



Arab American University
Faculty of Graduate Studies

The title of the thesis

**THE EFFECT OF SERVICE QUALITY ON PATIENT
SATISFACTION IN HEBRON GOVERNMENT HOSPITALS IN
PALESTINE**

By

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Supervisor

Supervisor: Ahmad Herzallah.

**This thesis was submitted in partial fulfillment of the requirements
for the Master's degree in quality management.**

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Declaration

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ABSTRACT

This study aimed to evaluate the relationship between service quality and patient satisfaction in Hebron hospitals, Palestine. The primary objective was to assess the impact of service quality dimensions, including tangibility, reliability, responsiveness, assurance, and empathy, on patient satisfaction in these hospitals. A descriptive research design was employed to examine the relationship between patient satisfaction and the implementation of SERVQUAL (Service Quality) in the selected hospitals. The sample was chosen using a non-probability convenience sampling method, with a total of 376 patients participating in the study. The collected data were analyzed using descriptive and inferential statistics through SPSS version 20. The results were presented through tables and figures, followed by a comprehensive discussion to interpret the findings.

The major findings of the research indicated that all the independent variables representing the service quality dimensions showed a positive and significant correlation with the dependent variable, which is patient satisfaction. The ANOVA test confirmed the significant fit of the model, and the multiple linear regression analysis demonstrated that all the independent variables of SERVQUAL (tangibility, reliability, responsiveness, assurance, and empathy) had statistically significant relationships in predicting customer satisfaction. Among these variables, reliability and empathy were found to account for the largest proportion of the variation in patient satisfaction.

Based on the study's findings, it is recommended that the hospital takes steps to enhance its service quality in order to improve patient satisfaction. This could involve strategies such as improving the tangibility of facilities, ensuring reliable and

consistent service delivery, enhancing responsiveness to patient needs, providing assurance and trust in the care provided, and fostering empathy and understanding in patient interactions. By focusing on these dimensions of service quality, the hospital can enhance patient satisfaction levels and improve overall healthcare outcomes.

Chapter one:

Introduction

1.1 Overview

This section begins with a broad introduction. Following that, an outline of Palestinian hospitals is presented, the issue statement is formed, the research questions are defined, their significance is underlined, and the key goals are specified.

1.2 General Background

Healthcare satisfaction and consumer satisfaction have emerged as the most recent trends in quality measurement in order to gain a competitive advantage or recommend a practice in the healthcare sector.

The healthcare system is among the fastest-expanding areas of the service-based economy, and it has piqued the interest of scholars and practitioners all around the world (Andaleeb, 2001). Public healthcare systems in developing nations expend larger resources than healthcare delivery systems in other countries; hence, it is critical that developing nations build an effective organizational system to maximize their efficacy. However, in underdeveloped nations, the available resources do not fulfill the current pressure put on healthcare facilities' services.

Care is an intangible product that cannot be physically touched, felt, watched, weighed, or measured in the same way that produced items can. When physical items are produced, a quantitative assessment of quality is possible because they may be collected and evaluated for quality during the manufacturing process and thereafter. Healthcare, on the other hand, is not always the same. The service production process

and interactions between customers and service providers determine the quality of healthcare services. (McLaughlin et al., 2006).

Intangibility, variability, and simultaneity are all features of the healthcare business that make it more difficult to identify and quantify quality. Because the client cannot determine "quality" before purchase or consumption, quality assurance becomes problematic. It is less likely to get a last quality check than produced items. As a result, the quality of healthcare cannot be guaranteed (Ladhari, 2009).

Middle Eastern healthcare institutions are under pressure from both their governments and the public in general to enhance quality and compete successfully with their private sector rivals. Healthcare firms are not alone in soliciting customer feedback on their services today (O'Connor et al., 2000).

In Palestine, there are four main healthcare institutions: the government, non-governmental organizations, private organizations, and UNRWA (Palestine population and demography, 2014). The United Nations Relief and Works Agency (UNRWA) and the government sector are both deemed public since they provide free medical care to various segments of the population. However, paid and semi-paid healthcare is provided by private and non-profit organizations. The major goal of this study is to look at the quality of services given in Hebron's government hospitals (Princess Alia Hospital, Lamhtaseb Hospital, and Yatta Hospital) from the perspective of patients.

Additionally, hospital administrators, employees, and patients want to improve the quality of healthcare care given in hospitals. As a result, measuring the dimensions of service quality present within the healthcare care offered is an essential part of this

study. From the perspective of patients, these include tangibility, dependability, responsiveness, assurance, and empathy in Palestinian hospitals.

Whether from individuals or huge institutions, the issue of healthcare quality has gotten a lot of attention in terms of study. The vast quantity of research that has been conducted in this sector has tried to clarify the theories that are covered in this study.

As a result, the significance of this study is to define the notion of quality in the health service sector, grasp the dimensions employed in the supply of medical services, and describe the reasons for any potential difficulties encountered in the supply of high-level healthcare care. Furthermore, in this subject, the SERVQUAL approach is only used in a small number of cases in Pales. The goal of this research is to make appropriate suggestions that will aid in improving the degree of quality application in health care dimensions. Also, despite the huge number of research papers, from the standpoint of patients, our study applies the SEVQUAL quality aspects of health services supplied in southern Palestine at Hebron hospitals.

Service quality is a tough topic to quantify since it is a nebulous construct with multiple intangible or qualitative criteria. Furthermore, client expectations of services might differ significantly depending on a variety of things, such as past experience, personal requirements, and what other friends have asked them.

Consumer expectations are compared to the delivery of real services to determine perceptions of service quality. The quality of a service is not exclusively determined by the service's outcome; it also includes an assessment of the service's delivery method. Specific criteria for assessing service quality must be specified initially, and

then an examination of those criteria would offer a realistic, systematic evaluation of service quality (Siddiqui, 2007).

SERVQUAL is a surveying tool developed by Lynda (1998) to assess the quality of service provided by an organization on 5 dimensions: empathy, tangibles, reliability, responsiveness, and assurance (Furrer, 2000).

Users utilize these five primary criteria to measure the quality of service, according to Parasuraman et al. (1998).

1.3 Problem Statement:

In the present political and economic situation of the newly constituted Palestinian state, raising the level of medical services appears to be a difficult goal. Under the current circumstances, administrative and operational changes are required to improve the quality of the patient's services. It would help to enhance quality healthcare generally without putting a strain on the already overburdened Palestinian care costs, which are now facing severe budget cuts.

The Palestinian health sector consists of three sections: primary health care, secondary health care, and tertiary health care, Health services are provided in Palestine through the Palestinian Ministry of Health, Military Medical Services, the Relief and Works Agency for Palestinian Refugees, NGOs, and the Gaza Strip. The Palestinian Ministry of Health is the main operator of primary health care services, as the total number of primary health care centers in Palestine reached 604 centers, and the Palestinian Ministry of Health provides health services through 472 centers, representing 61.5%

of the total number of centers. While the number of centers affiliated with the military services reached 23 (Abu Zaineh, M. (2009),

It'd also be an opportunity to learn from the private and non-profit health professionals' demonstrated performance in order to ensure consistency and management structure. These two components encompass the administrative and operational functions that the governmental (public) medical field is struggling with.

Clearly, there is a shortage of information in Palestinian hospitals regarding the gap in customer requests and opinions regarding the hospital's quality of care.

However, the service offered often does not meet the demands, standards, or intentions of the clients. The issue of poor service quality would be investigated based on the comments of different patients, which would again be the main reason for the chosen topic.

The main objective of this study is to identify the level of quality of health services in Hebron in Palestinian governmental hospitals (Alia Hospital, Al-Mohtaseb Hospital, and Yatta Hospital (Hassan al-Qsim)) and to investigate the variables that are most affecting patient satisfaction with the healthcare system.

This study will give decision makers, as well as researchers a better understanding of the current status of patient satisfaction in our hospitals. Results will be valuable to every health care planner. The researcher utilized a widely accepted approach known

as SERVQUAL (a perceived service quality survey questionnaire methodology) to try to assess service quality.

1.4 The Study's Conceptual Framework:

The conceptual framework of this study centers on the perspective of patients, with patient satisfaction as the primary variable of interest. The study will examine five independent variables, namely responsiveness, reliability, empathy, assurance, and tangibility, as determinants of patient satisfaction.

1.5 Significance of the Study:

In the current healthcare industry, there is a growing emphasis on healthcare satisfaction and consumer satisfaction as indicators of quality. This research aims to assist targeted hospitals in identifying the factors of service quality that influence patient satisfaction and implementing appropriate measures to address any issues identified. The findings will contribute to the existing body of knowledge on service quality and patient satisfaction, serving as a valuable reference for future researchers. Additionally, the study will provide insights for service units to enhance their performance and guide health policy-making by documenting best practices and effective strategies for improving patient satisfaction in healthcare delivery.

By identifying areas of weakness and highlighting dimensions of service quality that require improvement, this study will offer feedback to hospitals regarding the

perception gap between patient expectations and actual patient satisfaction within the hospital setting. The results of this research can also serve as a foundation for future studies examining related issues in other governmental hospitals.

1.6 Objectives:

1.6.1 General Objective:

The general objective of this study is to investigate the impact of service quality dimensions on patient satisfaction in Hebron Hospitals, Palestine.

1.6.2 Specific Objectives:

The specific objectives of this study are as follows:

1. Analyze the influence of tangibility on patient satisfaction in Hebron Hospitals, Palestine.
2. Identify the impact of reliability on patient satisfaction in Hebron Hospitals, Palestine.
3. Investigate the effect of responsiveness on patient satisfaction in Hebron Hospitals, Palestine.
4. Assess the contribution of assurance to patient satisfaction in Hebron Hospitals, Palestine.
5. Determine the influence of empathy on patient satisfaction in Hebron Hospitals, Palestine.

1.7 Research Questions:

This study seeks to answer the following research questions:

1. How does tangibility affect patient satisfaction in Hebron Hospitals, Palestine?
2. What is the impact of reliability on patient satisfaction in Hebron Hospitals, Palestine?
3. How does responsiveness influence patient satisfaction in Hebron Hospitals, Palestine?
4. How does assurance contribute to patient satisfaction in Hebron Hospitals, Palestine?
5. What is the effect of empathy on patient satisfaction in Hebron Hospitals, Palestine?

1.8 Hypothesis Test:

The study will test the following working hypotheses:

Hypothesis 1: Tangibility has a positive and significant effect on patient satisfaction.

Hypothesis 2: Reliability has a positive and significant effect on patient satisfaction.

Hypothesis 3: Responsiveness has a positive and significant effect on patient satisfaction.

Hypothesis 4: Assurance has a positive and significant effect on patient satisfaction.

Hypothesis 5: Empathy has a positive and significant effect on patient satisfaction.

1.9 Definition of Basic Terms

Reliability: The concept of reliability in this model refers to the extent to which a company delivers its promised services consistently. It encompasses the company's ability to perform reliably and consistently, which is considered the most important dimension for service consumers (Parasuraman et al., 1988).

Tangibility: Tangibility, as described by Parasuraman et al. (1988), pertains to the physical aspects of the service provider, including their facilities, equipment, and

personnel. Since services lack tangible attributes, customers often rely on the visible evidence surrounding the service to form their individual evaluations.

Responsiveness: Responsiveness focuses on the willingness and promptness of company employees to provide efficient service. It also involves measuring the company's and employees' receptiveness towards clients (Parasuraman et al., 1988).

Empathy: Empathy involves understanding and sharing the feelings of others. In the context of services, it raises the question of whether the service company provides attentive and personalized attention to customers (Parasuraman et al., 1988).

Assurance: Assurance refers to the knowledge, courtesy, and competence of employees in inspiring trust and confidence among customers (Parasuraman et al., 1988).

Satisfaction: Satisfaction, according to Kotler (2000), is the subjective feeling of pleasure or disappointment that individuals experience when comparing their perceived outcome or performance of a product/service to their expectations.

Chapter tow :

literature Review

2.1 Overview

This chapter explores service quality in the healthcare environment, including its definition, significance, and assessment. It also examines the definition, relevance, and drivers of patient satisfaction. The goal of this chapter is to evaluate and synthesize existing literature on the subject of quality of care, discussing fundamental principles, philosophical viewpoints, categorization, and health implications in Palestine's hospitals. It concludes with a review of previous studies on the topic.

2.2 Service Quality

2.2.1 The Concept of Service Quality

Defining quality in service firms is more challenging compared to manufacturing due to their intangible nature. Nonetheless, several academic researchers have developed their own definitions of service quality. Here are some of the most essential definitions, both in general and within the context of healthcare.

Service quality in healthcare is defined by technical and operational aspects. The former refers to the skills, processes, and medical care, while the latter focuses on how these health services are delivered to patients (Alhassan et al., 2015). Value, according to Harrison and Estelami (2014), is the gap between perceived and expected performance. Similarly, service quality is determined by the customer's requirements, with quality increasing when actual performance aligns with expectations (Lovelock et al., 2011).

Hoffman and Bateson (2010) describe quality of service as a long-term customer impression formed through a comprehensive evaluation. Pollack (2008) defines service quality as an overall assessment of the services provided based on a comparison of expectations and experiences. Furthermore, service quality refers to the discrepancy between customers' expectations and the service they receive. If the perceived value falls short of the price paid, the quality of service is considered inadequate and dissatisfaction occurs (Sahney et al., 2006).

Quality of service is the gap between what customers expect and what they actually experience in terms of care. Expectations represent what customers believe service providers should deliver, while perceptions describe what customers believe service providers are delivering, including the services offered and how they are delivered (Lovelock and Wright, 2002). Weitz and Wessley (2002) suggest that service quality is measured by how well actual services align with customer expectations regarding delivery and outcome.

Moreover, quality of service refers to the disparity between the intended and perceived aspects of a service (Gronroos, 2001). Parasuraman et al. (1988) define customer satisfaction as the difference between customers' expectations and perceptions of the service they receive. The extent to which providers meet customers' expectations is often referred to as service quality (Dotchin and Oakland, 1994). Quality of service also refers to customers' overall opinions of the service's quality (Zeithaml et al., 1990). Parasuraman et al. (1985) defined service quality as a global assessment of the service's overall excellence.

Finally, various dimensions contribute to the concept of service quality, such as investment, social, and physical features (Lehtinen and Lehtinen, 1982). This notion

is further defined by output quality (the type of service provided) and process quality (how the service is delivered) (Gronroos, 1983).

2.3 Importance of Service Quality

Empirical research suggests that the service quality of community pharmacists has an impact on patient satisfaction, making it a priority in healthcare (Dasanayaka et al., 2012; Kitapci et al., 2014). Customer service is often considered the primary driver of satisfaction (Shan et al., 2016), and improving service quality is seen as a management strategy to enhance customer happiness (Baidoo et al., 2015).

Clients are now more aware of quality issues, and organizations must provide high-quality services to gain a competitive advantage over their rivals, as stated by Kotler and Armstrong (2006). Customer satisfaction is considered a crucial differentiating factor used by service organizations to establish a competitive edge (Lim and Tang, 2000).

Relevant service matters are essential for firms to increase customer satisfaction and succeed locally, nationally, and even internationally (Yaghmaie et al., 2007). Providing high-quality products offers several advantages, including increased customer satisfaction, higher purchase intention, repeat business, and long-term loyalty (Fullerton, 2005; McAlexander et al., 2004). Excellent service is crucial for acquiring and retaining clients (Kotler and Keller, 2006).

Telecommunications companies can differentiate themselves from competitors by offering higher-quality services, resulting in customer retention (Thomas et al., 2002). Service quality directly influences customer satisfaction, positive word-of-mouth behavior, and loyalty (Lee et al., 2000). High service quality benefits include service differentiation, comparative advantage, customer retention, customer happiness, cost

savings in acquiring new customers, improved business performance, increased customer satisfaction, larger market share, and enhanced customer loyalty (Yoon and Suh, 2004).

Scholars and researchers have emphasized the importance of delivering better service quality for firms to expand their customer base, increase return on investment, reduce costs, and enhance employee performance (Anderson and Zeithaml, 1984; Garvin, 1983).

In the medical context, ensuring excellent services is crucial, as it affects client loyalty, satisfaction, and financial performance (Izadi et al., 2017; De Man et al., 2002). High-quality healthcare services lead to better patient outcomes and increased revenue for healthcare providers (Brown and Swartz, 1989).

In summary, service quality plays a significant role in healthcare, impacting patient satisfaction, loyalty, and financial success. Organizations must prioritize service quality to meet customer expectations, gain a competitive advantage, and achieve long-term success.

2.1 The SERVQUAL Model

Assessing service quality in the healthcare sector is challenging due to the complexities of understanding clients' attitudes (Padma et al., 2009). However, several models, including those based on clinical feedback, are used to evaluate the quality of healthcare services (Bowers et al., 1994). Among these models, the

SERVQUAL model has emerged as the most significant. This model is discussed in detail below.

The SERVQUAL model encompasses five dimensions. First, tangibles refer to the physical aspects such as equipment, facilities, and the appearance of staff. Second, reliability measures the extent to which promised care is consistently and accurately delivered. Third, responsiveness pertains to the willingness of a company to assist customers and provide prompt service. Fourth, assurance encompasses the knowledge, courtesy, and ability of staff to inspire trust and confidence. Finally, empathy focuses on aspects of compassion and attentiveness (Parasuraman et al., 1988).

The SERVQUAL model is particularly useful in predicting and assessing customer satisfaction levels. In other words, service quality is determined by the perceived difference between clients' expected and experienced levels of quality across the 22 items of the model (Kumar, 2009). This model is often referred to as the "gap" model due to its emphasis on measuring gaps in service quality.

There are several advantages of using the SERVQUAL model. Firstly, the model includes all the necessary elements to assess service quality comprehensively. Secondly, it is applicable to various service industries, including healthcare, financial services, tourism, and education. Thirdly, the scale demonstrates high reliability, and due to its limited number of items, it can be administered quickly. Finally, the model's findings are easy to interpret and evaluate (Isik et al., 2011; Padma et al., 2009).

However, the SERVQUAL model also has some limitations. Firstly, the number of dimensions can be reduced to only two: core and augmented services (McDougall and Levesque, 1994). Additionally, the applicability of the measure to all service sectors

needs to consider the specific characteristics of each industry (Carman, 1990). Lastly, the SERVQUAL model relies on customer expectations as the basis for its predictions (Cronin and Taylor, 1992).

In this study, the SERVQUAL scale was utilized to measure the level of patient satisfaction with the services provided in governmental hospitals in Hebron.

2.1.1 Criticisms of SERVQUAL

The SERVQUAL tool for assessing service quality has faced several criticisms. Here are some of the main criticisms:

Confounding of result, process, and expectation: Tabibi (2001) argues that SERVQUAL confuses the outcome, the process, and customer expectations. Chen et al. (1994) further point out that it overlooks the cost implications and suffers from multicollinearity due to averaging the evaluated gaps.

Introduction of SERVPERF as an alternative: Cronin and Taylor (1992) introduced SERVPERF as an alternative performance-based indicator. SERVPERF is composed of the observed items from the Service quality model, without considering expectations. In their empirical research across four sectors, Cronin and Taylor (1992) found that unadjusted SERVPERF (performance) outperformed other measures of service quality, including SERVQUAL, in providing a more accurate rating. They argue that this new approach accurately reflects patients' perceptions of service quality, without including preconceptions.

Personality assessment issues and dimensional limitations: Brown et al. (1993) raised concerns about the use of variables in personality assessment and speculated that the five dimensions of SERVQUAL might actually be a single dimension. Some critics

also suggest that the prototype should not be limited to the five dimensions proposed by Parasuraman et al. (1998).

Despite these criticisms, SERVQUAL has been widely used in various service sectors, including hospitality, dental care, transportation, education, real estate, accounting, design, healthcare facilities, and construction (Padma, 2010). The broad application of SERVQUAL demonstrates its suitability for assessing service quality in different industries and sectors. However, Parasuraman et al. (1991) caution against adding or removing items and dimensions, as it may compromise the integrity of the scale.

2.1.2 Customer Expectations

Recognizing the importance of understanding customer expectations in delivering high-quality service, it is evident that knowing what customers desire is crucial for providing excellent service (Zeithaml et al., 2003).

Customer expectations refer to the assumptions and benchmarks against which service performance is evaluated. Customers evaluate the quality of service by comparing their perceptions of the actual service delivery to these benchmarks. Therefore, having a thorough understanding of customer expectations is essential for effective marketing management. The first and most critical step in delivering good service is understanding what the customer expects.

Misunderstanding customer preferences can result in lost revenue if competitors meet those preferences more accurately. It can also lead to wasted resources, such as money and effort, on aspects that customers do not value. In a highly competitive business environment, being mistaken in understanding customer expectations can have severe consequences (Zeithaml et al., 2003).

According to Kotler et al. (2015), the sources of customer expectations are as follows:

1. Word of mouth.
2. Individual requirements.
3. Previous experiences.
4. Competitors' claims and behavior.
5. Interactions with the external environment.
6. Social influences.

Service Quality Gaps

The gaps model revolves around the customer gap, which represents the difference between customer perceptions and expectations. Customer expectations serve as the starting point for a service encounter, while perceptions reflect the actual service received. Closing this customer gap, the gap between what is expected and what is delivered, is crucial for customer satisfaction and building strong relationships. The model identifies four additional provider gaps that need to be addressed in order to close the customer gap. The root cause of the customer gap lies in these provider gaps.

Gap 1: Not understanding what customers expect. Gap 2: Failure to select the right service designs and standards. Gap 3: Failure to meet service performance specifications. Gap 4: Failure to deliver on service promises.

(Fitzsimmons and Fitzsimmons, 2001)

This thesis focuses on the customer gap (Gap 5). Empirical evidence from SERVQUAL outcomes will be used to examine the relationship between the selected dimensions that employers and clients use to shape their expectations and perceived

service, and to identify strengths and weaknesses in the quality of service delivery process in Palestinian hospitals.

2.1.3 Palestinian Healthcare and Demographic Variables

To gain a comprehensive understanding of the healthcare situation in Palestine, it is crucial to explore relevant figures and data that highlight key issues and opportunities within the healthcare sector, as well as identify specific health indicators.

According to data from mid-2014, the Palestinian population was approximately 4,550,368 million people. The West Bank accounted for 61.3 percent of the total population, while Gaza represented 38.7 percent. In terms of gender distribution, males constituted 50.8 percent, while females accounted for 49.2 percent.

Based on the latest annual report from the Palestinian Minister of Health (Palestine Population and Demographics, 2014), Hebron had the highest population numbers in the West Bank, making up 15 percent of Palestine's overall population. Gaza followed closely with 13.4 percent, and Jerusalem region ranked third with 9.1 percent.

2.6 Healthcare Challenges in Palestine

Healthcare services in Palestine are delivered by four major providers: the Palestinian Ministry of Health, Palestinian non-governmental organizations, the United Nations assistance and work organization, and the private sector (Palestine Population and Demography, 2014).

The collaboration between these primary healthcare providers in the occupied Palestinian territory has largely evolved due to political and economic circumstances rather than a deliberate effort to establish a rational and efficient division of labor. As a result, many patients are transferred between different services due to closures, discrimination, strikes, and financial constraints.

Funding for healthcare services in Palestine is sourced from various channels, including taxation, health insurance contributions and donations, out-of-pocket expenses, local and international financial aid (particularly from UNRWA), and government loans (National Palestinian Strategic Health Plan, 2014).

Palestinians are currently undergoing a significant epidemiological transition. Cardiovascular diseases, hypertension, diabetes, and cancer have become the leading causes of mortality and morbidity, surpassing infectious diseases. The incidence of HIV/AIDS is extremely low, and the community is considered poliomyelitis-free according to WHO standards. Thanks to effective vaccination programs, the prevalence of childhood infectious diseases has been significantly reduced. However, a significant portion of Palestinians still lacks access to safe drinking water and proper hygiene facilities, with 66 percent of the population not connected to the sewerage system. Malnutrition remains a prevalent issue, affecting 16 percent of the population, and approximately 10 percent of the community has been diagnosed with at least one chronic condition.

The occupied Palestinian territory faces a lower quality of life compared to most other nations, with prevalent passivity, melancholy, and feelings of fear and anxiety that extend beyond the Middle East. Research indicates that 51% of children do not wish to engage in physical activities, 61% experience fear, and 96% feel sadness (Shouly, 2011).

Additionally, Palestinians confront significant risks to their personal security. In Palestine, these security risks manifest through aerial bombardments of residential areas and the use of firearms by Israeli military forces in conflicts with Palestinian

groups. The potential destruction of Palestinian homes built on unregistered land further contributes to heightened stress levels among Palestinians (OCHA, 2009).

The interconnected system of checkpoints, barriers, border restrictions, time limitations, and permit requirements imposed by Israel poses indirect security risks in Palestine. These restrictions impact every aspect of Palestinian life, including travel, employment, marriage, education, prayer, and family time. Indirect risks jeopardize the determinants of health by exacerbating social isolation, unemployment, and creating obstacles to nutrition, social protection, and transportation. The Separation Wall, constructed since 2002, has severely restricted movement within the West Bank, while a similar barrier isolates the Gaza Strip from the rest of the world (Shubita, 2007).

Both Gaza and the West Bank have their own healthcare systems, leading to duplication and increased costs (Looklex Encyclopedia, 2010). While funding from global institutions such as the World Health Organization, the United Nations, the Palestinian Ministry of Health, and the World Bank has contributed to the current state of healthcare in the Palestinian territories, more efforts are needed. Ongoing endeavors to identify and address geopolitical constraints will be crucial for sustaining significant progress in this sector (Barghouti, 2013).

2.8 Previous Studies

The global academic landscape is rich with studies on the concept of quality across various fields, making it challenging to encompass all the published research on the topic. When focusing on medicine, the majority of available literature is aimed at international research scholars.

The following are most significant of the studies collected by the researcher:

2.8.1 Arabic previous Research

Tawafuq (2021) conducted a study to evaluate the quality of healthcare provided to patients in private clinics. The research was conducted at Zraibi Bordj Bakariridj Hospital in Algeria using a descriptive analytical approach and the five dimensions of service quality. The sample consisted of 50 patients. The study found that tangibility had a mean score of 3.64, indicating that the hospital provided amenities such as a resting room and maintained cleanliness in the corridors. These factors played a significant role in evaluating patient satisfaction with the quality of service provided.

Marbet et al. (2022) aimed to examine the relationship between patient satisfaction and service quality dimensions using the five dimensions. The study included 208 patients in Tlemcen, Algeria. The findings revealed that tangibility, assurance, and responsibility played a crucial role in patient satisfaction. However, sympathy did not show the same level of importance. This suggests that even if patients perceive a lack of empathy from healthcare providers, they can still have a positive opinion of the service quality if it is considered credible, reliable, tangible, and responsive. Consequently, this model can be used as a tool in the healthcare sector to assess quality and identify areas for improvement.

In Palestine, Robin (2016) conducted a study on the quality of service provided in hospitals in southern Palestine, including both public and private hospitals. SERVQUAL was used to measure patient satisfaction and employees' expectations of service quality. The study distributed questionnaires to 374 patients, utilizing a 7-point Likert scale. The results showed that for the perceptions of patients' satisfaction with service quality:

Tangible had a mean score of 5.01, while expectations had a mean score of 5.56.

Reliability had a perception mean of 5.39 and an expectation mean of 6.13.

Responsiveness had a perception mean of 5.33 and an expectation mean of 6.04.

Assurance had a perception mean of 5.42 and an expectation mean of 6.21.

Empathy had a perception mean of 5.50 and an expectation mean of 6.14.

The results indicated that expectations were generally higher than perceptions in all dimensions. Empathy and assurance were close to the levels of responsiveness, reliability, and tangibility. The study found no significant influence of demographic factors on patients' assessments of quality dimensions. Furthermore, there was a positive relationship between service quality and patient satisfaction, as perceived by the clients.

Another study conducted by Koni et al. (2013) focused on evaluating the quality of higher education in Palestine. The research utilized the SERVQUAL gaps paradigm to assess student satisfaction and their intention to continue their studies. The study aimed to evaluate the quality of services provided by two universities in the West Bank/Palestine and identify the most significant service components desired by Palestinian college students. The survey included 375 students from the two institutions. The findings indicated that the overall service quality at Palestinian universities was slightly below standard and required more attention. All service components were highly valued by the students. "Library Facilities" emerged as the most significant service component, followed by "Computer Facilities." The study also revealed a high level of student commitment to their respective institutions.

In Jordan, Tailakh (2012) conducted a comparative study on the impact of healthcare quality on patient satisfaction in private and government hospitals. The research

involved a random sample of hospitalized patients in Jordanian hospitals. A unique metric called "SERVPERF" was developed specifically to assess service quality. The findings demonstrated that patient satisfaction is influenced by healthcare quality, and there is a statistically significant difference in the impact of healthcare quality on service quality between government and private hospitals. Particularly, the impact of healthcare quality on service quality was found to be higher in private hospitals compared to state hospitals. Among all the quality-of-service parameters in both sectors, medical attentiveness had the lowest average, indicating a relationship between patient satisfaction and service quality.

Thyab (2012) conducted a similar study to assess the quality of healthcare services in public hospitals in Jordan from the perspectives of both employees and patients. Randomly selected patients and employees from three governmental hospitals in different regions of Jordan participated in the study, with 300 questionnaires distributed to patients and 250 to employees. The findings revealed that government hospitals focused on the healthcare service dimensions of tangibility, empathy, reliability, and safety, with variations in application observed across the five dimensions based on staff opinions. Patients' assessments of the same qualities were generally consistent, except for responsiveness and empathy. Furthermore, the study found no variations in quality characteristics that could be attributed to demographic factors.

Misleh (2010) conducted a study in Qalqilya, Palestine, to assess the perceived quality of actual care by hospital employees and clients. The study aimed to identify gaps in their responses based on variables such as marital status, hospital, gender, family

status, age, respondent, educational qualification, and function. The SERVPERF scale was used to evaluate the real and perceived service quality. The sample consisted of 126 employees and 420 outpatient clinic attendees from both Darwish Nazzal government hospital and the UNRWA clinic in Qalqilya. Overall, the research participants had positive reactions to the real and perceived service quality, with positive scores across the board. However, significant disparities were found based on gender in the categories of trust, safety, power response, and empathy.

Jazaere et al. (2008) aimed to assess the quality of healthcare at al-Faiha public hospital in Basrah, Iraq. Using the SERVQUAL scale, 107 questionnaires were distributed to both patients and personnel at the hospital. The findings revealed a clear deficiency in the level of quality in the healthcare services provided to patients.

Gary (2007) conducted a study titled "Evaluation of the Quality-of-Service Customers' Expectations of the Clients of Awali Hospital in Bahrain." The research aimed to explore the relationship between the perceived quality of service provided by Awali Hospital and the expectations of its patients in Bahrain. The SERVQUAL tool was employed, and a total of 750 survey questionnaires (300 in English, 300 in Arabic) were distributed to hospital patients. Additionally, 150 computerized surveys were sent to refinery employees via mail. The results indicated substantial differences between observation scores and expectation levels at a significance level of $p < 0.05$, with all service quality dimensions receiving negative ratings. This implied that patients were dissatisfied with the hospital's services across all five dimensions. Notably, significant differences were found between different groups, such as "client kinds" and "types of visits," which revealed variations among private patients, refinery workers, and outpatient versus inpatient visits. The most significant

difference was observed in the dimensions of assurance and dependability, specifically in responsiveness.

Kahlout (2004) conducted a study to identify the factors influencing the long-term sustainability of comprehensive quality management efforts in Palestinian Ministry of Public Health institutions in Gaza. The study included a sample of 149 personnel working in divisions at Shifa Hospital, Victory Pediatric Hospital in Gaza, and Nasser Hospital in Khan Younis, all of which had implemented quality improvement initiatives. The research employed a questionnaire and interviews, utilizing both observational and inductive methodologies. The main findings of the study revealed a lack of scientific techniques used to assess quality measurement improvement. There was also a low commitment from senior leadership, particularly in continuous improvement operations and overall quality activities. The researcher suggested the implementation of a comprehensive strategic action plan to disseminate the culture, philosophy, and principles of overall excellence throughout the organization's institutions. Additionally, the researcher recommended reviewing the existing incentive systems within the organizations and working towards their improvement in terms of quality and quantity based on empirical research. Emphasizing the focus on clients and their requirements, as well as continuous training for personnel, was also advised.

Gap in Arab Research

This study stands out from Tailakh's study as it specifically focuses on government hospitals, while Tailakh's study utilized a random sample. In contrast to Gary's research, which targeted a single hospital (Awali), this study includes three government hospitals. Thyab's research examined the quality of healthcare in public hospitals in Jordan from the perspectives of both employees and customers, whereas this research solely focuses on service recipients, without distributing questionnaires to hospital employees. Misleh conducted research in Qalqilya, involving a sample of 126 employees and 420 individuals receiving services from outpatient clinics. One distinction of this research is that it includes service recipients who stayed in the hospital for more than 24 hours. The Koni study focused on evaluating the quality of higher education using SERVQUAL, while this research applies the same framework to assess patient satisfaction.

2.8.2 International Studies

Rahim et al. (2021) conducted a study in Malaysia, focusing on patients' satisfaction with services provided in government hospitals. They utilized the SERVQUAL framework and collected samples through social networking sites. The study had a cross-sectional design with a sample size of 3025. The key findings showed that 73.5% of patients were satisfied with the service quality, while 26.5% expressed dissatisfaction. Patient dissatisfaction was significantly associated with service quality dimensions of reliability ($p < 0.001$), responsiveness ($p = 0.016$), and empathy ($p < 0.001$), excluding tangible and assertiveness dimensions.

Raluba et al. (2018) investigated patients' perceptions of the quality of ophthalmic treatments offered by private hospitals in Romania. They collected primary data using the Service Quality Model scale and selected a sample of 100 individuals through the

snowball method. The study validated the SERVQUAL scale using Cronbach Alpha and factor analysis. The results indicated that the tangibility dimension had the largest gap, while the assurance dimension had the smallest difference. Improving the quality of ophthalmic services was found to enhance both business and promotional efficiency.

Aghamolaei (2014) employed the SERVQUAL approach to assess the quality-of-service gaps in Hormozgan country's primary hospital in southern Iran. The study included 96 patients from Shahid Mohammadi Hospital. The findings revealed service quality gaps in five service quality characteristics and overall service quality. The highest expectation was in the responsiveness and assurance dimensions, while the highest perception was in the reliability dimension. The empathy dimension had the lowest expectation, while the responsiveness and tangibility dimensions had the lowest perception.

Awuah et al. (2014) conducted research using the SERVQUAL approach to analyze patient satisfaction at Sunyani Medical Center in Ghana. The study included 214 patients, and the findings indicated negative gaps in four out of five quality of service categories: reliability, interaction relationship, assurance, and response. However, patients expressed a high level of satisfaction with the hospital's service quality. Positive findings were also observed for the empathy and tangibility aspects, confirming patients' positive perceptions.

Purcarea et al. (2013) assessed perceptions of service quality in governmental health care services in Romania using the SERVQUAL scale. The study aimed to evaluate the applicability of the SERVQUAL scale and characterize the demographic details of Romanian patients utilizing public services. The sample consisted of 263 women from

a gynecologic health care forum. The tangibles component had the highest gap score, followed by the responsiveness and dependability dimensions.

Punnakitikashem et al. (2012) evaluated the quality of hospital services after implementing Lean operating in Thailand. The study assessed patients' expectations and satisfaction using the SERVQUAL model, with a sample size of 450 patients. The findings revealed that there was no substantial difference between clinical outcomes assessment and anticipation. The hospital had a moderate level of service quality and was capable of meeting patients' service requirements. The tangibility dimension showed the largest positive difference between patients' perception and expectation, while the largest negative gap was observed in reliability.

Ziaei et al. (2011) conducted a study in Labbafinejad Medical Center, Tehran, to examine the factors influencing patient satisfaction in eye care services. They selected a sample of 539 patients using thorough random selection and collected data through a survey. Linear regression was used to measure the impact of quality factors on overall satisfaction. The major finding indicated that convenience and technical factors had the strongest correlations with overall satisfaction.

Brahmahatt et al. (2011) conducted a research study titled "An empirical study of client perceptions of quality," which adapted the SERVQUAL measure to the healthcare system. The objective of the study was to investigate the concept of service quality in a hospital context and determine its influence on satisfaction. The sample consisted of 246 patients from the Ahmedabad and Gandhinagar areas in India. The findings revealed that consumers' expectations were not met, as they expressed

dissatisfaction with the quality of healthcare provided by both governmental and private hospitals.

Figen and Ebru (2010) conducted a study in the Northern Cyprus healthcare sector, evaluating the dimensionality of the Service Quality Model instrument. The study assessed the quality of services provided by governmental and private hospitals in Northern Cyprus and identified the service quality dimensions that significantly influenced client satisfaction. The sample included 806 individuals over the age of 18, randomly selected from the population of Cyprus. The findings indicated that private hospitals showed fewer gaps in three service quality aspects compared to state hospitals. Client satisfaction was influenced by empathy, reliability, and tangibility. In governmental hospitals, the tangibility dimension had little impact on satisfaction.

Butt et al. (2009) utilized the SERVQUAL model to investigate the quality of private healthcare services in Malaysia. The study aimed to develop and evaluate the use of the SERVQUAL scale for assessing the quality of Malaysian private healthcare services. The sample consisted of 340 individuals who visited a private healthcare institution during a three-month data collection period. The findings revealed a moderate-to-negative quality gap in Malaysian private healthcare services, with each quality-of-service scale dimension showing a moderate-negative gap in quality.

Bakar et al. (2008) conducted a study in a university hospital system in Turkey to examine the influence of expectations on the clinical assessment of hospital services. The SERVQUAL measure was used to assess hospital services, and a preliminary study was conducted to gather patient opinions on key service characteristics. The study included 550 patients randomly selected from the Baskent University Medical Center network in Turkey, including hospitalized patients and outpatients. The

findings showed that clients' perceived ratings were higher than expected for an average hospital and lower than expected for a high-quality hospital. The largest gap between actual and intended service grade was found at the Alanya Applications and Research Institute in Turkey.

Siddiqui et al. (2007) aimed to assess the quality of medical services provided by different organizations, such as governmental and private hospitals, from the perspective of Bangladeshi clients, in order to identify areas for improvement. The SERVQUAL questionnaire was used, and approximately 400 exit interviews were conducted with patients in governmental and private hospitals in Dhaka city, as well as hospitals abroad. The findings revealed that private hospitals outperformed public hospitals in aspects such as nurse care and physical hospital problems like sanitation, utility supply, and medicine availability. Overall, the service quality in international hospitals was superior to that in private hospitals in Bangladesh.

Gap in International Studies

Siddiqui conducted his research on assessing the quality of medical services in Bangladesh, whereas this research focused on the occupied state of Palestine.

In Aghamolaei's study, he targeted one hospital with a sample size of 96, while this research included three hospitals and had a larger sample.

Figen and Ebru's research involved a sample of government and private hospitals, with participants over the age of 18. In contrast, this research solely focused on government hospitals without specifying an age requirement.

Raluba's sample included private ophthalmic hospitals, and the snowball method was used to select 100 individuals. In contrast, this research did not exclusively focus on eye care and utilized a convenience sampling method.

Purcarea's research included a sample of women only, whereas this research included both males and females.

Chapter Three:

Methodology:

3.1 Overview

The demographic, sample size, sampling procedures, and strategies used in the study are all discussed in this chapter. It also specifies the research techniques, details the questionnaire, and finally presents the statistical methods that were utilized to obtain the results.

3.2 population

The population, as per Sekaran and Bougie (2016), is the total collection of people, events, or objects that the researcher wants in, whereas the sample is a subset of the total population.

Primary data on important variables is obtained from care receivers in Hebron Governorate government hospitals using a standardized questionnaire that's also personally delivered and distributed online.

Each individual who receives treatment in one of Hebron's government hospitals is counted as part of the population. From January 1, 2022, through April 30, 2022, 16,759 persons received services.

3.3 Sample

The research used convenience sample for data collection, Due to the difficulty of access to some hospitals, a convenience sample was used

The research population estimated to be 16,759 service receivers at Hebron Governmental Hospitals who stayed in the hospital for more than 24 hours receiving care. The research sample was determined to be representative of the entire population. Specifically, Thompson's formula is used to compute the needed sample size. (2012)

$$n = \frac{N \times p(1 - p)}{([N - 1 \times (d^2 \div z^2)] + p(1 - p))}$$

whereas:

n: Sample size.

N: Population size (16759).

z: Confidence level at 95% (1.96).

d: Error proportion (5%).

p: Probability of picking a choice (50%).

As a result of changing the above calculation, it becomes obvious that a survey of a convenience sample of 376 beneficiaries of care in governmental hospitals in Hebron is required.

3.4 Method of Data Collection

Once the hypotheses are formulated, data needs to be collected for each variable. Observations, interviews, and surveys are the most common methods for gathering primary data. Questionnaires come in three types: personal questionnaires, email questionnaires, and electronic questionnaires (Sekaran and Bougie, 2016).

In this study, the questionnaire tool was chosen as the preferred method for data collection due to its effectiveness compared to other approaches. The questionnaires were administered online, specifically on social networking sites like Facebook. Over a period of approximately two months, from 1/1/2022 to 30/4/2022, a total of 376 completed surveys were received. Before conducting additional descriptive statistical analysis, all the responses were carefully validated to ensure their accuracy and reliability.

There are five key reasons for utilizing electronic distribution of the questionnaire: (1) simplicity of use, (2) accessibility from any location, (3) cost-effectiveness, (4) prompt delivery, and (5) flexibility for respondents to participate at their convenience.

3.5 Research design

The choice of research design for this study was a descriptive cross-sectional design, which aligns with the study's objectives. This design involves collecting data at a specific point in time without any follow-up. It offers several advantages, including the ability to reach a large and diverse group of participants and enabling fast data collection and analysis.

3.6 Research tool

The researcher employed the widely accepted methodology known as SERVQUAL, which utilizes survey questionnaires to measure the quality of service. SERVQUAL assesses service quality across five dimensions:

1. Tangible
2. Reliability
3. Responsiveness
4. Assurance
5. Empathy

The objective of this study is to assess the service quality provided by hospitals in Hebron. Empirical data was collected using the service quality instrument developed by Parasuraman, Zeithaml, and Berry. This instrument is widely recognized and extensively used for measuring Quality of Service (QoS) (Bennington and Cummane, 1998).

3.7 Questionnaire Description

The questionnaire used in this study was initially derived from a widely adopted questionnaire called SERVQUAL, which is commonly used in English. It was then modified to be in Arabic, and additional demographic questions were included at the beginning.

The questionnaire consisted of three sections:

Part 1: This section focused on gathering demographic data and included seven multiple-choice questions.

Part 2: The second part utilized a 5-point Likert scale in a structured format, with response options ranging from "strongly disagree" as number 1 to "strongly agree" as

number 5. It consisted of 28 questions that measured service quality across five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. The questions were categorized as follows:

1. Tangibility (Statements 1-7)
2. Reliability (Statements 8-12)
3. Responsiveness (Statements 13-18)
4. Assurance (Statements 19-23)
5. Empathy (Statements 24-28)

Part 3: The final part of the questionnaire focused on measuring the extent of patient satisfaction. It included 16 multiple-choice questions.

3.8 Statistical analysis:

Once the surveys were collected, the researcher converted the responses into numerical format and entered them into the SPSS program for analysis.

The following statistical techniques were employed to analyze the research data:

1. Frequency and percentage were used to describe and analyze demographic and personal factors.
2. Standard deviations and mean values were calculated to assess the level of patient satisfaction with the quality of care received.
3. The independent samples t-test was utilized to compare the means of two groups and determine if there were significant differences between them.
4. Correlation analysis was performed to examine the relationships between different variables and identify any associations.

5. Linear regression analysis was conducted to explore the impact of independent variables on the dependent variable and identify predictors of patient satisfaction.
6. ANOVA (Analysis of Variance) was used to examine the differences in means among three or more groups and determine if there were significant variations.
7. Cronbach's alpha coefficient was calculated to assess the reliability of the scales used in the study, ensuring consistent and accurate measurement of variables.

3.9 Validity and reliability

To ensure the validity of the study tool, a group of expert reviewers in the field was presented with the tool and their feedback and suggestions were carefully considered and incorporated.

In addition, the reliability of the tool was assessed by testing it on a sample of 20 patients who were not part of the main study sample. The reliability of the instrument was measured using Cronbach's alpha coefficient, which ranges from 0 to 1. According to Hair et al. (2007), a minimum threshold of 0.6 is considered acceptable for instrument reliability.

In this study, Cronbach's alpha statistic was calculated for the five variables in the SERVQUAL model to evaluate the reliability of the research instrument. The results of the reliability analysis are presented in Table 1 below:

Table 1 Scale Reliabilities

Factors	Number of items	Cronbach's Alpha
Patient satisfaction	16	.794

Tangibles	7	.808
Reliability	5	.894
Responsiveness	6	.866
Empathy	5	.815
Assurance	5	.813

Cronbach's alpha reliability is shown in Table 4.1. The extent to which an instrument measures what it purports a concept is defined as its reliability.

Chapter Four:

The Results

4.1 Introduction

This chapter provides an overview of the data collection and analysis process. The Patient Satisfaction Questionnaires (SERVQUAL) were used as the instrument to investigate the service quality factors influencing patient satisfaction in Palestinian hospitals. The collected data were processed and analyzed using the SPSS software.

Descriptive statistics, Cronbach's alpha, and univariate analysis of variance were employed to analyze the data. The chapter begins with a description of the sample characteristics, followed by the presentation of the research hypotheses testing.

4.2 Sample

A total of 376 participants were administered the Patient Satisfaction Questionnaires (SERVQUAL) using a Google Form. The questionnaires collected demographic information from the respondents, including gender, level of qualification, hospital name, length of stay, family income, and insurance status. These demographic variables were summarized for the entire set of survey respondents and utilized in the subsequent analysis. A summary of the demographic characteristics, including patient gender, level of qualification, hospital name, length of stay, family income, and insurance status, is presented in Table 1.

Descriptive Analysis of Samples

Table 4.1 Demographic characteristics of the Respondents

Characteristic	Numbers	Percentages (%)
Gender		
Male	181	48.1
Female	195	51.9
Age-group		
Less than 20 years	24	6.4
Between 20-29 years	137	36.4
Between 30-39 years	121	32.2

Characteristic	Numbers	Percentages (%)
Gender		
Male	181	48.1
Female	195	51.9
Between 40-49 years	73	19.4
50 years and above	21	5.6
Level of Education		
High school or less	91	24.2
High diploma	64	17.0
Bachelor	175	46.5
Higher studies	46	12.2
Hospital Name		
Alia	214	56.9
Muhtaseb	9	25.5
Yatta	66	17.6
Length of Stay		
1-7 days	293	77.9
8-15 day	34	9.0
16 days and more	49	13.0
Family Income		
less than 1500 NIS	68	18.1
Between 1500-2499 NIS	71	18.9
Between 2500-3999 NIS	65	17.3
Between 4000-5499 NIS	55	14.6

Characteristic	Numbers	Percentages (%)
Gender		
Male	181	48.1
Female	195	51.9
Between 5500-6999 NIS	111	29.5
Between 7000 and above	6	1.6
Insurance		
Yes	364	96.8
No	12	3.2

The distribution of respondents based on various demographic variables is presented in Table 4.1. Among the participants, 48.1% were male, while 51.9% were female. The majority of respondents (36.4%) fell into the age group of 20-29 years, followed by 32.2% in the age group of 30-39 years, and 5.6% above 50 years. In terms of education, 46.5% of patients had a bachelor's degree, 24.2% had a high school diploma or lower, and 12.2% had a higher degree. Among the hospitals, 56.9% of patients were from Alia Hospital, 25.5% were from Al-Muhtaseb Hospital, and 17.6% were from Yatta Hospital. In terms of monthly income, 29.5% of patients had an income ranging from 5500-6999 NIS, while only 1.6% had an income of 7000 NIS and above. The vast majority of patients (96.8%) had insurance coverage, while only 3.2% had no insurance.

Moving on to the satisfaction levels with nursing services, as measured by SERVQUAL's five dimensions, Table 4.2 presents the results. The mean scores of overall satisfaction in the reliability, assurance, and empathy dimensions were high,

indicating positive satisfaction levels. However, the mean scores of overall satisfaction in the tangibility and responsiveness dimensions were intermediate, suggesting room for improvement. Respondents were also asked to rate their agreement level regarding patient satisfaction in the hospital and the clarity of service provided. The overall mean satisfaction score was 3.5, indicating a high level of satisfaction. The standard deviation of 0.35 suggests that there was not significant variation in the responses, indicating a consistent perception of patient satisfaction in the hospital. However, it should be noted that the clarity of service delivery in this hospital was identified as a factor contributing to lower patient satisfaction.

Table 4.2 Descriptive Statistics

Variable	N	Mean	Std. Deviation
Tangibility	376	2.81	.51
Reliability	376	3.06	.48
Response	376	2.65	.55
Assurance	376	3.03	.54
Empathy	376	3.48	.46
Patient Satisfaction	376	3.00	.35

The detail in score in each SERVQUAL dimension is discussed below.

4.3 Tangibles

This section focuses on the satisfaction level with tangible aspects, including room cleanliness, high-tech equipment, room facilities, and uniform cleanliness, as shown in Table 4.3. The results reveal gaps in satisfaction for the tangible items. Overall, the level of satisfaction in the tangible dimension was found to be intermediate, with a mean score of 2.81. The mean scores for the tangible items indicated a range from high to intermediate satisfaction levels. This suggests that the health services provided in Palestinian hospitals were generally perceived to be below expectations in terms of tangible factors.

Specifically, the average score for room cleanliness was 2.18, indicating a lower level of satisfaction in this aspect. The average score for modern equipment was 2.63, and for contemporary-looking equipment, it was 2.56. These scores highlight the need for hospitals to maintain a competitive advantage by ensuring that their medical equipment is up-to-date and regularly renewed. Patients prefer hospitals where they can feel safe, confident, and experience a smooth recovery from their illnesses. Therefore, it is crucial for Palestinian hospitals to address the inefficiencies and lack of well-equipped facilities in order to meet the demands of patients who expect professional and high-quality services.

Table 4.3: Means of Patient Satisfaction Towards Tangibles

Tangibility	Mean	SD
Hospital has modern-looking equipment	2.56	.98
General appearance of the hospital is psychologically comfortable.	2.43	.87
Hospital has modern facilities	2.63	1.10

Hospital staff are well dressed and appear neat	3.88	.89
Equipment required for treatment of admitted cases should be available	3.13	.82
Hospital has up-to-date equipment	2.89	.95
Hospital is concerned with the cleanliness of the departments and facilities of the hospital.	2.18	.97
Average Mean Score	2.81	.97

4.4 Reliability

Table 4.4 presents the level of patient satisfaction regarding the reliability of hospital staff in delivering services as promised, working reliably, providing accurate information, and addressing patients' basic problems. The results indicate an overall satisfaction level with reliability that is intermediate, with a mean score of 3.06.

The hospital staff's interest in solving patients' basic problems and maintaining the confidentiality of their private files received the highest mean scores at 3.06 and 3.74, respectively. This suggests that the hospital staff were well-trained and dedicated to providing round-the-clock care, assisting patients in their rest, sleep, and overall comfort.

However, the average scores for providing services within the promised timeframe and avoiding delays in medical services were 2.96 and 2.55, respectively. These scores indicate that there is room for improvement in the ability to perform services accurately. It is possible that the hospital staff may struggle to consistently provide

reliable and accurate information to patients, which could contribute to delays and discrepancies in service delivery.

Overall, while the satisfaction level with reliability is relatively high, there are areas within the dimension that require attention and enhancement to ensure the consistent provision of accurate and timely services to patients.

Table 4.4: Means of Patient Satisfaction Towards Reliability

Reliability	Mean	SD
Hospital staff provided services within the promised timeframe.	2.96	1.21
Hospital staff show their interest in solving patients' basic problems.	3.06	.87
Hospital provides appropriate services from the first time	2.97	.84
Hospital does not delay in providing its medical services	2.55	1.03
Hospital administration maintains the confidentiality of the patient's private files	3.74	1.14
Average Mean Score	3.06	.48

4.5 Responsiveness

This section examines patient satisfaction with hospital employees in terms of their responsiveness, including their willingness to answer questions and provide assistance at all times, being readily available to help patients, visiting patients at appropriate moments, and promptly responding to patients' requests (see Table 4.5). The overall satisfaction level with responsiveness was moderate, with a mean score of 2.65.

Visiting patients at appropriate times and being prepared to assist them received the highest mean scores of 3.06 and 2.95, respectively. This indicates that the hospital staff at Palestinian hospitals were responsible for evaluating and monitoring patients' clinical conditions, ensuring their well-being, and promptly addressing any issues. Regular checks were conducted every four hours to detect and prevent complications, indicating adherence to nursing standards.

However, the average score for willingness to help was 2.32, and the average score for responding quickly to requests was 2.07. These scores suggest that hospital staff may take too long to respond to patients' requests. Given that patients expect prompt service, medical staff should promptly assess situations in the different wards to respond to patients' needs and provide assistance as quickly as possible. Improvement in response times is necessary to meet patients' expectations and ensure their satisfaction.

Table 4.5: Means of Patient Satisfaction Towards Responsiveness

Responsiveness	Mean	SD
The hospital staff are willing to answer patients' questions.	2.77	1.25
The hospital staff are willing to help at all times.	2.32	1.00
The hospital staff visit patients at appropriate times.	3.06	1.04
Hospital staff always ready to help patients.	2.95	.81
The hospital staff respond to patients' requests immediately in the case of inconvenience or pain.	2.07	1.11
The hospital staff are responsive even under work pressures	2.72	.81
Average Mean Score	2.65	.55

4.6 Assurance

This section presents the findings regarding the quality of healthcare staff in terms of their treatment knowledge, confidence, creating a safe environment for patients, and appropriate patient treatment (see Table 4.6).

The results indicate that satisfaction in the Assurance dimension was at a level of poor satisfaction, with a mean score of 3.03. The knowledge of treatment received an intermediate mean score of 2.83, suggesting that the hospital staff may not possess a high level of knowledge and skills in providing healthcare services. It is worth noting that at PMOH, one of the job requirements for hospital employees is having one to two years of experience, as prior experience influences decision-making abilities. Hospital staff utilize their medical and nursing knowledge when making decisions about patient care.

The average score for instilling assurance and confidence was 3.10, and the mean score for appropriately treating patients was 3.20. These findings indicate that hospital staff need to improve their communication skills in order to provide clear explanations before administering medical care. It is essential for hospital staff to explain the medical care process to patients, as this can enhance patient satisfaction. Knowledge, courtesy, and the ability to inspire assurance and confidence are crucial in providing professional care to patients. Nursing, as an art, involves assisting others and empowering individuals to care for themselves.

Table 4.6: Means of Patient Satisfaction Towards Assurance

Assurance	Mean	SD
When dealing with hospital staff, I feel confident.	3.10	.98
I feel safe when dealing with hospital staff	2.96	.94
Hospital employee treated me appropriately	3.20	.92
Hospital staff has the knowledge to answer patients' questions and inquiries.	2.83	1.08
The experience of the medical staff makes me feel confident	3.04	.87
Average Mean Score	3.03	.55

4.7 Empathy

In this section, we examine patient satisfaction with healthcare quality in terms of communication abilities, such as effective communication, displaying empathetic facial expressions, understanding and fulfilling patient needs, and providing personal attention (see Table 7).

The findings indicate that overall patient satisfaction in the dimension of empathy was high, with a mean score of 3.48. The mean score for prioritizing the interests of customers was 3.95, indicating that the hospital staff places a high priority on patient well-being. The mean score for understanding patients' needs and fulfilling them was 3.19, demonstrating that efforts are made to meet patient expectations. The mean score for providing personal attention was 3.10, indicating that some level of individualized attention is given to patients. However, the mean score for the ability

to communicate well with patients was 3.06, which suggests room for improvement in this area.

Individual attention can be effectively conveyed through clear communication, empathetic facial expressions, and a pleasant tone of voice. It is concerning that the item "the staff at the hospital are able to communicate well" received only an average score in the current study, as effective communication is a crucial aspect of patient care. This finding highlights the need for further attention and improvement in communication skills among hospital staff.

Table 4.7: Means of Patient Satisfaction Towards Empathy

Empathy	Mean	SD
the hospital staff are able to communicate well with patients	3.06	.94
Hospital staff gives me personal attention	3.10	.94
Hospital staff tries to understand patients' needs and fulfill them	3.19	1.16
The hospital puts the interests of customers at the top of its priorities	3.95	1.02
The hospital has comfortable working hours for patients	4.08	.89
Average Mean Score	3.48	.46

Differences between Selected Demographic Variables

Two different statistical techniques were employed to determine if there was a variation among selected demographic characteristics of patients and their satisfaction levels in different domains. As shown in Table 4.8, there was a significant difference

observed in the mean scores across all satisfaction domains. Specifically, a significant difference was found between each of the study domains and gender. This result led to the rejection of the null hypothesis for all domains, indicating that gender does have an impact on patient satisfaction levels.

Table 4.8 Comparison of patient satisfaction with the service quality factors in Palestinian hospitals According to Gender (N=374).

Variables	Gender	Mean (SD)	t-statistics(df)	P-value
Tangibility	Male (n=181)	2.98(.54)	6.375(374)	<0.001
	Female (n=195)	2.66(.43)		
Reliability	Male (n=181)	3.17(.42)	4.476(374)	<0.001
	Female (n=195)	2.95(.51)		
Response	Male (n=181)	2.81(.54)	5.971(374)	<0.001
	Female (n=195)	2.49(.51)		
Assurance	Male (n=181)	2.93(.48)	-3.17(374)	<0.001
	Female (n=195)	3.11(.58)		
Empathy	Male (n=181)	3.26(.42)	-9.78(374)	<0.001
	Female (n=195)	3.67(.41)		

4.8 Correlation Analysis

The Pearson correlation coefficient (r) was employed to define the strength and direction of the relationship between patient satisfaction, the dependent variable, and the five independent variables. Based on the values of independent variables, multiple regression analysis is used to forecast patient satisfaction.

Table 4:9 Correlation Between SERVQUAL Dimension and Satisfaction

Variables	N	Patient Satisfaction	Sig. (2-tailed)
Tangibility	376	0.288**	<0.001
Reliability	376	0.134**	0.010
Response	376	0.462**	<0.001
Assurance	376	0.010	0.850
Empathy	376	-0.003	.960

Table 4.9 presents the results of the Pearson correlation analysis conducted to examine the relationship between the predictor variables (i.e., Reliability, Tangibility, Assurance, Responsiveness, and Empathy) and the dependent variable (Patient satisfaction). The findings indicate that Patient satisfaction has a strong and positive correlation with three out of the five service quality dimensions. Specifically, Tangibility, Reliability, and Responsiveness show Pearson correlation (r) values of 0.288, 0.134, and 0.462, respectively, with a significance value of $P < 0.05$. On the other hand, Patient satisfaction demonstrates a weak correlation with the Assurance dimension, with an (r) value of 0.010, and a negative correlation with the Empathy dimension, with an (r) value of -0.003.

4.9 Linear Regression Analysis

Model Summary

Table 4:10: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.557	.311	.301	.29250

A. Dependent variable the overall satisfaction level of the hospital.

B. Independent variable (five dimensions).

The multiple regression coefficients R in the model summary in table 4:11 show a strong correlation of 0.557 between patient satisfaction and (five dimensions) the five dependent variables.

The adjusted r square = 0.301 demonstrates that the model explains 55.7% of the variation in patient satisfaction by combining all five independent factors of service quality dimensions (i.e., Reliability, Tangibility, Responsiveness, Empathy, Assurance). The residual 44.3% is explained by additional factors, leaving room for future research into other factors influencing patient satisfaction.

4.10 ANOVA Model Fit

Table 4:11: ANOVA Model Fit

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	14.273	5	2.855	33.366	.000
	Residual	31.655	370	.086		
	Total	45.928	375			

A. Dependent Variable: Patient satisfaction

B. Predictors: (Constant), (five dimensions)

To assess the overall fit of the regression model, ANOVA analysis was conducted. The ANOVA table (Table 4.11) provides information on the significance of the model. The total variance (45.928) represents the difference in variance explained by the independent variables (Model) and the variance not explained by the independent variables (error). The results indicated a significant goodness of fit between the variables (F-test $F=33.366$, $p<0.001$), suggesting that the model, which explores the impact of service quality on patient satisfaction, fits the data well.

The hypothesis tested was as follows: H_0 : All population means are equal. H_A : Not all population means are equal.

The p-value obtained was significant (<0.001), which is less than the significance level (α) of 0.05. Therefore, the null hypothesis (H_0) is rejected, and the alternative hypothesis (H_A) is accepted. This indicates that the means of the groups are different, providing evidence for the presence of variations among the population means.

4.11 Beta Coefficient

Table 4:12. Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.138	.216		5.260	.000
Tangibility	.228	.038	.334	6.037	.000
Reliability	-.012	.046	-.017	-.263	.793
Response	.300	.029	.472	10.499	.000
Assurance	-.049	.038	-.077	-1.293	.197
Empathy	.177	.038	.233	4.638	.000

The estimated regression model coefficients for the patient satisfaction model are as follows: $Y = \beta_0 + \beta_1X_1 + \beta_3X_3 + \beta_5X_5 + e$ $Y = 1.138 + 0.228X_1 + 0.300X_3 + 0.177X_5$

The intercept β_0 represents the point where the linear regression intersects the vertical axis (Y-axis). In this case, the intercept value is 1.138, indicating that the estimated patient satisfaction is 1.138 when all five independent variables are set to zero.

The unstandardized coefficients of the service quality dimensions are presented in Table 4.12. The highest coefficient value is observed for the dimension with the greatest impact on patient satisfaction, followed by reliability, empathy, tangibility, responsiveness, and assurance. The larger the standardized coefficient, the greater the relative effect of the variable on patient satisfaction.

Out of the five explanatory variables, three variables (tangibility, empathy, and responsiveness) are found to be statistically significant with a p-value of less than 0.001 for predicting patient satisfaction. According to the statistical significance, an increase in these three factors of service quality will lead to an increase in patient satisfaction. However, the other two variables (reliability and assurance) are not found to be statistically significant in predicting patient satisfaction.

Chapter Five:

Discussion, Conclusions and recommendation

5.1 Discussion

Tangibility.

The correlation analysis shows a slightly positive and significant relationship between patient satisfaction and tangibility, with a correlation coefficient of 0.288 at a significance level of $P < 0.01$.

According to the regression model, when all other independent variables are held constant, increasing tangibility by one unit results in a 0.228 increase in patient satisfaction at Palestinian Hospital. This implies that tangibility accounts for 22.8% of the variation in patient satisfaction. Tangible aspects refer to the physical aspects of the hospital environment, including facilities, equipment, and seating arrangements. It is crucial for hospitals to have modern and well-maintained facilities that provide a comfortable and conducive environment for patients. Patients perceive the quality of healthcare delivery based on the physical attributes of the hospital. Previous studies by Al-Hawary (2011), Ceelik and Sehribanoglu (2012), and Senarath et al. (2014) have also highlighted the significance of tangibility in terms of the physical environment, cleanliness, seating arrangements, and availability of standard medical equipment in influencing perceptions of quality healthcare in Jordan and Turkey. According to the regression model, a one-unit increase in tangibility is associated with a 22.8% increase in patient satisfaction with the service.

Reliability

The correlation analysis reveals a positive and significant relationship between patient satisfaction and vendor reliability, with a correlation coefficient of 0.134 at a significance level of $P = 0.010$.

According to the regression model, when all other independent variables are held constant, a one-unit decrease in the vendor selection process leads to a 0.012 decrease in project implementation at CARE Palestine. This implies that the vendor selection process accounts for 1.2% of the variations in patient satisfaction.

Reliability plays a crucial role in influencing patient satisfaction in Palestinian hospitals. If the staff does not provide services on time, if the physicians or staff lack professionalism and competence, if medical treatments are not performed correctly in the first instance, and if the hospital lacks consistency in the performance of its duties, it can result in a waste of time and resources. The findings suggest that achieving efficient and effective reliability requires maintaining accurate and reliable data, delivering services punctually, ensuring proper medical treatments, employing qualified staff, and demonstrating competence. Effective organizational practices contribute to increased patient satisfaction. These findings align with a study conducted by Oliver (2013), which highlighted that satisfaction is an evaluation formed by patients based on comparing their expectations to their perceptions of performance. They are also consistent with a study conducted by Mohammad and Alhamadani (2011), which found that ineffective service delivery can lead to dissatisfaction and emphasize the need to prioritize service issues over patient

satisfaction. Therefore, the findings indicate that reliability in hospitals has a positive impact on patient satisfaction in Palestinian healthcare settings.

Responsiveness

Pearson's correlation coefficient reveals a slightly positive and significant relationship between patient satisfaction and responsiveness, with a correlation coefficient of 0.462 at a significance level of $P = 0.01$.

According to the regression model, when all other independent variables are held constant, a one-unit increase in responsiveness leads to a 0.300 increase in patient satisfaction at Palestinian Hospital. This implies that responsiveness accounts for 30% of the variance in patient satisfaction.

Responsiveness plays a crucial role in influencing patient satisfaction. It encompasses aspects such as timely service delivery, prompt response to patient requests, efficient handling of phone calls, and being always ready to assist patients even during periods of work pressure. These services significantly impact patients' personal judgments. Similar findings have been observed in studies conducted by Jazaere et al. (2008) and Aghamolaei (2014), which highlight the significant influence of responsiveness on healthcare quality. Both studies also indicated a low evaluation of responsiveness in service provision.

Responsiveness serves as a meaningful indicator of service quality when assessing patient satisfaction. The results indicate that increasing responsiveness leads to a 30% increase in patient satisfaction.

Assurance

Pearson's correlation coefficient reveals a positive and significant relationship between patient satisfaction and assurance, with a correlation coefficient of 0.010 at a significance level of $P = 0.010$.

According to the regression model, when all other independent variables are held constant, a one-unit decrease in the vendor selection process leads to a -0.049 decrease in project delivery at CARE Palestine. This implies that the vendor selection process is responsible for 4.9% of the variations in patient satisfaction.

Assurance plays a crucial role in influencing patient satisfaction in government hospitals in Hebron. It encompasses factors such as patients' feelings of confidence and safety when interacting with hospital staff. If patients do not feel safe and confident, it negatively affects the quality of medical services provided. Additionally, patient inquiries and questions have an impact on patient satisfaction. Moreover, the experience and expertise of hospital employees contribute to patients' confidence and satisfaction. The results indicate that effective assurance can only be achieved when patients feel safe and confident in their interactions with hospital employees. It is important to train employees to effectively address patient inquiries and questions, as this enhances patient confidence in the staff. These findings align with studies conducted by Awuah et al. (2014) and Butt et al. (2009), which highlight the importance of patients' satisfaction with service quality. These results are also consistent with Mohammad and Alhamadani (2011), who emphasized that insufficient service effectiveness can lead to dissatisfaction, and high-quality service provision is necessary to enhance patient satisfaction. Overall, the results indicate a positive effect of assurance on patient satisfaction in Palestinian hospitals.

Empathy

Pearson's correlation coefficient indicates a weak negative correlation between patient satisfaction and empathy, with a correlation coefficient of -0.003 at a significance level of $P = 0.010$.

According to the regression model, when all other independent variables are held constant, a one-unit increase in Empathy results in a 0.177 increase in patient satisfaction at Palestinian Hospital. This implies that empathy accounts for 17.7% of the variance in patient satisfaction.

Empathy plays a crucial role in patient satisfaction as it affects the psychological well-being of patients. Hospital staff should provide individualized and personalized attention to meet the needs of patients. It is important for the hospital to prioritize the interests of patients, as these factors influence patients' perceptions of the quality of service provided in Palestinian hospitals. These findings align with previous studies conducted by Robin (2016) in Palestine and Aghamolaei (2014) in southern Iran, which emphasize the significance of empathy, including individual and personal attention, hospital knowledge about patients' needs, and prioritization of patients' interests in evaluating the quality of service. Therefore, empathy is an important dimension in measuring patient satisfaction, and increasing empathy by one unit leads to a 17.7% increase in patient satisfaction with the service provided. Thus, empathy serves as a valuable indicator of service quality in enhancing patient satisfaction with healthcare services in Palestinian hospitals.

Demographic Variables

The findings corroborate the research conducted by Robin (2016) in Palestine, which identified a connection between demographic data and service quality. Similarly, the

results align with the study by Thyab (2012), which also highlighted a relationship between demographic data and service quality.

Furthermore, the results indicate a correlation between the level of education and service quality.

5.2 Strengths and limitations:

This study is considered the first of its kind in Palestine, focusing on patient satisfaction with the quality of service provided in government hospitals in southern Palestine. One notable strength of the study is the inclusion of a large sample size.

However, like any study, there are certain limitations to consider. Firstly, the use of a convenience sample may introduce some bias, and therefore, the findings may not be generalizable to the entire population of Palestine. Secondly, the collection of samples through social media raises concerns about the reliability and accuracy of the responses received. Thirdly, the study adopts a cross-sectional design, which means that patient satisfaction with the service quality was only assessed once within a predetermined time frame.

These limitations should be taken into account when interpreting the results of the study.

5.3 Conclusion:

This study aims to investigate the relationship between patient satisfaction and five dimensions of service quality (tangibility, reliability, responsiveness, assurance, and empathy) at the Palestinian Hospital in Hebron. By exploring this connection, the

study contributes to the existing knowledge and theories on service quality and its impact on patient satisfaction.

Within the services industry, hospitals play a crucial role, and patient dissatisfaction often stems from poor service experiences. Hospital administrators now recognize the significance of providing quality patient care to thrive in today's competitive global environment. As a result, hospitals need to focus on delivering high-quality services to satisfy patients, ensure their loyalty, and prevent them from seeking alternatives. Service quality is considered a crucial means to attract, retain, and enhance patient satisfaction.

The findings of this study support the notion that different dimensions of service quality can enhance overall hospital quality and subsequently increase patient satisfaction. Tangibility, dependability, responsiveness, assurance, and empathy all exhibit clear and strong correlations with patient satisfaction at the Palestinian Hospital in Hebron, Palestine, as revealed through Pearson correlation analysis. Similar to the findings of Mohammad and Alhamadani (2011), all five dimensions of service quality significantly and positively impact patients' satisfaction.

Furthermore, this study sheds light on the importance of examining various aspects of patient satisfaction, including its measurement, predictor variables for enhancing overall satisfaction, and the significance of gathering patient information to develop effective strategic improvement initiatives and plans. It provides hospital managers and policymakers with a better understanding of patient perspectives and perceptions, as well as their involvement in improving the quality of care and services. Ultimately, this knowledge enables managers to implement effective changes, including

reinforcing existing positive behaviors, introducing new practices, and solidifying them for better healthcare outcomes.

5.4 Recommendations

1. It is highly recommended to formulate a strategic plan aimed at enhancing the quality of services provided by the hospital, ensuring the delivery of high-quality medical care. This strategic plan should outline specific goals, strategies, and initiatives to improve various aspects of service quality, such as patient care, communication, and facility management. By prioritizing quality improvement efforts, the hospital can enhance patient satisfaction and outcomes.
2. Based on the observation that a majority of patients appeared to be only aware of the outpatient and emergency departments, it is crucial for the hospital to develop an effective patient guide that encompasses the entire facility. This guide should provide comprehensive information about all departments, specialties, and services available at the hospital. By enhancing patient awareness and knowledge, the hospital can improve overall patient experience and satisfaction.
3. ●The establishment of a robust system for handling customer complaints is essential. The hospital should create accessible channels of communication where patients can voice their grievances, provide feedback, or seek resolution for any issues they encounter during their healthcare journey. Implementing a structured process for handling complaints demonstrates the hospital's

commitment to addressing patient concerns and improving the overall patient experience.

4. To prevent instances of client neglect and ensure that all hospital employees give sufficient attention to patients, it is imperative for hospital management to prioritize service quality. This can be achieved through various means, such as implementing comprehensive training programs for staff that emphasize patient-centered care, empathy, and effective communication. By fostering a culture of attentiveness and empathy, the hospital can enhance patient satisfaction and trust.
5. Regular monitoring of the services provided is crucial for identifying and addressing potential problems. The hospital should establish mechanisms for monitoring service quality, including collecting patient feedback, conducting satisfaction surveys, and analyzing performance metrics. This data-driven approach enables the hospital to identify areas for improvement, make necessary adjustments, and continuously enhance the quality of care and services delivered to patients.
6. By implementing these recommendations, the hospital can develop a strategic focus on service quality, improve patient satisfaction, and establish itself as a provider of high-quality healthcare services.

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5.6 Appendices

5.6.1 Arabic Survey Questionnaire-

أخي الكريم/ أختي الكريمة

السلام عليكم ورحمة الله وبركاته وبعد :

يقوم الباحث بإجراء دراسة حول (مدى رضى المرضى عن جودة الخدمة المقدمة في المستشفيات الحكومية في محافظة الخليل) بإشراف الدكتور أحمد حرز الله ، وذلك إستكمالاً لمتطلبات الحصول على درجة الماجستير في تخصص إدارة الجودة من الجامعة العربية الأمريكية , وتحقيق الهدف تم تصميم الاستبيان لجمع البيانات ، لذلك أرجو من الأشخاص الذين مكثوا في المستشفيات الحكومية (مستشفى الأميرة عالية الحكومي - مستشفى محمد علي المحتسب – مستشفى يطا الحكومي (حسن القاسم)) لمدة تزيد عن 24 ساعة من تاريخ 2022/1/1 إلى تاريخ 2022/4/30 المساعدة في إنجاز الدراسة تعبئة الاستبيان بموضوعية ، علماً بأن البيانات لن تستخدم إلا لأغراض البحث العلمي ، و سوف تعامل بسرية تامة .

كل الشكر و التقدير لكم .

الباحث : مروان هاني قباجة

المشرف: د. أحمد حرز الله

البيانات الشخصية :

يرجى اختيار ما ينطبق عليك من إجابة.

1. الجنس:
 1. ذكر.
 2. أنثى.
2. العمر:
 1. أقل من 20 سنة.
 2. من 20- أقل من 30 سنة.
 3. من 30 إلى أقل من 40 سنة.
 4. 40-50 سنة.
 5. أكثر من 50 سنة.
3. أعلى مؤهل علمي:
 1. ثانوية عامة فأقل.
 2. دبلوم متوسط.
 3. بكالوريوس.
 4. أسم المستشفى :
 1. مستشفى الأميرة عالية الحكومي
 2. مستشفى محمد علي المحتسب .
4. مستشفى يطا الحكومي (حسن القاسم)
 1. مستشفى يطا الحكومي (حسن القاسم)
 2. مستشفى محمد علي المحتسب .
5. مدة إقامتك بالمستشفى تتراوح ما بين :
 1. 1 يوم – أسبوع
 2. 16 يوم فأكثر
 3. 8 أيام – 15 يوم
6. الدخل الشهري للأسرة :
 1. أقل من 1500 شيكل
 2. 1500-2500 شيكل
 3. 2501- 4000 شيكل
 4. 4001 – 5500 شيكل
 5. 5501- 7000 شيكل
 6. أكثر من 7 آلاف شيكل
7. التأمين الصحي :

1. لدي تأمين صحي 2. ليس لدي تأمين صحي

جودة الخدمات المقدمة :

يرجى تحديد درجة موافقتك أو عدم موافقتك على كل عبارة من العبارات التالية باستخدام المقياس المبين أدناه، ووضع الرقم المناسب في المربع أمام كل منها:

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
(1)	(2)	(3)	(4)	(5)

البعد الأول: الملموسية

1	2	3	4	5	يوجد بالمستشفى معدات حديثة.
1	2	3	4	5	أرى أن المظهر العام للمستشفى مريح نفسياً.
1	2	3	4	5	أشعر أن مرافق المستشفى من أستراحات جذابة.
1	2	3	4	5	أرى أن موظفو المستشفى يرتدون ملابس نظيفة.
1	2	3	4	5	يوجد المعدات والأدوات الطبية المطلوبة للتعامل مع الحالات المدخلة.
1	2	3	4	5	تتمتع كافة الأجهزة والمعدات الموجودة بالمستشفى بالحدثة.
1	2	3	4	5	تهتم المستشفى بنظافة الأقسام و مرافق التابعة للمستشفى.

البعد الثاني: الموثوقية

1	2	3	4	5	8. يقوم الطاقم العامل بالمستشفى بتأدية و عودة.
1	2	3	4	5	9. يتعاون ويتعاطف معي موظف المستشفى عند حدوث أي مشكلة.
1	2	3	4	5	10. يقوم المستشفى بتقديم خدمات مناسبة من اول مرة.
1	2	3	4	5	11. لا يتأخر المستشفى في تقديم خدماته الطبية لي.
1	2	3	4	5	12. تحافظ إدارة المستشفى على سرية الملفات الخاصة للمريض.

البعد الثالث: الاستجابة

1	2	3	4	5	13. يقوم المستشفى بإعلام مرضاه عن مواعيد تقديم الخدمات.
1	2	3	4	5	14. موظفو المستشفى يقدمون خدمة سريعة.
1	2	3	4	5	15. موظفو المستشفى جاهزين دائماً لمساعدة المرضى.

يرجى تحديد درجة موافقتك أو عدم موافقتك على كل عبارة من العبارات التالية باستخدام المقياس المبين أدناه، ووضع الرقم المناسب في المربع أمام كل منها:

غير موافق بشدة (1)	غير موافق (2)	محايد (3)	موافق (4)	موافق بشدة (5)
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16. يستجيب موظفو المستشفى لطلبات المرضى فوراً.

17. يستجيب الموظفون المستشفى للاتصالات الهاتفية بشكل سريع.

18. يستجيب موظفو لخدمتنا حتى تحت ضغوطات العمل.

البعد الرابع: الثقة

5 4 3 2 1

19. عند تعاملي مع موظفي المستشفى أشعر بالثقة.

20. أشعر بالأمان عند تعاملي مع موظفي المستشفى.

21. تعامل معي موظف المستشفى بشكل لائق.

22. يمتلك موظفو المستشفى المعرفة التامة للإجابة على أسئلة واستفسارات المرضى.

23. خبرة الكادر الطبي تشعرني بالثقة.

البعد الخامس: التعاطف

5 4 3 2 1

24. يمنح المستشفى الاهتمام الفردي لكل مريض.

25. يمنحني موظفو المستشفى الاهتمام الشخصي.

26. يسعى موظفو المستشفى إلى معرفة احتياجاتي وتلبيتها.

27. يضع المركز مصالح الزبائن في سلم أولوياته.

28. لدى المستشفى ساعات عمل مريحة للمرضى.

5.6.2 English Survey Questionnaire

Dear brother/dear sister

Peace be upon you and God's mercy and blessings be upon you:

The researcher is conducting a study on (patients' satisfaction with the quality of service provided in government hospitals in Hebron Governorate) under the supervision of Dr. Ahmed Herzallah, in order to complete the requirements for obtaining a master's degree in quality management from the Arab American University, and to achieve the goal, the questionnaire was designed to collect data, so I request the people who stayed in government hospitals (Princess Alia Governmental Hospital - Muhammad Ali Al-Mohtaseb Hospital - Yatta Governmental Hospital (Hassan Al-Qasim)) for more than 24 hours from 1/1/2022 to 30/4/2022 to help in completing the study. Fill out the questionnaire objectively, knowing that the data will only be used for scientific research purposes, and will be treated with complete confidentiality.

All thanks and appreciation to you.

Researcher: Marwan Hani Qabaja.

Supervisor: Dr. Ahmed Herzallah.

Demographic data:

Please choose the answer that applies to you.

1. Gender:

1. Male.

2. Female.

2. Age:

1. Less than 20 years old.

2. From 20 - less than 30 years old.

3. From 30 to less than 40 years old.

4. 40-50 years old.

5. More than 50 years old.

3. Highest educational qualification:

1. High school or less.

2. Intermediate diploma.

3. Bachelor's degree.

4. Postgraduate studies.

4. Hospital name:

1. Princess Alia Governmental Hospital

2. Muhammad Ali Al Mohtaseb Hospital.

3. Yatta Governmental Hospital (Hassan Al-Qasim)

5. The duration of your stay in the hospital varies between:

1. 1 day - 1 week

2. 8 days - 15 days

3. 16 days or more

6. Monthly income of the family:

1. Less than 1500 ILS

2. 1500-2500 ILS

3. 2501-4000 ILS

4. 40001-5500 ILS

5. 5501-7000 ILS

6. More than 7 thousand ILS

6. Health insurance:

1. I have health insurance

2. I do not have health insurance

Quality of services provided:

Please indicate the degree to which you agree or disagree with each of the following statements using the scale shown below, and put the appropriate number in the box in front of each:

Strongly Agree (5)	Agree (4)	neutral (3)	Disagree (2)	Strongly Disagree (1)						
The first dimension: tangibility				1	2	3	4	5		
The hospital has modern equipment.										
I see that the general appearance of the hospital is psychologically comfortable										
I feel that the hospital facilities are attractive restrooms										
I see that the hospital staff are wearing clean clothes										
There are medical equipment and tools required to deal with the entered cases										
All devices and equipment in the hospital are modern										
The hospital is concerned with the cleanliness of the departments and facilities of the hospital										
The second dimension: reliability				1	2	3	4	5		
The hospital staff keeps their promises										
The hospital employee cooperates and sympathizes with me when any problem arises										
The hospital provides appropriate services from the first time.										

Please indicate the degree to which you agree or disagree with each of the following statements using the scale shown below, and put the appropriate number in the box in front of each:

Strongly Agree	Agree	neutral	Disagree	Strongly Disagree	
(5)	(4)	(3)	(2)	(1)	
The hospital does not delay in providing its medical services to me					
The hospital administration maintains the confidentiality of the patient's private files					
The third dimension:	1	2	3	4	5
The hospital informs its patients about the dates of providing services					
Hospital staff provide fast service					
The hospital staff is always ready to help patients					
Hospital staff responds to patients' requests promptly					
Hospital staff respond to phone calls quickly					
Our service staff is responsive even under work pressures					
Fourth Dimension: Trust	1	2	3	4	5
When dealing with hospital staff, I feel confident					
I feel safe when dealing with hospital staff					
The hospital employee treated me appropriately					
The hospital staff is fully knowledgeable to answer patients'					

Please indicate the degree to which you agree or disagree with each of the following statements using the scale shown below, and put the appropriate number in the box in front of each:

Strongly Agree (5)	Agree (4)	neutral (3)	Disagree (2)	Strongly Disagree (1)	
questions and inquiries					
The experience of the medical staff makes me feel confident					
The fifth dimension: empathy			1	2	3
The hospital gives individual attention to each patient					
The hospital staff gives me personal attention					
The hospital staff strives to know and meet my needs					
The center puts the interests of customers at the top of its priorities					
The hospital has convenient working hours for patients					

Please indicate the degree to which you agree or disagree with each of the following statements using the scale shown below, and put the appropriate number in the box in front of each:

Strongly Agree (5)	Agree (4)	neutral (3)	Disagree (2)	Strongly Disagree (1)
The specialized medical staff explains the side effects of the drug				
The doctors and staff in the hospital have the desire to answer all inquiries from patients				
Easy access to information through the nursing staff				
The medical staff is highly skilled				
The quality of food provided to patients is good				
The manner of dealing by the medical staff in the hospital is good				
The quality of the medical service provided by the hospital is good				

المُلخَص

تهدف هذه الدراسة للتحقق من تأثير بُعد جودة الخدمة المقدمه على رضا المرضى
 المستشفيات الحكومية في فلسطين – الخليل . باستخدام نموذج (SERVQUAL)
 (الدراسة شملت ثلاث مستشفيات حكومية في الخليل [مستشفى الأميرة عالية
 الحكومي ، مستشفى المحتسب ، مستشفى حسن القاسم (مستشفى يطا)] .
 تم استخدام منهج البحث الكمي في اختبار الفرضيات ، تم جمع البيانات الاولية
 باستخدام أسلوب العينة الملائمة ، حيث بلغ عدد العينة 376 مريض ، العينة
 المأخوذة هي للمرضى الذين مكثوا في المستشفيات الحكومية لأكثر من 24 ساعة
 و تلقوا الخدمات في الفترة الواقعة ما بين 2022/1/1 – 2022/4/30 .
 تتألف الاستبانة من ثلاثة أجزاء : الجزء الاول يهدف الى جمع البيانات عن
 الخصائص الاجتماعية والاقتصادية .
 الجزء الثاني يهدف إلى قياس مستوى أبعاد جودة الخدمة باستخدام نموذج
 . SERVQUAL
 والجزء الأخير يهدف إلى قياس رضا المرضى .
 ليكرت الخماسي كان المقياس في الجزئين الأخيرين من الاستبانة .
 تم استخدام برنامج SPSS لتحليل البيانات التي تم جمعها من الاستبانات
 لاستخدام كل الأساليب الاحصائية الوصفية .
 أفادت الدراسة أن الجوانب (الموثوقية ، الملموسة ، الثقة والاستجابة) لها تأثير
 ايجابي ذو دلالة احصائية على رضى المرضى ، بينما كان جانب العطف ذو تأثير
 سلبي .

5.6.3 List of questionnaire Judges

Name	Position
Dr. Sharif M. Abu Karsh	Associate Professor in Finance Middle East Faculty of Administrative and Financial Sciences. Arab American University, Palestine.
Dr. Mohammed Abdalrahman	Faculty of Business and Economics Business Administration & Marketing Department Al-Quds University.
Dr Salam Alkhatib	Coordinator, Community Mental Health Master Program Al-Quds University.
Dr Mohammad Tawfiq Hasan Abusharbeh	Associate Professor in Finance Dean Assistant/Faculty of Administrative and Financial Sciences Arab American University, Palestine