's own research in community medicine, adolescent health, infectious diseases, and health systems evaluation, the review highlights how deficiencies in quality contribute to delayed diagnosis, poor adherence, preventable morbidity, and avoidable mortality. The paper synthesises classical quality frameworks with contemporary implementation challenges, emphasising the need to shift from utilisation-centric metrics toward outcome-oriented, patient-centred quality improvement. Strengthening health care quality is presented not merely as a technical exercise but as a prerequisite for equity, accountability, and sustainable health system performance.

Keywords: Health care quality, health systems, service delivery, patient safety, India, LMICs

Article Summary: Submitted: 16-October-2025 Revised: 26-October-2025 Accepted: 30-November-2025 Published: 31-December-2025

Quick Response Code:



Web Site
<http://ijmsnr.com/>

DOI
10.55349/ijmsnr.2025541719

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Introduction

Over the past two decades, global health discourse has increasingly shifted from questions of access to concerns surrounding the quality of health care delivery. While expansion of service coverage remains a critical goal, mounting evidence indicates that poor-quality care now contributes to more deaths than lack of access alone, particularly in LMICs. [1] Health care quality is therefore no longer a secondary consideration but a defining element of effective health systems. In India, large-scale public health programmes have successfully expanded outreach across maternal and child health, tuberculosis, immunisation, and non-communicable disease services. However, variability in diagnostic accuracy, continuity of care, provider competence, and patient experience continues to limit programmatic impact. Empirical studies across diverse domains—including adolescent health, vaccination behaviour, chronic disease management, and screening tool validation—demonstrate that service utilisation does not automatically translate into improved outcomes unless accompanied by adequate quality safeguards. [2–6]

This narrative review explores the importance of health care quality in health care delivery by synthesising conceptual frameworks, empirical evidence, and field-level insights. It contextualises quality within real-world health systems, highlighting how deficiencies manifest across preventive, promotive, and curative services, and underscores the need for integrated quality-improvement approaches that

How to cite this article: Newar N, Amaljith AB, Preeti C. Health Care Quality: Its Importance in Health Care Delivery. Int J Med Sci and Nurs Res 2025;5(4):17–19. **DOI:** 10.55349/ijmsnr.2025541719

align with population health goals.

Conceptualising Health Care Quality

Health care quality is commonly defined as the degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge. [7]. Donabedian's seminal framework conceptualised quality across three interrelated domains: structure, process, and outcomes. [8] Structural elements include infrastructure, human resources, and supplies; process refers to how care is delivered; outcomes capture the effects of care on health status.

More recent frameworks have expanded this understanding to include dimensions such as safety, effectiveness, timeliness, efficiency, equity, and patient-centredness. [9] These dimensions are particularly relevant in pluralistic health systems like India's, where public and private sectors coexist with varying standards of care.

Importantly, quality is not a static attribute but a dynamic interaction between health systems, providers, and patients. Studies examining community-based screening tools, vaccination perceptions, and adolescent health practices illustrate how contextual factors—such as health literacy, provider communication, and sociocultural norms—directly influence the quality experienced by beneficiaries. [2-3, 5]

Quality of Care and Health Outcomes

The relationship between health care quality and health outcomes is well established. Poor diagnostic accuracy, inappropriate treatment, and delayed initiation of care contribute substantially to avoidable morbidity and mortality. [1, 10] In infectious diseases, for instance, delayed diagnosis and fragmented care pathways have been shown to worsen treatment outcomes and fuel disease transmission.

Research examining tuberculosis treatment outcomes in the context of comorbidities such as diabetes mellitus highlights how inadequate clinical integration and inconsistent follow-up compromise care quality, despite the availability of standardised treatment protocols. [11] Similarly, studies on vaccination uptake among tribal populations demonstrate that quality gaps in risk communication and trust-building can undermine otherwise robust immunisation programmes. [3]

In adolescent and reproductive health, quality deficits often manifest through inadequate counselling, lack of privacy, and poor provider sensitivity. Evidence from school-based menstrual health research indicates that even when services or information are available, suboptimal delivery can negatively affect school attendance and psychosocial wellbeing. [2]

Patient-Centredness and Experience of Care

Patient experience is increasingly recognised as a core component of health care quality rather than a peripheral concern. Respectful communication, informed consent, cultural sensitivity, and responsiveness to patient preferences directly influence adherence, satisfaction, and long-term engagement with health services [9, 12].

Empirical findings from community-based studies underscore that perceived quality often determines whether individuals seek care

early or delay until complications arise. In marginalised populations, negative prior experiences with health services can perpetuate mistrust, leading to delayed care-seeking and poorer outcomes. [3, 12]

Moreover, patient-centred quality assumes particular importance in preventive and promotive health interventions, where benefits are not immediately tangible. Screening programmes, lifestyle interventions, and chronic disease management require sustained engagement, which is unlikely in the absence of perceived quality and trust.

Health Care Quality in Preventive and Public Health Services

Quality considerations are often underemphasised in preventive and public health services, where success is frequently measured by coverage indicators alone. However, the effectiveness of screening, surveillance, and health promotion initiatives depends critically on implementation quality.

Validation studies of field-level screening tools illustrate how methodological rigour, clarity of instructions, and feasibility directly influence diagnostic performance and programmatic uptake [5]. Poorly designed or inconsistently applied tools may generate false reassurance or unnecessary referrals, undermining system efficiency.

Similarly, public health frameworks addressing complex conditions such as polycystic ovary syndrome (PCOS) highlight the importance of integrated, quality-driven approaches that span clinical care, lifestyle modification, and health education [6,13]. These models demonstrate that quality in public health extends beyond service delivery to encompass coordination, continuity, and sustainability.

Measurement and Improvement of Health Care Quality

Measuring health care quality remains a persistent challenge, particularly in resource-constrained settings. Traditional indicators often focus on inputs and outputs, offering limited insight into care processes or outcomes. There is growing recognition of the need for composite indicators that capture technical competence, patient experience, and system responsiveness [14].

Quality-improvement initiatives increasingly emphasise continuous monitoring, feedback loops, and frontline provider engagement. Evidence suggests that locally driven quality-improvement cycles, when supported by leadership and data systems, can yield measurable gains even in constrained environments [10, 14].

Importantly, quality improvement must be embedded within routine service delivery rather than treated as a parallel activity. Fragmented or externally imposed quality initiatives risk limited sustainability and provider fatigue.

Equity and Ethical Dimensions of Quality

Quality of care is intrinsically linked to equity. Disparities in quality often mirror broader social and economic inequalities,

disproportionately affecting rural populations, tribal communities, and the urban poor. Evidence from diverse Indian settings indicates that marginalised groups frequently receive lower-quality care even when accessing the same facilities as more advantaged populations [3, 12].

Ethically, delivering substandard care violates principles of justice and beneficence. From a policy perspective, improving quality among underserved populations offers one of the most effective pathways to reducing health inequities without necessarily increasing overall expenditure. [1]

Policy and Programmatic Implications

Strengthening health care quality requires coordinated action across governance, financing, workforce development, and service delivery. National initiatives increasingly acknowledge quality as a strategic priority, yet operationalisation remains uneven.

Policy frameworks must move beyond compliance-based monitoring toward learning-oriented systems that incentivise improvement. Integrating quality indicators into routine health information systems, strengthening supportive supervision, and investing in provider training are critical steps.

Furthermore, incorporating patient perspectives into quality assessment can enhance accountability and relevance. Community feedback mechanisms, when meaningfully implemented, offer valuable insights into service gaps that are often invisible to administrative data.

Conclusion

Health care quality is fundamental to effective health care delivery and sustainable health system performance. Evidence consistently demonstrates that access without quality yields limited health gains and perpetuates inequities. Across clinical, preventive, and public health domains, quality influences not only outcomes but also trust, efficiency, and system legitimacy.

This review underscores the need to position quality at the centre of health system reform, supported by robust measurement, contextualised implementation, and sustained political commitment. For countries navigating epidemiological transition and expanding service coverage, investing in health care quality represents both an ethical imperative and a pragmatic strategy for maximising population health impact.

Source of funding: Authors did not receive any funding from any institutions

Conflict of Interest: Nothing declared by the authors

Authors' Contributions: NN, AAB, CP: Manuscript writing, revising critically for important intellectual

content. NN, AAB, CP: All authors were approved the final version to be submitted and accepted to publish this article in this journal.

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