

Reimagining Healthcare Service Quality, Safety, and Equity: A Comparative Study of Public Health Centers and Military Hospitals

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Abstract - This paper explores the dimensions of healthcare service quality, safety, and equity across different healthcare settings, specifically comparing public health centers and military hospitals. By employing a mixed-methods approach that includes qualitative interviews and quantitative surveys, the study aims to identify the unique challenges and strengths of each type of institution. The findings underscore the importance of tailored strategies to improve healthcare delivery in diverse settings, highlighting best practices that can be universally applied to enhance patient outcomes.

Keywords: Healthcare Quality, Patient Safety, Health Equity, Public Health Centers, Military Hospitals, Patient Satisfaction, Incident Reporting, Infection Control, Medication Errors, Staff Training, Access to Care, Treatment Outcomes, Socioeconomic Barriers, Cultural Competence, Healthcare Delivery

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INTRODUCTION

Healthcare service quality, safety, and equity are fundamental pillars of an effective healthcare system. Public health centers and military hospitals serve different populations and have distinct operational frameworks, which can influence the delivery of care. This study aims to compare these two settings to provide a comprehensive understanding of their respective strengths and challenges.

OBJECTIVES

1. To assess the quality of healthcare services in public health centers and military hospitals.

2. To evaluate patient safety measures in both settings.
3. To analyze equity in healthcare access and treatment outcomes.

METHODS

Study Design

A mixed-methods approach was used, combining qualitative and quantitative data collection techniques.

Data Collection

- Qualitative Interviews:** Conducted with healthcare providers and administrators from both public health centers and military hospitals.
- Quantitative Surveys:** Distributed to patients in both settings to gather data on their experiences with healthcare service quality, safety, and equity.

Sample

- Public Health Centers: 5 centers, 50 healthcare providers, 200 patients.
- Military Hospitals: 3 hospitals, 30 healthcare providers, 150 patients.

RESULTS

Table 1: Demographic Characteristics of Survey Respondents

Variable	Public Health Centers (N=200)	Military Hospitals (N=150)
Age (Mean Year)	35.6	32.4
Gender (Male/Female)	90/100	120/30
Employment Status	60% Employed	85% Employed
Education Level	High School or lower: 40%	High School or lower: 30%
	College or higher: 60%	College or higher: 70%

Table 2: Quality of Healthcare Services

Dimension	Public Health Centers	Military Hospitals
Patient Satisfaction (1-5)	3.8	4.2
Wait time (Minutes)	45	30

Availability of Specialist	70%	90%
Facility Cleanliness	4.0	4.5

Table 3: Patient Safety Measures

Measure	Public Health Centers	Military Hospitals
Incident Reportig(1-5)	3.5	4.0
Infection Control (1-5)	3.7	4.3
Medication error (%)	5%	3%
Staff Training Programs (%)	60%	80%

Table 4: Equity in Healthcare Access and Outcomes

Indicator	Public Health Centers	Military Hospitals
Access to care (1-5)	3.5	4.0
Treatment outcome Disparities (%)	10%	5%
Socioeconomic Barriers (1-5)	3.2	2.8
Cultural competence (1-5)	3.8	4.2

DISCUSSION

The findings reveal that military hospitals generally perform better in terms of service quality, patient safety, and equity. Military hospitals have shorter wait times, better availability of specialists, and higher patient satisfaction. However, public health centers demonstrate strong cultural competence and are crucial for providing accessible care to diverse populations.

Implications for Practice

1. **Quality Improvement Initiatives:** Both settings can benefit from adopting best practices from each other. Public health centers could implement more rigorous safety protocols and training programs, while military hospitals could enhance their cultural competence initiatives.
2. **Policy Recommendations:** Policymakers should consider these findings to allocate resources more effectively and ensure equitable healthcare access across all settings.

CONCLUSION

This study highlights the distinct advantages and areas for improvement in both public health centers and military hospitals. By understanding these differences, healthcare providers and policymakers can develop targeted strategies to enhance the overall quality, safety, and equity of healthcare services.

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