



The impact of quality management on primary health care in Latin America

El Impacto de la gestión de calidad en la atención primaria de salud en América Latina

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Abstract

The aim of this research was to analyze the impact of quality management in primary health care (PHC) in Latin America, focusing on the instruments used, as well as the possible relationship between quality and satisfaction. Aspects related to the organizational improvements implemented were also studied. The analysis of the documentary review showed that evaluation instruments are fundamental for quality in PHC, but require adaptations to reflect the realities. In addition, it is evident that quality management, when focused on improving empathy, accessibility and continuity of care, is closely linked to patient satisfaction. Organizational improvements,

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such as implementing process management and adopting technologies, have proven to be effective in optimizing service quality and increasing user satisfaction. It is concluded that the strengthening of community participation and the development of health personnel are essential to ensure efficient PHC.

Keywords: Latin America, primary health care, quality management, organizational improvements, patient satisfaction.

Resumen

Con el desarrollo de la presente investigación se buscó analizar el impacto de la gestión de calidad en la atención primaria de salud (APS) en América Latina, centrándose en conocer los instrumentos utilizados, así como la posible relación entre calidad y satisfacción. Así mismo, se estudiaron aspectos relacionados con las mejoras organizativas implementadas. El análisis de la revisión documental arrojó que los instrumentos de evaluación son fundamentales para la calidad en la APS, pero requieren adaptaciones para reflejar las realidades. Además, se evidencia que la gestión de calidad, cuando se centra en mejorar la empatía, la accesibilidad y la continuidad del cuidado, está estrechamente vinculada con la satisfacción del paciente. Las mejoras organizativas, como el implementar la gestión por procesos y la adopción de tecnologías, han demostrado ser eficaces para la optimización de calidad del servicio y aumentar la satisfacción del usuario. Se concluye que el fortalecimiento de la participación comunitaria y el desarrollo del personal de salud son esenciales para asegurar una APS eficiente.

Palabras clave: América Latina, atención primaria de salud, gestión de calidad, mejoras organizativas, satisfacción del paciente

Introduction

The quality of care or services provided in the health area is an essential aspect for the effective functioning of any health system, since it helps to ensure that the care activities provided are both effective and respond adequately to the needs and expectations of patients (Astier-Peña et al., 2021; Medina et al., 2024). Thus, quality management in primary health care (PHC) is an aspect of growing interest and relevance, with greater emphasis within the frameworks of public health and nursing practice (Puertas et al., 2020). PHC is the basic community care, being the link in the system that interacts to a greater extent and directly with community health, providing first-hand care, in basic, preventive, diagnostic and treatment matters (Lino-Villacreses et al., 2023).

However, PHC has been considered as the central axis of health services, being responsible for the improvement of community health, with the purpose of reducing inequalities or difficulties of community members to access health care (Lissette et al., 2024). In recent years, significant changes have been generated in the system after the use and application of quality systems in PHC, in order to continuously improve services, assistance, care and results obtained in patients, families and communities, and consequently in their satisfaction (Lizana, Flores, Carhuayo-Luján, et al., 2020). Technologies and the increasing demand over the years for accessible and high quality health services have motivated the need to use systematic approaches to evaluate and continuously improve quality in PHC.

Several researches have delved into the implementation of quality management systems in PHC, such as one carried out in Spain, where an evaluation instrument was designed and used internationally, which has proven to be effective in the evaluation of primary health care quality with a focus on the user's perspective. This instrument stands out for its cultural adaptability and its availability in several languages, which makes it a valuable tool in different contexts (López García & Barber Pérez, 2024). Along these lines, in Latin America, specifically in Cuba, an evaluative model was developed that analyzes four dimensions, divided into 14 variables and 54 criteria to measure the quality of the general services subprocess, which had not been considered before. In the satisfaction surveys applied to non-Spanish-

speaking patients, more than 90% of the criteria received a satisfactory evaluation, related to language proficiency and waiting time to receive the room, as the main areas of dissatisfaction, with 70% and 85% satisfaction, respectively. Evidencing that quality implementation is high, however, there are still opportunities for improvement in areas related to communication and non-clinical care (Castellanos et al., 2022).

In line with the above, in Ecuador, relevant aspects have been identified on the importance of the adoption of quality management in PHC, and how it influences patient satisfaction and the optimization of operational and organizational processes (Farias et al., 2023). In line with this, the study conducted in the city of Riobamba, which addressed quality in health units, identified that one third of those selected for the study had a quality management plan. They also identified that a quarter of those responsible for the district units considered that there were no effective programs for monitoring user satisfaction, while both internal and external users reported average levels of satisfaction with the organization and processes of care (Parreño et al., 2021).

The main objective of this systematic literature review is to evaluate the impact of quality management in primary health care 2020-2024, analyzing patient satisfaction with assessment instruments and organizational improvements. Likewise, this research is guided by a key question What evidence exists on the impact of quality management in primary health care, specifically on evaluation instruments, patient satisfaction and organizational improvements during the period 2020-2024 in Latin America? This question allows for a comprehensive approach that not only seeks to understand the theory behind quality management, but also its practical application and adaptability in the context of primary health care.

In the field of quality management in PHC, several studies related to the topic have significantly contributed to the understanding of how to implement and evaluate effective quality practices. Several instruments used in PHC are identified that help to understand quality from the user's perspective, offering a comprehensive approach that covers aspects such as: accessibility, continuity of care, coordination and community orientation (López García & Barber Pérez, 2024).

Recent studies have highlighted the importance of the commitment of health professionals, particularly nurses, in improving the quality of PHC services. Research in Spain and other countries has shown that the organizational commitment of health professionals is directly related to patient satisfaction and treatment efficacy (Del Estal García & Melián González, 2022).

This research will be based on a systematic literature review, using a conceptual approach to analyze studies conducted between 2020 and 2024 on quality management in PHC. It will include scientific articles, literature reviews and case studies that address issues related to quality management, patient satisfaction, effectiveness of PHC services and the role of nursing in these contexts. The review will be conducted by searching recognized academic databases using keywords such as "quality management", "primary health care", "patient satisfaction", "nursing" and "public health". Inclusion and exclusion criteria will be based on the relevance of the content to the research objectives, the methodological quality of the studies, and their practical application in improving primary health care.

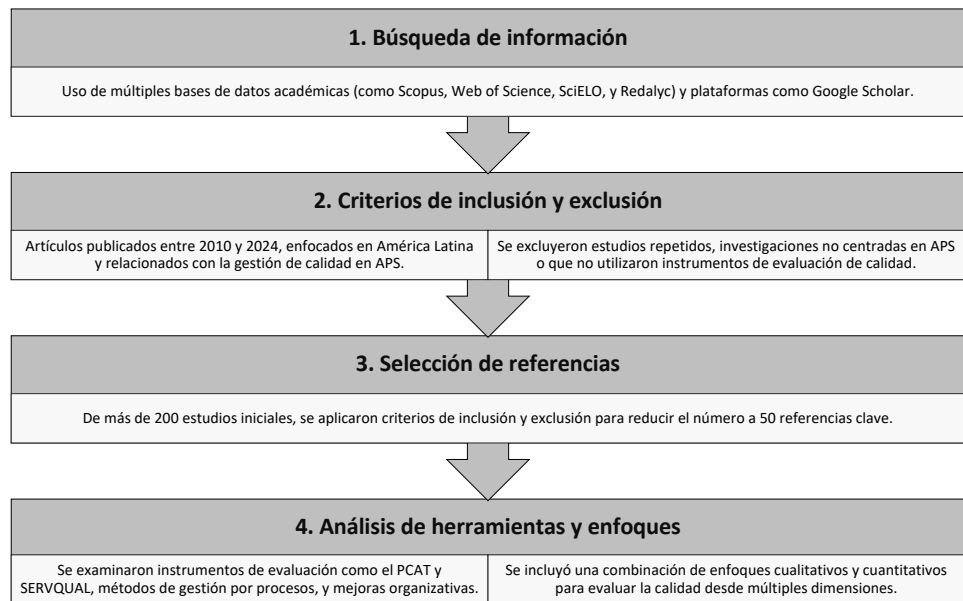
The importance of this research lies in its ability to provide an in-depth understanding of how quality management in PHC can be a key factor in improving public health and patient satisfaction. Aiming to evaluate the impact of quality management in primary health care 2020 to 2024 in the Latin American context and analyzing patient satisfaction with assessment instruments and organizational improvements. This can guide decision makers in implementing training and continuing professional development programs that empower nurses to lead quality initiatives in PHC.

Methodology

In the development of the research, a structured search organized in four main phases was conducted over a period of three months. These included the exhaustive exploration of various relevant sources and databases, followed by the establishment of inclusion and exclusion criteria to select relevant studies. Subsequently, the most relevant references were identified and refined, ending with a detailed analysis of the tools, methodologies and approaches used in the selected studies. This systematic approach ensured a comprehensive and

accurate review of the literature . During this time, specific steps were defined to ensure coverage of a number of databases that were relevant to the study, sources in different languages were consulted and a large number of materials dedicated to quality management in the health area in Latin America were examined.

Image 1: research phases.



Elaboration: own.

In order to improve the results, multiple keyword combinations were used including, but not limited to, "Quality management in health care", "Patient satisfaction", "Primary care", "Organizational improvements in health", "Health assessment instruments" and "Latin America". These keywords were merged using Boolean operators such as AND, OR and NOT to narrow the results so that the studies shown were more focused on evaluating the effect of quality management in that area.

Considering the focus on Latin American issues and the available scientific literature, sources in Spanish, English and Portuguese were considered. This linguistic selection made it possible to cover global research, as well as specific empirical studies in that given region. In addition, some types of sources were analyzed, including scientific articles on the subject published in indexed journals, master's and

doctoral theses containing unpublished research, specialized books on quality management and primary care, and reports from international organizations such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

Regarding the specific databases used, the Western Library of Toronto was used to find studies on public health and related quality management at the global level, while Scopus and Web of Science (WoS) proved to be crucial for the retrieval of multidisciplinary peer-reviewed literature. In addition, SciELO and Redalyc were fundamental for the retrieval of research in Spanish and Portuguese specifically focused on Latin America. Apart from that, requests were made to Google Scholar to search for additional research studies such as dissertations and technical papers that are not easily retrievable from more specifically designed databases.

In order to carry out this process, inclusion and exclusion criteria were defined. Articles published between 2010 and 2024 were included; those who located their research in a Latin American country or conducted a comparative study, as well as documents in the three established languages. Repeated studies, non-primary care research or research that did not use quality assessment instruments were excluded.

From the result of the first search, more than 200 studies were obtained and after the use of inclusion and exclusion of 50 key references was necessary. The orderly and systematic application of these criteria allowed the search for research that did not determine situations such as, for example, that which was mapped in the literature and seven other years.

This study adopts a documentary design with an analytical-synthetic approach, focused on analyzing the role of health professionals, the effectiveness of communication practices and strategies, and the use of technology in the promotion of healthy lifestyles in Latin America. The research is based on the collection, analysis and synthesis of information from 19 academic and scientific papers selected from recognized databases such as PubMed, SciELO and ScienceDirect.

The databases were selected for their relevance and prestige in the publication of peer-reviewed scientific research. The search was

carried out using Boolean operators (AND, OR) to combine keywords such as "health promotion," "lifestyle," "Latin America," "healthcare professionals," and "technology in health promotion." These search strategies allowed optimizing the retrieval of relevant information, ensuring accurate and focused results in the regional context.

To ensure the quality and relevance of the documents, inclusion criteria were established, such as relevance of the topic, focus on Latin America, publication in indexed journals and timeliness of the studies (2014-2023). Articles that did not specifically address health promotion, lacked analysis on social determinants or were limited exclusively to clinical interventions without considering preventive or community strategies were excluded.

The analysis of the documents was structured through a matrix designed to record key information, including aspects such as the location of the study, main findings and authors' recommendations. This tool facilitated the identification of patterns, comparisons between studies and the grouping of information into three main categories: the role of health professionals, the evaluation of the effectiveness of practices, and the use of communication strategies and technology.

The analysis process was carried out in several stages. First, an initial review of the documents was carried out to identify recurrent themes and relevant keywords. Subsequently, the data were organized into the defined categories, which allowed a critical and structured synthesis of the information. Finally, the findings were integrated to highlight best practices, challenges and opportunities in promoting healthy lifestyles.

This methodological approach ensures that the results of the study are rigorous, evidence-based and aimed at improving health promotion strategies in Latin America. The combination of different sources and the thematic analysis allows a comprehensive view to be obtained, providing a solid basis for formulating recommendations applicable to health systems in the region.

Results

Quality assessment in primary health care (PHC) is a key point to certify that care and assistance services are provided in a timely, efficient and patient-focused manner. In an environment where health systems face high demand and pressure, having the support of concrete evaluation tools is essential to measure the performance of services and, based on this, to establish actions for continuous improvement. These tools make it easier for health systems to identify critical areas for improvement, ensure user satisfaction and improve the quality of the services provided, adapting to the specificities of each context.

Based on the results identified in the literature, one of the most outstanding instruments to assess quality in PHC is the Primary Care Assessment Tool (PCAT), widely recognized for its ability to measure fundamental aspects of primary care from the user's perspective. This instrument encompasses several key dimensions such as access to health, coordination among the team, capacity to offer a continuum of care, comprehensive and intercultural approach. This tool also has the capacity to adapt to different economic or cultural scenarios, an aspect that makes it versatile and can be used in international evaluations, which facilitates the comparison of results and the identification of best practices at a global level (López García & Barber Pérez, 2024).

However, another aspect of this type of standardized instruments is that they not only allow measuring quality from a technical approach, but also incorporate the perception of patients, families or communities, resulting in a crucial aspect to assess whether health services actually respond to the needs of the population. This multidimensional approach, which encompasses the organizational structural level, as well as processes and outcomes, allows for a more complete picture of PHC quality (Tafur Contreras et al., 2022). However, the correct implementation of PCAT requires an adjustment to the specific characteristics of each circumstance, since sociocultural and economic conditions change considerably between countries, regions and even at the community level.

In this order of ideas, another instrument, the SERVQUAL, which is a tool that helps in the measurement of service quality by means of 5 dimensions: tangibility, reliability, responsiveness, empathy and safety of the services provided, was recognized among the contributions. In contrast to PCAT, which focuses on PHC, SERVQUAL is used in the evaluation of quality in different sectors, including hospital care, emergency and other health services. One of the most outstanding attributes of this tool is that it allows effective measurement of the gap between patients' expectations and the perceived quality of services received (Guaita Pintado et al., 2023). This aspect is of importance in PHC, since it allows the identification of specific areas where patients' expectations and requirements are not being met, offering a more precise vision of where improvements should be made.

Another of the strengths highlighted is the adoption of a mixed approach (quantitative and qualitative) in the data collection process through surveys and interviews aimed at evaluating the quality of certain aspects of the service. These allow us to objectively obtain the user's voice on aspects where they perceive deficiencies in the care provided, in order to better understand their interaction with the health system. This qualitative information complements the quantitative results obtained through instruments such as the PCAT and the SERVQUAL and is especially useful for problematizing the issue of quality from the point of view of patient users (Pazmiño et al., 2020).

Likewise, quality assessment in PHC is not limited to standardized instruments; some authors have used qualitative analysis methods that gather patients' experiences and perceptions. These methodologies are useful for the identification of problems that are sometimes not evidenced by structured spaces, such as those related to accessibility and trust in health professionals, as well as the vision of comprehensive care. Qualitative methods also allow patients to provide care they believe they have not received and any other concerns they may have. Therefore, this can be very useful when designing interventions.

Finally, when choosing assessment instruments, the particular context and objectives of the assessment should be taken into account, as, for

example, in certain quality assessments in PHC, care has been directed towards the assessment of coordination and continuity of care; in others, accessibility or cultural agency have been more emphasized. In fact, recent research emphasizes that health systems should follow an integrated evaluation approach that combines different tools and techniques to understand quality from many angles.

The development and implementation of instruments such as the PCAT have made it possible to determine and identify specific shortcomings in various contexts, such as the deficit of community-centered care or barriers in access to primary care (Lizana, Flores, & Carhuayo-Luján, 2020). This has led those responsible for health management to design improvement plans that are adapted to the characteristics of each region, altering resources and procedures to raise the quality of service. In many cases, these instruments have been used together with other qualitative and quantitative techniques, making it possible to provide reports that are more elaborate and contextualized, and, therefore, a more comprehensive and nuanced evaluation (Parreño Urquizo et al., 2021).

In line with this, the validation of the instruments used is considered important for the evaluation of PHC quality. Measuring instruments must have validity and reliability, since they are essential for the approval that the measures taken accurately delineate the realities of the services provided. In this sense, the use of Aiken's V Coefficient as an indicator of content validation and Cronbach's Alpha Coefficient to validate internal consistency are methodologies that are commonly used in the validation of instruments (Tafur Contreras et al, 2022). These methods ensure that the tools used are appropriate for the scenario in which they are applied, in addition to providing measures that enable decision-making aimed at improving services.

With the increasing complexity of health systems, the importance of measuring quality in an efficient manner is becoming more critical. In this sense, evaluation tools should not only be created for the purpose of assessing the current strengths and weaknesses of services, but also to provide relevant information to assist in the strategic planning of PHC service delivery. This means that the instruments should not only assess what has been achieved in the past, but also facilitate the

identification of future demands and the development of strategies to meet those demands, as well as to improve quality.

In this sense, the literature also mentions the need for assessment instruments to be localized. Although the use of instruments such as the PCAT or SERVQUAL in measuring international evaluations is practically being used, these tools need to be contextualized in the culture, economy and organization of many areas of application. This requires a more continuous validation process and requires an adaptation of the items used in the different instruments to suit local conditions. Under these conditions, the results obtained may not be valid and therefore all interventions based on these results may not be effective.

In this context, it is important that health systems adopt a scalable and multidimensional approach in the evaluation of the quality of social services. This means that quality assessment in PHC should go beyond the use of a single tool or approach, but should involve different methodologies or instruments that can help to objectively understand the different dimensions of quality. In this way, complete and detailed measurements are obtained, which collaterally makes the subsequent intervention more effective and user-centered.

In addition to conventional evaluation instruments, there is an approach that consists of implementing process management models, which allows the restructuring of care activities in a more integrated vision. These models seek to facilitate the chain of care and reduce variability, while promoting the improvement of service quality (Rodríguez, 2021). Another important aspect that has been analyzed in the literature is the application of quality standards, such as ISO 9001 and EFQM in hospital management (Sánchez Suárez et al., 2022). Thanks to these methods, the performance of clinical processes is facilitated in a chain of continuous improvement, allowing procedures to be performed uniformly and efficiently.

The work of quality assessment in the PHC scheme in the Latin American region faces different challenges that may be associated to the social, economic and cultural particularities of this region. Although instruments such as PCAT and SERVQUAL have shown their effectiveness in the region, it is necessary to implement a series of modifications that help to adequately reflect the reality of health

services. Health systems in the area of interest tend to be under-capitalized and are recipients of excessive demands for services, which makes it difficult to maintain their uniform application. Although they make it possible to identify areas for improvement and measure the level of patient satisfaction, their effectiveness is subject to the need for constant adjustment to specific conditions, including cultural and structural ones. In addition, the combination of qualitative and quantitative approaches is essential for a deeper understanding of quality, at particularly in prescribing or for the protection of marginalized or inaccessible communities. However, the lack of availability of funds and the continuous need for these tools to be validated restrict their effectiveness, calling for a more pragmatic approach that assesses the technical quality of service delivery and the experience of service users in order to improve the quality of PHC.

Process management also emphasizes the importance of patient satisfaction as one of the most important objectives to be achieved to improve quality. Reorganizing clinical tasks with a focus on patient needs can be used to reduce waiting times and improve efficiency (Huilcavil & Riveros, 2023; Medina et al., 2024). This is crucial as it is directly related to the quality assessment performed by users, given that patient satisfaction is highly dependent on the individual's commitment to the healthcare system.

Thus, within this line of literature, it is emphasized that users' opinions are particularly important in the measurement of quality in PHC. Qualitative studies in which patient narratives are collected allow the elucidation of latent motives that would remain invisible in other more formalized approaches. Qualitative and quantitative methodologies appear to be crucial to carry out an effective and consistent evaluation of the quality of services (Gómez Mendoza et al., 2022; Nahuelquin et al., 2022).

Relationship between quality management and patient satisfaction

Coordination between quality activities and patient satisfaction is an important issue for the continuous improvement of health services, especially in primary health care (PHC). At the international level, a change has occurred where user satisfaction has become an important indicator of the quality of care, since it reflects the user's perspective on effectiveness, warmth of treatment and the level of

response provided. Guaita Pintado et al. (2023) explain that, despite the efforts made within the health system in Ecuador, there is considerable dissatisfaction among users, especially for the attributes of empathy, reliability and responsiveness. This reinforces the importance of evaluating and modifying existing quality management systems. Their improvement is necessary so that patients' requirements and demands are better met, which is essential to foster patient satisfaction.

Adverse events or complications that are a common result of the provision of existing health services do not seem to be a satisfactory quality for patients. In this sense, Lages and Martinez (2021) propose that the correct structuring and implementation of systematic processes such as process management or benchmarking can result in improvements in the delivery of health services. Optimization tools make it possible to identify areas of dissatisfaction and influence them with, for example, business process redesign, continuous improvement of staff qualifications, and patient-centered care culture. As the efficiency of the healthcare system increases, so do the user's feelings and experience, and thus satisfaction.

One of the important elements in the interrelation between quality and satisfaction is the attitude and commitment of the health personnel, in this case the nursing staff. According to the literature, quality assessment by the patient is determined by the responsibility and responsiveness of health professionals. On the other hand, Pazmiño et al. (2020), emphasize that quality must have a resource that ensures the implementation of the necessary steps for the education and training of professionals in human-oriented care and the effectiveness of the message. By strengthening these elements, PHC not only improves patient satisfaction, but also helps in the loyalty of users and improves the overall image of the health services provided.

Regarding PHC attributes, Lizana, Flores and Carhuayo-Luján (2020) explain that patient satisfaction is closely linked to first contact, continuity and coordination. The results of their studies reveal that there is a varied perception of quality among the different health centers that have been evaluated, where the fact of treating the family and orienting care towards the community are critical aspects that

must be solved in order to increase user satisfaction. Thus, quality management should focus on relativizing these attributes in order to guarantee a successful and pleasant experience for the patient.

The validity and reliability of the instruments used in the evaluation of PHC functions are also a relevant factor. According to Tafur Contreras et al. (2022), patient satisfaction depends mainly on whether health institutions live up to users' needs and expectations. The adoption of such evaluation tools helps to point out certain aspects of the quality of something that needs to be improved - in this case the quality of service, which optimizes patient satisfaction. It is a fact that in quality management the direct relationship with user satisfaction is used, which in this methodology requires applying very specific and localized measures and evaluations.

Parreño Urquiza et al.'s (2021) analysis of quality management in the health care setting of the specific city also pointed out that there is a scarce presence of quality plans and programs for monitoring user satisfaction. Only one in three health centers, represented as 33.33%, had a quality management plan, while three out of four authorities reported a lack of follow-up programs for user satisfaction. These results reflect very strongly that there is a relationship between quality plans and user satisfaction with respect to that service, and therefore make it more urgent to establish much more effective management mechanisms.

According to Rodríguez (2021), the process management approach is an effective strategy to improve patient satisfaction. If care processes become more patient-centered with the involvement of healthcare professionals and appropriate clinical practices, a considerable improvement in patient experience is likely to be achieved. To meet the objectives, all involved must release a number of processes that do not provide added value so that patients can enjoy a more pleasant journey through the healthcare system. All of this leads to a more favorable patient impression and increased satisfaction indicators in the end.

Sanchez Suarez et al (2022) also attempt to establish a correlation between patient satisfaction and efficient resource utilization. Lean manufacturing and operations planning are verified as direct influences on the quality and efficiency of care processes, which in

turn has a positive effect on patient experience and thus patient satisfaction. Such improvement in operational practices has a very high potential to improve users' perception of quality and is an integral part of quality management programs in primary care.

The role of health staff commitment is also essential, as it has direct effects on patient satisfaction (Del Estal García and Melián González, 2022). Motivated and committed staff are likely to provide quality care, resulting in high levels of customer satisfaction. This highlights the critical need for quality management that fosters the commitment and well-being of healthcare workers, as the care of healthcare professionals is key to patients' perceptions of quality.

Finally, the quality of interconsultations, which is another important dimension of PHC relationships, also has a differential effect on patient satisfaction. According to Ibáñez et al. (2024), the efficiency and effectiveness of interconsultation are very essential to improve the user experience in PHC. There is an improvement in communication between health professionals and coordination of care, which are also important aspects of total quality management that significantly improve patient satisfaction.

Taking into consideration all the reviewed studies, it is considered important to carry out quality management that implies organizational actions focused on users and staff commitment, in order to achieve a better quality of PHC services and, therefore, increase the instrumentalized satisfaction of users. The adoption of systematic processes and adequate tools for evaluation makes it possible to identify dark areas in the system, leading to a better health system and better experiences for patients.

Organizational improvements implemented in the primary health care system

The use of organizational improvements in PHC is crucial in optimizing the quality of services and improving patient satisfaction. Organizational improvements can encompass a variety of approaches including process management, ICT integration, and patient-centered program development, each with the goal of streamlining workflow and quality of care. These strategies help to optimize

services while strengthening the organizational structure of PHC, thus achieving a more efficient and patient-friendly care environment.

However, according to the authors consulted, management by process focuses on optimizing results throughout the flow of care activities provided in health services. Lages Ruíz and Martínez Trujillo (2021) highlight that process management, combined with tools such as benchmarking or the reference of other competitors, helps to redesign activities in PHC services, increasing efficiency and effectiveness. Process management involves the analysis of each step of the service, starting from patient reception to post-treatment follow-up, discarding redundancies and ensuring greater effectiveness in care. In turn, the use of benchmarking facilitates the comparison of an institution's processes with those of other leaders in the sector, identifying areas where improvements can be implemented based on the best practices observed.

On the other hand, Guaita Pintado et al. (2023) highlight important aspects of the implementation of improvements at the organizational level, explaining that they should be centered on quality management program guidelines. The use of indicators or KPIs that facilitate the continuous measurement of user satisfaction should be integrated. In addition, it should be accompanied by training programs for staff and internal guidelines that promote user-centered care. This very approach by systems helps to ensure that PHC services reach quality standards, resulting in greater trust and satisfaction among patients accessing health services. The integration of quality programs in turn allows health services to recognize failures and correct deficiencies in services on an ongoing basis, thus improving the patient's experience.

Lizana et al. (2020), on the other hand, state the importance of recognizing and analyzing the key points of PHC in order to improve them in a timely manner, such as the family approach and community orientation. In their analysis of PHC developed in Ayacucho, Peru, they provide that shortcomings at the organizational level may be overcome or improved by implementing coordination between care systems and the implementation of strategies with an integrative approach that responds to the needs of patients and the community. Organizational improvements should focus not only on adjusting the

structure of PHC services, but also on promoting more equitable and accessible care.

In this regard, Parreño Urquiza et al. (2021) also stress the importance of implementing quality management programs in health units. These programs should focus on identifying and correcting factors that affect user satisfaction. The authors recommend designing quality plans and establishing continuous monitoring programs to ensure that PHC services are constantly improving. Monitoring patient satisfaction and continuous evaluation of services allows health managers to make informed decisions about areas that require greater attention and resources.

Regarding specific methodologies for organizational improvement in PHC services, Rodríguez (2021) and Sánchez Suárez et al. (2022) propose the adoption of tools such as process management based on ISO standards and excellence models such as EFQM. These approaches stress the importance of standardizing care activities and reorganizing workflows to achieve more efficient and safer care. In addition, Rodríguez stresses that the implementation of process management reduces variability in healthcare services, which contributes to greater patient satisfaction. Along the same lines, Sánchez Suárez et al. point out that the integration of methodologies such as Lean Manufacturing in hospitals can optimize the quality of care, improving the planning and control of operational processes.

Likewise, the adoption of a strategic approach to quality management is crucial for organizational improvement in PHC. Guilabert et al. (2024) emphasize the importance of implementing efficient management systems that include the continuous evaluation of processes, the use of quality indicators and staff training. These elements are essential to guarantee the quality of PHC services and user satisfaction. Training of health personnel not only improves their technical skills, but also strengthens their ability to provide patient-centered care, which contributes to a more positive user experience.

It is also pointed out that another relevant aspect for organizational improvements in PHC is the incorporation of technologies such as virtual interconsultations, a space that has been developing in recent years. According to Ibáñez et al. (2024), these virtual interconsultations may contribute to the improvement of the quality

of PHC services in the sense of favoring continuity of care and intercommunication among health professionals. Consequently, organizational improvements make faster and more effective care possible. Waiting times are reduced and this translates into better patient care. The development of such protocols allows, as well as the use of technological tools, greater integration of PHC professionals in care, thus increasing patient satisfaction.

Motivation and commitment of health personnel also play a very important role in improving organizational quality. Del Estal García and Melián González (2022) suggest that organizational improvements should focus on establishing a culture of continuous training and leadership within healthcare teams. The motivation of staff is crucial to ensure that the professionals involved are committed to quality care and, most importantly, to patient satisfaction. A well-trained and motivated healthcare team can deliver more cost-effective care, which in turn improves patients' evaluation of the services provided.

The same model proposed by Solis (2023) puts forward the proposal to manage nursing care at the primary health care levels, in terms of severity and risk. This is a model that allows preventing problems and applying a more efficient management of services. The use of these organizational models optimizes care processes, promoting health and providing more comprehensive care to patients. These models are key to ensure that PHC services respond to the changing expectations of the population and guarantee that resources are used appropriately.

On the other hand, as highlighted by Rivera-Pico et al. (2022), there are other aspects that are key to PHC management, such as resources, both human and economic. What is advocated in view of these structural shortcomings is the active participation of nurses in the management and coordination of the service. These are the people who, in the care of patients, are in the first place. If the employees of the organization, its structure and its management activities are involved in structural decision making, then not only the management of the services becomes efficient, but also the patient care is personalized and tailored to the needs.

In this line, Huilcavil and Riveros (2023), in their work on care management in Chile, argue that there should be a reinforcement of PHC by management structures that focus on prevention and community organization. In this sense, the introduction of organizational changes facilitates the preparation of health services to anticipate and address emerging phenomena such as those that occurred during the COVID-19 era. The lesson of the pandemic is that organizational improvements should enable appropriate ADRs to be implemented to meet community health needs and desired changes.

Finally, studies such as Mora Medina et al. (2024) and Puertas et al. (2020) point out the problem of formulating planning measures that affect not only organizational structure, but also space and skilled labor. These studies advocate strategic leadership as a critical factor for successful organizational improvement in PHC. Strong and dedicated leadership means that health institutions carry out the organizational change necessary to improve service accessibility and quality care for every segment of the population.

PA in healthcare can be influenced by a number of challenges as areas with a residential focus are generally more complex than those with a population focus. Therefore, the complexity of the organizational scope model has to run in tandem with the implementation of a normative, standardized and broadly based, cross-functional model. This allows for organizational improvements including facilitating additional tools for changes in the way healthcare professionals work, which are more focused on the patient and the health outcomes to be achieved, in addition to changes in the quality of service.

Primary health care (PHC) in Latin America is in a delicate situation due to socioeconomic problems, inequality in the distribution of health services, as well as an evident need to improve the quality of care. Over the years, countries in the region have implemented various reforms and organizational strategies in an attempt to improve the quality of PHC service and patient complaints. The analysis of three key categories - quality assessment instruments, the relationship between quality management and patient satisfaction, and organizational improvements - reveals essential aspects for the transformation of health systems in Latin America.

A major concern in the region is the effort to adapt international quality assessment tools for primary health care to local circumstances. In Latin America, the Primary Care Assessment Tool (PCAT) has been mentioned, which has received validation in several countries in the region to measure accessibility, coordination, continuity and community orientation, among other issues. However, the use of these tools has highlighted the need for some cultural and structural modification to reflect the realities on the ground (Lizana et al., 2020).

In the case of the Latin American region, the disparity in the quality of PHC services is a common occurrence. Guaita Pintado et al. (2023) state that assessment tools such as the PCAT are placed in cases where there are great disparities between urban and rural areas. Services, when available, in these rural areas where access to services is scarce, the results of quality assessments indicate significant deficits in availability and accessibility to policies. In such circumstances, it can be observed that the assessment of PHC quality does not rely solely on the tools used, but on the capacity of health systems to conform to local requirements.

Another important instrument in the Americas region is SERVQUAL, which focuses on the service quality of health services based on patients' expectations and experiences. In studies in Ecuador, it has been found that patients' expectations most of the time exceed what the actual experiences were and this indicates a significant quality gap (Guaita Pintado et al., 2023). These types of evaluations allow health managers to see areas that require urgent attention, especially with regard to empathy, responsiveness and reliability of actions taken.

At the regional level, the lack of standardization of evaluation instruments has been a challenge. However, countries such as Brazil, Colombia and Mexico have taken steps towards the implementation of assessment tools corresponding to their realities, but there are major challenges at the level of financing, infrastructure and training of health personnel. In this regard, Ponzo et al. (2018) have included the harmonization of assessment tools in their recommendations as crucial to improve the comparability of results between countries in the region.

Now, in relation to the link between quality management and patient satisfaction, quality management in PHC systems in the Latin American region has also had some development during the last ten years, largely due to the emerging emphasis on patient satisfaction. But there are important challenges in the implementation of quality management in the region in relation to institutional capacity and resources.

One of the important points that emerges from the studies is that patient satisfaction in Latin America is generally related to PHC services, which often turn out to be quite low in the case of users. In the case of countries such as Peru and Bolivia, studies show that patients feel dissatisfied in the dimensions of availability of care and continuity of care process (Lizana et al., 2020). These results emphasize the need to improve the structural conditions of health centers and also to formulate public policies that promote greater access to services.

The literature also emphasizes the need for adequate care by health personnel. Thus, Pazmiño et al. (2020) indicate that the quality of care is conditioned by some elements such as dedication and type of care, especially on the part of the nurse. In many rural areas of Latin America, these deficiencies can be found because the number of people attending patients is scarce and the amount of work that these professionals must perform is far beyond their capacity, which affects the quality of care received by patients. In this sense, the quality of production must consider the implementation not only of structural and technological improvements, but also of measures aimed at strengthening the welfare and training of personnel.

The COVID-19 pandemic exposed weaknesses in quality management systems in some countries of the region. Lack of preparedness to respond to public health crises and weaknesses in the integration of PHC services were critical issues that impacted patient satisfaction. However, opportunities for effective communication and continuity of care were also found to be critical in quality management. According to Ibáñez et al. (2024), the introduction of some technologies, such as teleconsultations, has been considered a significant organizational improvement in several

countries, allowing for better coordination and increased patient satisfaction.

Another relevant aspect addressed was that organizational improvements in PHC are necessary to address the structural challenges of health systems in Latin America. Process management has been a widely adopted strategy in the region with the objective of addressing efficiency and quality of services. According to Rodríguez (2021), the institution of process management, founded on ISO standards and quality management models such as EFQM, can help optimize care activities and streamline work progress, which, in turn, is directly related to patient satisfaction with the service provided to them.

The intersectoral coordination of organizations is also essential for the successful implementation of organizational changes in PHC. Countries such as Chile and Argentina have recognized the need to integrate PHC services with other levels of care, which facilitates more comprehensive care and prevents duplication of services. Sánchez Suárez et al (2022) favor the use of Lean Manufacturing principles in the analysis and improvement of operational processes and the planning of demand for PHC services. Not only do these improvements increase efficiency, but they also help in the long-term sustainable development of health systems.

The inclusion of communities has been a determining factor in the progress of PHC in some countries, such as Brazil. The model supported by the neighborhood in the Family Health strategy in Brazil has been mentioned as a successful model for the region. This leads to greater involvement of the community in the planning and governance of health services and this has been shown to have a benefit in the HUP-CC Electra USA, equity in access to services and patient satisfaction (Rivera-Pico et al., 2022).

In addition, the limitations of health workers in PHC process management vary according to capable residents and it is necessary to emphasize them as non-student subjects, main actors in the implementation of changes and leadership of impacts. Del Estal García & Melián González (2022) extend that changes in health are necessary and there are factors that frame: motivation and willingness of health personnel for the adoption of changes. Such factors can be

person-centered; hence, building skills and increasing leadership capabilities are ways to circumvent most such improvements at the organizational level.

Conclusions

Numerous studies have addressed organizational difficulties in PHC and, as demonstrated by the development of the present research, an important change in the understanding of the elements that determine the quality of care and patient satisfaction can be appreciated. The literature review of the scientific production shows that one of the most important contributions in the field is the lack of understanding of the need to modify evaluation instruments to local contexts. This adaptation is not only explained by the cultural and economic variables between nations, but also by the structural specificities of the region's health systems. In this sense, the harmonization of tools such as the PCAT has been shown to be an indispensable element in the progress of the quality level of PHC, allowing for a more uniform evaluation among the different Latin American contexts. In this way, it facilitates the development of public policies that are more informed and in accordance with the situation of the population.

An additional contribution that should be taken into account refers to the relationship between quality management and patient satisfaction. In a scenario where infrastructure and resources are scarce, research shows that the adoption of technologies and process management are key strategies for improving the efficiency and effectiveness of services. These organizational innovations not only elevate the technical quality of care services, but also extend and alter their direct effect on the user experience. This finding highlights the need to implement technologies such as virtual consultations and to employ methodologies such as Lean Manufacturing within the PHC domain. In addition, the research complements the scientific domain by showing the relevance of health care workers, where continuous education and motivation emerge as fundamental in the construction of more humane and supportive care environments. Thus, the improvement in the management of human resources not only brings more effective medical care, but also more satisfactory care for

patients, demonstrating the importance of policies that promote the professional advancement of health workers.

Finally, the review provides a more comprehensive perspective on intersectoral coordination as a fundamental pillar that is crucial to guarantee the quality of primary health care. In several Latin American countries, it can be noted that the integration of PHC with other levels of care and the active participation of communities in the planning and management of service delivery are vital strategies aimed at improving equity in access to health. These approaches not only improve the sustainability of health systems, but also represent a breakthrough in how the PHC concept is perceived in highly vulnerable contexts. In this sense, the reviewed studies not only emphasize the essence of access and organizational improvement in PHC, but also extend further efforts that seek to explore patterns of community participation and the construction of health systems that are more resilient to the present and future needs of the population.

Reference

- Astier-Peña, M. P., Martínez-Bianchi, V., Torijano-Casalengua, M. L., Ares-Blanco, S., Bueno-Ortiz, J. M., & Fernández-García, M. (2021). The global action plan for patient safety 2021-2030: identifying actions for safer primary care. *Primary Care*, 53 , 102224. <https://doi.org/10.1016/J.APRIM.2021.102224>.
- Castellanos, A., Solórzano, R., & Armas, R. (2022). System of indicators to evaluate the quality of general services at the Cira García Central Clinic. *Revista Cubana de Salud Pública*, 48 (1). http://scielo.sld.cu/scielo.php?pid=S0864-34662022000100010&script=sci_arttext.
- Del Estal García, M. C., & Melián González, S. (2022). Importance of health staff commitment for patient satisfaction in Primary Care. *Atención Primaria*, 54 (4), 102281. <https://doi.org/10.1016/J.APRIM.2022.102281>.
- Farias, M. A., Badino, M., Marti, M., Báscolo, E., Saisó, S. G., & D'Agostino, M. (2023). Digital transformation as a strategy for strengthening essential public health functions in the Americas.

Pan American Journal of Public Health, 47 , e150.
<https://doi.org/10.26633/RPSP.2023.150>

Gómez Mendoza, M. J., Jaramillo Montaña, F. M., Estrella Gaibor, C. E., & Núñez Gamboa, J. J. (2022). Analysis of the administrative management and quality of the emergency service of the San Rafael de Esmeraldas Type C Center 2020. *Sapienza*, 3 (5), 69-80. <https://doi.org/10.51798/sijis.v3i5.446>

Guaita Pintado, T. P., Tapia Pinguil, Á. P., Cordero Alvarado, R. L., & Mercado González, A. F. (2023). Importance of Quality Management in the Ecuadorian Health Service: Systematic Review. *LATAM Latin American Journal of Social Sciences and Humanities*, 4 (1), 366-377. <https://doi.org/10.56712/latam.v4i1.250>.

Guilabert, M., Sánchez-García, A., Asencio, A., Marrades, F., García, M., & Mira, J. J. (2024). Challenges and strategies to recover and dynamize primary care: SWOT-CAME analysis in a Health Department. *Atencion Primaria*, 56 (3). <https://doi.org/10.1016/j.aprim.2023.102809>

Huilcavil, C. R., & Riveros, E. R. (2023). GDC Care Management in Primary Care: nurses' perception, in pandemic, Chile, 2021. *Revista Uruguaya de Enfermería*, 18 (1), 1-23. <https://doi.org/10.33517/rue2023v18n1a4>

Lages, J., & Martínez, N. (2021). Process management and benchmarking for improving quality of care | Process management and competitive benchmarking for improving quality of care. *Scopus*, 37 (3), 1-19. <https://www.scopus.com/record/display.uri?eid=2-s2.0-85117688395&origin=resultslist&sort=plf-f&src=s&sid=874b8a1a7a84e1cb3d0d9c3a4ea7cf75&sot=b&sdt=b&s=TITLE-ABS-KEY%28gesti3n+por+procesos%29&sl=35&sessionSearchId=874b8a1a7a84e1cb3d0d9c3a4ea7cf75>

Lino-Villacreses, W., Vargas-Pin, R., Sornoza, M., & Lucas, E. (2023). Importance of efficient quality management in patient care.

Polo del Conocimiento,8 (10), 48-71.
<https://doi.org/10.23857/pc.v8i10.6110>

Lisette, J., Cabrera, R., Melissa, K., Zapata, M., Maggie, A., & Preciado, S. (2024). User Satisfaction as a Quality Indicator in Primary Health Care. *Ciencia Latina Revista Científica Multidisciplinar*,8 (3), 10734-10751.
https://doi.org/10.37811/CL_RCM.V8I3.12235

Lizana, M., Flores, E. Á., Carhuayo-Luján, S., Lizana, M., Flores, E. Á., & Carhuayo-Luján, S. (2020). Evaluation of primary health care attributes in first level care facilities in Ayacucho, Peru. *Revista Medica Herediana*,31 (3), 175-180.
<https://doi.org/10.20453/RMH.V31I3.3807>

López García, A., & Barber Pérez, P. (2024a). Systematic review of the primary care quality assessment instruments used in the last 10 years. *Atencion Primaria*,56 (9), 103046.
<https://doi.org/10.1016/j.aprim.2024.103046>

Medina, A. A. M., Savinovich, C. C., & Naranjo, G. R. (2024). Quality management in health care. *Más Vita*,6 (1), 48-54.
<https://doi.org/10.47606/ACVEN/MV0226>

Nahuelquin, C. G., Wauters, M. O., Villa, J. P., Figueroa, A. S., & Quiroz, V. V. (2022). Care Management and Quality of Care. *Metas de Enfermería*,25(1), 60-70.
<https://doi.org/10.35667/MetasEnf.2022.25.1003081863>

Parreño, A., Ocaña, S., & Iglesias, A. (2021). Quality management in health units in the city of Riobamba. *Revista Cubana de Medicina Militar*,2,50 (2).
http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0138-65572021000200012

Pazmiño, A. M. A., Solórzano, M. M. M. M., Pazmiño, V. J. A., & García, E. M. C. (2020). Evaluation of quality of care in relation to internal medicine user satisfaction at the Guaranda Basic Hospital of the Ecuadorian Institute of Social Security. *Enlace Universitario Research Journal*,19 (2), 94-107.
<https://doi.org/10.33789/ENLACE.19.2.77>

- Ponzo, J., Berra, S., Giraldo-Osorio, A., Pasarín, M. I., Leyns, C., Álvarez, C. V., Soto, C., Molina, D., Fuentes-García, A., Hauser, L., Magne, J., Chicaiza, V., Torres, T., Mora, F. G., Terra, A., Harzheim, E., Ferre, P., Borja-Aburto, V., & Fuentes, M. (2018). Ibero-American harmonization of PCAT instruments for first level of care assessment. *Pan American Journal of Public Health*, 42 . <https://doi.org/10.26633/RPSP.2018.80>
- Puertas, E. B., Sotelo, J. M., & Ramos, G. (2020). Leadership and strategic management in primary health care-based health systems. *Pan American Journal of Public Health*, 44 . <https://doi.org/10.26633/RPSP.2020.124>.
- Rivera-Pico, N. M., Montes-Moreira, S. M., Moreira-Parrales, C. G., & Matute-Santana, J. M. (2022). Nursing management in public health primary care. *Cienciamatria*, 8 (4), 267-280. <https://doi.org/10.35381/cm.v8i4.852>
- Rodríguez, A. R. H. (2021). Methodological bases for process management in hospital services | Bases metodológicas para la gestión por procesos en los servicios hospitalarios. *Infodir Journal*, 2021(35), 1-23.
- Sánchez Suárez, Y., Estupiñán López, S. de la C., Marqués León, M., Hernández Nariño, A., & Medina León, A. A. (2022). Description of operations management practices applied to hospital services management: a literature review. *Industrial Engineering*, 43 , 81-100. <https://doi.org/10.26439/ing.ind2022.n43.6110>
- Solís, F. y. (2023). Nursing care management model in primary health care services. *Interdisciplinary Refereed Journal of Health Sciences. SALUD Y VIDA*, 7 (1), 50-59. http://dx.doi.org/10.35381/s.v.v7i13.2418%0Ahttp://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192018000400017&lng=es.
- Tafur Contreras, S., Reyes Barros, J. A., & Ayala Mendivil, R. E. (2022). Validity and reliability of an instrument to assess the fulfillment of primary care functions in Peruvian context. *Revista*

Cuidado y Salud Pública, 2 (2), 69-74.
<https://doi.org/10.53684/csp.v2i2.57>.