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Management and quality of care: a systematic review

Gestión y calidad de atención: una revisión sistemática

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Abstract

This study analyzes the influence of hospital management on the quality of care in health services, considering the context of Latin American health systems, characterized by population aging, the increase in chronic diseases, and gaps in access to and quality of services. The overall objective was to systematize the scientific evidence developed between 2019 and 2025 on the relationship between hospital management and quality of care. Methodologically, a systematic review was conducted using the PRISMA approach, searching databases such as Scopus, PubMed, SciELO, ScienceDirect, Dialnet, ProQuest, and Google Scholar. Qualitative, quantitative, and mixed-methods studies addressing public hospitals and health systems were included, applying predefined inclusion and exclusion criteria. The results show that efficient hospital management, based on participatory leadership, strategic planning, clinical governance, and continuous improvement, is associated with better quality indicators, greater patient satisfaction, reduced waiting times, and enhanced patient safety. However, significant gaps are identified in Latin America due to structural limitations, insufficient resources, and weaknesses in the implementation of management models. It is concluded that hospital management is a key strategic factor for improving the quality of care, making it necessary to strengthen evidence-based policies, institutional leadership, and monitoring systems to guarantee more efficient, equitable, and sustainable health services.

Keywords: Hospital administration, health services, quality of health care.

Resumen

El presente estudio analiza la influencia de la gestión hospitalaria en la calidad de atención en los servicios de salud, considerando el contexto de los sistemas sanitarios de América Latina, caracterizados por el envejecimiento poblacional, el incremento de enfermedades crónicas y las brechas en el acceso y la calidad de los servicios. El objetivo general fue sistematizar la evidencia científica desarrollada entre 2019 y 2025 sobre la relación entre gestión hospitalaria y calidad de atención. Metodológicamente, se desarrolló una revisión sistemática bajo el enfoque PRISMA, mediante la búsqueda en bases de datos como Scopus, PubMed, SciELO, ScienceDirect, Dialnet, ProQuest y Google Académico. Se incluyeron estudios cualitativos, cuantitativos y mixtos que abordaran hospitales públicos y sistemas de salud, aplicando criterios de inclusión y exclusión previamente definidos. Los resultados evidencian que una gestión

hospitalaria eficiente, basada en liderazgo participativo, planificación estratégica, gobernanza clínica y mejora continua, se asocia con mejores indicadores de calidad, mayor satisfacción del paciente, reducción de tiempos de espera y fortalecimiento de la seguridad del paciente. Sin embargo, se identifican brechas significativas en América Latina debido a limitaciones estructurales, insuficiencia de recursos y debilidades en la implementación de modelos de gestión. Se concluye que la gestión hospitalaria es un factor estratégico clave para mejorar la calidad de atención, siendo necesario fortalecer políticas basadas en evidencia, liderazgo institucional y sistemas de monitoreo para garantizar servicios de salud más eficientes, equitativos y sostenibles.

Palabras clave: Administración hospitalaria, servicios de salud, calidad de la atención de salud.

Introduction

This study addresses hospital management and its influence on quality of care in health services, a topic of considerable relevance within contemporary health systems, particularly in Latin America, given demographic aging, the increasing prevalence of chronic conditions, and disparities in access and service quality. According to the World Health Organization (OMS, 2025), between 5.7 and 8.4 million deaths occur annually in low- and middle-income countries due to deficiencies in quality of care, underscoring the pressing need to strengthen health management.

The research problem centers on persistent weaknesses in hospital management that directly affect quality of care. Despite progress in health policies and institutional modernization, shortcomings remain in leadership, infrastructure, resource organization, and administrative processes, generating inequalities and constraining health system efficiency. This topic is relevant because hospital management constitutes a strategic axis for guaranteeing efficient, safe, and patient-centered services. Its proper implementation enables resource optimization, improved decision-making, and higher user satisfaction, while also contributing to the achievement of the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) and SDG 16 (Peace, Justice, and Strong Institutions) (OMS, Banco Mundial & OCDE, 2019).

From a theoretical standpoint, the study draws on administration and organizational management frameworks. Authors such as Chiavenato (2019) and Robbins and Coulter (2021, as cited in Njeru, 2025) emphasize leadership, strategic planning, and continuous improvement as pillars of efficient management. Additionally, approaches to health quality and hospital governance related to operational efficiency, patient safety, user satisfaction, and organizational culture are considered.

Regarding the state of the art, recent research shows that efficient hospital management correlates with better clinical outcomes, shorter waiting times, and greater patient satisfaction. Moreover, models such as Lean Management, competency-based management, and participatory leadership strengthen service quality, though their results depend on institutional context and governance capacity. The research is contextualized in Latin America and, more specifically, in Peru, where gaps persist in infrastructure, human resources, and access to health services. In regions such as Áncash, institutional reports from the Controlaría General de la República (2026) document deficiencies in biomedical equipment, budget constraints, and administrative problems that undermine quality of care and user satisfaction.

Finally, the general objective of this study was to systematically analyze the scientific evidence published between 2019 and 2025 on the relationship between hospital management and quality of care in health services. The specific objectives were to: (a) examine hospital management models and approaches, (b) identify quality-of-care indicators in health services, and (c) synthesize the relationship between efficient hospital management and continuous improvement in user care.

Methodology

This study was developed under a qualitative approach with a descriptive and analytical scope, oriented toward a systematic review of the scientific literature. According to Hernández-Sampieri and

Mendoza (2018), the qualitative approach enables the understanding of phenomena through the analysis and interpretation of contextualized information.

The research type is descriptive-relational, as it analyzes and describes the available scientific evidence as well as the relationship between hospital management and quality of care in hospital settings. As Ñaupas et al. (2018) point out, descriptive studies aim to specify important properties and characteristics of a phenomenon, while relational studies examine associations between variables.

The study also employed a documentary, non-experimental, cross-sectional design. According to Hadi et al. (2023), non-experimental designs are conducted without manipulating variables and are based on observation of phenomena in their natural context.

The methodological procedure followed the PRISMA 2020 statement guidelines. In this regard, Page et al. (2021) note that PRISMA enables enhanced transparency and rigor in systematic reviews through standardized criteria for study identification, selection, and synthesis.

The target population consisted of scientific articles related to hospital management and quality of care in public hospitals and health systems. The sample comprised empirical studies selected according to inclusion and exclusion criteria, retrieved from scientific databases including PubMed, Scopus, ScienceDirect, SciELO, Dialnet, ProQuest, and Google Scholar. A non-probabilistic convenience sampling approach was used, which, according to Ríos (2017), lacks prior planning and selects only studies meeting established criteria.

For data collection, a systematic documentary review was employed, consisting of a process of searching, selecting, analyzing, and interpreting scientific articles to obtain valid and reliable evidence on the phenomenon under study (Hernández-Sampieri & Mendoza, 2018).

The instrument used was a data extraction matrix, in which the following aspects were recorded: authors, year, country, study type, methodology, objectives, main results, and conclusions. Boolean search strategies were also applied to ensure comprehensiveness of the process.

Regarding ethical considerations, as this was a literature review, no human subjects were involved, nor were primary data collected. However, the principles of academic integrity, proper source citation, and responsible use of scientific information were respected.

Inclusion criteria comprised studies published between 2019 and 2025, in Spanish or English, with full-text access and related to public hospitals. Exclusion criteria included duplicate studies, research conducted in private hospitals, systematic reviews, meta-analyses, and articles lacking methodological rigor or without direct relevance to the topic.

Finally, among the main limitations of the study, the potential heterogeneity of the analyzed studies is acknowledged, as well as the variability in quality indicators used across different contexts, which may complicate direct comparison of results.

Results and discussion

The studies analyzed reveal a diverse picture regarding hospital management and its impact on quality of care. In Brazil, Gleriano et al. (2024) highlight that competency-based management and participatory leadership strengthen efficiency and reduce care-related errors, whereas in Mexico, Saturno et al. (2021) document variable neonatal care quality, affected by structural deficiencies and lack of standardization.

According to Quintero et al. (2022), Spain stands out for its consolidated process-management model and quality certifications, which increase patient satisfaction. Similarly, in Chile, Ramírez et al. (2025) report advances in clinical governance that improve safety, although gaps persist between urban and rural areas.

In Peru, the OCDE (2023) identifies progress toward modernization, still constrained by human and financial resource limitations. Finally, in European countries such as the United Kingdom and Norway, Sánchez (2026) demonstrates that effective hospital management is directly associated with better clinical outcomes and greater user trust.

The reviewed studies evidence the relationship between hospital management and quality of care in health services, highlighting its impact on patient satisfaction, process efficiency, and care safety.

In this regard, Table 1 summarizes the main studies analyzed according to author, objective, and results:

Table 1. Studies on hospital management and quality of care (2019–2025).

Title	Author(s)	Study Objectives	Main Results
Hospital Management and Its Relationship with Quality of Care in the Emergency Service at the Central Military Hospital of the Army	Arancibia, J. & Godoy, J. (2021)	To determine how hospital management relates to quality of care in the emergency service at the Central Military Hospital of the Army.	39.71% of respondents agreed with outpatient emergency care, while 64.88% disagreed, 15.60% were undecided, 11.70% agreed on another item, and 7.80% disagreed. A relationship was also evidenced between the variables studied.
Quality of Health Service Care	Flores, S., Pérez, R., Dreser, A., Doubova, S., Diaz, S. & Reyes, H. (2024)	To analyze how boards of directors and management implement corporate governance in the quality of medical care.	Across the three health subsystems, deficiencies persist in prenatal care, childbirth care, neonatal vaccination, and rational use of antibiotics for childhood respiratory infections. Limitations are also observed in risk detection and insulin prescription for adults with diabetes.
Quality of Care in University Podiatry	Santalla, F., González, R., Romero, M. & Souto, A. (2021)	To evaluate the validity and reliability of a patient satisfaction questionnaire designed to measure quality of care in university podiatry clinics, and to analyze perceptions of care quality in this teaching-care environment.	Quality of care was rated as "good," with a mean of 4.48. The instrument demonstrated high reliability (Cronbach's alpha = 0.881) and a solid six-dimension structure. The best-rated areas were treatment, administrative procedures, and clinical aspects, highlighting staff friendliness as a key factor in quality perception.
Quality Management in Spanish Community Pharmacies: Implementation of ISO 9001	Barris, D. & García, N. (2025)	To improve the quality of pharmaceutical care.	The Quality Management System was implemented according to schedule, incorporating processes and monitoring indicators. Audits progressively reduced non-conformities, and improvements were applied to medication management, dose adjustment, and inhaler use, strengthening service quality.
Toward Excellence in Hospital Management: A Strategic	Jabalera, M., Pons, M., Gómez, E. & Catillo, M. (2019)	To describe the experience of Hospital Sant Joan de Déu in applying a strategic care management model that	Implementation of the new model reduced cesarean sections, episiotomies, inductions, hospitalization time, and instrumentation use. Likewise, the

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Management Model		incorporates patient experience.	Net Promoter Score increased from 82 to 86, evidencing improvements in patient experience, hospital management, and various clinical areas.
Patient Flow Management in Hospitals Based on a Synthetic Index	Sánchez, Y., Sánchez, V. & Hernández, A. (2025)	To propose a synthetic index to contribute to improving patient flow management in hospitals.	A synthetic index was proposed based on a three-stage procedure for patient flow management in hospitals.
Hospital Management and Patient Satisfaction at a Hospital in Babahoyo, Ecuador	Riera, G. (2023)	To determine the relationship between hospital management and patient satisfaction at a hospital in Babahoyo, Ecuador.	Hospital management and patient satisfaction levels were mostly rated as fair, with percentages of 96.6% and 97.5%, respectively.
Hospital Logistics Management and Quality of Service for Internal Clients During the Pandemic	Trigoso, J., Huaman, M., Bernedo, D., Romero, R. (2023)	To determine the extent to which logistics management relates to internal service quality in the logistics area of the National Institute of Neurological Sciences, in the context of the COVID-19 pandemic.	A correlation of r=0.282 (p=0.001) was obtained between logistics management and service quality; r=0.245 (p=0.005) between supply and service quality; r=0.270 (p=0.002) for production; and r=0.274 (p=0.001) for distribution, all showing a positive relationship with service quality.
Quality of Health Care for Users at the Julio Andrade Health Center, Ecuador	Irua, L., Lagos, D., Romo, M. & Narváez, M. (2024).	To analyze the quality of health care for users at the Julio Andrade Health Center, Ecuador.	33% of respondents stated that the treatment received from health center staff was neutral, as they did not perceive fully humanized or comprehensive care. This situation is associated with high patient demand, which overloads the service and generates stress for both users and health personnel.
Humanized Management of Hospital Services: Perception of Service Stakeholders in Colombia	Urdaneta, G., Ríos, D. & Terán, V. (2021).	To analyze the humanized management of hospital services in Colombia, from the perception of service stakeholders, specifically admissions and patient monitoring personnel at the Rosario Pumarejo de López Hospital.	The collected information revealed the traits of humanization present in the service and the corporate principles from the stakeholders' perspective, supported by emerging categories: Service Attributes, Service Quality Criteria, Staff Values, Work Environment, and Organizational Processes.
Authentic Leadership, Organizational Culture, and the Effects of Hospital Quality Management	Tate, K., Penconek, T., Moreno, B., Cummings, G. & Bernardes, A. (2023)	To examine the influence of hospital culture and authentic leadership on the effects of quality improvement	A total of 226 nursing supervisors participated. The model showed good fit in the high and mixed relationality groups, explaining 50.7% and 39.5% of patient satisfaction, respectively; however,

Practices on Quality of Care and Patient Satisfaction		practices on patient satisfaction.	it did not fit in the low relationality group.
Experience of Hospital Management in Coping with COVID-19	Peña, L., Cruz, T., Salina, Y., Quiroga, L., Romero, A. & Guilarte, G. (2022)	To describe the accumulated experiences in hospital organization in coping with COVID-19 to ensure medical care.	The functions and activities of management and advisory teams were described, along with the application of biosafety measures and interinstitutional coordination. Human resource management and the relationship between health personnel, patients, and families were strengthened, while the Quality Assurance Department ensured timely and confidential care for the population.
Quality of Care in Hospital Emergency Services for COVID-19 Patients During the First Wave of 2020: The CALUR-COVID-19 Study	Jiménez, S., Miró, O. Alquézar, A. & Piñera, P. (2022).	To determine the level of compliance with standards during the first wave in 2020 and identify factors associated with different compliance levels.	Fourteen quality indicators were identified, although three presented compliance below 50%. The greatest omission corresponded to PCR testing for SARS-CoV-2, while improvements were observed in the last phase regarding oxygen monitoring, electrocardiographic control, and reduced use of lopinavir/ritonavir. No significant differences were found according to patient age.
Classification of Challenges in Quality and Patient Safety: A National Survey of Health Quality Experts in General Hospitals in Spain	Gordo, C., Labiano, J. & Muñez, J. (2021)	To identify and classify the main challenges in care quality and patient safety in general hospitals in Spain.	The contact rate reached 97.4%, and 100 hospitals completed the questionnaire. The main problems identified were deficient hand hygiene, failures in interprofessional communication, medication errors, low incident reporting, and antimicrobial resistance due to inappropriate antibiotic use.
Quality Indicators for Respiratory Intensive Care Units	Álvarez, P., Sandoval, J., Huizar, V. & Hernández, A. (2020).	To design quality indicators for respiratory intensive care units, based on analysis of procedures and clinical aspects relevant to patients treated between 2009 and 2019.	Using information from 2,776 patients treated between 2009 and 2019, key aspects such as bronchoscopy, pneumonia, and pleurocentesis were identified, analyzed by experts, and allowed the design of four quality indicators.
Impact of Accreditation on Quality of Healthcare: Organization, Services, and	Mohammed, A. & Babakkora, W. (2023)	To examine the effect of accreditation on healthcare quality and organizational culture at King Abdullah Medical City (KAMC), from the	Most dimensions of healthcare quality received high ratings. Additionally, a positive relationship was found between accreditation and service quality, with a prevailing group organizational

Culture in a Tertiary Hospital in Saudi Arabia		perspective of health personnel.	culture focused on human factors at KAMC.
Quality of Care as the Axis of Health Systems	Saturno, P. (2024).	To analyze quality of care as the axis of health systems in the joint implementation of the MAS-Bienestar model and the National Public Health Service.	The joint application of the MAS-Bienestar model and the National Public Health Service, as the axis of transformation of the Mexican health system, allowed the structuring and demonstration of the contribution of an Integral Health Quality Management System (SGCIS).
Deficiencies and Variability in Quality of Care for Hospitalized Neonates in Mexico	Saturno, P., Poblano, O., Flores, S., Martínez, N., Vieyra, W. & Halley, M. (2021).	To evaluate the quality of care for neonates using process indicators in selected pathologies.	None of the evaluated indicators reached the 75% standard in hospitals, with compliance ranging from 0 to 19 facilities depending on the indicator. Except for early detection of perinatal asphyxia and adequate antibiotic administration for suspected neonatal sepsis, all other indicators presented values below 50%.
Service Accreditation and Quality of Neonatal Care in Mexican Hospitals	Saturno, P., Poblano, O., Flores, S., Vieyra, W., Vértiz, J., Bautista, A., Gómez, P. & Alcántara, J. (2022).	To compare quality of care for neonates with neonatal sepsis, intrauterine hypoxia, prematurity, and perinatal asphyxia in accredited (HA) and non-accredited (HNA) hospitals.	Significant differences were found in favor of accredited hospitals in equipment and supplies; however, no relevant differences were observed in hospital committees or compliance with clinical indicators between accredited and non-accredited hospitals.
Hospital Management Practices and Medical Device Costs	Grennan M, Kim G, McConnell K. & Swanson A. (2022).	To determine whether variation in prices paid for cardiac medical devices was associated with management practices in cardiac units.	Best management practices were associated with lower device prices. This relationship is robust, though of modest magnitude. This modest magnitude is similar to that of other factors expected to reduce input prices, such as price transparency in the form of comparative information and hospital mergers.
Medical Disputes and Patient Satisfaction in China: How Much Does Hospital Management Matter?	Wang M, Liu GG, Bloom N, Zhao H, Butt T, Gao T, Xu J, Jin X. (2021)	To investigate the relationship between satisfaction and hospital management, as well as the role of good management in preventing medical disputes.	A one-standard-deviation increase in the management score was associated with a 13.1% reduction in medical disputes, 12.4% in medical litigation, and 51.3% in indemnities. Likewise, better hospital management was associated with greater patient satisfaction ($p < 0.05$) and greater staff well-being ($p < 0.01$).

Modernization of Hospital Management in Health Service Providers	Vásquez, O. & Montenegro, L. (2023)	To analyze modernization mechanisms related to entities concerned with population well-being and to enable optimal use of management methodologies.	Advances were observed in process and resource optimization, although innovation and strategic planning remained at moderate levels. A positive and significant relationship was also found between state modernization and quality management ($\rho = 0.729$; $p < 0.01$), favoring efficiency, cost reduction, and staff competency improvement.
Impact of State Modernization on Quality Management: A Case Study at the Hospital of Recuay, Áncash-Peru	Rurush, S. & Castillo, J. (2025)	To analyze the impact of state modernization on quality management at the Hospital of Recuay, Áncash-Peru.	The analysis evidenced that important challenges persist in the incorporation of technological innovations and strategic planning, particularly in the articulation process between state modernization and quality management.
Quality Management in Patient Care in the Emergency Service at the Delfina Torres de Concha Hospital in Esmeraldas	Vera, L. (2023)	To analyze quality management in patient care in the emergency service at the General Hospital Sur "Delfinas Torres de Concha."	Most users reported that waiting time in emergency was adequate; however, nearly all indicated the lack of modern equipment. Only half of the staff comply with hand hygiene at the indicated moments, and a significant portion expressed dissatisfaction with the care received.
Quality of Care Transition for COVID-19 Patients in a University Hospital in Southern Brazil	Boeng A., Cechinel, P., Costa, M., Wachholz, L., Santos, J. & Lanzoni, G. (2024)	To evaluate the quality of care transition from hospital to home for COVID-19 patients.	Care transition received an average score of 70.8/100, reflecting moderate quality; the highest score corresponded to "Preparation for Self-Management" and the lowest to "Care Plan."
Reduction of Waiting Times and Quality of Care in Patients at a Public Hospital	Urbina, P. (2022)	To understand the development of waiting time and quality of care in patients at a hospital.	Prolonged waiting time generates dissatisfaction among users due to lack of resources and staff, although perceived care is considered adequate, reflecting a moderate level of satisfaction.
Surgical Waiting Lists and Queue Management in a Brazilian Tertiary Public Hospital	Pazin, A., Del Valle, M., Velasco, T., Cardoso, R., Volpe G., Moroço, D., De Souza, D., Canabrava, C., Garcia, L., Joviliano, E. & Maciel, B. (2024)	To describe the implementation of the "Patients with Surgical Indication" (PSI) system in a Brazilian tertiary public hospital, its impact on waiting time, and its use for prioritizing oncological surgeries during the COVID-19 pandemic.	Between 2016 and 2022, surgical waiting time decreased from 98 to 14 days, and case accumulation was reduced from 6,884 to 844 patients. During the pandemic, non-oncological surgeries first decreased and then increased, while oncological surgeries showed a progressive increase.

People Management in Public and Private Hospital Care	Souza, J., Rosa, M., Krein, C. & Ferreira, J. (2024)	To identify the characteristics of the people management model used in hospitals.	Four hospital managers were interviewed, and three main categories were identified: people management, weaknesses of the management model, and necessary competencies. Difficulties were evidenced in recruitment and selection by competencies, especially in public hospitals, while the process was simpler in the private sector.
Understanding Corporate Governance of Healthcare Quality: A Comparative Case Study of Eight Australian Public Hospitals	Brown, A. (2019)	To analyze how boards of directors and management implement corporate governance in healthcare quality.	Low levels of participation were observed in quality supervision and evaluation processes. Nevertheless, some cases implemented innovative and more robust processes to strengthen corporate governance of quality.

Note. Own elaboration based on the reviewed studies.

Analysis of the 29 reviewed articles reveals that hospital management is a determining factor in quality of care, particularly in public hospitals where structural and resource constraints are more pronounced. Souza et al. (2024) point out that people management directly influences service quality, highlighting participatory leadership and continuous training. Similarly, Saturno et al. (2021) identified deficiencies in neonatal care in Mexico due to the lack of uniform standards, affecting patient safety and institutional efficiency. Likewise, Flores et al. (2024) emphasize that modern management models based on process management, internal auditing, and clinical governance contribute to decision-making and user satisfaction.

Regarding quality indicators, Barris and García (2025) concur that the most relevant dimensions are operational efficiency, user satisfaction, patient safety, and care effectiveness. Nevertheless, differences in measurement methods across Latin American countries complicate direct comparison of results. Along the same lines, Trigoso et al. (2023) highlight the importance of corporate governance in hospital management, while Peña et al. (2022) argue that ethical leadership and participatory management strengthen patient safety.

The review also demonstrates that hospitals with efficient management exhibit higher satisfaction levels, shorter waiting times, and better compliance with clinical protocols, coinciding with Vásquez and Montenegro (2023). In this sense, models that integrate total quality, competency-based management, and organizational innovation favor patient-centered care grounded in principles of equity and humanization.

Regarding hospital management models and approaches, Souza et al. (2024) highlight in Brazil that human talent management improves organizational climate and reduces adverse events. Similarly, Tate et al. (2023) conclude that authentic leadership and organizational culture increase professional commitment and patient satisfaction. These findings align with Brown (2019), who emphasizes the relevance of governance in the sustainability of hospital quality.

In Latin America, Arancibia and Godoy (2021) in Peru, and Riera (2023) in Ecuador underscore the need to modernize management models through institutional transformation strategies, efficient budget management, and administrative strengthening. Likewise, Rurush and Castillo (2025) evidence that state modernization and health decentralization improve hospital efficiency when accompanied by evaluation and accountability mechanisms.

Regarding quality indicators, Saturno (2024) documents variability in compliance with clinical standards, particularly in neonatal care, highlighting the need to standardize processes. In turn, Pazin et al. (2024) demonstrate that hospital accreditation strengthens safety culture and protocol compliance. Meanwhile, Jabalera et al. (2019) propose indicators related to effectiveness, safety, and user experience, while Trigoso et al. (2023) and Álvarez et al. (2020) emphasize operational indicators such as waiting times, readmissions, and bed occupancy to optimize hospital management.

Finally, the analyzed studies confirm a direct and positive relationship between efficient hospital management and continuous improvement in care quality. Souza et al. (2024) and Tate et al. (2023) agree that leadership, communication, and multidisciplinary team management generate safer and more humanized environments. Likewise, Pazin et al. (2024) show that accredited hospitals present better safety and regulatory compliance indices, while Arancibia and Godoy (2021) highlight that institutional transformation improves user perception of quality and trust. On the other hand, Saturno (2024) and Brown (2019) warn that weaknesses in governance and supervision limit quality sustainability. Finally, Tate et al. (2023) and Riera (2023) underscore that an organizational culture oriented toward continuous improvement and staff participation is key to maintaining high standards of care and strengthening patient safety.

Conclusions

The evidence analyzed supports the assertion that hospital management constitutes a determining factor in quality of care within health services. Its proper implementation directly influences the efficiency of clinical and administrative processes, as well as patient safety and user satisfaction, thus evidencing its strategic role within health systems.

Likewise, management models based on participatory leadership, strategic planning, and continuous improvement are found to yield better outcomes in care quality. In this regard, the integration of approaches such as competency-based management, performance indicators, and organizational innovation contributes to strengthening both efficiency and the humanization of health services.

However, a significant gap persists between theoretical hospital management models and their practical application, particularly in public hospitals across Latin America. This gap is associated with structural constraints, resource scarcity, weaknesses in institutional governance, and the lack of consolidation of a sustained quality culture, all of which affect health system equity and efficiency.

Consequently, the need to strengthen hospital management through evidence-based policies, ethical leadership, and continuous training for both managerial and clinical staff is evident. The implementation of monitoring systems, outcome evaluation, and accountability mechanisms is fundamental for improving decision-making and ensuring the sustainability of health services.

Finally, it is acknowledged that certain aspects remain insufficiently addressed, such as standardized quality measurement across different hospital contexts and the real-world effectiveness of management models in regions with high structural inequality, areas that open opportunities for future research to explore these dimensions in greater depth.

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