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PhD THESIS
SUMMARY

THE QUALITY OF HEALTHCARE SERVICES AS A DETERMINING
FACTOR OF ORGANIZATIONAL EFFECTIVENESS IN HEALTHCARE
UNITS

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1. KEYWORDS: quality, quality management, healthcare services, patient safety

2. INTRODUCTION

Improving the quality of healthcare services and the outcomes obtained through the operationalization of Total Quality Management (TQM) best practices represents one of the core priorities for the management of healthcare units in the public health system.

From the perspective of strategies, policies, and practices regarding quality assurance, healthcare units focus on implementing TQM practices and methods to promote the quality of healthcare services.

Applying TQM within healthcare units is based on an improvement process clearly founded on elements that define excellence in achieving clinical and administrative performance, with significant effects on improving the quality of medical services and patient safety. At the same time, it offers a set of methods and tools for managing the quality of healthcare, facilitating a systemic and coherent approach to methods and practices for quality improvement generated by the processes of delivering medical care services. For this reason, we observe, both in the literature and especially in successful public and private healthcare organizations, a concern for developing best practice guidelines to help medical and administrative staff understand and apply TQM-specific concepts in the operationalization and functioning of the quality management system.

Quality improvement programs based on TQM principles and best practices within healthcare units of the public health system are essential for improving clinical outcomes in patient treatment, increasing patient satisfaction, and reducing medical errors. Implementing quality improvement methods such as TQM, Lean Management, EFQM, and Clinical Risk Management has led to significant progress in healthcare units, supported by legislative frameworks and effective performance evaluation tools.

Digitalization and certification of the QMS based on ISO 9001 improve the quality level of medical services provided, which is why Romania must accelerate the implementation of these measures. Additionally, the operationalization of TQM, based on international quality standards, is essential to increase the competitiveness of the Romanian healthcare system, according to the National Strategy for Quality Assurance in Healthcare for 2018–2025. The National Health Strategy 2023–2030 also supports the refinement of the health financing system to make services more accessible and transparent to patients, as well as reducing bureaucracy and waiting times through digital technologies and process automation.

At the same time, the emphasis on patient safety and technological innovation demonstrates the leadership commitment of healthcare units to ensure a modern and high-performing healthcare system.

Leaders in the public healthcare system play a major role in shaping organizational culture by actively engaging in the professional development of staff. Through mentoring programs, training sessions, and advancement opportunities, hospitals can motivate employees to actively contribute to improving the quality of medical services. Transformational leadership approaches promote innovation and adaptability to changes in the healthcare system.

3. ASPECTS REGARDING THE QUALITY OF HEALTHCARE SERVICES

The issue of quality improvement is one of the great "obsessions" of managers of organizations worldwide. According to the World Health Organization, the quality of services in the healthcare field expresses the degree of excellence achieved in medical activity, in accordance with the current level of knowledge and medical technology

In this study, I aimed to evaluate the quality of services provided by medical organizations and determine its impact on organizational effectiveness and the level of satisfaction of patients, who have a dual role—as both external beneficiaries/clients of these services and internal clients, depending on the nature and characteristics of the medical services in the units studied. This approach allows identifying both the main positive aspects and the negative ones concerning the patients'/beneficiaries' experience.

Considering the major role of employees in the healthcare system, an important issue for the management of medical organizations is to find the most appropriate methods for measuring and evaluating results, i.e., their performance—an essential condition not only for increasing patient satisfaction but also for employee satisfaction, seen as internal clients. These employees represent an especially important intrinsic part of management in general and of the organizational climate. In this study, I proposed evaluating the perception of medical staff and patients regarding the quality performance of healthcare personnel from four clinical hospitals specializing in Internal Medicine—institutions that are representative in the field—as well as identifying employee attitudes and behaviors in the process of improving healthcare service quality.

Ensuring a high standard of quality requires the strong involvement of medical personnel at all hierarchical levels of healthcare units in the public health system, based on TQM principles and practices. Achieving quality objectives within a medical organization represents a critical success factor and a continuous effort by all employees. For this reason, managers must carry out ongoing management analyses alongside strictly medical ones to ensure the quality of medical care services, which also includes patient safety.

With the implementation of good quality management practices in the healthcare system, the concept of the "patient-centered healthcare service" has been introduced. This concept is widely recognized and considered the foundation of the high-quality healthcare process, which includes patient health. Its aim is to meet patient needs and share their personal values by supporting them as active partners in providing healthcare services.

The performance of healthcare systems is among the declared priorities of the EU Commission. To ensure the effectiveness, efficiency, and quality of healthcare services, patients must be informed to improve and manage their health in terms of medical treatment

proactively, so they can make informed choices. Additionally, transparency of activities and healthcare systems should be optimized, as well as the availability of reliable, independent, and easy-to-use information for patients. Health practices should also be improved through communication with patients and by collecting and providing feedback to and from them.

Improving the quality of healthcare services, including patient safety, plays a decisive role in ensuring organizational effectiveness, addressed as a key performance indicator within healthcare units in the health system, alongside patient satisfaction, employee satisfaction, and commitment to the organization and workplace. For this reason, healthcare units seek to support quality improvement through TQM programs, in which structures, processes, and functions support measurement and improvement activities.

Given the increasingly dynamic environment in which hospitals operate and the need to enhance hospital performance and the quality of healthcare, researchers are conducting more and more studies on the qualitative level of medical services provided, including patient safety, based on modern methods such as Total Quality Management (TQM).

4. RESEARCH METHODOLOGY

4.1. Research Topic and Objectives

Despite the benefits that can be generated by the implementation of TQM within healthcare units, it is evident that the literature lacks the foundation and structure that underpins TQM research in the healthcare context. The connections between studies addressing this topic, in the context of meeting the requirements for high-standard medical services, are difficult to establish.

The current state of existing research on TQM from the perspective of healthcare units indicates that more studies in this field are necessary. Developing new knowledge regarding the identification of appropriate predictors for TQM success contributes to identifying activity areas where further research is needed in order to improve effectiveness in the healthcare field.

The theme of this paper is based on the analysis of theoretical and practical studies published in the specialized literature and the results obtained from the implementation of TQM in healthcare units within Romania's public health system, as well as in other EU countries, primarily Germany, which has a performant QMS based on ISO 9001 and EFQM standards.

The empirical study explores the management of healthcare units in Romania's public health system and analyzes the factors that facilitate the operationalization of TQM principles and best practices and ensure the effectiveness of the operationalization of the quality management system.

The purpose of the research is to contribute with better results and experiences in implementing TQM within healthcare units in the public health system by applying best practices in quality improvement of medical services.

The analysis model used in the study is based on healthcare units in the public health system, exemplified by four hospitals specialized in Internal Medicine, which is dedicated to “the prevention, diagnosis, and complex treatment of a wide range of adult diseases, from digestive and respiratory conditions to endocrine, cardiac, and autoimmune problems.”

The general objective of the research is to develop a model for scientifically identifying and analyzing the stage of implementation of total quality management principles and best practices within healthcare units in the public health system, in order to identify critical success factors and suitable solutions for improving medical service quality and patient satisfaction, and to determine their influence on organizational effectiveness.

The specific objectives refer to:

- Documentation based on relevant literature, including theoretical and practical studies published in specialized sources, regarding healthcare quality improvement and TQM implementation within healthcare units;
- Identification, based on the literature, of critical success factors and TQM best practices in Romania and other EU and U.S. countries;
- Presentation of the characteristics of healthcare service quality, its measurement, and analysis across main dimensions from the patient's perspective using descriptive statistical indicators. Additionally, regression analysis was used to determine key statistical links between quality dimensions and patient satisfaction;
- Analysis of the main variables defining the construct, i.e., variables that measure the quality of healthcare services and internal performance from the employee's perspective. Statistical links were also determined between the variables measuring quality, satisfaction, and staff commitment, and their influence on organizational effectiveness.

For research within healthcare organizations, I chose the **survey** as a quantitative method, which I consider suitable for descriptive research that can determine relationships between variables in a given context.

The quantitative method is appropriate and effective for collecting information on the perceptions of respondents—patients and healthcare personnel—regarding their opinions on organizational reality. However, it is less effective when trying to obtain information on respondent behavior, given that self-assessments are not always reliable or accessible to the researcher.

Additionally, for the empirical study, I also used a qualitative method, namely the semi-structured interview, which provides more flexibility in addressing specific, detailed issues, ensuring better substantiation of observations, conclusions, and recommendations.

4.2. Variables of the Analysis Model

Considering the particularities of healthcare services and public healthcare units, along with the strategies, policies, and medical practices used to improve quality and patient safety, an empirical study was conducted on quality and its analysis methods from both the patient (external) and employee (internal) perspectives.

The primary variables included in the questionnaire related to quality measurement and analysis from the patient perspective compose the following aggregated variables used in the analysis model:

- Quality of healthcare service;
- Quality dimensions: Reliability; Responsiveness; Competence; Empathy; Tangibility;
- Patient satisfaction.

The aggregated variables ensure a construct based on the perceptions of respondents from the patient sample of the medical organization.

For quality analysis from the internal perspective of healthcare staff, i.e., employees of the four healthcare units included in the study, the variables are:

- Quality of healthcare services;
- Quality leadership;
- Effectiveness of TQM best practices implementation;
- Employee satisfaction;

- Staff commitment to quality;
- Organizational effectiveness.

Reliability analysis of the aggregated variables to determine their internal consistency using Cronbach's Alpha coefficients was performed using the econometric model from the STATA 18 statistical processor. For the validity analysis of the primary variables that compose the 14 aggregated variables, descriptive statistics indicators (mean, standard deviation, standard error, coefficient of variation) were used. These indicator values validate the primary variables of the 14 aggregated constructs, which serve in measuring and analyzing the quality of healthcare services provided by the four medical units included in the study.

5.CONCLUSIONS AND PERSONAL CONTRIBUTIONS

The analysis of these variables in the analytical model demonstrates that the quality indicators used in this research show that the four healthcare units possess both the capacity and the necessary competencies to improve the quality of the medical services provided, in order to increase customer satisfaction and organizational effectiveness, as a measure of the performance of healthcare units in the public health system.

According to the research results, internal quality improvement is directly and significantly influenced by quality leadership, the effectiveness of TQM methods and practices, and employee satisfaction. This means that the effectiveness of leadership, TQM methods and practices, and employee satisfaction are the most important predictors in the process of improving the quality of services provided by healthcare units.

Additionally, quality, from the patient's perspective, is directly influenced by a number of factors that compose the quality dimensions: reliability, responsiveness, competence, empathy, and tangibility. These can be considered good predictors for ensuring quality in the healthcare units that were the subject of the study. At the same time, the quality of healthcare services, in patients' opinions, represents the most important factor in improving patient satisfaction.

We can also observe that the variables related to: quality; TQM methods, practices, and benefits; quality leadership; and employee satisfaction, influence both directly and significantly

the organizational effectiveness, and also indirectly, through the commitment of the healthcare unit personnel.

The main personal contributions, based on the research results, are the following:

- The use of relevant and effective non-financial indicators for adequately measuring performance through quality in healthcare units, for the services provided by healthcare units in the public health system. In this regard, indicators such as employee satisfaction, commitment to quality, organizational effectiveness, along with TQM-specific indicators, patient satisfaction, patient safety evaluation, and medication error rate, were analyzed;
- Analysis of major TQM trends in healthcare organizations within the health system, considering both international models of best practices and the specific features of Romania's public healthcare system. These include operationalizing TQM principles, digitalization of medical processes, and emphasis on patient safety—approaches aimed at reducing medical errors, improving patient satisfaction, and optimizing resources;
- Identification of the main TQM predictors—quality, employee satisfaction, and staff commitment—that significantly and positively influence organizational effectiveness;
- Identification of relevant characteristics for measuring quality from the perspective of patients and healthcare staff within medical care units, based on strong patient and employee orientation. The results obtained from the regression analysis show that the variable “qualitative level of healthcare services provided,” from the perspective of medical unit staff, is a good predictor for both employee satisfaction and commitment, as well as organizational effectiveness;
- Identification of TQM best practices to ensure the operationalization of the most appropriate strategies, policies, and management practices aimed at increasing patient satisfaction, reducing medical errors, and ensuring organizational effectiveness;
- Improving the quality of medical services and patient safety is supported not only for ensuring the performance of healthcare units but also for ensuring population health and improving quality of life. The research also supports the need to raise awareness among employees regarding the importance of involving patients in all aspects of health and care through high-quality information and “health literacy”;

- The analysis of the impact of leadership on organizational effectiveness demonstrated that adaptive leadership, based on collaboration and innovation, directly contributes to increased patient satisfaction and organizational effectiveness. The essential role of training leaders in the medical field was highlighted, as well as that of teams, through the development of innovative strategies for optimizing processes.

SELECTIVE BIBLIOGRAPHY

1. Aghamolaei, T., Zare, S., & Eftekhaari, T. E. (2014). Service quality assessment of a referral hospital in southern Iran with SERVQUAL technique: Patients' perspective. *BMC Health Services Research*, 14, 322.
2. Alqasmi, I. (2022). Total quality management in the healthcare sector: Barriers and effectiveness in Saudi Arabia.
3. Alrahmani, A. (2018). Exploring decision-making in TQM in German German hospitals. https://link.springer.com/chapter/10.1007/978-3-658-32342-4_18
4. Alshammari, A. A., Alshammari, A. A., & Alshammari, A. A. (2019). Models for measuring healthcare service quality: A review. *Journal of Health Research*, 33(5), 357–374.
5. Alzoubi, M. M., Hayati, K. S., Rosliza, A. M., Ahmad, A. A., & Al-Hamdan, Z. M. (2019). Total quality management in the health-care context: Integrating the literature and directing future research. *Risk Management and Healthcare Policy*, 12, 167–177. <https://doi.org/10.2147/RMHP.S197038>
6. Armstrong, M., & Taylor, S. (2014). *Armstrong's handbook of human resource management practice* (13th ed.). London, United Kingdom: Kogan Page Ltd.
7. Autoritatea Națională de Management al Calității în Sănătate (ANMCS). (2018). Strategia națională pentru asigurarea calității în sistemul de sănătate, pentru perioada 2018-2025 „Calitate în sănătate”. <https://anmcs.gov.ro/web/wp-content/uploads/2018/11/strategia-calitate-in-sanatate.docx>
8. Avolio, B. J., Zhu, W., Koh, W., & Bhatia, P. (2004). Transformational Leadership and Organizational Commitment: Mediating Role of Psychological Empowerment and Moderating Role of Structural Distance. *Journal of Organizational Behavior*, 25(8), 951–968.
9. Awoke, T. G. (2020). Leading and Managing Change: A Review from the Global Corporate Organizations Perspectives. *International Journal of Academic Accounting, Finance & Management Research*, 4(11), 63–72.
10. Bahadori, M. K., Teymourzadeh, E., Ravangard, R., & Saadati, M. (2018). Accreditation effects on health service quality: Nurse viewpoints. *International Journal of Health Care Quality Assurance*, 31(6), 563-574.
11. Balasubramanian, M. "Developing a Framework for TQM Implementation in a Healthcare Setup." *Science Journal of Public Health*, vol. 4, no. 4, 2016, pp. 271-278.
12. Baldrige Foundation. "Health Care Impact." Malcolm Baldrige National Quality Award, 1998, <https://baldrigefoundation.org/what-we-do/our-impact/health-care.html>.

13. Balestracci, D. (2009). Data sanity: A quantum leap to unprecedented results. Englewood, CO: Medical Group Management Association.
14. Borhani, F. A., Lee, H., Delene, S., Bunda, M., & Kim, C. (2016). HEALTHQUAL: A multi-item scale for assessing healthcare service quality. *Journal of Service Theory and Practice*, 26(4), 655–675.
15. Bounabri, N., El Oumri, A. A., Saad, E., & Zerrouk, L. (2018). Barriers to ISO 9001 implementation in Moroccan organizations: Empirical study. Econstor.
16. Brown, M. G. (2008). Baldrige award winning quality: How to interpret the Baldrige criteria for performance excellence (17th ed.). New York, NY: Taylor & Francis Group.
17. Carvalho, G. S., & Vilaça, T. (2024). Health promotion in schools, universities, workplaces, and communities *Frontiers in Public Health*, 12,
18. Charité Berlin. (2022). Digital Innovation in Healthcare: AI and Big Data in Medical Diagnosis. *Medical Research Journal*, 40(6), 189–210.
19. Council of the European Union. (2024). Council conclusions on the future of the European health union: A Europe that cares, prepares and protects (29 May 2024/9900/24). Brussels.
20. Denison, D. R., Haaland, S., & Goelzer, P. (2004). Corporate Culture and Organizational Effectiveness: Is Asia Different From the Rest of the World? *Organizational Dynamics*, 33(1), 98–109.
21. Deutsche Gesellschaft für Qualität im Gesundheitswesen (DGQ). (2023). Raport privind implementarea standardelor de calitate în spitale. *DGQ Health Reports*, 7, 33–57.
22. Diane L. Kelly, D. L., (2007), *Applying Quality Management In Healthcare. A Systems Approach*, Second Edition, Health Administration Press, Chicago, Illinois AUPHA Press, Washington, DC
23. Domingues, J. P. T., & Fonseca, L. M. (2017). Integration of management systems: Towards a sustained success and development of organizations. *Journal of Cleaner Production*, 142, 389–400.
24. Donabedian, A. (1966). Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*, 44(3), 166–203.
25. Donabedian, A. (1980). *The Definition of Quality and Approaches to Its Assessment*. Ann Arbor, MI: Health Administration Press.
26. Donabedian, A. (1985). *The Methods and Findings of Quality Assessment and Monitoring: An Illustrated Analysis*. Ann Arbor, MI: Health Administration Press.
27. Donabedian, A. (2003). *An Introduction to Quality Assurance in Health Care*. Oxford: University Press.
28. Dupont, P. (2021). *Qualité et performance dans les hôpitaux français*. Presses Universitaires de France.
29. Dutu, R. (2024). Beneficiile acreditării, încă neînțelese de unii manageri. https://www.viata-medicala.ro/acreditarea-unui-spital-iii22957?utm_source=chatgpt.com.
30. Eurofound. (2019). Accesul și calitatea îngrijirilor medicale: Opinia pacienților din zece țări europene. <https://www.eurofound.europa.eu>
31. European Commission. (2021). State of Health in the EU: Romania Country Health Profile 2021. OECD.
32. European Patients' Forum (EPF). (2017). EPF Annual Report 2017. Brussels: European Patients' Forum.

33. Eurostat. (2022). Cheltuielile guvernamentale pentru sănătate în Uniunea Europeană. <https://ec.europa.eu/eurostat>
34. Eurostat. (2023). Raport privind starea de sănătate a populației din România. <https://www.insse.ro>
35. EXPH (Expert Panel on Effective Ways of Investing in Health). (2014). Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems. Brussels: European Commission, DG Health & Consumers
36. Eysenbach, G. (2019). The Role of Digital Health in Healthcare Transformation. *Journal of Medical Internet Research*.
37. Field, M.J., & Lohr, K.N. (Eds.). (1990). *Clinical Practice Guidelines: Directions for a New Program*. Committee to Advise the Public Health Service on Clinical Practice Guidelines, Institute of Medicine. Washington, DC: National Academy Press
38. Fitzimmons, J. A., & Fitzimmons, M. J. (2011). *Service Management: Operations, Strategy, Information Technology* (7th ed.). New York: McGraw-Hill.
39. García-García, M. J., & García-García, M. J. (2023). Analysis of the relationship between healthcare service quality and patient satisfaction in Spain. *International Journal of Healthcare Management*, 12(3), 267–285.
40. Ghobadian, A., Gallea, D., Woo, H., & Liu, J. (1998). *Total quality management: Impact, introduction and integration strategies*. London, United Kingdom: CIMA Publishing.
41. Gontean A., Trincă V.(2025) Volume 15, Issue 1, March 2025 A comparison between two romanian development regions from a smart city perspective, DOI: <https://doi.org/10.24818/beman/2025.15.1-01>
41. Gopal K. Kanji, M. A. (1996). *100 Methods For Total Quality Management*. London: Sage Publications.
42. Götze, C., & Schmidt, R. (2021). TQM in deutschen Krankenhäusern: Eine empirische Untersuchung, *Gesundheitswesen*83(4),234–250.
43. Greenhalgh T. (2018) *How to implement evidence-based healthcare*. Hoboken, NJ: John Wiley & Sons.
44. Gurisch, C., Kleine, J., & Maier, C. B. (2024). International models of accreditation and certification for hospitals with a focus on nursing: A scoping review. *BMC Health Services Research*, 24, 1385.
45. Hämäläinen, K. (2021). *Telemedicine and eHealth in Finland: A strategic approach*. Nordic Health Reports.
46. Härter, M., & Koch-Gromus, U. (2022). Qualitätsentwicklung im Gesundheitswesen: Sind wir schon so weit, wie wir wollten? *Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz*, 65(3), 345-352.
47. Helios Kliniken. (2020). *Lean Management for Improved Healthcare Delivery. Annual Report on Quality Management*, Helios Group, Berlin, 12–45.
48. Howard, J. (2019). Publicat în: "Patient Satisfaction Error", în *Errors and Diagnostic Mistakes: A Case-Based Approach*. Springer.
49. Ilieș, L., & Crisan, E. (2011). *Managementul Calității Totale*. Editura Risoprint, Cluj-Napoca.
50. Improta, G., & Ricciardi, C. (2019). Lean Six Sigma in healthcare: Fast track surgery for patients undergoing prosthetic hip replacement surgery. *The TQM Journal*, 2019.

51. Institute of Medicine (IOM). (1999). To err is human: Building a safer health system. Washington, DC: National Academy Press.
52. Institute of Medicine (IOM). (2006). Preventing Medication Errors. National Academies Press. <https://nap.nationalacademies.org/catalog/11623/preventing-medication-errors>
53. Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century Washington, DC: National Academies Press.
54. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG). (2020). Allgemeine Methoden Version 7.0. IQWiG Methodological Reports, Berlin, 1–98.
55. Jakubowski, E. & Krech, R. (2001): Leitlinien als Entscheidungshilfe in der gesundheitswissenschaftlichen Praxis. In: Bundeszentrale für gesundheitliche Aufklärung (Hrsg.). Qualitätsmanagement in Gesundheitsförderung und Prävention. Grundsätze, Methoden und Anforderungen. Köln: BZgA, S. 142–150
56. Joint Commission International. (2020). Standards for Quality and Patient Safety.
57. Jones, M., & Brown, S. (2019). Healthcare Quality Improvement in the NHS. Oxford University Press.
58. Kelly, Diane L. Applying Quality Management in Healthcare: A Systems Approach. 2nd ed., Health Administration Press, 2007.
59. Kinicki, A., & Williams, B. (2020). Management: A Practical Introduction (9th ed.). New York, NY: McGraw- Hill Education.
60. Klausen, M., & Järv, P. (2023). Digital Health in Estonia: A Model for Europe. Baltic Medical Journal
61. Klein, J., & Meyer, S. (2023). Prozessoptimierung durch Lean Management im Gesundheitswesen. Health Services Research, 58(1), 67-75. https://link.springer.com/chapter/10.1007/978-3-658-32342-4_18
62. Lee, D. H. (2022). Effects of healthcare quality management activities and sociotechnical systems on internal customer experience and organizational performance. Service Business, 16(1), 1–28.
63. Lee, H. D. (2017). HEALTHQUAL: A multi-item scale for assessing healthcare service quality. Service Business: An International Journal, 11(3), 506–516. <https://doi.org/10.1007/s11628-016-0317-2>
64. Lee, S. M., & Lee, D. H. (2022). Healthcare Quality Management Activities and Their Impact on Patient Outcomes. Service Business. Springer.
65. Lindström & Håkansson, 2021. Lipeste. Lindström, J., & Håkansson, P. (2021). Quality Assurance in the Swedish Healthcare System. Scandinavian Journal of Healthcare Management
66. Lohr, K. N. (Ed.). (1990). Medicare: A Strategy for Quality Assurance (Vols. 1-2). Washington, DC: National Academy Press.
67. Luber, E., & Geene, R. (Eds.). (2004). Qualitätssicherung und Evidenzbasierung in der Gesundheitsförderung. Wer weiß, was gut ist: Wissenschaft, Wirtschaft, Politik, BürgerInnen?. Mabuse-Verlag.
68. Luchian, M. (2005). Management sanitar. Iași: Editura Renasterea Română.
69. Mahadevan, B. (2022). Total Quality Management in the Healthcare Industry: An Efficient Guide for Healthcare Management. Chennai, India: Notion Press.

70. McLaughlin, C. P., & Kaluzny, A. D. (2006). Continuous quality improvement in health care: Theory, implementations, and applications (3rd ed.). Jones and Bartlett.
71. Metz M. , Gontean A., Metz D. (2024). The effectiveness of practices in reducing resistance to change in a multinational company; Proceeding of The 18th International Management Conference “Management in the Algorithmic Era: Harmonizing AI Mastery and Human Collaboration” 31st October – 1st November 2024, Bucharest, Romania. https://conference.management.ase.ro/wp-content/uploads/2024/10/IMC2024_agenda-26.10.2024.pdf.
72. Metz M., Gontean A. (2024). Implementing and institutionalizing organizational change: key steps in change management – an empirical study in a multinational IT&C company. “Ovidius” University Annals, Economic Sciences Series, Volume XXIV, Issue 2 /2024, pag. 410-415. <https://stec.univ-ovidius.ro/html/anale/RO/2024i2/Section%204/10.pdf>
73. Ministerul Sănătății. (2023). Strategia Națională de Sănătate 2023-2030. https://ms.ro/media/documents/Anexa_1_-_SNS.pdf
74. Mosadeghrad, S. (2019). Dimensions of Service Quality in Healthcare: A Systematic Review of Literature. International Journal for Quality in Health Care, 31(1), 11–29.
75. Moynihan, D. P., & Pandey, S. K. (2007). Finding Workable Levers Over Work Motivation: Comparing Job Satisfaction, Job Involvement, and Organizational Commitment. Administration & Society, 39(7), 803–832.
76. Müller, P., & Schmidt, K. (2022). Klinisches Risikomanagement: Ein Überblick über aktuelle Praktiken. Deutsches Ärzteblatt, 119(10), 589–595.
77. OECD. (2020). Health at a Glance 2020: OECD Indicators. OECD Publishing. https://www.oecd.org/en/publications/health-at-a-glance-2020_82129230-en.html
78. Organizația Mondială a Sănătății (OMS). (2021). Health Systems Strengthening Key Components. World Health Organization Reports, 1–50.
79. Ponea, R. (2020). Managementul calității în spitalele românești. Universitatea „Valahia” din Târgoviște.
80. Rampel, T., Gross, B., & Zech, A. (2018). Simulation centres in German hospitals and their organisational aspects: Expert survey on drivers and obstacles. GMS Journal for Medical Education.
81. 82. Schneider, A., & Weber, M. (2022). Medikationsfehler reduzieren: Eine Fallstudie. Deutsches Ärzteblatt, 119(15), 900–905.
82. Sharma, S. K., & Sinha, A. K. (2022). Hospital's Service Quality Assessment on HEALTHQUAL Model during COVID-19 Pandemic. În Advances in Management Research, 345–360.
83. Smith, A., & Johnson, B. (2022). Human Resource Management in Healthcare: Strategies for Retention and Engagement. Elsevier.
84. Sollecito, W. A., & Johnson, J. K. (2020). McLaughlin and Kaluzny's continuous quality improvement in health care (5th ed.). Burlington, MA: Jones & Bartlett Learning.
85. Spath, P. L., & Kelly, D. L. (2017). Applying quality management in healthcare: A systems approach, 4th ed. Chicago, IL: Health Administration Press.
86. Spath, P. (2009). Introduction to healthcare quality management. Health Administration Press. Robbins, S.P. & Judge, T.A., (2019), Organizational Behavior. 18th edition, Pearson Education, London.

87. Strategia Națională de Sănătate pentru perioada 2023–2030, intitulată „Pentru sănătate, împreună”, a fost aprobată prin Hotărârea Guvernului nr. 1.004 din 20 octombrie 2023 și publicată în Monitorul Oficial nr. 962 din 24 octombrie 2023.
https://ms.ro/media/documents/Anexa_1_-_SNS.pdf
88. Strategia națională pentru asigurarea calității în sistemul de sănătate, pentru perioada 2018-2025 „Calitate în sănătate”
89. Tereanu, C., Noll, A., Herghea, A., Malancea, R. I., Tinca, A., Eclemea, I., Rasnoveanu, D., Ghelase, M. S., & Smith, T. R. (2020). Trends in the Staff's Perception of Patient Safety Culture in Romanian Hospitals. *Current Health Sciences Journal*, 46(3), 236–243.
<https://doi.org/10.12865/CHSJ.46.03.04>
90. The European Patients Forum (EPF) Strategic Plan 2014–2020.
<https://www.eu-patient.eu/globalassets/library/annualreports/epf-annual-report-2012.pdf>
91. The Joint Commission on Accreditation of Healthcare Organizations. (1991). *Accreditation Manual for Hospitals*. Chicago, IL: Author
92. Țurcan, N. G., & Mazur, A. V. (2019). Evaluarea calității sistemului de sănătate în contextul reformei medicale. *Revista de Management și Politici de Sănătate*, 8(2), 45–67.
93. Weber, L., & Hoffmann, J. (2023). Patientenzufriedenheit und TQM: Ein Fallstudienansatz, *International Journal of Quality in Health Care*, 35(3), 215–230.