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Hospital Management Strategies: Impacts on Quality of Care and Patient Satisfaction – A Systematic Review

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Abstract. *Hospital management strategies, including process optimization, strategic planning, and Total Quality Management (TQM), have demonstrated positive effects on healthcare quality and patient satisfaction. Significant improvements have been observed in specific areas such as administrative efficiency and pharmacy waiting times following Failure Mode and Effects Analysis (FMEA)-based interventions. Patient-centered approaches and TQM consistently enhance service quality dimensions, including reliability, responsiveness, empathy, and assurance. Many studies indicate positive relationships between management strategies and quality indicators, particularly in structural and clinical outcomes, although the connection with patient satisfaction is sometimes inconsistent. These findings highlight the important role of leadership involvement, effective decision-making, and technology integration in improving hospital performance. Evidence also shows that strategic planning contributes to increased patient retention and reduced service complaints in healthcare facilities. This review addresses an important gap by synthesizing recent evidence from both Indonesian and global hospital settings, particularly where resource limitations and health policy factors influence service outcomes. Additional findings reveal stronger patient satisfaction in outpatient and emergency services through empathy-focused staff training and digital health systems. The implications emphasize the need for adaptive and sustainable management strategies, while future research should explore stronger causal relationships between management interventions and patient satisfaction outcomes.*

Keywords: *Healthcare; Hospital; Management; Patient; Service.*

1. INTRODUCTION

In contemporary healthcare systems, effective hospital management is pivotal to navigating escalating demands, resource limitations, and evolving patient expectations, particularly in settings like Indonesia where public and private facilities grapple with national health insurance reforms and quality accreditation pressures. Hospital management strategies encompass structured approaches such as strategic planning, process optimization, and total quality management (TQM), defined as embedding continuous improvement into organizational culture through leadership, teamwork, and performance monitoring to enhance service delivery [Alammar et al, 2025], [Maulia et al, 2024]. Quality of care, in this context, refers to measurable aspects including structural elements (e.g., infrastructure and staffing), clinical processes (e.g., protocol adherence and error reduction), and patient safety outcomes like reduced readmissions and incident rates, often assessed via frameworks such as SERVQUAL dimensions—tangibility, reliability, responsiveness, assurance, and empathy [Dermawan et al, 2025], [Wulandari et al, 2024]. Patient satisfaction, a subjective yet quantifiable indicator, reflects perceptions of service experiences, trust in providers, and overall trust in the facility, influencing retention, loyalty, and healthcare utilization patterns [Herawati et alm 2026], [Dewi et al, 2025].

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Despite widespread adoption of these strategies (Nursamawi et al., 2025), challenges persist in linking management interventions to tangible improvements, especially in diverse contexts spanning high- and low-resource environments. Existing literature often isolates specific tactics, such as Lean methodologies for workflow streamlining or digital systems for record accuracy, but lacks integrated synthesis on their collective impact amid systemic factors like the COVID-19 pandemic's emphasis on safety protocols [Dewi et al, 2025], [Putri et al, 2025]. This fragmentation obscures how strategies moderate quality outcomes and satisfaction, particularly in outpatient, inpatient, and emergency settings where wait times, communication, and empathy critically shape experiences (Pulungan et al., 2025). The research question guiding this review examining hospital management strategies, quality of care, and patient satisfaction—addresses this gap by synthesizing evidence to elucidate patterns, effectiveness, and contextual variations. By focusing on recent studies, this review covers intervention designs, quality metrics, satisfaction outcomes, and practical recommendations, providing a cohesive framework for advancing hospital performance (Hotroha et al., 2025).

2. METHODS

Search Strategy

We performed a comprehensive search across over 220 million academic papers from Semantic Scholar and OpenAlex databases. The search strategy employed hybrid semantic and keyword-based retrieval to maximize coverage.

Search queries included:

a. "hospital management strategies"
b. "quality of service"
c. "patient satisfaction"
d. "healthcare quality improvement"

Study Selection

Papers were screened for relevance to the research question. A total of 8 papers met inclusion criteria and were included in the synthesis. All included studies met the stated eligibility criteria.

Data Extraction and Synthesis

Data extraction focused on the following variables:

a. Study Design: Extract the study design or methodology used (e.g., quasi-experimental, systematic review, literature review, theoretical analysis). If not specified, note as 'Not specified'.

b. Management Strategies: Identify and describe the key hospital management strategies discussed or implemented (e.g., strategic planning, quality improvement interventions, management approaches). List main ones.
c. Quality Measures: Extract measures or indicators used for assessing quality of care or service (e.g., service quality dimensions, clinical care quality). Include any specific metrics if mentioned.
d. Patient Satisfaction Outcomes: Describe findings on patient satisfaction, including any quantitative results, scales used, or qualitative insights.
e. Key Findings: Summarize the main results linking management strategies to quality and satisfaction. Include effect sizes or significance if available.
f. Context and Population: Note the setting (e.g., hospital type, location like Jakarta or Mataram) and population (e.g., outpatient, emergency patients).
g. Limitations: Extract any limitations mentioned in the study.
h. Recommendations: List any recommendations for hospital management to improve quality and satisfaction.

Thematic analysis was employed to identify patterns and synthesize findings across studies. Evidence strength was assessed based on consistency of findings and number of supporting studies.

3. RESULTS

Characteristics of Included Studies

Table 1. Characteristics of Included Studies.

Study	Year	Study Type	Setting	Population	Key Management Strategy	Primary Outcome Measure
Herawati Lily et al.	2026	Quasi-experimental pre-post with control	Private hospital, South Jakarta, Indonesia	Outpatient clinic patients (n=3,655 total; adults, non-emergency)	FMEA, schedule compliance, process optimization	**Patient satisfaction survey (5-point scale, Cronbach's Alpha=0.882)**
Alammar Abdulrahman	2025	Systematic review	Global (HICs and LMICs), various hospitals	General hospital patients (clinical	Lean, Six Sigma, TQM, patient-	**Quality indicators (structural, clinical,**

Nasser et al.				staff, administrative teams, broad departments)	centered care	**health outcomes); satisfaction metrics**
Derma wan Diki Tri Bagus et al.	2025	Descriptive qualitative	Islamic primary care clinic, Malang, Indonesia	Inpatients and outpatients (local Muslim community)	SWOT-based strategic planning, resource management	**SERVQUAL dimensions; national quality indicators**
Rosita Ni Putu Indah et al.	2023	Conceptual/discussion (design not specified)	Indonesian hospitals (general/public)	General patients (various services)	Strategic planning, quality improvement initiatives	**Overall service quality and satisfaction (not specified)**
Maulia Hafizh ah et al.	2024	Library research (literature review)	Indonesian healthcare facilities (puskesmas, hospitals)	General patients (outpatient focus, JKN context)	TQM, patient safety management	**SERVQUAL dimensions; operational efficiency, safety metrics**
Dewi Meilisa Purnam a et al.	2025	Systematic review (PRISMA)	Multi-country (Ethiopia, Indonesia, etc.), public/private hospitals	Inpatients and general patients (diverse, e.g., n=384 in one study)	Strategic alignment, TQM, hospital cooperation	**SERVQUAL dimensions; patient safety, satisfaction surveys**
Putri Nurhali sa et al.	2025	Literature review (descriptive qualitative)	General hospital settings (Indonesian/international)	Not specified (general patients)	Digital systems, integrated quality management	**SERVQUAL dimensions; electronic record accuracy**
Wulan dari Rina Yulia et al.	2024	Quantitative (SERVQUAL, Cartesian analysis)	Public general hospital emergency department, Mataram, Indonesia	Emergency patients	Staff training, empathy/responsiveness enhancement	**SERVQUAL dimensions; satisfaction via Importance-**

	Performanc e Analysis

The included studies, spanning 2023-2026, predominantly feature review designs (systematic and literature-based) and empirical approaches like quasi-experimental and qualitative analyses, with a focus on Indonesian contexts (e.g., private hospitals, clinics, public emergency departments) alongside global multi-country insights. Populations vary from outpatient adults to emergency patients and general inpatient groups, emphasizing non-emergency and routine care in resource-constrained settings. Management strategies center on planning and quality frameworks, with outcomes assessed via SERVQUAL and satisfaction surveys, reflecting a mix of quantitative metrics and qualitative perceptions (Kusnanto et al., 2025).

Thematic Findings

Effectiveness of Process Optimization and Quality Improvement Strategies on Service Quality

Process-oriented strategies, such as Failure Mode and Effects Analysis (FMEA), Lean management, Six Sigma, and workflow streamlining, consistently enhance structural and clinical quality measures, with significant reductions in wait times and error rates. For instance, FMEA interventions improved physician punctuality (mean score from 4.60 ± 0.60 to 4.99 ± 0.13, $p<0.001$), pharmacy preparation waiting time (from 4.36 ± 0.72 to 4.99 ± 0.09, $p<0.001$), and payment administration efficiency (from 4.35 ± 0.76 to 5.00 ± 0.07, $p<0.001$) on a 5-point scale, outperforming control groups [Herawati et al, 2026]. Similarly, Lean and Six Sigma approaches showed positive associations in 60% of clinical quality indicators, including protocol compliance and infection control, while TQM embedded continuous monitoring to reduce variability in medication administration [Alammar et al, 2025], [Maulia et al, 2024]. In clinic settings, standardized resource management aligned with national indicators achieved full accreditation and minimal errors [Dermawan et al, 2025]. These gains were measured via surveys with high reliability (e.g., Cronbach's Alpha=0.882) and statistical tests like Mann-Whitney U, though conceptual studies noted general efficiency without metrics [Rosita et al, 2023]. Comparisons reveal stronger effects in outpatient flows compared to broader departments, likely due to targeted interventions, with no conflicts across designs [Herawati et al, 2026], [Dewi et al, 2025].

(Note: Studies like [Alammar et al, 2025] and [Dewi et al, 2025] examined general hospital patients across departments, which fully matches the research question's focus on hospital populations; findings apply directly.)

Impact of Strategic Planning and TQM on Patient Satisfaction

Strategic planning, including SWOT analysis and TQM, positively influences patient satisfaction through improved SERVQUAL dimensions, with gains in reliability, responsiveness, empathy, and assurance leading to higher retention and trust. Post-planning implementation, satisfaction rose via reduced complaints and increased visits, with qualitative data confirming positive perceptions across all dimensions (e.g., timely service, clear communication) [Dermawan et al, 2025]. TQM correlated significantly with satisfaction (p-values from cross-sectional references), enhancing empathy and operational efficiency in JKN contexts [Maulia et al, 2024], [Dewi et al, 2025]. Digital integration further boosted outcomes, with accurate electronic records linked to a prevalence ratio of 6.223 for high-quality service effects on satisfaction [Putri et al, 2025]. However, systematic evidence indicates 80% null associations for satisfaction, contrasting positive clinical links, potentially due to process strategies overlooking interpersonal factors like communication [Alammar et al, 2025]. In emergency settings, satisfaction was very high (e.g., empathy and responsiveness in satisfactory Quadrant B), exceeding expectations without critical failures [Wulandari et al, 2024]. Variations stem from qualitative versus quantitative measures, with reviews showing consistent positive directions but limited effect sizes [Dewi et al, 2025], [Rosita et al, 2023].

(Note: [Wulandari et al, 2024] focused on emergency patients, which partially matches the research question's general hospital population; findings should be interpreted considering this difference in acuity.)

Role of Technology and Leadership in Moderating Outcomes

Technology adoption (e.g., digital records, health IT) and leadership engagement moderate quality and satisfaction by improving resource allocation and staff accountability, with stronger effects in collaborative settings. Managerial support in funding and technology enhanced nursing quality and patient transfers, positively impacting satisfaction in 75% of reviewed cases [Dewi et al, 2025]. Electronic systems ensured record completeness, correlating with service innovation and empathy [Putri et al, 2025]. Leadership via TQM fostered teamwork, reducing adverse events and boosting trust, though null satisfaction links persisted where interpersonal elements were unaddressed [Alammar et al, 2025]. In Indonesian clinics, partnerships with BPJS and staff training aligned with standards, yielding minimal complaints [Dermawan et al, 2025]. No direct conflicts, but observational designs limit causality compared

to interventions [Herawati et al, 2026], [Maulia et al, 2024]. Outcomes were assessed via JBI-quality tools and surveys, with consistent positive directions across public/private contexts.

(Note: Multi-country reviews like [Dewi et al, 2025] included diverse populations (e.g., COVID-19 era patients), partially matching the question's hospital focus; interpret with regional variations.)

Summary of Evidence

Table 2. Summary of Evidence.

Theme	Key Finding	Population Applicability	Effect Direction	Confidence Level	Supporting Studies
Effectiveness of Process Optimization and Quality Improvement Strategies on Service Quality	Physician punctuality improved from 4.60 ± 0.60 to 4.99 ± 0.13 ($p<0.001$); 60% positive clinical associations	Outpatient and general hospital patients (full match)	Positive	Strong (consistent across multiple studies with reasonable designs)	**Herawati Lily et al. [paper_id: 738091], Alammar Abdulrahman Nasser et al. [paper_id: 738087], Maulia Hafizhah et al. [paper_id: 738093]**
Impact of Strategic Planning and TQM on Patient Satisfaction	Satisfaction gains via SERVQUAL (e.g., empathy in Quadrant B); 80% null but 75% positive in TQM cases	Inpatient/outpatient and emergency patients (partial match for emergency)	Positive / Null	Moderate (generally consistent but mixed measures)	**Dermawan Diki Tri Bagus et al. [paper_id: 738104], Dewi Meilisa Purnama et al. [paper_id: 738096], Wulandari Rina Yulia et al. [paper_id: 738102]**
Role of Technology and Leadership in Moderating Outcomes	Prevalence ratio 6.223 for digital effects on satisfaction; positive correlations in nursing quality	General and multi-country hospital patients (full/partial match)	Positive	Moderate (consistent findings with reasonable design quality)	**Putri Nurhalisa et al. [paper_id: 738099], Dewi Meilisa Purnama et al. [paper_id: 738096], Rosita Ni**

4. DISCUSSION

Principal Findings and Their Interpretation

The synthesis reveals that hospital management strategies robustly elevate quality of care through process optimizations like FMEA and Lean, which mechanistically reduce operational bottlenecks—such as wait times and errors—by identifying high-risk processes and reallocating resources, thereby streamlining workflows in a manner that directly enhances clinical adherence and structural readiness struktural [Herawati et al, 2026], [Alammar et al, 2025]. This pattern emerges because these interventions target variability in service delivery, fostering standardization that aligns with evidence-based protocols, as seen in the significant score improvements (e.g., pharmacy waiting from 4.36 ± 0.72 to 4.99 ± 0.09, $p<0.001$), which only become apparent across studies when contrasting targeted outpatient applications with broader departmental implementations. For patient satisfaction, TQM and strategic planning yield more tentative gains, primarily through SERVQUAL dimensions like empathy and responsiveness, where leadership-driven cultural shifts promote accountability and patient involvement, indirectly boosting trust via better communication and complaint resolution [Dermawan et al, 2025], [Dewi et al, 2025]. However, the frequent null associations (80%) underscore a mechanistic gap: process-focused strategies excel in tangible outcomes but falter in relational aspects, as no included studies provide biological or psychological pathways (e.g., stress reduction from shorter waits or perceptual models of trust formation), leaving interpretations reliant on operational proxies rather than direct causal chains. Confidence is high for quality enhancements due to consistent positive directions in quasi-experimental and review designs matching hospital populations, but moderate for satisfaction, given qualitative variability and partial matches like emergency settings, which may amplify acuity-related biases. Collectively, this review advances understanding by highlighting how integrated strategies—combining technology with planning—amplify effects beyond isolated tactics, revealing a synergistic pattern invisible in single studies .

Comparison with Existing Literature and Resolution of Contradictions

The positive links between management strategies and quality align mechanistically with prior work cited in reviews, such as Ward et al. (2025) on leadership's role in IT integration, which reinforces how engagement mitigates implementation barriers, ensuring protocol adherence and safety gains that sustain clinical outcomes across HICs and LMICs [Alammar

et al, 2025], [Dewi et al, 2025]. This consistency implies robustness, as TQM's emphasis on continuous monitoring parallels referenced cross-sectional studies showing significant correlations (e.g., $p<0.05$ for reliability-empathy links), suggesting shared pathways like reduced errors fostering systemic trust [Maulia et al, 2024]. Contradictions arise in satisfaction, where 80% null results from process strategies contrast with 75% positive TQM effects [Alammar et al, 2025], [Dewi et al, 2025]; this likely reflects population heterogeneity, as outpatient interventions (e.g., [Herawati et al, 2026]) target efficiency-sensitive groups, yielding gains (0.63-point increase in pharmacy scores, $p<0.001$), while broader reviews include diverse departments where interpersonal confounders like communication overshadow structural fixes. No evidence supports exposure misclassification or selection bias as primary drivers, but residual confounding from unmeasured cultural factors in LMICs could explain nulls, as qualitative insights in clinic studies highlight community trust as a mediator absent in global aggregates [Dermawan et al, 2025]. Publication bias risk is moderate, given the predominance of positive quality findings in Indonesian contexts where policy pressures favor reporting successes, potentially underrepresenting failures in resource-poor settings. Methodological evolution favors recent quasi-experimental designs over conceptual ones, providing stronger causal hints (e.g., control comparisons in [Herawati et al, 2026]) than earlier descriptive approaches, enhancing reliability of positive estimates (Prasetyo et al., 2025).

Practical Implications

For outpatient and general hospital patients in resource-constrained Indonesian settings, FMEA and TQM offer targeted benefits by cutting wait times (e.g., 0.63-point gains, $p<0.001$), warranting prioritization in private facilities like South Jakarta hospitals where administrative delays disproportionately affect non-emergency adults [Herawati et al, 2026]. Clinicians should advise leveraging digital records for empathy-building, as accurate systems (prevalence ratio 6.223) enhance trust in routine care, particularly for JKN-enrolled populations facing accessibility barriers [Putri et al, 2025], [Maulia et al, 2024]. Public health leaders in LMICs can scale strategic planning for clinics serving local communities, as SWOT alignments reduced complaints and boosted retention in Malang, but only under conditions of full accreditation and BPJS partnerships to address equity gaps [Dermawan et al, 2025]. In emergency departments, where satisfaction is high yet empathy needs maintenance (Quadrant B), staff training for humane handling benefits acute patients in public hospitals like Mataram, though evidence from this subgroup partially matches broader populations, limiting direct translation [Wulandari et al, 2024]. Regulatory implications challenge compliance-only models, as null satisfaction despite quality gains suggest no safe "threshold" of process

improvements—interpersonal integrations are essential for holistic outcomes, implying policy shifts toward mandatory leadership training in national standards. Caveats apply: implications hold for Indonesian and similar LMIC contexts but lack support for high-income settings without adaptation.

Strengths and Limitations

Strengths of this review include a comprehensive search across large databases and thematic synthesis prioritizing extracted data for integrated insights, ensuring balanced representation of empirical and review designs. Limitations of included studies encompass predominant observational and qualitative methods, restricting causal inferences, alongside narrow scopes (e.g., single-site interventions) and non-randomized controls introducing selection bias, particularly in Indonesian-focused populations. This review's limitations involve reliance on abstract and extracted data without full-text access, potentially missing nuances, and absence of formal risk-of-bias tools like ROBINS-I, though thematic analysis mitigates inconsistencies.

Gaps and Future Directions

Kesimpulan Evidence gaps include insufficient longitudinal tracking of individual satisfaction dynamics, as quasi-experimental designs like pre-post surveys (e.g., July 2024-2025) capture aggregate changes but overlook subgroup variations in outpatient adults [Herawati et al, 2026]. Contradictions in satisfaction nulls versus quality positives remain unresolved due to sparse mechanistic data on relational pathways, with no studies exploring psychological mediators like trust formation. Underrepresentation of high-income or non-Indonesian populations limits generalizability, as multi-country reviews aggregate without isolating contexts [Dewi et al, 2025]. To directly answer the research question for general hospital populations, randomized controlled trials in diverse settings (e.g., public vs. private) with harmonized SERVQUAL measures are needed, incorporating personal feedback tools over anonymous surveys. Methodological improvements should emphasize qualitative ethnographies for staff perceptions and objective metrics like error rates alongside subjective scales. Targeted research on emergency and inpatient subgroups, currently partial matches, would address acuity differences, while RCTs testing digital-TQM hybrids could resolve null findings by quantifying interpersonal impacts.

5. CONCLUSION

Management strategies, particularly process optimizations and TQM, effectively enhance quality of care and, to a lesser extent, patient satisfaction in general hospital populations, with robust gains in clinical and structural domains (e.g., 60% positive associations, physician punctuality from 4.60 ± 0.60 to 4.99 ± 0.13, $p<0.001$) but tempered by frequent null satisfaction links (80%) that highlight the need for relational integrations [Alammar et al, 2025], [Herawati et al, 2026]. These patterns hold primarily for Indonesian outpatient and routine care contexts, partially extending to emergency patients where empathy maintenance sustains high satisfaction across SERVQUAL dimensions [Wulandari et al, 2024], though evidence from multi-country reviews includes diverse subgroups that align but require cautious extrapolation. The most defensible conclusion is that targeted strategies like FMEA yield strong quality improvements under leadership commitment, moderately boosting satisfaction via efficiency, yet interpersonal gaps persist without causal depth. Uncertainty lingers on mechanistic links, such as how reduced waits translate to trust, demanding future studies with biological or perceptual pathways to refine these connections. Ultimately, this matters for bolstering healthcare equity in LMICs, where optimized management could elevate patient loyalty and system resilience, motivating investments in adaptive, patient-centered policies to realize sustained impacts.

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