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COMPREHENSIVE MANAGEMENT AND HEALTH EQUITY: STRATEGIES FOR CONTINUOUS IMPROVEMENT IN THE QUALITY OF HEALTHCARE

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Abstract

Introduction. Healthcare quality constitutes a multidimensional challenge that significantly affects the efficiency, equity, and sustainability of healthcare systems in Latin America, particularly within contexts characterized by structural limitations, institutional fragmentation, and unequal access to healthcare services.
Objective. This study aimed to analyze the determining factors and strategies that underpin the continuous improvement of healthcare quality in Latin America.
Method. A systematic review was conducted involving 28 scientific articles published between 2019 and 2024. The analysis identified six essential analytical axes related to healthcare quality improvement: institutional management and health leadership, infrastructure and resources for efficient services, continuous training of human talent, user satisfaction and perception of quality, technologies and health information systems, and ethical, sociocultural, and rights-based perspectives.
Results. Findings revealed that healthcare quality depends on the synergistic interaction among organizational, technological, and human dimensions framed by principles of ethics and equity. Furthermore, evidence demonstrated that strengthening institutional leadership, investing in hospital infrastructure, digitizing clinical-administrative processes, and promoting continuous professional training constitute strategic pillars for improving healthcare efficiency and ensuring person-centered care. The review also identified persistent structural inequalities, limited technological integration, and sociocultural barriers that continue to affect equitable access to quality healthcare services across Latin American contexts.
Conclusion. Comprehensive management and health equity should be conceived as interdependent components of a sustainable healthcare quality model. Strengthening institutional capacities, technological innovation, and humanized healthcare approaches is essential to address structural challenges and promote inclusive, resilient, and equitable healthcare systems in Latin America.

Keywords: Institutional management, health equity, human talent, technological innovation, social justice.

Resumen
Introducción.
La calidad de la atención sanitaria constituye un desafío multidimensional que afecta significativamente la eficiencia, la equidad y la sostenibilidad de los sistemas de salud en América Latina, particularmente en contextos caracterizados por limitaciones estructurales, fragmentación institucional y acceso desigual a los servicios sanitarios.
Objetivo. El presente estudio tuvo como objetivo analizar los factores determinantes y las estrategias que sustentan la mejora continua de la calidad de la atención sanitaria en América Latina.
Método. Se realizó una revisión sistemática que involucró 28 artículos científicos publicados entre 2019 y 2024. El análisis permitió identificar seis ejes analíticos esenciales relacionados con la mejora de la calidad sanitaria: gestión institucional y liderazgo en salud, infraestructura y recursos para servicios eficientes, formación continua del talento humano, satisfacción del usuario y percepción de calidad, tecnologías y sistemas de información en salud, y perspectivas éticas, socioculturales y basadas en derechos.

Resultados. Los hallazgos evidenciaron que la calidad de la atención sanitaria depende de la interacción sinérgica entre dimensiones organizacionales, tecnológicas y humanas, enmarcadas en principios de ética y equidad. Asimismo, la evidencia demostró que el fortalecimiento del liderazgo institucional, la inversión en infraestructura hospitalaria, la digitalización de los procesos clínico-administrativos y la promoción de la formación profesional continua constituyen pilares estratégicos para optimizar la eficiencia sanitaria y garantizar una atención centrada en la persona. La revisión también identificó persistentes desigualdades estructurales, limitada integración tecnológica y barreras socioculturales que continúan afectando el acceso equitativo a servicios de salud de calidad en los contextos latinoamericanos.
Conclusión. La gestión integral y la equidad en salud deben concebirse como componentes interdependientes de un modelo sostenible de calidad sanitaria. El fortalecimiento de las capacidades institucionales, la innovación tecnológica y los enfoques de atención humanizada resultan esenciales para afrontar los desafíos estructurales y promover sistemas de salud inclusivos, resilientes y equitativos en América Latina.

Palabras clave: Gestión institucional, equidad sanitaria, talento humano, innovación tecnológica, justicia social.

INTRODUCTION

The World Bank [1] warns that failures in hospital care constitute a severe public health crisis, particularly among vulnerable groups such as children, pregnant women, and individuals with comorbidities. The World Health Organization [2] emphasizes that shortages of medical personnel, precarious infrastructure, deteriorated ambulances, and the lack of adequate equipment hinder the delivery of timely and high-quality care. Moreover, the International Council of Nurses [3] reports that this scenario results in elevated morbidity rates and preventable deaths in healthcare facilities. Equivalently, the World Health Organization [4] notes that prolonged waiting times and systemic overload further exacerbate patients' conditions. Thus, improving hospital conditions has become an urgent priority to mitigate the tragic consequences of an overstretched and neglected system [5].

Furthermore, the World Bank [1] indicates that deficiencies within hospital systems continue to adversely affect public health indicators. It is estimated that more than eight million people die annually from preventable causes linked to medical errors, delayed care, and inadequate hospital conditions [2]. Morbidity associated with non-communicable diseases is in the same manner exacerbated by poorly managed comorbidities, particularly in settings with limited access to specialized care [3]. In parallel, in rural areas of low-income countries, 60% of hospitals lack sufficient medical staff and 42% of ambulances are non-operational, severely limiting the capacity to respond effectively to emergencies [4].

The Pan American Health Organization [6] reports that hospital systems across Latin America face severe structural and human-resource limitations. Approximately 35% of public hospitals experience a critical shortage of medical personnel, particularly in intensive care and obstetrics units [7]. To extend this argument, the Organisation for Economic Co-operation and Development and the World Bank [8] indicate that nearly 15,000 pregnant women die annually from preventable complications during childbirth, often due to the absence of essential equipment or specialized staff. In addition, the Economic Commission for Latin America and the Caribbean [9] highlights persistently high infant mortality rates in rural areas, reaching up to 28 deaths per 1,000 live births. Ultimately, the Pan American Health Organization [10] asserts that more than 45% of hospital facilities suffer from deteriorated infrastructure and lack adequate sanitation systems and up-to-date medical technology.

The Ministry of Health of Peru [11] states that hospital care in Peru is undergoing a multifactorial crisis. It is estimated that over 30,000 annual deaths are linked to deficiencies in the health system, many associated with the lack of timely care for patients with comorbidities [12]. What is more, the Andean and Amazonian regions present the highest levels of vulnerability: 68% of hospitals operate with deficient infrastructure, and 52% of ambulances are non-functional or unequipped [13]. Similarly, the San Juan de Lurigancho Hospital [14] reports persistently high maternal mortality, with more than 300 annual cases, most of them resulting from untreated hemorrhages. Consequently, the shortage of specialized medical personnel affects 48% of public hospitals [11].

The present study is warranted given the critical conditions faced by hospital systems, characterized by shortages of medical personnel, infrastructural deficiencies, and obsolete equipment. These limitations exert a direct impact on rising morbidity and mortality rates, particularly among children, pregnant women, and individuals with comorbidities. Inadequate care, malfunctioning ambulances, and resource scarcity

compromise service quality and place human lives at serious risk. Against this backdrop, examining this problem becomes essential for formulating policies capable of strengthening healthcare delivery and reducing the vulnerability of the most affected populations.

The challenges surrounding hospital care represent a serious concern in numerous countries, as they directly influence individuals' health and survival. The lack of sufficient healthcare personnel and inadequate resources undermines the capacity to respond to emergencies and manage severe illnesses, thereby elevating mortality and morbidity indicators. Each year, thousands of people including pregnant women and children die from complications that could have been prevented through timely and high-quality care. Besides, comorbidity, particularly among patients with chronic diseases, further exacerbates the situation because health systems lack the means to provide comprehensive follow-up. Compounding this issue, poorly maintained ambulances and deteriorated hospital infrastructure hinder effective responses in critical situations. Taken together, this scenario underscores the urgent need to improve resources, personnel training, and hospital infrastructure to ensure adequate access to healthcare services. Within this context, the present systematic review seeks to identify the main challenges and strategies aimed at promoting the continuous improvement of healthcare delivery, based on an analysis of scientific literature indexed in recent years, in doing so contributing to the strengthening of health management through relevant theoretical and empirical evidence.

THEORETICAL FRAMEWORK

Yang et al. [15] state that the Theory of Quality of Care is grounded in the contributions of economist and consultant Avedis Donabedian, widely regarded as its principal architect. This theory was formulated during the rise of organized health systems in the mid-twentieth century, emerging as a response to the need for objective and measurable criteria to assess the quality of services provided to users [16]. Donabedian developed a structured framework integrating three essential dimensions: structure, process, and outcome [17]. Initially conceived within the healthcare domain, its applicability has since expanded to sectors such as education, social services, and customer care in both public and private institutions [18]. Furthermore, structure refers to the available resources and organizational conditions, process encompasses the interaction between provider and user, and outcome denotes the actual impact of the service on the recipient's well-being [19]. Within this analytical paradigm, quality of care is not understood as an absolute parameter but as a multidimensional construct shaped by user perception, service effectiveness, and adherence to technical and ethical standards [15].

Building on this theoretical model, various institutions have adopted Donabedian's principles to enhance service experiences in contexts such as higher education, where the interactions among instructors, students, and support systems can also be examined through this lens [16]. Consequently, the theory has been reframed to evaluate university service quality in terms of accessibility, timely responsiveness, personalized academic guidance, and efficient technological support [17]. In this regard, care is not limited to administrative service delivery; rather, it encompasses comprehensive student support throughout the entirety of their educational trajectory [18].

When applying this approach, it becomes evident that quality education does not depend solely on curricular content or institutional infrastructure, but also on the extent to which students feel welcomed, guided, and supported within the system [19]. Accordingly, the theory enables a more holistic assessment focused on the user experience, which is particularly relevant in contexts where perceived quality influences student retention, performance, and overall satisfaction [15]. Thus, the Theory of Quality of Care offers a valuable framework for strengthening institutional policies aimed at enhancing the well-being and success of individuals within the educational system [16].

Al-Balas et al. [20] define quality of healthcare as the capacity of health services to deliver effective, safe, accessible, and person-centered care, hence contributing to improved clinical outcomes and user satisfaction. This definition encompasses not only the correct application of medical procedures but also the patient's experience, respect for their dignity, and the alignment of care with their specific needs [21]. In this light, quality becomes a foundational principle of modern health systems, which seek to uphold the right to dignified, efficient care grounded in the best available evidence [22].

Within this framework, Gupta et al. [23] identify several characteristics that define high-quality healthcare: timeliness, equity, safety, continuity, effectiveness, and humanization. These dimensions must be integrated coherently to address the evolving demands of the population, reduce access gaps, and promote comprehensive care [24]. Moreover, ensuring quality requires institutionalized processes of continuous

improvement, robust monitoring and performance-evaluation mechanisms, and the active participation of health professionals, administrators, patients, and communities.

Darzi et al. [21] therefore argue that quality transcends clinical outcomes and encompasses processes that guarantee respect, trust, and effectiveness. For a more comprehensive understanding, healthcare quality is commonly examined through three analytical lenses: structure, process, and outcome [20]. The structural dimension concerns the resources available such as infrastructure, equipment, and personnel; the process dimension evaluates how care is delivered including protocols and clinical interactions; and the outcome dimension assesses the effects achieved on patient health [22]. Taken as a whole, these three dimensions allow for an integrated evaluation aimed at identifying critical areas and implementing effective interventions. As a result, ensuring quality in healthcare not only enhances system efficiency but also strengthens equity and health justice [23].

METHODOLOGY

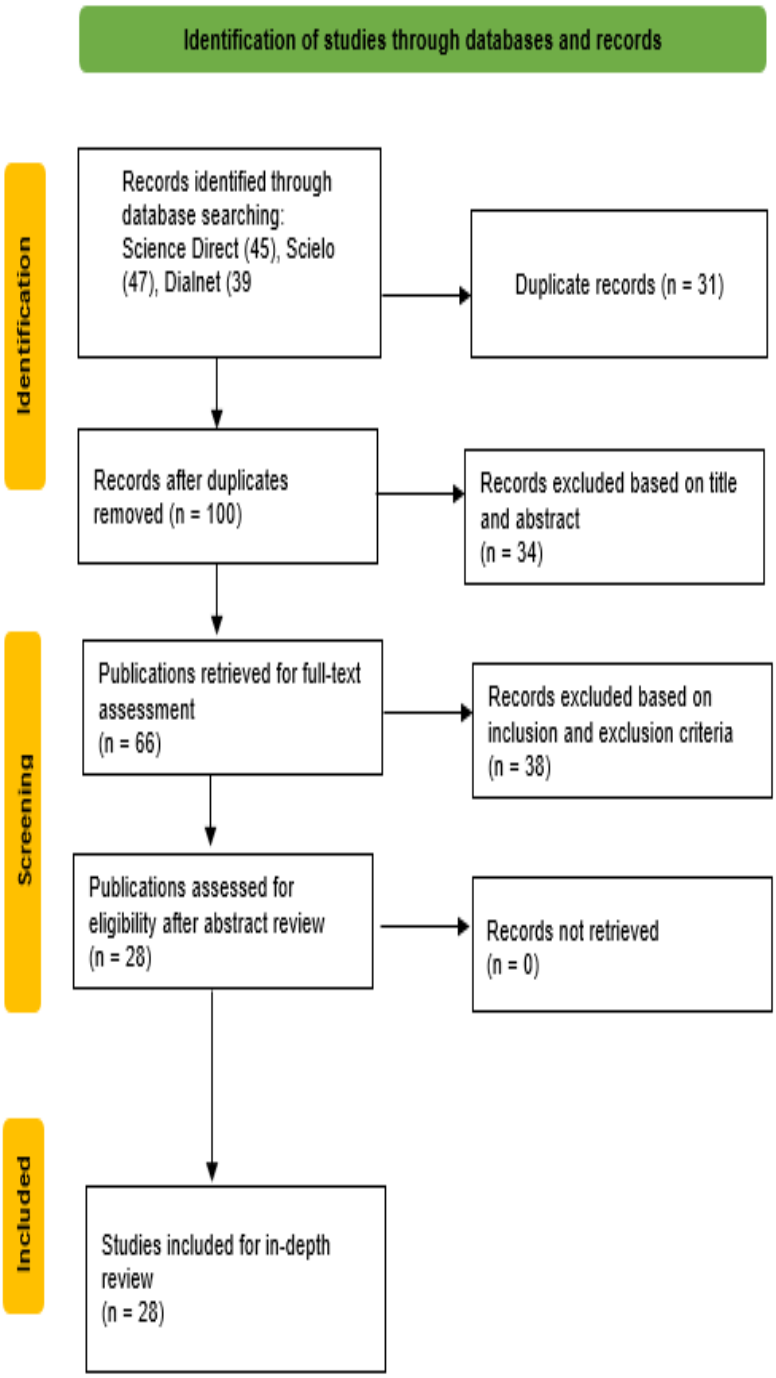
The present study was conducted through a systematic review of the literature, a methodology that enables the examination of a specific phenomenon within a defined timeframe. Searches were carried out in the Scielo and Dialnet databases using the keywords “challenges,” “strategies,” and “continuous improvement,” which yielded a total of 131 scientific articles.

For article selection, the following inclusion criteria were established: (a) publications from 2019 to 2024; (b) quantitative, qualitative, mixed-method, or review studies. The exclusion criteria comprised: (a) editorials, book chapters, conference proceedings, and narrative papers; (b) publications unrelated to the research topic; (c) articles that did not focus on challenges and strategies for continuous improvement in healthcare services; (d) studies that offered no novel contribution; and (e) publications without full-text access. To ensure analytical rigor, Boolean operators such as AND and OR were employed to combine search terms, generating the following search strings:

“challenges” AND “strategies” AND “continuous improvement”; “challenges” OR “strategies” OR “continuous improvement”; “challenges” AND “strategies” AND (“continuous improvement”); “challenges” AND “continuous improvement” AND (“strategies”); “strategies” AND “continuous improvement” AND (“challenges”); “strategies” AND (“challenges” OR “continuous improvement”).

In addition, the methodological quality of the included studies was assessed following the guidelines of the Joanna Briggs Institute (JBI), with the aim of ensuring the validity, reliability, and scientific rigor of the analyzed findings.

Figure 2. PRISMA flow diagram of journal articles through the systematic review process


Identification of studies through databases and records
Identification
Records identified through database searching: Science Direct (45), Scielo (47), Dialnet (39
Duplicate records (n = 31)
Records after duplicates removed (n = 100)
Records excluded based on title and abstract (n = 34)
Screening
Publications retrieved for full-text assessment (n = 66)
Records excluded based on inclusion and exclusion criteria (n = 38)
Publications assessed for eligibility after abstract review (n = 28)
Records not retrieved (n = 0)
Included
Studies included for in-depth review (n = 28)

After applying the established criteria, 28 full publications were selected for systematic analysis, as shown in Table 1.

Table 1. Scientific articles selected for analysis

N°	Author	Article Title	Methodology	Country	Year	Database
1	Mora et al. (2024)	Quality management in healthcare services	Qualitative	Ecuador	2024	Scielo
2	García-Ortiz (2024)	Strengthening healthcare service quality through an institutional management model	Quantitative	Colombia	2024	Scielo
3	Urquiaga-Alva (2024)	Health management and quality of user care: A systematic review	Systematic review	Peru	2024	Scielo
4	Benites et al. (2021)	Factors associated with service quality in Peruvian public hospitals	Quantitative	Peru	2021	Scielo
5	Islas et al. (2020)	Association between quality of care and saturation levels in the emergency department of a hospital in Hidalgo, Mexico	Systematic review	Mexico	2020	Scielo
6	Moreno & Cazorla (2023)	Healthcare service quality: A determinant of patient satisfaction at Riohospital in Riobamba (Ecuador)	Quantitative	Ecuador	2023	Scielo
7	Saraiva & Salmazo (2022)	Quality of healthcare for older adults in primary care: An integrative review	Systematic review	Brasil	2022	Scielo
8	Morales-Sánchez & García-Ubaque (2019)	Perceived quality in the public healthcare system of Bogotá	Quantitative	Colombia	2019	Scielo
9	Castillo-Ayón et al. (2023)	Quality management in nursing care and patient safety	Quantitative	Ecuador	2023	Scielo
10	Luna et al. (2021)	Assessment of healthcare service quality: An analysis from the user's perception	Quantitative	Mexico	2021	Scielo
11	Rodríguez et al. (2023)	Service quality and its effect on customer satisfaction and loyalty	Quantitative	Peru	2023	Scielo
12	Szulik (2023)	Reflections on the quality of healthcare	Qualitative	Argentina	2023	Dialnet

13	Guaita et al. (2023)	Importance of quality management in Ecuadorian healthcare services: Systematic review	Systematic review	Ecuador	2022	Dialnet
14	Moreno et al. (2021)	Quality assessment in healthcare services: User perception	Quantitative	Mexico	2021	Dialnet
15	Flores-Hernández et al. (2024)	Quality of care in healthcare services	Quantitative	Mexico	2024	Dialnet
16	Delgado et al. (2023)	User satisfaction in the emergency service of the Regional Hospital of Tumbes, 2022	Quantitative	Peru	2023	Dialnet
17	Araújo (2022)	Quality of care and user satisfaction in an outpatient health facility	Systematic review	Peru	2023	Dialnet
18	Malpartida et al. (2021)	Study on customer-care service quality for EsSalud patients	Mixed-methods	Peru	2021	Dialnet
19	Hannawa et al. (2022)	The aspects of healthcare quality valued by professionals and patients: A qualitative study	Qualitative	Switzerland	2022	ScienceDirect
20	Rodríguez & Hernández Borges (2022)	Quality of care and patient safety: Key elements of healthcare delivery	Theoretical review	Spain	2022	ScienceDirect
21	Brouwers et al. (2021)	The future of hospital quality-of-care policy: A multi-stakeholder discrete choice experiment in Flanders, Belgium	Quantitative (discrete choice experiment)	Belgium	2021	ScienceDirect
22	Khashe et al. (2023)	Improving quality of care in telehealth during and beyond the COVID-19 pandemic: HCI-based leading indicators for virtual visits	Quantitative (HCI design indicators)	United States	2023	ScienceDirect
23	Goodair & Reeves (2024)	The effect of healthcare privatization on care quality	Systematic review	United Kingdom	2024	ScienceDirect
24	Karasan et al. (2022)	Evaluating healthcare service quality: An integrated multi-criteria decision-making methodology and case study	Quantitative (integrated MCDM approach)	Turkey	2022	ScienceDirect

25	Babroudi et al. (2021)	Re-evaluating healthcare service quality criteria during the COVID-19 pandemic: Z-number fuzzy cognitive map	Quantitative (Z-number fuzzy cognitive modeling)	Iran	2021	ScienceDirect
26	Gómez-Carmona et al. (2022)	Impact of COVID-19 prevention measures on healthcare quality, perceived value, and user satisfaction: A SEM-based analysis	Quantitative (structural equation modeling)	Spain	2022	ScienceDirect
27	Khan et al. (2022)	Sustainability in healthcare service quality	Quantitative (sustainability analysis)	India	2022	ScienceDirect
28	Meng et al. (2024)	Physical and online medical systems: Service quality and management mode analysis	Quantitative (quality and management modeling via game theory)	China	2024	ScienceDirect

RESULTS

In line with the findings of the systematic review, the following thematic focus is addressed: Challenges and strategies for continuous improvement in healthcare delivery.

Table 2. Articles on challenges and strategies for continuous improvement in healthcare services.

Thematic Axis	Representative Authors	Predominant Methodological Approach	Main Findings	Synthetic Conclusions
1. Institutional Management and Quality Models	García-Ortiz (2024); Mora et al. (2024); Guaita et al. (2023); Delgado et al. (2023); Malpartida et al. (2021)	Predominantly descriptive quantitative designs and case studies	Institutional management directly affects service quality and user satisfaction. Continuous training, organizational leadership, and financial sustainability emerge as core pillars of improvement.	It becomes imperative to strengthen an organizational culture oriented toward quality through leadership, strategic management, and ongoing evaluation of user satisfaction.
2. Infrastructure, Human Talent, and Sociocultural Factors	Mora et al. (2024); Benites et al. (2021); Luna et al. (2021); Moreno & Cazorla (2023)	Correlational quantitative approaches	Infrastructure, equipment, working conditions, and staff empathy determine perceived quality. Human-resource shortages reduce service effectiveness.	Substantial investment is required in infrastructure, workplace well-being programs, and empathetic communication to consolidate person-centered care.
3. User Satisfaction and	Morales-Sánchez & García-Ubaque (2019); Delgado	Quantitative methods and	Users associate quality with humane treatment, waiting	Priority should be given to service humanization and

Perceived Quality	et al. (2023); Islas et al. (2020); Araújo (2022)	systematic reviews	times, access, and empathy. Service overload diminishes positive perceptions.	demand management supported by monitoring mechanisms and citizen participation.
4. Patient Safety and Care Management	Castillo-Ayón et al. (2023); Rodríguez & Hernández Borges (2022); Hannawa et al. (2022)	Descriptive quantitative studies and theoretical reviews	Nursing care and ethical communication are fundamental pillars of quality and clinical safety. The interdependence among quality, safety, and efficiency is highlighted.	Institutional policies must be integrated to ensure safety, professional ethics, and effective communication across all levels of care.
5. Technological Innovation and Digital Transformation	Meng et al. (2024); Khashe et al. (2023); Babroudi et al. (2021); Gómez-Carmona et al. (2022)	Quantitative modeling, fuzzy intelligence, and SEM approaches	Telemedicine and hybrid physical-digital models enhance efficiency and user satisfaction, though challenges concerning accessibility and technological equity persist.	A balanced approach is essential to integrate human and technological factors, ensuring sustainability and user trust.
6. Ethical, Social, and Rights-Based Approaches to Health	Szulik (2023); Saraiva & Salmazo (2022)	Integrative reviews and qualitative conceptual analyses	A sociological and ethical lens is proposed, integrating citizenship, rights, ageing, and community participation.	Quality of care must be conceptualized as a multidimensional phenomenon articulating rights, equity, gender, and dignified ageing.
7. Evaluation and Sustainability of the Health System	Flores-Hernández et al. (2024); Goodair & Reeves (2024); Khan et al. (2022); Karasan et al. (2022); Brouwers et al. (2021)	Systematic reviews, multi-criteria analyses, and comparative studies	Inter-institutional coordination, sustainability, and transparency are essential for long-term quality. Privatization produces mixed outcomes.	Sustainability, equity, and participatory governance should guide quality policies and the efficiency of the healthcare system.

Based on the analysis of the twenty-eight selected articles, six central subthemes were identified to structure this section: Institutional management and leadership in health, Infrastructure and resources for efficient services, Continuous training of human talent, User satisfaction and perceived quality, Technologies and health information systems, and Ethical, sociocultural, and rights-based perspectives. These thematic axes emerged from the comparative examination of theoretical and empirical findings, revealing the dynamic interaction among organizational, human, technological, and ethical factors that influence the continuous improvement of healthcare delivery. The resulting classification integrates the predominant approaches found in the reviewed literature, thereby enabling a comprehensive and coherent understanding of the phenomenon from a perspective that interlinks institutional management, health equity, and service quality. Taken collectively, the analysis demonstrates that strengthening organizational leadership, modernizing

infrastructure, promoting ongoing staff development, and responsibly incorporating technologies significantly contribute to building more efficient, humanized, and sustainable health systems oriented toward social justice and collective well-being.

DISCUSSION

Institutional Management and Leadership in Health

Benites et al. [25] argue that functional leadership strengthens inter-team coordination and guides strategic decision-making within the health system, while the implementation of clear standards and the efficient use of resources fosters sustained improvements in service quality [26]. Furthermore, García-Ortiz [27] asserts that integrating management models into organizational culture promotes user-centered care, supported by flexible structures capable of responding to changing contexts and diverse social demands [28]. In this regard, Brouwers et al. [29] emphasize that health governance must involve multiple stakeholders to ensure transparency and legitimacy in decision-making. Adapting organizational frameworks to the real needs of the population enhances institutional efficiency and promotes long-term sustainability [26,25].

Additionally, Urquiaga-Alva [28] highlights that participatory approaches and transparency reinforce operational effectiveness, whereas technical and strategic leadership enables anticipation of environmental changes [27]. Moreno et al. [26] concur that cohesive structures positively influence performance and perceived quality, particularly when linked to performance indicators and tangible outcomes [25]. Supporting this perspective, Karasan et al. [30] demonstrate that the application of multi-criteria methodologies in hospital management optimizes resources and enhances efficiency, while Goodair and Reeves [31] caution that privatization reforms may affect equity, thus recommending that institutional management be aligned with principles of justice and universal access.

Infrastructure and Resources for Efficient Services

Islas et al. [32] argue that service saturation and resource shortages undermine the quality of care, particularly in emergency departments, while precarious infrastructure and inadequate equipment negatively affect clinical outcomes and user perceptions [33]. From an organizational standpoint, Mora et al. [34] emphasize that physical design, ventilation, and lighting directly influence the dignity and effectiveness of care, a situation exacerbated when demand exceeds installed capacity [35]. In the same vein, Gómez-Carmona et al. [36] show that environmental conditions shape user satisfaction, and Khan et al. [37] warn that sustainability in the management of material and human resources is crucial for maintaining efficient and ethical services. Likewise, Malpartida et al. [33] indicate that delays in care stem both from technical deficiencies and from the lack of sustained public infrastructure investment, while shortages of supplies, inadequate spaces, and insufficient technology negatively affect patient experience [34]. Castillo-Ayón et al. [35] underscore that quality also depends on the appropriate distribution and management of personnel, reflecting institutional preparedness in high-pressure scenarios [32]. As a result, structural improvement planning must integrate physical, operational, and human dimensions [34], reinforcing the logistical and technological components that support care efficiency [33]. Corroborating this, Meng et al. [38] demonstrate that integrating physical and digital systems optimizes resources and enhances patient experience.

Continuous Training of Human Talent

In this regard, Luna et al. [39] argue that the training of healthcare personnel must align with the quality standards expected by users. Evidence shows that gaps in the technical and ethical preparation of staff directly influence both service effectiveness and user perception [40]. Subsequently, Mora et al. [34] emphasize that sustained training strategies strengthen operational competence at all levels of the system. When such formative actions are not institutionalized, they tend to dissipate under the pressures of daily clinical demand [27]. Equally important, Hannawa et al. [41] highlight that communicative and empathetic training constitutes a decisive factor in patients' perceived quality of care.

Building on this premise, Saraiva and Salmazo [40] explain that limited access to specialized training weakens clinical follow-up and reduces perceived quality in primary care. Findings indicate that continuous staff development enhances adaptability to changing contexts [39]. Correspondingly, García-Ortiz [27] contends that an organizational culture grounded in continuous learning consolidates improved care practices. This relationship becomes particularly evident when management policies integrate training, supervision, and performance evaluation [34]. In a like manner, Babroudi et al. [42] incorporate fuzzy

cognitive models to assess the relationship between staff training and service quality in contexts characterized by uncertainty.

As a corollary, Mora et al. [34] affirm that trained teams are able to implement safer, more coordinated, and more humanized processes. Observations indicate that the absence of structured training plans generates fragmentation in clinical work and professional demotivation [27]. From a preventive standpoint, Luna et al. [39] propose that training programs should anticipate emerging health challenges rather than merely respond to operational failures. This perspective aligns with the need to integrate educational components as a cross-cutting axis of all quality policies [40].

User Satisfaction and Perceived Quality

Morales-Sánchez and García-Ubaque [43] emphasize that users' perceived quality is closely tied to their overall care experience, in which factors such as comfort, accessibility, and cleanliness shape service evaluation [44]. In this respect, Moreno and Cazorla [46] argue that management approaches centered on user satisfaction enhance operational efficiency without compromising the human dimension, whereas low acceptance of digital channels reveals persistent gaps in institutional adaptation [47]. Additionally, Rodríguez and Hernández [45] underscore that institutional trust and ethical commitment determine both perceived safety and quality. Likewise, Khashe et al. [48] maintain that telemedicine can increase satisfaction provided that accessibility and digital empathy are prioritized.

Rodríguez et al. [44] contend that personalized care and institutional trust are essential for fostering patient loyalty, as deficiencies in infrastructure, interpersonal treatment, and waiting times undermine perception and adherence to treatment [43]. According to Delgado et al. [47], emergency services exhibit elevated levels of dissatisfaction, demanding targeted strategies that acknowledge users' experiences beyond technical indicators [46]. Along these lines, incorporating satisfaction metrics enables real-time identification of critical improvement areas [46], thereby strengthening system credibility when coherence is achieved between physical and digital care [43]. To this end, Rodríguez et al. [44] propose transforming passive listening into systematic mechanisms of continuous feedback, consolidating an institutional culture grounded in the patient experience.

Technologies and Health Information Systems

From this standpoint, Morales-Sánchez and García-Ubaque [43] assert that the low uptake of digital technologies reflects an institutional resistance that ultimately constrains user experience. Evidence indicates that the absence of technological integration directly affects service continuity and clinical communication [49]. In consequence, Urquiaga-Alva [28] argues that effective information systems enable clinical decision-making to align with verifiable and timely data. When such technical support is underutilized, it generates fragmentation in quality management [50].

In this vein, Araújo [49] maintains that segmenting the care process into pre-consultation, consultation, and post-consultation phases facilitates the identification of recurrent failures. Findings reveal that interoperability among digital platforms remains a structural weakness in public health systems [43]. As a corollary, Flores-Hernández et al. [50] explain that implementing a unified information system would strengthen both clinical and administrative governance. Observations further show that institutional connectivity gaps compromise operational efficiency and equity in access [28].

By extension, Urquiaga-Alva [28] notes that integrating supportive technologies into health management optimizes both resources and clinical outcomes. Results demonstrate that the limited use of digital tools is attributable not only to infrastructural constraints but also to a weak culture of innovation [50]. In continuation, Araújo [49] points out that technological approaches must account for user expectations to prevent rejection or distrust. The absence of a cohesive digital strategy diminishes perceived quality and hinders improvement processes [43].

Ethical, Sociocultural, and Rights-Based Perspective

From an expanded standpoint, Szulik [51] argues that reducing quality to technical–administrative aspects obscures the ethical and political dimensions that are fundamental to healthcare delivery. Evidence indicates that the absence of explicit recognition of rights in clinical practice weakens equitable access to services [52]. In this light, Araújo [49] maintains that professional, empathetic, and culturally respectful interactions constitute a structural component of perceived quality. Deficiencies in addressing sociocultural diversity create tensions and deteriorate the therapeutic relationship [35].

Within this perspective, Guaita et al. [52] contend that empathy, reliability, and responsiveness must be articulated through a framework of social justice in health. Studies show that rights violations are linked to routine practices normalized among medical staff [51]. Accordingly, Castillo-Ayón et al. [35] explain that intercultural care requires clinical management that combines technical competence with ethical sensitivity. Failures in achieving this balance generate inequities in treatment and directly affect care outcomes [49].

In connection with this, Araújo [49] notes that segmenting healthcare into differentiated phases helps identify moments where ethical breaches occur. Research indicates that institutional disregard for sociocultural factors perpetuates exclusionary patterns and diminishes system legitimacy [35]. Subsequently, Szulik [51] argues that transforming quality into a civic demand requires politicizing it as an object of public debate rather than reducing it to a normative principle. Incorporating gender, rights-based, and citizenship perspectives strengthens the ethical and social foundations of healthcare services [52].

Another issue that emerged from the reviewed studies is that the expansion of digital technologies in healthcare has not benefited all populations equally. In many territories, especially rural or economically vulnerable areas, access to stable internet connections, digital platforms, and technological resources remains limited, which restricts the continuity and effectiveness of healthcare services. Alongside these territorial inequalities, some healthcare institutions still face difficulties adapting to digital transformation processes, often because personnel receive limited training or because technological systems are implemented without considering local realities and working conditions. In practice, this has also increased administrative demands on healthcare professionals, who must spend more time completing digital records and operational procedures, sometimes at the expense of direct patient care. These situations suggest that technological modernization, although necessary, should be accompanied by strategies that promote equitable access, organizational adaptation, and a balance between technological efficiency and the human dimension of healthcare.

CONCLUSIONS

The review of the six thematic axes demonstrates that continuous improvement in healthcare delivery demands articulated interventions across multiple organizational, technical, and human dimensions. Effective institutional management, infrastructure optimization, and the rational allocation of resources emerge as indispensable structural conditions for sustaining efficient and sustainable care practices. Equally, the findings reaffirm that the development of human-talent capacities through ongoing training programs directly influences the quality of clinical interactions. At the operational level, user perception functions as a legitimate barometer of quality processes, revealing gaps in attention, interpersonal treatment, and material conditions that conventional indicators frequently overlook. Concurrently, information systems and health-related technologies show considerable potential to facilitate management and decision-making, although their impact continues to be constrained by cultural, budgetary, and institutional barriers. The identified gaps in access, trust, and follow-up underscore the need to integrate technological components with human-centered approaches.

The ethical and sociocultural dimension, in turn, reframes the concept of quality within the domains of rights, equity, and citizenship, challenging reductionist perspectives focused exclusively on technical elements. From this outlook, the findings suggest that high-quality care cannot be separated from the social contexts or power relations that shape healthcare interactions. Understanding quality as a multidimensional phenomenon reinforces the urgency to rethink policies, practices, and training through an interdisciplinary lens committed to collective well-being. One limitation of this analysis is its reliance exclusively on secondary sources and theoretical perspectives, without incorporating field studies capable of directly contrasting the perceptions of users, healthcare personnel, and managers. Furthermore, certain articles prioritize administrative dimensions over more subjective or cultural aspects, which may narrow the scope of interpretation. Looking ahead, future research should incorporate mixed methodologies that combine qualitative and quantitative data to capture more fully the complexity of health systems. It would also be pertinent to explore organizational and technological innovations in territories marked by structural inequalities, as well as to generate evidence linking professional training, working conditions, and health outcomes from a rights-based perspective.

Practical Implications and Future Research Directions

The findings of this review yield several relevant implications across three complementary levels. At the level of institutional management, it is advisable to strengthen participatory governance and quality-control systems through verifiable indicators and technically driven leadership processes that ensure transparency

and operational efficiency. In parallel, in the sphere of human-talent development, the need to institutionalize continuous training programs oriented toward empathy, assertive communication, and patient safety becomes evident, linking professional development to incentives and performance evaluation. At a broader governance scale, particularly regarding health equity across territories, it is recommended to promote public policies that integrate technological innovation, intercultural ethics, and social justice as foundational pillars for reducing access gaps and ensuring dignified care in all regions.

Moreover, future research should incorporate mixed methodologies that combine statistical analysis, user testimonies, and comparative case studies, with the purpose of generating empirical evidence on the effectiveness of continuous-improvement strategies across diverse hospital and community contexts.

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