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Management Strategies to Enhance Healthcare Quality at "El Centro" Specialized Popular Clinic Type I (San Cristóbal, Venezuela, 2026)

José Alexander Castro Rosales[1]

[1]Master in Public Management, Universidad Politécnica Territorial del Norte del Táchira "Manuela Sáenz", Venezuela

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Abstract

This research aimed to propose management strategies to enhance healthcare quality at "El Centro" Specialized Popular Clinic Type I, located in San Cristóbal, Táchira State, Venezuela (2026). Methodologically, the study adopted a quantitative approach with a descriptive, non-experimental, cross-sectional, and field design under the feasible project framework. The study population comprised 290 individuals associated with the institution, from which a stratified random sample of 87 participants was selected. Data were collected using a structured Likert-scale questionnaire validated by expert judgment, demonstrating high internal consistency (alpha = 0.901). Findings revealed a moderately favorable perception of healthcare quality, highlighting strong health personnel communication (64.2% approval), physical cleanliness (53.7%), and respectful treatment (44.7%). However, significant operational weaknesses were identified regarding waiting times (37.3% negative perception), resolutive capacity (only 29.9% positive), and medical equipment availability (46.3% unfavorable). Conversely, institutional management practices received high ratings for strategic planning (89.5%), organizational structure (100%), and leadership (89.5%), whereas ongoing staff training exhibited critical gaps. To bridge this implementation gap, a Management Fortification Plan (PFG 2026) was formulated, incorporating a Management Indicator System (SIG), process standardization (FPA), and a continuous human talent development program (PPC).

Keywords: *Management Strategies, Healthcare Quality, Health Management, Performance Indicators, Continuous Improvement.*

I. INTRODUCTION

Healthcare quality is a critical strategic priority for modern public health systems. Modern healthcare management models emphasize aligning administrative workflows with clinical operations to minimize clinical risk, optimize resource efficiency, and ensure patient safety. In outpatient settings—which serve as primary access points—operational performance depends heavily on structural resources and managerial capabilities.

Applying Avedis Donabedian's classic model—evaluating quality through *structure, process, and outcomes*—demonstrates that institutional deficits are rarely driven solely by resource scarcity. Rather, they stem from how administrative and clinical mechanisms are coordinated. At "El Centro" Specialized Popular Clinic Type I in San Cristóbal, preliminary institutional diagnostics reveal a clear operational paradox. The facility possesses solid administrative foundations, including clear strategic planning, established leadership, and active supervisory frameworks.

However, these internal managerial strengths do not fully translate into consistent quality of care perceived by users. Patients experience notable bottlenecks, including prolonged waiting times, limited resolutive capacity, and deficient equipment availability. This creates a disconnect between managerial capability and clinical execution. Addressing this gap requires a systematic intervention to

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bridge administrative planning and frontline healthcare delivery. Anchored in Deming's cycle of continuous improvement (PDCA) and Senge's organizational learning framework, this study outlines and evaluates a contextualized management strategy tailored to outpatient clinics within public healthcare networks.

II. METHODOLOGY

➢ *Research Design and Paradigm*

This study was conducted under a quantitative paradigm with a descriptive, non-experimental, cross-sectional field design, structured as a feasible project (*proyecto factible*). Data were gathered directly from primary sources within their natural institutional setting without deliberate variable manipulation.

➢ *Population and Sampling*

The target population comprised N = 290 individuals affiliated with the institution, including administrative personnel, healthcare providers (physicians, nurses, dentists, psychologists), support staff, and first-time users. Using Sierra Bravo's finite population formula at a 95% confidence level (E = 0.09, p = q = 0.50), a representative sample of n = 87participants was determined:

$$n = \frac{4 \cdot N \cdot p \cdot q}{E^2(N-1) + 4 \cdot p \cdot q} = \frac{4 \cdot 290 \cdot 0.50 \cdot 0.50}{0.09^2(289) + 4 \cdot 0.50 \cdot 0.50} = 87$$

A stratified random sampling technique was applied to ensure proportional representation across all institutional strata:

Table 1 Population and Sampling

Institutional Stratum	Total (N)	Sample (n)
Nursing Staff (Technicians & Professionals)	18	5
Physicians (General, Specialists)	18	5
Allied Health (Psychologists, Dentists)	9	3
Support Staff (Pharmacy, Dental Assistants, Maintenance)	15	5
Administrative Staff	3	1
Department Chiefs / Leadership	3	1
First-Time Users / Patients	224	67
Total	290	87

➢ *Instrumentation, Validity, and Reliability*

Data were collected using a structured 26-item questionnaire on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Content validity was verified through expert judgment by three specialists in research methodology and health management.

Reliability was evaluated via a pilot test ($n = 67$ non-sample participants) using Cronbach's alpha coefficient:

$$\alpha = \frac{K}{K - 1} \left[1 - \frac{\sum s_i^2}{s_t^2} \right] = \frac{13}{12} \left[1 - \frac{16.308}{97.122} \right] = 0.901$$

The resulting score ($\alpha = 0.901$) reflects high internal consistency.

➢ *Analytical Approach*

Data were analyzed using descriptive statistics (absolute/relative frequencies, means, standard deviations) and non-parametric bivariate correlation (Spearman's ρ) to measure the association between management strategies and healthcare quality indicators.

III. RESULTS

➢ *Perceived Healthcare Quality (User Perspective)*

The diagnostic evaluation of perceived quality revealed distinct differences across operational dimensions.

Key findings from the user evaluation ($n = 67$) include:

- Clinical Communication: 64.2% of users held a favorable view regarding the clarity of medical diagnoses and treatment plans, marking it as the strongest operational dimension.
- Infrastructure & Cleanliness: 53.7% rated facility hygiene and general conditions positively.
- Humanized Care: 44.7% reported experiencing respectful treatment from healthcare staff.
- Service Accessibility: 41.8% found access to services straightforward, while 29.9% remained neutral and 28.3% reported access barriers.
- Waiting Times: 37.3% expressed dissatisfaction with waiting periods, making it a prominent operational bottleneck.
- Resolutive Capacity: Only 29.9% felt their health issues were comprehensively resolved during consultations, with 41.8% adopting a neutral stance.
- Medical Equipment: 46.3% reported negative perceptions regarding equipment availability and operational condition.

➢ *Evaluation of Current Management Strategies (Staff Perspective)*

Assessment by internal staff ($n = 19$) demonstrated high confidence in foundational administrative functions, alongside key areas for professional development:

Table 2 Evaluation of Current Management Strategies (Staff Perspective)

Management Indicator	Favorable (%)	Neutral (%)	Unfavorable (%)
Defined Strategic Plan	89,5%	10,5%	0,0%
Organizational Structure	100.0%	0.0%	0,0
Leadership Effectiveness	89.5%	10,5%	0,0%
Process Supervision	79,8%	15,8%	5,3%
Impact of Managerial Decisions	100%	0,0%	0,0%
Continuous Talent Training	52,6%	23,6%	21,1%

While administrative organization, strategic vision, and leadership were rated favorably, continuous professional training emerged as a key area for internal improvement, with 47.4% reporting neutral or negative views.

IV. DISCUSSIONS

The empirical results highlight a clear structural disconnect within the institution. The facility exhibits strong managerial foundations, supported by clear strategic planning (89.5%) and cohesive leadership structures (100%). However, these administrative strengths do not consistently translate into optimal clinical outcomes or high user satisfaction.

This operational gap aligns with Donabedian's framework. While the *Structure* (governance, leadership) is well established, deficiencies within *Processes* (unstandardized workflows, waiting times) and secondary structural elements (equipment maintenance) impact overall *Outcomes* (resolutive perception at 29.9%).

Furthermore, the data show that clinical communication (64.2%) and facility cleanliness (53.7%) serve as positive buffers for user experience. However, operational friction—such as non-standardized administrative routines and variable clinical workflows—directly impairs service delivery.

Addressing these challenges requires moving beyond isolated operational fixes. Instituting a structured continuous improvement framework ($PDCA$), backed by dynamic performance metrics (Balanced Scorecard) and structured staff development, offers a path to align administrative planning with frontline clinical execution.

➢ *Actionable Proposal: The Management Fortification Plan (PFG 2026)*

To resolve the identified operational gaps, the Management Fortification Plan (PFG 2026) was structured across three core, interdependent strategies:

- *Strategy I: Management Indicator System (SIG)*

✓ *Objective:*

Establish a systematic tracking and evaluation framework to support evidence-based decision-making.

✓ *Key Actions:*

- Formally institute the Institutional Healthcare Quality Committee.
- Establish operational baselines and target benchmarks across structure, process, and outcome indicators.
- Deploy a real-time balanced management dashboard to track waiting times, equipment uptime, and patient satisfaction monthly.
- Implement quarterly institutional performance reviews to guide corrective actions.

- *Strategy II: Process Standardization (FPA)*

✓ *Objective:*

Standardize administrative and clinical workflows to reduce operational variability and optimize patient throughput.

✓ *Key Actions:*

- Map and update Standard Operating Procedures (SOPs) for patient intake, triage, and consultations.
- Develop standardized clinical protocols for outpatient management.
- Implement structured compliance checklists and semi-annual internal quality audits.

- *Strategy III: Human Talent Training Program (PPC)*

✓ *Objective:*

Build continuous professional competencies across administrative, clinical, and support personnel.

✓ *Structure:*

An 18-academic-hour modular curriculum delivered through interactive workshops, case studies, and practical simulations:

V. CONCLUSION AND RECOMMENDATIONS

➢ *Conclusions*

- Perceived healthcare quality at "El Centro" Specialized Popular Clinic Type I displays a moderately favorable baseline, anchored by effective staff communication, facility hygiene, and humanized care.

- Critical operational challenges persist regarding prolonged waiting times, limited resolutive capacity, and medical equipment constraints.
- The facility demonstrates strong administrative leadership, clear strategic orientation, and established supervisory frameworks.
- Staff training represents a key development area, with nearly half of personnel indicating irregular access to continuous professional education.
- The proposed Management Fortification Plan (PFG 2026) offers a practical, structured framework to bridge administrative planning and frontline clinical quality.

➢ *Recommendations*

- For Executive Leadership: Formally adopt and deploy the PFG 2026 framework, integrating its performance dashboard into routine executive reviews.
- For Quality Committees: Maintain monthly tracking of core indicators, conducting quarterly audits to resolve operational bottlenecks promptly.
- For Heads of Services: Enforce updated clinical and administrative SOPs while fostering an open, continuous improvement culture across teams.
- For Public Health Authorities: Consider scaling the PFG 2026 framework as a reference model across the regional outpatient network.

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