



**Arab American University
Faculty of Graduate Studies**

**Perceived Service Quality in Selected Private Hospitals
in the West Bank: A Cross-Sectional Assessment**

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**This thesis was submitted in partial fulfillment of the
requirements for the Master's degree in
Quality Management in Health Care Institutions
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Thesis Approval

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This thesis was defended successfully on 17.6.2025 and approved by:

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Declaration

This thesis was submitted in partial fulfillment of the requirements for the Master's degree in Quality of Healthcare.

I declare that the content of this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

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Dedication

This thesis is dedicated to my beloved parents, Ishhada and Zahia, their endless love, wisdom, and unwavering support have shaped me into the person I am today. From the beginning, they have been my pillars of strength, guiding me with their encouragement and belief in my abilities. This work reflects their sacrifices, hard work, and the values they instilled in me. Thank you for always being there, for your unconditional love, and for believing in me every step of the way.

I am grateful to my beloved husband, Khalil, whose unwavering support, patience, and encouragement have been the cornerstone of my journey throughout this study. His love and belief in me have been my most significant source of strength.

I would also like to dedicate this work to my dear son, Zuhdi, who has filled my life with joy and inspiration. His innocent smile and boundless energy have reminded me of the importance of perseverance and the beauty of life, even during the most challenging moments of this academic journey. To both of you, my heartfelt thanks for being my rock and motivation.

My sisters and brothers have always been by my side, offering advice and love. I also want to thank my close friends and colleagues, whose support has been invaluable at every stage of this work.

Lastly, I dedicate this work to my supervisor, Dr. Yousef Mimi, who guided and supported me throughout this process, helping me stay focused and on track.

Wafa Ishhada Izaldeen Shillo

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Wafa Ishhada Izaldeen Shillo

Abstract

Introduction: The SERVQUAL model provided in private hospitals plays a critical role in shaping patients' perceptions and their willingness to seek medical care. This quality is closely linked to the financial resources available to the hospital. Private hospitals with sufficient funding can invest in state-of-the-art medical equipment and technology, recruit and retain highly qualified medical professionals, and deliver comprehensive care. Additionally, adequate resources allow these hospitals to maintain high standards in supporting services, such as cleanliness, comfort, and administrative efficiency, which contribute to the overall patient experience and trust in the healthcare system.

Aim of the study: This study assesses perceived service quality in selected private hospitals in the west bank: a cross-sectional assessment.

Methods: The study design was a cross-sectional study. The study population included patients admitted to inpatient wards at the three selected private hospitals: Istishari Arab Hospital, Nablus Specialty Hospital, and Ahli Hospital.

A convenient non-random sampling of 87 patients was selected from each hospital totaling 261 participants. A specially designed measurement instrument was developed, validated and distributed across various departments to collect the required data.

The study instrument consists of a structured questionnaire to assess patients' perception of hotel services. Data cleaning and analysis were conducted using IBM SPSS Statistics version 26.0. Expert validation and pilot study as well as Cronbach's alpha of 0.921-0.955 help to establish reliability. Statistics descriptively, ANOVA, t-test, and Person's correlation were performed using the SPSS data analytic package.

Results: Among the 261 participants, more than the half were females (54.0%), and 46.0% were males with a mean age of 37.63 ± 12.48 years. The study reported that the weighted

mean for the overall perceptions about the SERVQUAL model was 91.80%. By results, reliability (92.60%), followed by empathy (92.40%), and tangibility (91.60%). The lowest-ranked domain was security (91.40%). Also, the results showed that the weighted mean for the overall perceptions about inpatients' satisfaction with hotel services about hospital hotel services was 89.80%. The results showed there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain based on hospitals, age groups, occupation, income, education levels, department and participants turned to someone they know (family members, friends, or others) for help while in the hospital ($P < 0.05$). In contrast, the results indicate that there were no significant differences in the average scores regarding the SERVQUAL model and Hospital hotel services regarding gender, living conditions, and participants who visited a doctor in a private clinic before going to the hospital or not ($P > 0.05$).

Conclusion: This study provides valuable insights into the perceived SERVQUAL model in selected private hospitals in the West Bank. The findings indicate a generally high level of service quality, particularly in the areas of reliability, empathy, and tangibility. Differences in perceptions were significantly influenced by factors such as hospital facility, age, occupation, income, education level, and the use of informal support during hospitalization. These results highlight the influence of institutional and demographic variables on service delivery. Continuous investment in hospital infrastructure, staff training, and operational procedures is essential to maintain and enhance the overall quality of healthcare services. Future efforts should also address the relatively lower ratings in security to ensure comprehensive and equitable care across all service domains.

Keywords: SERVQUAL model, patients' satisfaction with hotel services, private hospitals, and the West Bank.

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List of Abbreviations

ADE	Adverse Drug Events
BPJS	Badan Penyelenggara Jaminan Sosial (Indonesian Health Insurance)
IAH	Istishari Arab Hospital
ICU	Intensive Care Unit
IRB	Institutional Review Board
MOH	Ministry of Health
NSH	Nablus Specialty Hospital
SPSS	Statistical Package for the Social Sciences

Chapter One

1.1 Introduction

The SERVQUAL model provided in private hospitals plays a critical role in influencing patients' willingness to seek medical care and in shaping their overall healthcare experience (Fatima et al., 2018). To ensure high standards of care, private hospitals must meet several essential requirements, including the presence of qualified and experienced medical professionals, the use of advanced medical equipment and technologies, adherence to safety and infection control protocols, and the provision of appropriate patient education and support (Zimba et al., 2022).

Healthcare quality can also be evaluated through clinical outcomes such as treatment effectiveness, complication rates, and the duration of hospital stays. Hospitals that demonstrate strong clinical performance and low complication rates tend to maintain a positive reputation and attract a broader patient population (Triliva et al., 2020).

In addition, the availability of financial resources significantly influences service quality. Hospitals with adequate funding can invest in modern infrastructure, recruit and retain highly skilled professionals, and offer comprehensive care across various specialties. Nevertheless, financial capacity must be aligned with a strategic focus on care quality, safety, and operational efficiency to maintain long-term success in the healthcare sector (Ahmed et al., 2023).

A key element contributing to healthcare quality is the adoption of patient-centered care, which places the individual's needs, values, and preferences at the core of service

delivery. Hospitals that apply this model are more likely to offer responsive and personalized care, involve patients in decision-making, and create an environment of mutual respect and trust—factors that positively influence health outcomes (Havana et al., 2023).

Effective communication between healthcare providers and patients also plays a pivotal role in achieving high-quality care. Clear, transparent communication ensures that patients understand their diagnosis, treatment options, and care instructions, which in turn supports better decision-making and treatment adherence. Hospitals that emphasize communication are more capable of preventing misunderstandings and addressing patients' questions or concerns in a timely manner (Peine et al., 2020).

In recent years, private hospitals have gained popularity among patients seeking specialized services, advanced treatments, and faster access to care. These facilities often provide a wide range of services, including diagnostic procedures, surgeries, and chronic disease management. Alongside clinical care, the hotel services—such as room cleanliness, food quality, comfort, administrative support, and overall hospitality—form an integral part of the patient experience and reflect the overall quality of the institution (Huete-Pérez et al., 2021).

The integration of hotel services with medical care is essential for delivering a well-rounded healthcare experience. These non-clinical aspects contribute to comfort, recovery, and overall well-being during hospital stays. When effectively managed, they support the broader goal of enhancing healthcare delivery and patient care processes.

This study focuses on evaluating the quality of hotel services in relation to the overall standard of health services provided in private hospitals in the West Bank. By examining the key factors that influence service quality.

This research aims to provide practical recommendations for hospital administrators and policymakers to strengthen private healthcare systems and enhance care delivery in a competitive and evolving medical landscape.

1.2 Research Problem

Despite the strong reputation and important role of private hospitals in the West Bank, several challenges continue to hinder the delivery of high-quality services. Some assessments have revealed ongoing shortcomings in the performance of these hospitals, particularly regarding the consistency and development of non-clinical services such as physical infrastructure and general service quality.

Many private hospitals face issues related to the maintenance of their physical infrastructure, including buildings, medical equipment, and basic facilities, which often require regular upgrades and repairs to meet acceptable standards. Additionally, staffing shortages remain a significant concern. A lack of qualified healthcare personnel can limit hospitals' ability to deliver efficient and accurate medical care, affecting the overall performance of the healthcare system (Radu et al., 2021).

Moreover, private hospitals are typically more expensive than public healthcare facilities, which creates barriers to accessing care, especially for individuals with limited financial resources. Another challenge is the lack of operational transparency in

some private institutions, particularly regarding procedures and pricing. This lack of clarity can prevent patients and families from making informed decisions about their healthcare options (Tende et al., 2021).

Given these ongoing issues, there is a need for comprehensive evaluation of the healthcare services provided in private hospitals in the West Bank. This includes both clinical and non-clinical aspects—such as service environment, facility management, and support services—which are critical to ensuring effective and equitable healthcare delivery. Understanding the current state of these services can help identify gaps and inform future improvements in the private healthcare sector.

1.3 Objectives of the Study

General objective:

To assess perceived service quality in selected private hospitals in the West Bank by analyzing variations and associations across service dimensions and demographic characteristics.

Specific objectives:

1. To assess patients' perceptions of service quality in selected private hospitals in the West Bank using the SERVQUAL model, supplemented by hotel service quality dimensions.
2. To examine differences in perceived service quality across demographic characteristics such as gender, age, education, income, occupation, and hospital site.
3. To identify which dimensions of service quality (e.g., tangibility, reliability, empathy) are rated most and least positively by patients.

4. To explore associations between demographic variables and individual SERVQUAL dimensions.

1.4 Research hypothesis

1. Ho: There are no significant differences in perceived service quality scores across different age groups.
2. Ho: There are no significant differences in perceived service quality scores across gender.
3. Ho: There are no significant differences in perceived service quality scores based on education level.
4. Ho: There are no significant differences in perceived service quality scores based on income level.
5. Ho: There are no significant differences in perceived service quality scores based on occupational status.
6. Ho: There are no significant differences in perceived service quality scores across departments of hospital admission.
7. Ho: There are no significant differences in perceived service quality scores among patients admitted to different hospitals.
8. Ho: There are no significant differences in perceived service quality scores based on the level of support received from family or friends during hospitalization.
9. Ho: There are no significant differences in perceived service quality scores between patients who had prior consultations at private clinics and those who did.

1.5 Significance of the Study

Hotel services are considered a key dimension of the overall quality of healthcare delivery in private hospitals, as they reflect the non-clinical aspects of care such as cleanliness, comfort, responsiveness of staff, room conditions, food services, and administrative support (Aiken et al., 2017). These services can provide essential insight into how patients perceive their healthcare experience and help identify specific areas in need of improvement. A high-quality service environment has been linked to improved health outcomes and better overall system performance.

The SERVQUAL model plays a fundamental role in shaping patient experiences in private hospitals. When care is delivered in a manner that meets or exceeds standards of safety, effectiveness, responsiveness, timeliness, and equity, it contributes to better treatment outcomes and system efficiency (Lieser et al., 2021). Quality care must also be personalized and timely, and it should incorporate preventive, diagnostic, and therapeutic services that address both short-term and long-term health needs (Mao et al., 2021).

Delivering high-quality health services builds public trust in the healthcare system and among service providers (Chang et al., 2022). In turn, this trust supports continuity of care, adherence to treatment plans, and better utilization of health resources. Improvements in care quality also reduce unnecessary costs, lower the rate of hospital readmissions, and optimize the use of healthcare infrastructure (Aggarwal et al., 2022).

Evidence from several studies confirms that healthcare systems with strong performance across quality indicators tend to demonstrate better patient outcomes—such as reduced mortality, improved functional status, and decreased disease burden (Aiken et al., 2017; Kim-Soon et al., 2021). Hotel services, when properly integrated into the hospital's

service framework, contribute to this overall experience by providing a safe, comfortable, and organized environment that supports recovery.

Studying the quality of services in private hospitals also allows for comparisons between public and private sector performance. It offers insights into cost-effectiveness, efficiency, and equity in access to healthcare (Owusu Kwateng et al., 2017). Given the increasing reliance on private hospitals by patients seeking specialized or faster care, it becomes crucial to assess the standards by which these hospitals operate—particularly regarding the delivery of both clinical and support services.

The significance of this research lies in its focus on a relatively underexplored area in the Palestinian healthcare context. Few local studies have addressed the role of hotel services as part of healthcare quality in private hospitals. As such, this study may serve as a valuable reference for healthcare researchers, students, and policymakers. It is expected to generate evidence-based recommendations to support the development and implementation of quality improvement strategies in private sector hospitals. Furthermore, the research aims to help healthcare leaders identify service gaps and design appropriate interventions to improve the overall care environment and delivery of health services.

1.6 Summary

The SERVQUAL model in private hospitals is a critical factor influencing healthcare outcomes and overall patient experience. High-quality services rely on well-trained medical personnel, modern technology, adherence to safety protocols, and the implementation of patient-centered care models. Non-clinical services—such as cleanliness, comfort, and logistical support—also play a vital role in shaping perceptions of care quality. Effective communication between healthcare providers and patients,

along with the availability of timely follow-up care, contributes significantly to positive health results and continuity of treatment. Financial resources enhance a hospital's capacity to offer advanced care; however, even well-funded institutions must maintain a strong focus on safety, responsiveness, and operational excellence to remain competitive. In the West Bank, where private hospitals are increasingly preferred over public alternatives, challenges such as staff shortages, infrastructure limitations, and high costs may undermine service quality. This study aims to assess the quality of hospital services and healthcare provision in selected private hospitals in the West Bank by identifying the main factors influencing service performance and informing targeted improvements.

Chapter Two

Literature Review

2.1 Introduction

The SERVQUAL model is a fundamental component of healthcare delivery, directly influencing care outcomes and overall patient experience. It includes multiple elements such as clinical effectiveness, administrative efficiency, adherence to safety protocols, and key service dimensions like tangibility, reliability, responsiveness, assurance, and empathy (Srivastava et al., 2023; Hill et al., 2020). The performance of hotel services—such as cleanliness, comfort, and environmental support—represents a vital part of the non-clinical care environment and contributes to patients' overall perceptions of care quality (Butkus et al., 2020).

Private hospitals play a critical role in healthcare systems and are expected to maintain high standards of service delivery. Strict compliance with infection control and safety standards is particularly crucial in these settings, where operational models driven by profitability and limited public oversight can increase the risk of care-related complications (Marzo et al., 2020). Implementing structured training programs, ongoing quality monitoring, and performance improvement initiatives is essential to ensure safety and efficiency (Danforth et al., 2023).

Mrabet et al. (2022), applying the SERVQUAL model in private hospitals in Algeria, found that dimensions such as tangibility, reliability, assurance, and responsiveness had a strong influence on service quality, while empathy had a less pronounced role. These findings highlight the importance of visible infrastructure, consistency in service, and professional competence in shaping patient perceptions.

Achieving high-quality healthcare delivery requires continuous investment in staff development, organizational leadership, and data-driven service design (Srivastava et al., 2023; WHO et al., 2020). Although the evaluation of hotel services can be complex, their quality remains a key indicator of institutional performance. Private hospitals must focus on equitable and patient-centered care delivery while addressing structural and resource-based limitations (Alkhalidi et al., 2021; Barrios-Ipenza et al., 2020).

2.2 Service Quality

The SERVQUAL model provided in private hospitals is a key determinant of effective healthcare delivery and improved outcomes. These institutions often invest in advanced technologies, modern infrastructure, and the recruitment of highly qualified professionals to maintain high standards of care (Ali et al., 2023). Priorities typically include timely service, reduced waiting times, and efficient communication with patients (Aljuneidi, 2023).

To ensure consistent performance, private hospitals adopt quality assurance frameworks and implement continuous monitoring of clinical and non-clinical services. These measures support the refinement of service processes, resolution of operational issues, and enhancement of care delivery. Personalized services and supportive environments are also emphasized, with structured systems in place to guide patients throughout their care experience (Nguyen et al., 2021).

In the West Bank, private hospitals are increasingly important in delivering specialized services, particularly where public sector options are limited. Evaluating the quality of services offered by these institutions helps identify strengths and areas for development (D’Cunha et al., 2021).

Healthcare service quality is multidimensional, encompassing provider competence, access to care, hygiene, administrative efficiency, and the overall patient experience (Akdere et al., 2020). Clinical expertise remains a central component, as patients expect accurate diagnosis, appropriate treatment, and professional behavior from healthcare staff (Asnawi et al., 2020).

Accessibility is also critical. Services that are physically reachable, offer flexible scheduling, and minimize delays are more effective and less burdensome for both patients and providers. Efficient administrative procedures and coordinated care pathways contribute to these outcomes.

Communication plays a vital role. Clear, respectful, and empathetic interactions facilitate understanding and promote trust between patients and providers. These interactions are essential for effective care planning and follow-through.

Environmental cleanliness is another cornerstone of quality. Maintaining hygienic conditions across all hospital areas helps prevent infections and promotes a safe and comfortable healing environment (Singh et al., 2019).

Timeliness in service delivery is equally important. Hospitals that manage patient flow efficiently and reduce delays are better positioned to provide prompt, responsive care (Ali et al., 2021). Furthermore, the conduct of staff, respect for individual dignity, and attention to psychological well-being significantly influence patients' perceptions of care quality (Yucesan et al., 2020).

2.3 Administrative Procedures

Service quality in administrative procedures significantly influences the efficiency and effectiveness of interactions between individuals or organizations and administrative systems. Responsiveness is a key element; prompt acknowledgment and handling of requests foster trust and prevent delays that can impede personal or business activities (Pham et al., 2019).

Accuracy and attention to detail are essential to avoid errors that may cause delays, financial loss, or legal issues. Administrative bodies must ensure precise processing and verification of information (Latif et al., 2019).

Transparency enhances service quality by providing clear, accessible information about requirements, procedures, timelines, and fees. Tools such as user-friendly guidelines and online portals facilitate understanding and reduce confusion (Zaid et al., 2020).

Efficiency and speed are critical, as protracted or complex bureaucratic processes reduce effectiveness. Streamlining procedures and leveraging technology—including automated systems and digital submissions—can significantly improve processing times (Behdioğlu et al., 2019).

Accessibility through multiple communication channels and convenient service hours further supports positive user experiences. Simplified application forms and clear instructions also contribute to ease of use (Li et al., 2023).

Professionalism and courtesy of administrative staff play a vital role. Training personnel to communicate respectfully and provide accurate assistance reduces user stress and promotes confidence in administrative processes (Ocampo et al., 2019).

Finally, incorporating user feedback mechanisms enables continuous improvement by identifying challenges and optimizing procedures to better meet users' needs (Ocampo et al., 2019).

2.4 Service Quality Dimensions Based on the SERVQUAL Framework

The SERVQUAL model offers a structured framework to evaluate service quality through five key dimensions: Tangibility, Reliability, Responsiveness, Assurance and Empathy. These domains are widely applied across sectors, including administrative services, to assess and enhance service performance.

2.5 Tangibility

1. Definition and Importance of Tangible Factors in Health Services

Tangibility in healthcare refers to the physical and visible aspects of the service environment that shape perceptions of quality. These include the infrastructure of healthcare facilities, medical equipment, cleanliness, and the physical layout and appearance of service areas (Liu et al., 2022).

Well-maintained environments, modern equipment, and organized, hygienic spaces contribute to patient confidence in the safety and professionalism of care. Clean and functional facilities also support infection prevention efforts and efficient service delivery (Odoom et al., 2021; Tufail et al., 2022).

Assessing tangible elements involves evaluating structural conditions and available amenities. This includes the cleanliness of patient rooms, restrooms, and waiting areas, which are essential for promoting hygiene and reinforcing institutional credibility (Rahman et al., 2021). The availability and condition of diagnostic and therapeutic

equipment must also be examined, as outdated or malfunctioning tools can hinder care processes.

Comfort and design elements—such as ergonomic patient beds, appropriate lighting, and accessible layouts—contribute to a supportive care environment. Accessibility features, including ramps, elevators, and designated restrooms for individuals with disabilities, are essential for ensuring inclusive service delivery (Sayed et al., 2023).

Additional tangible components, such as parking availability, food services, and visitor accommodations, enhance convenience for patients and families. Collectively, these visible factors reflect the organization's commitment to quality and influence how healthcare services are experienced.

2 Tangibility and the Healthcare Environment

Tangible factors—such as cleanliness, infrastructure, equipment, and patient amenities—are essential components of the healthcare environment and directly influence how services are experienced. In private hospitals, where hotel-like services are emphasized, these physical elements contribute to perceptions of comfort, safety, and professionalism. Cleanliness and hygiene are critical in shaping impressions of care quality. A clean and well-maintained environment promotes infection prevention and fosters a sense of trust and reassurance in the institution's operations (Hussain et al., 2019). Regular maintenance of patient rooms, restrooms, and public areas reflects attention to detail and contributes to a positive care environment.

The presence of modern, functional medical equipment further supports efficient care delivery. Advanced diagnostic and therapeutic tools enhance clinical accuracy and operational readiness. Conversely, outdated or malfunctioning equipment may signal

inadequate resources and can negatively affect perceptions of service quality (Setyawan et al., 2019).

Environmental features that support patient comfort—such as ergonomic seating, adequate lighting, and aesthetically pleasing room design—play a vital role in creating a welcoming and stress-reducing atmosphere. These physical aspects help promote psychological comfort during the healthcare experience.

Perceived safety is also shaped by tangible elements. Organized layouts, clear signage, visible safety protocols, and accessible facilities (such as elevators, ramps, and designated restrooms) reinforce a sense of order and preparedness (Ali et al., 2021). Such features are especially important for vulnerable populations, including the elderly and individuals with disabilities.

Overall, tangible factors form a visible and measurable foundation of healthcare service delivery. Investing in the physical environment of care—through cleanliness, modern infrastructure, and user-friendly amenities—supports both operational effectiveness and patient-centered service design.

2.6 Reliability

1. Definition and Importance of Reliability in Health Services

Reliability in health services refers to the ability of healthcare providers to deliver accurate, consistent, and dependable care over time. This includes precision in diagnoses, timely interventions, adherence to clinical protocols, and continuity of care. Reliable systems ensure that patients receive the right treatment at the right time, with minimal variation in quality or procedure (Hou et al., 2020).

The importance of reliability lies in its role in minimizing errors, reducing delays, and fostering consistency in service delivery. Repeatedly delivering care that aligns with

established evidence-based guidelines contributes to positive health outcomes and reinforces institutional credibility. When healthcare teams follow standardized protocols reliably, it enhances operational efficiency and supports clinical decision-making.

Reliability also encompasses follow-up procedures and communication systems that ensure patients are monitored and managed effectively throughout their treatment journey. This consistency is essential not only for acute interventions but also for chronic disease management and preventive care (Alam et al., 2020).

In environments where hotel-like services are integrated—such as in private hospitals—reliable service execution also includes logistical coordination, predictable scheduling, and consistent facility operations. These elements contribute to an organized and seamless healthcare experience.

By embedding reliability into clinical and administrative processes, healthcare institutions can maintain high performance, reduce risks, and support sustainable service quality across departments and care settings.

2. Assessment of Hospital Staff's Ability to Deliver Services on Time and Accurately

Assessing hospital staff's ability to deliver services accurately and on time is essential for evaluating the overall quality and dependability of healthcare services. Reliability in this context refers to consistent execution of clinical tasks in accordance with professional standards, protocols, and timelines.

A critical aspect of this assessment is service timeliness. This includes evaluating how promptly staff conduct initial assessments, perform diagnostic tests, and initiate treatment interventions. Timely service delivery supports effective clinical decision-making, reduces patient wait times, and ensures efficient care pathways (Li et al., 2021).

Accuracy in clinical performance is equally important. This involves evaluating the precision of diagnoses, the correct administration of treatments, and the adherence to procedural standards. Reliable accuracy reduces the likelihood of medical errors and contributes to better clinical outcomes and patient safety.

Staff adherence to clinical protocols and evidence-based guidelines is another core component of reliability. This includes compliance with infection control standards, medication administration procedures, documentation practices, and care coordination protocols. Consistent adherence reduces variation in care delivery and promotes a standardized approach across the institution (Hidayat et al., 2023).

Teamwork and communication are also integral to reliable healthcare delivery. Effective information exchange and collaboration between healthcare professionals ensure coordinated efforts, minimize disruptions, and improve overall care continuity.

In addition to direct performance evaluations, structured feedback mechanisms, clinical audits, and routine monitoring can be used to identify areas needing improvement. These tools support evidence-based management and help maintain high standards of consistent service delivery (Antony et al., 2023).

3. Impact of Reliability in Healthcare Service Delivery

Reliability in healthcare refers to the consistent and dependable delivery of services across clinical and support functions. In hospital environments that integrate hotel-like services, reliability plays a critical role in ensuring smooth, coordinated, and predictable care experiences.

Consistent execution of diagnostic procedures, treatment interventions, and follow-up care reinforces perceptions of professionalism and operational efficiency. Reliable services

reduce the likelihood of delays, clinical errors, and service disruptions, thereby contributing to safe and effective care pathways (Konateke et al., 2023).

In addition to clinical reliability, non-clinical functions—such as room readiness, hygiene, dietary services, and scheduling—must also operate dependably to support the broader care experience. Timely service, accurate communication, and adherence to institutional protocols form the foundation of a reliable service environment.

Unreliable service, by contrast, may contribute to fragmented care delivery, inefficiencies, or increased risks, particularly in time-sensitive medical situations. Therefore, emphasizing reliability across all levels of healthcare operations is essential for maintaining trust, ensuring safety, and upholding institutional standards of quality.

2.7 Responsiveness

1. Definition and Importance of Responsiveness in Health Services

Responsiveness in health services refers to the capacity of healthcare systems and providers to react effectively to patients' needs, requests, and expectations. It includes timely access to care, prompt attention from staff, clear communication, consideration of individual preferences, and a supportive and flexible care environment (Kalaja et al., 2023).

Timeliness is a core element of responsiveness. Ensuring that individuals receive care without unnecessary delays is critical to preventing the progression of illness and avoiding complications. This is especially important in emergency and acute care settings, where rapid intervention can significantly influence outcomes.

Clear and transparent communication is also central to responsiveness. When healthcare providers convey information in an understandable and respectful manner, it promotes informed decision-making and enhances cooperation between the care team and the

patient. Respect for patient preferences further supports individualized care and reflects the provider's commitment to person-centered practices.

A responsive healthcare environment is also characterized by adaptability and support. Accommodating specific needs—such as mobility challenges, language barriers, or cultural sensitivities—contributes to a more inclusive and effective care experience, particularly for vulnerable or marginalized populations (Bhavnani et al., 2022).

Collectively, these aspects of responsiveness enhance service quality by ensuring that healthcare delivery is not only clinically competent but also attentive to the personal and contextual needs of those receiving care.

2. Assessing Responsiveness in Healthcare Staff

Evaluating a hospital staff's ability to respond promptly and effectively to patients' needs is essential for understanding the responsiveness of healthcare services. This assessment involves several key factors related to access, communication, adaptability, and staff engagement.

Timeliness of care is a central component. This includes evaluating appointment scheduling systems, availability of urgent consultations, and the accessibility of emergency and after-hours services. Efficient systems help reduce unnecessary delays and ensure patients receive care when it is most needed (Butler et al., 2019).

Communication and information exchange are also assessed to determine whether patients are provided with clear, accurate, and understandable details about their diagnoses, treatment plans, and follow-up requirements. Effective communication is essential for supporting informed decision-making and minimizing confusion or misinterpretation.

Responsiveness also involves the hospital's ability to accommodate patients with specific needs, such as those requiring mobility assistance, translation services, or specialized

medical interventions. Flexibility and sensitivity to individual circumstances contribute to a more inclusive and equitable care environment.

Staff availability is another important area of evaluation. This includes analyzing provider-to-patient ratios, access to specialists, and the responsiveness of clinical and non-clinical support staff. Sufficient staffing levels help ensure that patients receive timely attention and that care workflows are not disrupted due to workforce shortages (Allan et al., 2020).

Additionally, mechanisms for collecting and responding to patient input are examined. This includes the presence of formal complaint procedures, feedback systems, and quality monitoring processes. Assessing how hospitals analyze and act upon this input is crucial for identifying service gaps and supporting ongoing improvements (Cadel et al., 2022).

A comprehensive evaluation of staff responsiveness typically draws on multiple methods—such as surveys, interviews, direct observation, and administrative data—while involving a range of stakeholders to ensure a well-rounded understanding of service performance.

3. Impact of Responsiveness on Patients' satisfaction with hotel services

Responsiveness in healthcare service delivery significantly influences how individuals perceive and engage with the care they receive. When providers promptly address patients' needs and expectations, it reinforces a sense of being acknowledged, respected, and supported. Core aspects of responsiveness—such as timely access to services, immediate attention to clinical needs, effective communication, and a supportive care environment—contribute to a more coordinated and individualized healthcare experience.

Timely care plays a critical role in reducing patient uncertainty and preventing deterioration of health conditions, particularly in urgent or complex cases. Clear and transparent communication supports understanding of medical instructions, promotes

shared decision-making, and reduces anxiety. A responsive environment also demonstrates attentiveness to individual needs and cultural or contextual considerations, which further enhances the effectiveness of care delivery.

When healthcare systems demonstrate consistent responsiveness, they facilitate stronger engagement, improved adherence to care plans, and more efficient use of healthcare resources. These elements are essential for improving health outcomes and ensuring service quality across clinical and non-clinical domains (Ali et al., 2023).

2.8 Assurance

1. Definition and Importance of Assurance in Health Services

Assurance in health services refers to the systems, practices, and standards in place to guarantee the safety, quality, and consistency of healthcare delivery. It reflects the extent to which healthcare institutions and professionals demonstrate competence, adhere to ethical principles, and comply with established clinical and regulatory frameworks.

Core components of assurance include the qualifications, licensing, and ongoing training of healthcare providers, as well as strict adherence to evidence-based guidelines and clinical protocols. These measures ensure that medical decisions and interventions are based on the latest and most reliable scientific knowledge (Bhat et al., 2021).

Transparency and accountability are also integral to assurance. Respecting patient rights, maintaining privacy and confidentiality, and supporting informed decision-making are ethical imperatives embedded in high-assurance systems. Clear communication with patients about procedures, risks, and alternatives reinforces trust and supports autonomy.

Assurance frameworks also promote patient safety by tracking adverse events, auditing clinical outcomes, and instituting mechanisms for continuous quality improvement. They help identify gaps in care and provide structured processes for corrective action.

Furthermore, the presence of regulatory oversight and accreditation systems ensures that healthcare institutions comply with legal and professional standards (Almomani et al., 2020).

By embedding assurance across clinical, administrative, and ethical domains, healthcare systems enhance reliability, support consistent care delivery, and strengthen public trust in the health sector.

2. Impact of Assurance in Healthcare Service Delivery

Assurance in healthcare contributes to building trust in the competence and integrity of medical services. It reflects the presence of qualified professionals, adherence to clinical guidelines, and compliance with ethical and regulatory standards (Agustina et al., 2023).

This dimension also plays a key role in safeguarding patient rights and ensuring the secure handling of personal information. Respect for privacy, transparent communication, and informed consent are essential components of ethical care. Additionally, assurance supports patient safety through quality monitoring systems, risk management practices, and adherence to safety protocols, which together promote consistency and accountability in healthcare delivery (Manshur et al., 2023).

2.9 Empathy

1. Definition and Importance of Empathy in Health Services

Empathy in health services refers to the ability of healthcare providers to understand and share their patients' feelings, experiences, and perspectives. It involves demonstrating compassion, sensitivity, and a genuine concern for the well-being of patients. Empathy is vital in establishing a therapeutic relationship between healthcare providers and patients, as it enhances communication, trust, and patient-centered care. The importance of empathy in health services cannot be overstated. It contributes to improved patient outcomes,

satisfaction, and overall healthcare experience. When healthcare providers show empathy, patients feel valued, understood, and supported. This leads to increased patients' satisfaction with hotel services and engagement in their healthcare, as they perceive that their emotional and psychological needs are being acknowledged and addressed (Nembhard et al., 2023).

Empathy also positively impacts patient adherence to treatment plans and health outcomes. When patients feel that their healthcare providers genuinely care about their well-being, they are more likely to follow medical advice, adhere to prescribed treatments, and actively participate in their care. Furthermore, empathy promotes effective communication between healthcare providers and patients. It enables healthcare providers better to understand patients' concerns, fears, and expectations, allowing for more accurate diagnoses and tailored treatment plans. Effective communication, facilitated by empathy, also helps bridge cultural and language barriers, improving patients' satisfaction with hotel services and health outcomes (Bartlett et al., 2022).

2. Impact of Empathy in Healthcare Service Delivery

Empathy in healthcare involves understanding and responding to patients' emotional and psychological needs. When providers demonstrate empathy, it fosters a supportive environment that strengthens the patient-provider relationship and improves communication (Cao et al., 2020).

Empathetic care helps reduce anxiety and emotional distress, promoting better emotional well-being. It builds trust and encourages open dialogue, enabling shared decision-making and greater patient involvement in their care (Ali et al., 2021).

Prioritizing empathy enhances cooperation and contributes to more patient-centered healthcare delivery.

2.10 Patients satisfaction

1 Patients' satisfaction and hotel services

Patients' satisfaction with hotel services with health services refers to the degree to which patients feel content, fulfilled, and pleased with the care and treatment they receive from healthcare providers. It encompasses various aspects of the healthcare experience, including the quality of medical care, communication with healthcare professionals, accessibility of services, timeliness of appointments, and the overall healthcare environment. Patients' satisfaction with hotel services is a critical measure of the effectiveness and efficiency of healthcare delivery, as it reflects the extent to which patients' expectations and needs are met. (Rahman et al., 2023).

Healthcare organizations strive to enhance patients' satisfaction with hotel services by improving the patient-provider relationship, enhancing communication, and ensuring that healthcare services are patient-centered. Positive patient experiences can lead to improved health outcomes, increased adherence to treatment plans, and higher patient engagement. Conversely, low patients' satisfaction with hotel services can decrease patient loyalty, non-compliance with medical advice, and potentially negative consequences for patients and healthcare providers. Measuring and monitoring patients' satisfaction with hotel services with health services is crucial for identifying areas of improvement and implementing targeted interventions to enhance the overall patient experience. It involves collecting feedback through surveys, interviews, and patient testimonials to gather insights into patients' perspectives and identify opportunities for enhancing healthcare delivery. by prioritizing patients' satisfaction with hotel services, healthcare organizations can foster a

patient-centric approach and continuously strive to meet patients' needs and expectations, ultimately improving the overall quality of care. (Moslehpour et al., 2022).

2 Inpatients' satisfaction and hotel services

Inpatients' satisfaction with hotel services with hotel services refers to the level of contentment and fulfillment experienced by patients receiving care in a hospital or healthcare facility, particularly with regard to the hotel-like amenities and services provided to enhance their comfort during their stay. This concept recognizes the importance of creating a conducive and pleasant patient environment, similar to the experience one would expect in a hotel setting.

In recent years, healthcare organizations have increasingly focused on improving the patient experience by incorporating hotel-like services into their facilities. These may include comfortable and well-appointed rooms, personalized meal options, concierge services, entertainment amenities, and responsive staff who prioritize patient comfort and satisfaction. by providing these additional services, healthcare organizations aim to alleviate the stress and anxiety that patients may experience during their hospitalization and enhance their overall satisfaction with the care received. (Kilic et al., 2020).

The satisfaction of inpatients with hotel services plays a vital role in shaping their perception of the healthcare facility and can have several positive outcomes. Satisfied patients may have improved psychological well-being, feel more at ease during their stay, and have increased confidence in the quality of care provided. Furthermore, a positive experience with hotel services can contribute to a sense of trust and loyalty towards the healthcare organization, potentially resulting in higher patients' satisfaction with hotel services scores, positive word-of-mouth recommendations, and improved patient

outcomes. To assess inpatients' satisfaction with hotel services with hotel services, healthcare organizations may use surveys, feedback forms, or patients' satisfaction with hotel services questionnaires to gather patients' opinions and suggestions. This feedback can guide continuous quality improvement initiatives and help identify areas where improvements can be made to enhance the hotel-like experience provided to patients. by prioritizing inpatients' satisfaction with hotel services with hotel services, healthcare organizations can create a more comfortable and patient-centered environment, ultimately leading to improved patient experiences and outcomes. (Ferreira et al., 2023).

3 Security and Patient Services

Security is a critical component of patient services within healthcare organizations. A safe and secure environment is essential for ensuring patient well-being and maintaining trust in the healthcare system. Security measures are vital in protecting patients, staff, and sensitive medical information from potential threats and breaches. This includes implementing access control systems, surveillance technologies, and emergency response protocols. by prioritizing security as part of patient services, healthcare organizations demonstrate their commitment to patient safety and confidentiality. Additionally, a secure environment instills confidence in patients, enabling them to focus on their recovery and engage more actively in their healthcare journey (Nurmawati, and Pramesti, 2021).

2.11 Adherence to Safety and Infection Control Protocols in Private Hospitals

1. Importance of Safety and Infection Control Protocols

Safety and infection control protocols are of utmost importance in private hospitals to ensure the well-being of patients, staff, and visitors. Private hospitals are responsible for

providing a safe and secure environment that minimizes the risk of healthcare-associated infections and other adverse events. Implementing robust safety measures and infection control protocols helps prevent the spread of infectious diseases, reduces the likelihood of medical errors, and promotes the overall quality of care. Firstly, safety protocols such as proper hand hygiene, sterilization of medical equipment, and adherence to standard precautions are essential in preventing healthcare-associated infections. These protocols help mitigate the transmission of pathogens between patients, healthcare providers, and the environment. by maintaining strict infection control measures, private hospitals can minimize the risk of infections and safeguard the health of vulnerable individuals (Nurmawati et al., 2021).

Furthermore, safety protocols extend beyond infection control and encompass various aspects of patient safety. This includes ensuring adequate staffing levels, implementing effective communication systems, and conducting regular safety assessments. by adhering to these protocols, private hospitals can identify potential hazards, mitigate risks, and prevent adverse events such as medication errors, falls, and other patient safety incidents. In addition to patient safety, implementing robust infection control protocols protects the safety of healthcare providers and other staff members. Private hospitals empower their staff to prevent and manage infections effectively by providing training and education on infection control practices. This not only safeguards the health of healthcare providers but also maintains continuity in healthcare services by minimizing the risk of staff absenteeism due to preventable infections (Malekzadeh et al., 2021).

Moreover, private hospitals are responsible for ensuring visitors' safety and maintaining a safe environment within their facilities. Implementing visitor policies, monitoring visitor access, and promoting proper hand hygiene among visitors are important measures in

preventing the introduction and spread of infections. Safety and infection control protocols are indispensable in private hospitals to protect patients, healthcare providers, and visitors. By prioritizing these protocols, private hospitals can demonstrate their commitment to providing high-quality care, preventing healthcare-associated infections, reducing adverse events, and creating a safe and conducive healthcare environment (Gregory et al., 2023).

2. Strategies for Ensuring Adherence to Safety and Infection Control Protocols

Ensuring adherence to safety and infection control protocols is crucial for maintaining a safe healthcare environment in private hospitals. Several strategies can be employed to promote compliance with these protocols. First and foremost, comprehensive education and training programs should be provided to healthcare providers and staff members. These programs should raise awareness about the importance of safety and infection control, explain the rationale behind specific measures, and provide step-by-step instructions on proper hand hygiene and sterilization practices (Hunt et al., 2022). Ongoing training sessions and refresher courses can reinforce knowledge and ensure that staff members stay updated with the latest guidelines. In addition, clear and concise policies and procedures should be developed, outlining specific protocols for various safety and infection control aspects. These guidelines should be readily accessible to all staff members and regularly reviewed to ensure their relevance and accuracy. Visual reminders, such as posters and signage, can reinforce the importance of adherence to these protocols. Furthermore, regular audits and inspections can be conducted to assess compliance levels and identify areas for improvement. Feedback from these audits should be shared with staff members, emphasizing the importance of adherence and recognizing individuals or teams who consistently demonstrate compliance. Finally, fostering a culture of accountability and

open communication is crucial. Encouraging staff members to report non-compliance or potential breaches of safety and infection control protocols without fear of reprisal enables the identification and prompt resolution of issues. By implementing these strategies, private hospitals can enhance adherence to safety and infection control protocols, ultimately promoting a safer healthcare environment for patients, staff, and visitors (Andalib et al., 2022).

3. Impact of Safety and Infection Control Protocols on Patients' satisfaction with hotel services with the SERVQUAL model in Private Hospitals

Safety and infection control protocols significantly impact patients' satisfaction with hotel services with the SERVQUAL model in private hospitals. When patients perceive that their safety is prioritized and that appropriate measures are in place to prevent infections and ensure a safe environment, their overall satisfaction with the healthcare experience increases. Firstly, adherence to safety and infection control protocols instills confidence in patients regarding the quality of care provided. Patients feel assured that their health and well-being are safeguarded, increasing trust in the hospital and its staff. This trust contributes to higher levels of patients' satisfaction with hotel services, as patients are more likely to perceive the care they receive as reliable and effective (Wongsunopparat & Looji, 2023). Moreover, safety protocols reduce the risk of healthcare-associated infections, which can harm patients' health outcomes and overall satisfaction. Patients who perceive that the hospital has effective infection control measures are more likely to feel secure and comfortable during their stay. This sense of security enhances their overall satisfaction with the SERVQUAL model. In addition, adherence to safety protocols helps prevent adverse events and medical errors, such as medication mistakes or falls, which can negatively

impact patients' well-being and satisfaction. When patients observe that the hospital has implemented comprehensive safety measures, they feel their needs and safety are prioritized. This contributes to a positive perception of the hospital's commitment to delivering high-quality care, increasing satisfaction (Abu-Rumman et al., 2022).

Furthermore, effective communication regarding safety and infection control protocols is crucial to patients' satisfaction with hotel services. When healthcare providers clearly explain the measures in place and engage in open dialogue with patients regarding their safety, patients feel more involved and informed about their care. This transparent communication fosters trust and improves patients' satisfaction with hotel services. The safety and infection control protocols significantly influence patients' satisfaction with hotel services with the SERVQUAL model in private hospitals. Adherence to these protocols promotes patient trust, enhances their sense of security, reduces the risk of healthcare-associated infections, prevents adverse events, and improves communication. By prioritizing safety and infection control, private hospitals can enhance patients' satisfaction with hotel services with the overall quality of care, leading to positive healthcare experiences and improved patient outcomes (Ewunetu et al., 2023).

2.12 Safety and Infection Control Protocols and Their Influence on Perceived Service Quality

Safety and infection control measures are essential components of healthcare delivery and play a critical role in shaping patients' perceptions of service quality in private hospitals. These protocols not only ensure the physical well-being of patients but also influence their cognitive and emotional evaluations of the care environment. When hospitals demonstrate strict adherence to infection control and safety standards, patients are more likely to perceive the care as competent, reliable, and patient-centered.

By Akbar et al. (2023), the implementation of visible and effective safety protocols instills confidence among patients and fosters trust in hospital staff and systems. This trust contributes significantly to perceived service quality, particularly regarding non-clinical aspects such as hotel services. Patients associate a safe and secure environment with professionalism and care, thus improving their overall assessment of healthcare quality.

Similarly, Gupta et al. (2023) emphasize the role of effective communication in enhancing perceptions of safety. When healthcare providers transparently discuss infection control measures and engage patients in conversations about their protection, this fosters a sense of involvement and reassurance, contributing to more favorable evaluations of service quality.

Ewunetu et al. (2023) further support this relationship by asserting that adherence to safety standards not only reduces the risk of adverse events but also reinforces patients' perception that their health needs are prioritized. Such proactive practices shape a positive view of the hospital's service commitment, thereby enhancing perceived service quality across various dimensions.

These findings are consistent with broader literature examining service quality in healthcare. For instance, Fatima et al. (2018) conducted a study in six private hospitals in Islamabad, Pakistan, and found that higher healthcare service quality was strongly associated with improved perceptions of non-clinical services and greater patient loyalty. The authors advocate for hospital management to continuously monitor and upgrade healthcare service systems, particularly safety-related procedures.

In a study by Asnawi et al. (2019), Structural Equation Modelling revealed that hospital image and service quality had significant effects on perceived quality and loyalty. Notably, while hospital image alone did not affect loyalty, it strongly influenced perceptions of

service quality, which in turn drove patient loyalty. This underscores the indirect role of safety and cleanliness protocols, as these are often reflected in the hospital's image and overall care environment.

The role of safety in shaping service quality perception is not limited to one geographic or systemic context. Radu et al. (2021) found that only 40% of Romanian patients were satisfied with their medical services, suggesting widespread dissatisfaction potentially linked to perceived gaps in safety, reliability, and communication. The authors highlight the need to develop new measurement models that better capture patient-centered concerns, such as infection control and environmental quality.

In Peru, Febres-Ramos et al. (2020) applied the SERVQUAL framework in internal medicine consultations and found that safety and empathy were the highest-rated dimensions, suggesting that technical safety practices and emotional reassurance jointly contribute to positive service perceptions. On the other hand, tangibility and responsiveness were found lacking, demonstrating the uneven performance across quality dimensions and the need to strengthen structural safety and staff responsiveness.

The influence of safety-related perceptions is also evident in research from the UAE. Al-Neyadi et al. (2016) showed that while nursing care was highly valued, differences in perceived service quality between public and private hospitals were not significant, implying that structural and environmental safety measures—rather than sectoral affiliation—may be more influential in shaping patients' perceptions.

Although some studies originate outside the healthcare sector, their findings are still relevant. Al-Damen (2017) studied service quality in the banking industry and confirmed that customer satisfaction mediated the relationship between service quality and loyalty.

This suggests that in healthcare, too, positive perceptions of quality—driven by effective safety practices—can foster loyalty and patient engagement.

Other studies have dissected service quality dimensions to assess their relative importance. Yarimoglu and Ataman (2020), for instance, found that in a Jordanian hospital, reliability was the most important determinant of perceived quality, followed by empathy and assurance. This is consistent with findings by Javed and Ilyas (2018), who reported that empathy was most influential in public hospitals, while responsiveness mattered more in private settings—both linked to perceptions of attentiveness and safety.

Senić and Marinković (2013) studied service quality in student healthcare clinics and found that interpersonal relationships, promptness, and tangibility significantly influenced perceived quality. Their findings align with the broader trend emphasizing the importance of patient-provider communication, perceived competence, and a safe, well-maintained environment.

Finally, Ahmed et al. (2023) investigated service quality and loyalty in the Bangladeshi healthcare sector and confirmed that private hospital patients perceived significantly higher service quality than those in public hospitals, especially in dimensions related to tangibles, empathy, and reliability. These dimensions are inherently tied to safety, cleanliness, and the overall environment of care.

2.13 Analytical Framework

The analytical framework for this study is based on the SERVQUAL framework supplemented by hotel service quality dimensions. SERVQUAL identifies five key dimensions that shape a patient's perception of healthcare service quality; there are;—tangibility, reliability, responsiveness, assurance, and empathy. Alongside, hotel service quality

includes the two dimensions of hygiene practices and comfort and hospital environment. Combined, these are considered independent variables influenced by the dependent variables being age, gender, income, education, and hospital visited.

Components of the Framework

Dependent Variables (Service Quality Dimensions):

1. Tangibility – Physical facilities, medical equipment, cleanliness, and appearance of hospital staff.
2. Reliability – Ability to perform promised healthcare services dependably and accurately.
3. Responsiveness – Willingness of hospital staff to help patients and provide prompt service.
4. Assurance – Knowledge and courtesy of staff, and their ability to instil trust and confidence.
5. Empathy – Provision of caring, individualized attention to patients.

Independent Variable:

1. Age
2. Gender
3. Education level
4. Income
5. Occupation
6. The department admitted to
7. Hospital name (Istishari, Nablus, or Ahli)
8. Support from family/friends during hospitalization
9. Prior consultation with a private clinic

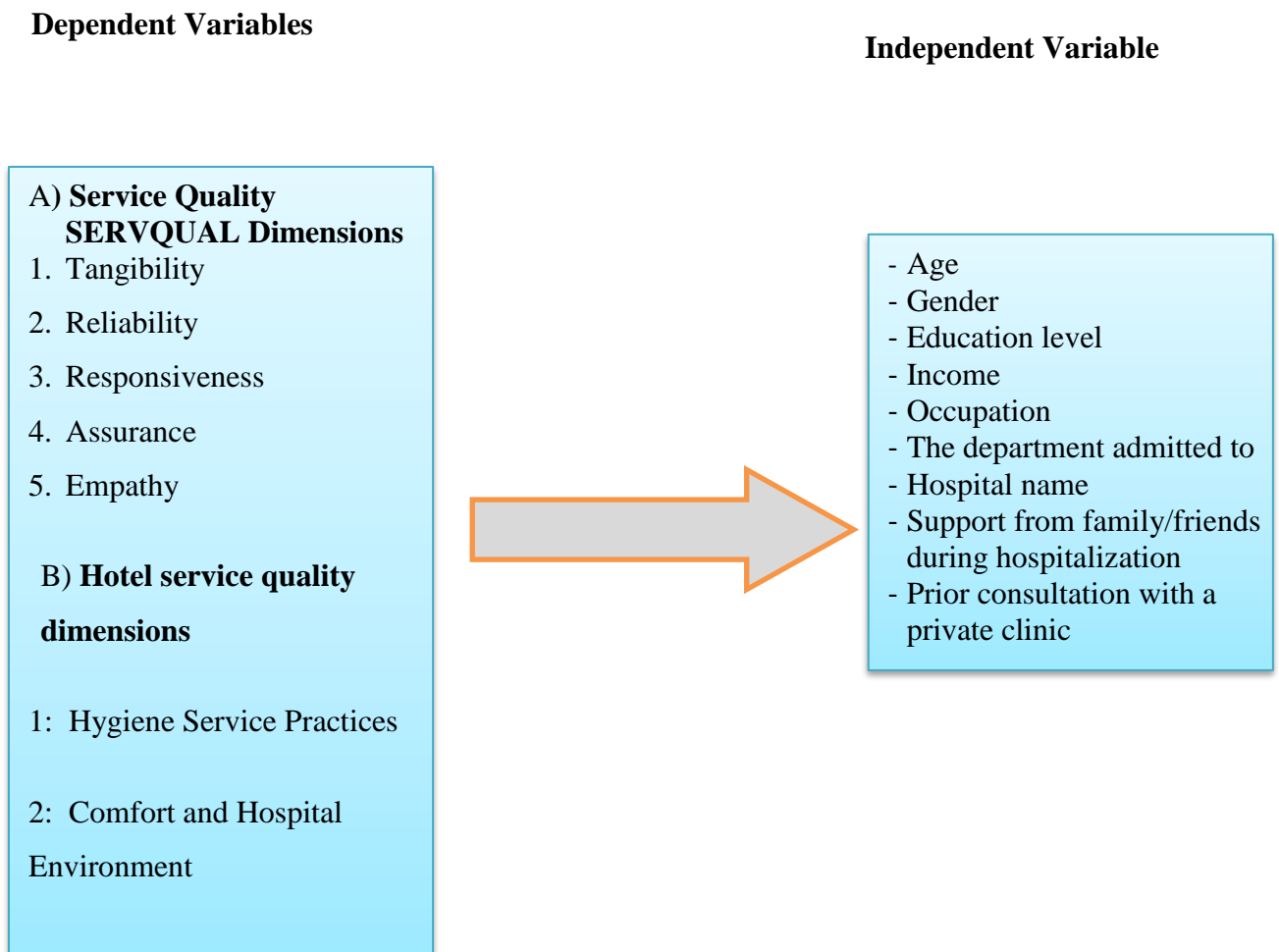


Figure 2.1: The relationship between independent and dependent variables "analytical Framework"

This analytical framework assumes that higher levels of perceived service quality across the five SERVQUAL dimensions result in greater the hotel services quality dimensions . Additionally, it acknowledges that sociodemographic characteristics and contextual experiences (e.g., hospital choice, support, and prior consultations) may influence or moderate the relationship between perceived service quality and satisfaction.

2.14 Summary

This chapter explores the perceived SERVQUAL model in private hospitals in the West Bank, emphasizing its importance as a key indicator of healthcare performance. Private hospitals have become essential providers of specialized medical care, contributing significantly to meeting the region's healthcare demands.

Recent improvements in service delivery—such as investments in modern medical technology, staff training, and infrastructure—have positively influenced how patients perceive the quality of care. Core aspects of perceived quality include responsiveness, reliability, clinical competence, personalized attention, and access to services. Private hospitals have also focused on reducing wait times and improving communication and coordination, which enhances patients' overall healthcare experiences.

An integrated and patient-centered approach, supported by collaboration between healthcare providers, further strengthens service quality. Regular evaluations and responsiveness to patient feedback are key strategies used to maintain and improve service standards.

Overall, the chapter highlights that perceived quality—not just satisfaction—offers a more objective and comprehensive lens through which to assess and improve healthcare delivery in private hospitals in the West Bank.

Chapter Three

Methodology

This chapter provides an overview of the research methodology, including research design, location and setting, sampling methods, tools used for data collection, and methods used for data collection and analysis. The study also discusses ethical considerations found throughout the research process. The process of ensuring the integrity and credibility of research. However, the current chapter outlines a systematic approach to achieving the stated goals and strong measures to safeguard equity.

1.1 Study Design

The study design was cross-sectional to assess the perceived SERVQUAL model at selected West Bank private hospitals. This study used a well-designed and validated survey instrument to collect data on the SERVQUAL five domains: tangibility, reliability, responsiveness, empathy, and trustworthiness. This study utilized to assess private hospital services in the West Bank. The approach was chosen because it efficiently collected data from multiple hospital sites within a limited timeframe, ensuring a broad representation of patient experiences.

1.2 Site and Settings

This research was conducted in three selected private hospitals across different areas of the West Bank. Many patients required assistance, so these hospitals chose to provide comprehensive healthcare services in private facilities throughout the region. The hospitals selected for this study were:

1. Istishari Arab Hospital (IAH): is a well-known hospital known for its specialized medical services. Its hospital is the largest medical institution in the central region. Advanced hospital equipment. Medical technology and developed by well-trained professionals. However, IAH's commitment to excellence is fully reflected in its accredited clinics and global healthcare organizations that recognize its position as a leader in healthcare. Located in Ramallah, overlooking the city center, the IAH can serve many patients from surrounding towns and villages.
2. Nablus Specialist Hospital (NSH): Located in the northern part of Nablus, NSH is renowned for its high-quality medical services focused on patient care and modern medical technology. Additionally, the hospital's location in the northeast ensures that patients from nearby towns can reach the hospital, which is known for its access to new medical equipment. However, NSH promotes patient-centered care and maintains high standards of health care services.
3. Ahli Hospital: Located in Hebron, Ahli Hospital is a prominent hospital in the southern West Bank. The hospital provides comprehensive medical services, including specialized patient care in various medical fields. Al Ahli Hospital plays a vital role in serving many patients in both urban and rural settings, and providing quality care is a cornerstone of healthcare in the southern hemisphere.

The hospital was selected for this study for several reasons, including ensuring a comprehensive survey and of specialized hospitals in the region. These included accessibility to the hospital, reflecting the distribution of hospitals in the northern, central, and southern regions, and ensuring that the study included patient populations and their needs. Furthermore, patient populations indicated that patients at each clinic reflected the West Bank population's various economic and health needs. These three hospitals provide

general care, and inclusion in this study allowed for an in-depth examination of specific hospitals' medical care, patients' satisfaction with hotel services, and management practices.

1.3 Population and Sampling

The study employed a non-random convenience sampling method, selecting 87 patients from each of the three private hospitals: Istishari Arab Hospital, Nablus Specialty Hospital, and Ahli Hospital. While the intention was to obtain a diverse sample across various departments, the use of convenience sampling introduces sampling bias and limits the generalizability of the findings.

1.4 Inclusion and Exclusion Criteria

The eligibility criteria for the study were as follows:

1. Admission lasting at least 48 hours and formally admitted to the inpatient wards of Istishari Arab Hospital, Nablus Specialty Hospital, or Ahli Hospital.
2. Patients across all age groups received inpatient medical or surgical care during the month-long study period in February 2025.

1.5 Procedure

Data collection was conducted over a one-month period (February 2025) using a structured questionnaire adapted from the SERVQUAL instrument to assess perceived service quality in private hospitals. Prior to the main data collection, a pilot study was carried out on 15 patients in the maternity ward of Istishari Hospital—one of the hospitals included in the sample—to ensure the clarity,

relevance, and reliability of the instrument. Based on the results and to avoid potential bias, the maternity ward was excluded from the actual study.

Following the pilot phase, data were collected from eligible patients in the inpatient wards. Verbal and written informed consent were obtained from each participant, with the support of the Quality and Nursing Departments at Istishari Hospital. The questionnaire was self-administered and took approximately 10 to 15 minutes to complete.

Due to movement restrictions imposed by the political situation, including Israeli checkpoints and limitations on travel between West Bank cities, direct data collection by the researcher was not feasible at all sites. To mitigate this, the Quality Departments at Nablus Specialized Hospital and Al-Ahli Hospital were contacted and agreed to support the research process. With their assistance, trained nursing staff facilitated the distribution and collection of the questionnaires from eligible patients in those hospitals.

3.6 The Study Instrument

The study instrument consists of a structured questionnaire using a five-point liker scale to assess patient perception of the quality of healthcare services. To this purpose, the SERVQUAL Framework, in addition to 2 key areas on hospital hotel services were employed to ensure adequate data collection. Also, the questionnaire was developed following a rigorous approach and included accepted scales and answers consistent with the study's objectives. The questionnaire was divided into three main sections:

- 1. Demographic Data:** This participant's information includes gender, age, education level, monthly income, medical department, and marital status, place of residence, living condition, and employment status. The demographic factors helped contextualize patient experiences and satisfaction levels.
- 2. SERVQUAL Dimensions:** The second section examined service equality based on five domains:
 1. The Tangibility section included eight questions to assess healthcare staff's physical environment, facilities, and appearance.
 2. The reliability section included nine questions to measure the consistency and accuracy of service delivery.
 3. The responsiveness section included eleven questions to gauge the promptness and willingness of staff to assist patients.
 4. The Security (Trust) section included seven questions to examine patients' confidence in their healthcare providers.
 5. The empathy section included seven questions to assess the level of personalized care and attention provided.
- 3. Hotel Services Quality Dimensions** included 21 questions that focused on overall patients' satisfaction with hotel services with the healthcare experience, including factors such as waiting times, clarity of communication, staff behavior, and the effectiveness of care. This section also explored patients' willingness to recommend the healthcare facility to others and their perceptions of its ability to meet their expectations and needs.

"The questionnaire responses were measured using a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). To interpret the mean scores of each item and domain, the following ranges were used:

- 1.00 – 1.80: Very Low Perception
- 1.81 – 2.60: Low Perception
- 2.61 – 3.40: Moderate (Neutral) Perception
- 3.41 – 4.20: High Perception
- 4.21 – 5.00: Very High Perception

This categorization allowed for a more nuanced understanding of patients' perception of service quality, with higher mean scores indicating stronger agreement and more favorable perceptions of the corresponding item or dimension.

3.7 Validity of Questionnaire

To ensure the suitability of the research instrument for the context of private hospitals in the West Bank, appropriate linguistic and cultural adaptation procedures were followed. These steps focused on aligning the questionnaire with the local healthcare environment and commonly understood concepts. The content was carefully reviewed to ensure clarity, relevance, and ease of understanding for the target population. A pilot test was conducted with a small group of patients to verify the practicality and clarity of the questions. Based on their feedback, necessary adjustments were made to reflect the specific characteristics of patient experiences in private hospitals, ensuring accurate and reliable data collection.

Five experts with extensive health research experience validated the final version of the questionnaire. These experts reviewed the manuscript to ensure its helpful content and relevance to the study objectives. After reviewing the scale, they provided comments and feedback on the accuracy and relevance of the questions and their relationship to the learning objectives. Based on their feedback, the researcher revised the questionnaire and changed or reworded some questions to make it more effective and relevant.

More details on the validation expert panel can be found in Appendix 6

3.8 Reliability of Questionnaire

A pilot study was conducted with a sample of 15 patients collected from the Obstetrics Department at the Istishari Arab Hospital to assess the reliability and feasibility of a questionnaire designed to measure hospitals hotel services with the quality of healthcare services., although this department does not represent the target population of the study and is not included in the sample size calculation. This procedure may help prevent a type of bias known as contamination bias, where data from outside the defined context of the study could influence its results or interpretation. Including participants from a non-target department may reduce this bias and contribute to improving the accuracy of the findings and the reliability of their generalization. These modifications aim to increase the accuracy of the data collected and reduce the likelihood of finding unusable responses, thereby ensuring the effectiveness of the primary research tool. Expert validation and a pilot study, as well as Cronbach's alpha of 0.921-0.955, help to establish reliability.

3.9 Statistical Analysis

All data were entered into Microsoft Excel for initial organization and preparation. Descriptive statistics were employed to summarize patient characteristics, Data cleaning and analysis were conducted using IBM SPSS Statistics version 26.0 (SPSS Statistical Package for the Social Sciences, Inc., Chicago, IL, USA). Various statistical analyses were performed, including:

- Descriptive statistics to calculate frequencies and percentages for categorical variables.
- Computation of arithmetic means and standard deviations to summarize continuous data.
- One-way ANOVA and Independent Samples Test to analyze variance between groups.
- Pearson's correlation test measures the strength and direction of linear relationships between variables.
- Independent samples t-test to identify significant differences within groups.

3.10 Ethical Consideration

The current study has been conducted in compliance with the Helsinki Declaration for ethical research purposes. The researcher was granted ethical approval from the Institutional Review Board (IRB) of the Arab American University of Palestine, as shown in Appendix 2. This was followed by approval to conduct the study from Istishari Arab Hospital, as shown in Appendix 3, Nablus Specialty Hospital, as shown in Appendix 4, and Ahli Hospital, as shown in Appendix 5. The data collection process started with obtaining informed consent, which was attached to the questionnaire.

An informed consent form was attached to each questionnaire, in which participants were informed that participation was optional, they had the right not to answer any questions, and that the collected data would be used with high confidentiality and only for the stated research purposes.

3.11 Limitations of the Study

Acknowledging the limitations of this study is crucial for contextualizing the findings within the broader landscape of research on patients' perception of healthcare quality. The cross-sectional design employed in this study, while useful for capturing a snapshot of the relationships under investigation, inherently limits the ability to establish causation. Furthermore, reliance on self-reported data introduces the potential for response bias, which may influence the accuracy and reliability of the results. The study's restricted scope, confined to specific hospitals and regions, raises questions about the generalizability of the findings to broader populations. These limitations underscore the necessity of interpreting the study's results cautiously and within the specific context in which the research was conducted. Future research endeavors could address these limitations by employing longitudinal designs, incorporating objective measures alongside self-reported data, and expanding the sample to include a more diverse range of hospitals and regions, thus enhancing the robustness and generalizability of the findings.

The representativeness of the sample is questionable, as it does not rely on random selection, and therefore may not accurately reflect the broader patient population. Additionally, potential volunteer bias may be present if participation was self-selected though this is not explicitly reported. Response bias is another concern, as participants completed the questionnaire during their hospital stay, possibly influencing answers

through social desirability or perceived expectations. Although the total study population was of 810 was determined using the Raosoft calculator to achieve statistical power, the sampling method constrains the reliability of any inferences drawn about the general population.

However, the use of a non-random convenience sampling method introduces potential sampling bias, which restricts the representativeness of the sample and limits the generalizability of the findings. This is further compounded by possible volunteer bias, as individuals who chose to participate may differ systematically from those who did not—potentially skewing the results. Response bias is another concern, as participants' answers may have been influenced by social desirability or their perceptions of what was expected. Moreover, data collection was significantly constrained by circumstantial factors related to the war-like conditions during the study period. These conditions limited the researcher's mobility and prevented access to participants beyond the immediate residential area. As a result, the logistics of data collection were compromised, potentially affecting the diversity and scope of the participant pool. Recognizing these methodological and contextual limitations is essential for accurately interpreting the findings and for guiding future research efforts aimed at enhancing the validity and applicability of similar studies.

3.12 Summary

This chapter describes the research methodology, including study design, site selection, sampling, data collection, analysis instruments, and ethical considerations. The study applied a quantitative cross-sectional methodology: patients' satisfaction with hotel services measurement in private hospitals throughout the West Bank, where the hospitals

were strategically selected to include three hospitals- Istishari Arab Hospital, Nablus Specialty Hospital, and Ahli Hospital- to represent diverse areas and patient demographics. A well-organized questionnaire assessed five areas: reliability, response time, safety (trust), empathy, and general satisfaction with the services given. Expert validation and a pilot study, as well as Cronbach's alpha of 0.921-0.955, help to establish reliability. Statistics descriptively, ANOVA, t-test, and Pearson's correlation were performed using the SPSS data analytic package. Ethical clearance was obtained from the Arab American University of Palestine. The confidentiality of the patients was strictly maintained, and consents were obtained from all stakeholders in this regard. This method guaranteed the study findings' validity, integrity, and reliability.

Chapter Four

Results

4.1 Introduction

This chapter presents the results of a study assessment of the patients' satisfaction with hotel services with the SERVQUAL model provided in selected hospitals in the West Bank. The findings cover socio-demographic characteristics. Statistical analyses, including Pearson correlation, independent t-tests, and one-way ANOVA, were applied to identify relationships and differences across variables, with significance set at $P \leq 0.05$.

4.2 Sample Distribution by Socio-Demographic Data

The present study is a cross-sectional study that included 261 subjects. The socio-demographic characteristics studied included gender, age, length of stay, educational level, monthly income, department, living area, hospitals and living conditions, occupation.

4.2.1 Distribution of the study Participants by Gender

Figure 4.1 pointed out that more than half of the study population were female (54.0%) and 46.0% were male.

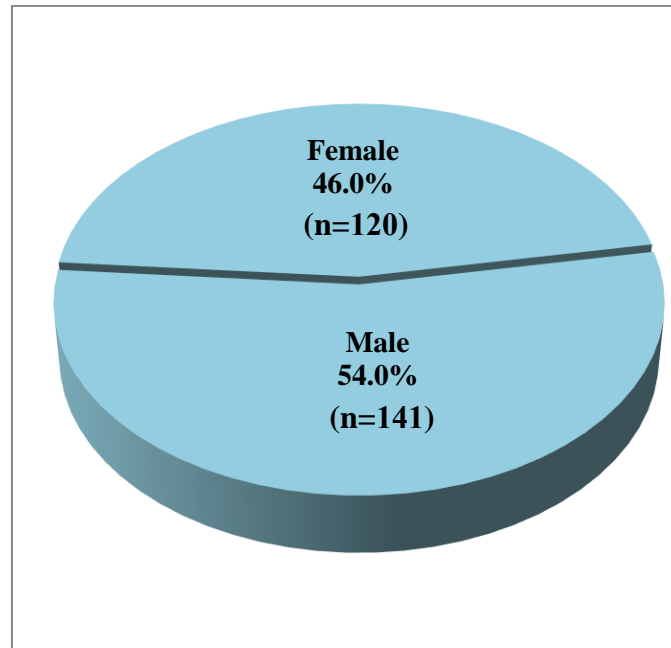


Figure (4.1): Distribution of the Study Participants by Gender

4.2.2 Distribution of the Study Participants by Age Groups

Figure 4.2 illustrates that the highest age groups of the participants were those aged 31-40 (42.9%), followed by 38.7% being aged 31 or less than 40 years. The results showed that the lowest age group in the study was those over 41 years (18.4%). The average age among participants was 37.63 ± 12.48 years.

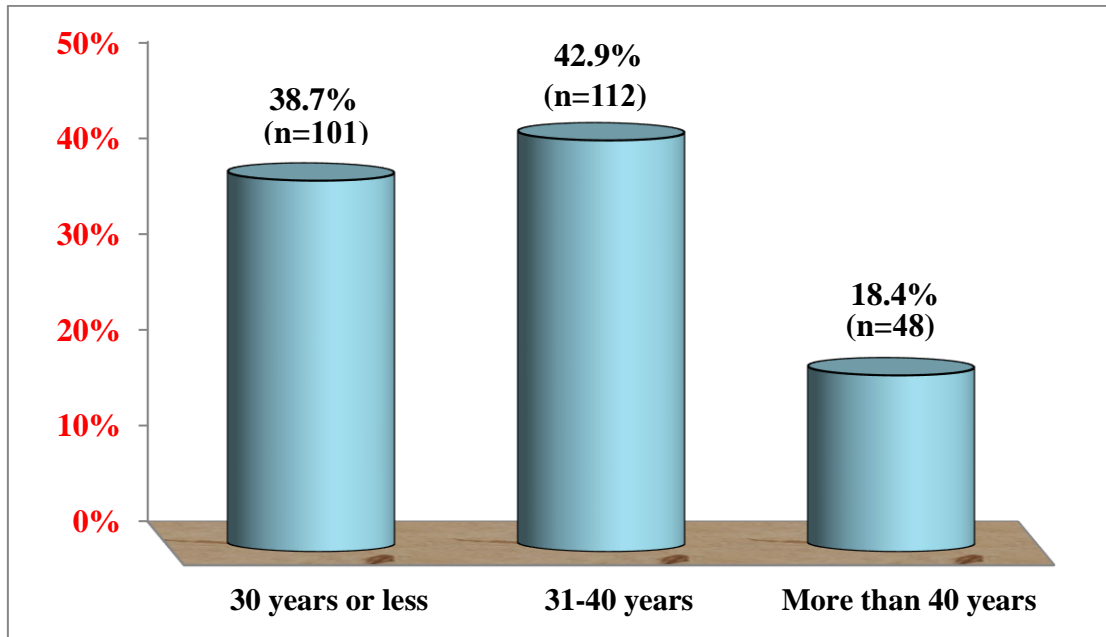


Figure (4.2): Distribution of the Study Participants by Age Groups

4.2.3 Distribution of the Study Participants by Educational Level

The distributions of the study population by academic qualification showed that the highest group of the study population finished a Bachelor's degree (51.3%), while 23.8% of them finished High school or less, and 22.2% finished a Diploma degree. On the other hand, the results showed that only 3.1% of participants finished their Postgraduate degree (Figure 4.3).

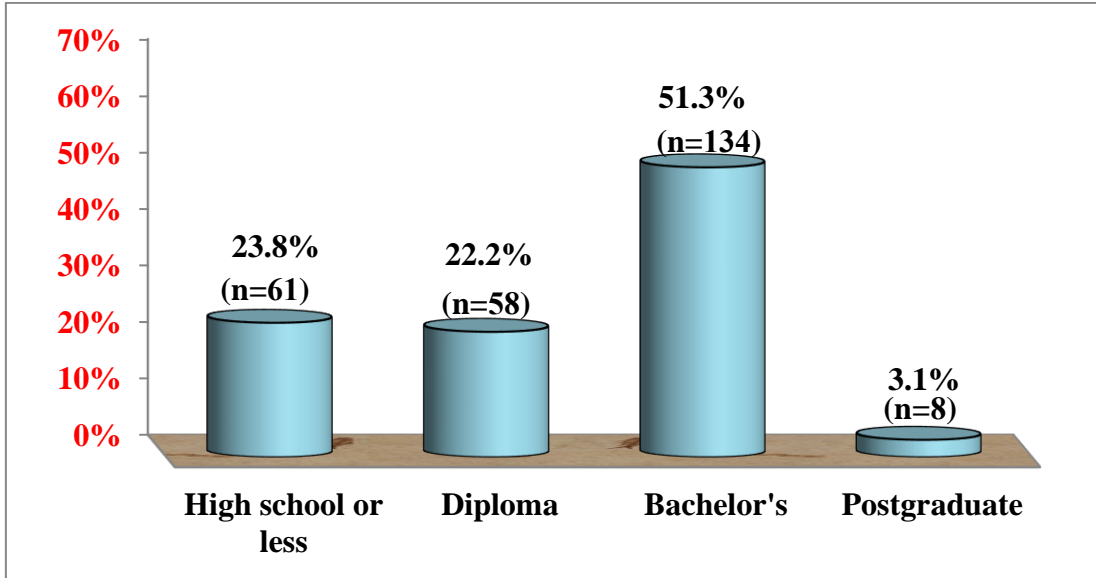


Figure (4.3): Distribution of the Study Participants by Educational Level

4.2.4 Distribution of the Study Participants by Selected Demographics

Table 4.1 shows the distribution of the study participants by their monthly income, living area, living condition, and occupation. The results showed that the majority of participants had a monthly income from 2001 to 4000 NIS (63.2%), followed by participants who had income less than 2000 NIS (26.8%) and 4001 NIS or more (10.0%). Regarding living area, the results showed that the highest percentage resided in Ramallah Governorate (21.5%), followed by Nablus (20.7%), Hebron (17.6%), Jericho (7.3%), Tubas, and Salfit (6.9% each), Bethlehem (9.2%), Gaza Strip (5.7%). Finally, the results showed that Jenin had the smallest percentage (4.2%). The results showed that about half of the participants lived in the city (51.0%), while 38.3% lived in villages and 10.7% lived in camps. Regarding Occupation, the results showed that 60.5% worked in the private sector, while 19.5% and 19.9% were government-employed and unemployed, respectively.

Table (4.1): Distribution of Study Participants by selected demographics

Sociodemographic data information	Categories	N	%
Monthly income	Less than 2000 NIS	70	26.8
	2001 - less than 4000 NIS	165	63.2
	4001 NIS or more	26	10.0
Living area	Ramallah Governorate	56	21.5
	Nablus Governorate	54	20.7
	Hebron Governorate	46	17.6
	Jericho Governorate	19	7.3
	Salfit Governorate	18	6.9
	Jenin Governorate	11	4.2
	Tubas Governorate	18	6.9
	Bethlehem Governorate	24	9.2
	Gaza Strip Governorates	15	5.7
Living condition	City	133	51.0
	Village	100	38.3
	Camp	28	10.7
Occupation	Government Employee	51	19.5
	Private Sector	158	60.5
	Unemployed	52	19.9

4.3 Distribution of the Study Participants by Departments and Hospitals

Table 4.2 shows that the highest participation was from patients at the Internal Medicine Department (19.9%), followed by General Surgery Department (17.2%), Oncology Department (16.9%), Orthopedics Department (15.3%), and Pediatrics Department (10.7%). Conversely the lowest participating departments were Cardiology Department

(5.4%), Neurosurgery Department (5.0%), Daycare Unit Department (5.0%), and Intensive Care Unit (ICU) Department (4.6%). However, the table showed that the largest hospital groups were Istishari Arab Hospital (33.3%), Nablus Specialty Hospital (33.3%), and Ahli Hospital (33.3%).

Table (4.2): Distribution of the Study Participants by Department and Hospitals

Variables	Categories	N	%
Department	Cardiology Department	14	5.4
	Orthopaedic Department	40	15.3
	Neurosurgery Department	13	5.0
	Internal Medicine Department	52	19.9
	General Surgery Department	45	17.2
	Day-care Unit Department	13	5.0
	Paediatrics Department	28	10.7
	Oncology Department	44	16.9
	Intensive Care Unit (ICU) Department	12	4.6
Hospitals	Istishari Arab Hospital	87	33.3
	Nablus Speciality Hospital	87	33.3
	Ahli Hospital	87	33.3

4.4 Participant Distribution by Hospital Support and Prior Private Clinic

Consultation

Table 4.3 showed that most participants turned to someone they knew, such as family members or friends, for help while in the hospital (52.5%), while a smaller proportion did not seek such help (47.5%). Additionally, most participants visited a doctor in a private clinic before going to the hospital (75.1%), whereas a smaller group did not (24.9%).

Table (4.3): Participant Distribution by Hospital Support and Prior Private Clinic Consultation

	Categories	N	%
Do you turn to someone you know (family members, friends, or others) to help you while you are in the hospital?	Yes	137	52.5
	No	124	47.5
Did you visit the doctor in the private clinic before going to the hospital?	Yes	196	75.1
	No	65	24.9

4.5 Scores of Items Measuring SERVQUAL model by SERVQUAL Framework

4.5.1 Tangibility Domain

Table 4.4 points out the distribution of the study participants by their responses about the tangibility domain, referring to; facilities, buildings, equipment, and the appearance of employees. This table shows that the weighted mean for the overall perceptions about the tangibility domain was 91.60%. by results, the highest item was a number (5) "The employees wear uniforms," with a weighted mean equal to 93.80%, followed by item number (2) "The design of the hospital is convenient and makes it easier for patients to obtain health services," with a weighted mean equal to 93.40%. The lowest item was the number (1) "The location of the hospital is convenient and easily accessible," with a weighted mean equal to 87.80%, followed by item number (8) "There are clean, adequate and suitable facilities for me and my companions (waiting hall - gardens - toilets - parking - cafeteria, TV in the waiting area)," with a weighted mean equal to 88.60%.

Table (4.4): Scores of Items Measuring the Tangibility Domain

Tangibility domain: refers to facilities, buildings, equipment, and the appearance of employees- Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. The location of the hospital is convenient and easily accessible.	N	151	86	12	0	12	4.39	0.94	87.80	8
	%	57.8	33.0	4.	0.0	4.6				
2. The design of the hospital is convenient and makes it easier for patients to obtain health services.	N	176	85	0	0	0	4.67	0.47	93.40	2
	%	67.4	32.6	0.0	0.	0.0				
3. The clinics are equipped with modern and advanced equipment and devices.	N	171	86	4	0	0	4.64	0.51	92.80	4
	%	65.5	33.0	1.5	0.0	0.0				
4. The hospital has guiding boards that facilitate access to the facilities of the departments and movement between them.	N	163	86	0	12	0	4.53	0.73	90.60	6
	%	62.4	33.0	0.0	4.6	0.0				
5. The employees wear uniforms.	N	185	72	4	0	0	4.69	0.49	93.80	1
	%	70.9	27.6	1.5	0.0	0.0				
6. The employees take care of cleanliness.	N	172	89	0	0	0	4.66	0.47	93.20	3
	%	65.9	34.1	0.0	0.0	0.0				
7. The employees are keen to look presentable.	N	159	93	9	0	0	4.57	0.56	91.40	5
	%	61.0	35.6	3.4	0.0	0.0				
8. There are clean, adequate and suitable facilities for me and my companions (waiting hall - gardens - toilets - parking - cafeteria, TV in the waiting area).	N	155	77	16	13	0	4.43	0.82	88.60	7
	%	59.4	29.5	6.1	5.0	0.0				
Total							4.58	0.43	91.60	

4.5.2 Reliability Domain

Table 4.5 illustrates the distribution of the study participants by their responses about the reliability domain, referring to the ability to perform health services accurately. This table shows that the weighted mean for the overall perceptions about the reliability domain was 92.60%. by results, the highest item was number (1) "I am notified of the timings for providing health services," with a weighted mean equal to 94.80%, followed by item number (6) "Commitment to providing health services on a predetermined date," and item

number (2) "The health service is provided accurately and correctly from the first time," both with a weighted mean equal to 93.20%. The lowest item was the number (7) "All services in the hospital are performed correctly and accurately from the beginning," with a weighted mean equal to 91.20%, followed by item number (3) "Health providers are particularly interested in my problems and inquiries," with a weighted mean equal to 91.40%.

Table (4.5): Scores of Items Measuring the Reliability Domain

Reliability domain: Refers to the ability to perform the health service accurately Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. I am notified of the timings for providing health services.	N	200	53	8	0	0	4.74	0.51	94.80	1
	%	76.6	20.3	3.1	0.0	0.0				
2. The health service is provided accurately and correctly from the first time.	N	179	74	8	0	0	4.66	0.54	93.20	2
	%	68.5	28.4	3.1	0.0	0.0				
3. Health providers are particularly interested in my problems and inquiries.	N	180	57	16	8	0	4.57	0.74	91.40	6
	%	69.0	21.8	6.1	3.1	0.0				
4. Health providers are keen to answer my questions.	N	176	73	8	4	0	4.61	0.63	92.20	5
	%	67.4	28.0	3.1	1.5	0.0				
5. The appointment booking mechanism is easy, accurate and clear.	N	177	68	16	0	0	4.62	0.60	92.40	4
	%	67.8	26.1	6.1	0.0	0.0				
6. Commitment to providing health services on a predetermined date.	N	176	81	4	0	0	4.66	0.51	93.20	2
	%	67.5	31.0	1.5	0.0	0.0				
7. All services in the hospital are performed correctly and accurately from the beginning.	N	167	77	13	4	0	4.56	0.66	91.20	7
	%	64.0	29.5	5.0	1.5	0.0				
Total							4.63	0.49	92.60	

4.5.3 Responsiveness domain

Table 4.6 summarizes the distribution of the study participants by their responses about the responsiveness domain, referring to; the willingness to provide the service quickly. This table shows that the weighted mean for the overall perceptions about the responsiveness domain was 91.60%. By results, the highest item was number (8) "The

health service providers treat patients with courtesy and respect," with a weighted mean equal to 94.00%, followed by item number (7) "I feel that the staff is willing to help me," with a weighted mean equal to 93.20%. The lowest item was number (1) "The health service providers promptly respond to my complaint, no matter how busy they are," with a weighted mean equal to 90.00%, followed by item number (3) "The health service providers maintain a guarantee of rapid and ease in providing health services," with a weighted mean equal to 90.20%.

Table (4.6): Scores of Items Measuring the Responsiveness Domain

The Responsiveness Domain: Refers to the willingness to provide the service quickly. Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank																																																																																																	
1. The health service providers promptly respond to my complaint, no matter how busy they are.	N	163	78	8	12	0	4.50	0.77	90.00	11																																																																																																	
	%	62.4	29.9	3.1	4.6	0.0					2. The health service providers are constantly following up on my medical condition.	N	176	61	12	12	0	4.54	0.79	90.80	9	%	67.4	23.4	4.6	4.6	0.0	3. The health service providers maintain a guarantee of rapid and ease in providing health services.	N	164	77	8	12	0	4.51	0.77	90.20	10	%	62.8	29.5	3.1	4.6	0.0	4. The clinics have a sufficient number of health service providers.	N	164	85	12	0	0	4.58	0.58	91.60	5	%	62.8	32.6	4.6	0.0	0.0	5. The health service providers are working to meet my needs constantly and precisely.	N	176	65	8	12	0	4.55	0.77	91.00	8	%	67.4	24.9	3.1	4.6	0.0	6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6	%	66.3	24.5	9.2	0.0	0.0	7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%
2. The health service providers are constantly following up on my medical condition.	N	176	61	12	12	0	4.54	0.79	90.80	9																																																																																																	
	%	67.4	23.4	4.6	4.6	0.0					3. The health service providers maintain a guarantee of rapid and ease in providing health services.	N	164	77	8	12	0	4.51	0.77	90.20	10	%	62.8	29.5	3.1	4.6	0.0	4. The clinics have a sufficient number of health service providers.	N	164	85	12	0	0	4.58	0.58	91.60	5	%	62.8	32.6	4.6	0.0	0.0	5. The health service providers are working to meet my needs constantly and precisely.	N	176	65	8	12	0	4.55	0.77	91.00	8	%	67.4	24.9	3.1	4.6	0.0	6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6	%	66.3	24.5	9.2	0.0	0.0	7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%	75.0	18.8	3.1	3.1	0.0												
3. The health service providers maintain a guarantee of rapid and ease in providing health services.	N	164	77	8	12	0	4.51	0.77	90.20	10																																																																																																	
	%	62.8	29.5	3.1	4.6	0.0					4. The clinics have a sufficient number of health service providers.	N	164	85	12	0	0	4.58	0.58	91.60	5	%	62.8	32.6	4.6	0.0	0.0	5. The health service providers are working to meet my needs constantly and precisely.	N	176	65	8	12	0	4.55	0.77	91.00	8	%	67.4	24.9	3.1	4.6	0.0	6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6	%	66.3	24.5	9.2	0.0	0.0	7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%	75.0	18.8	3.1	3.1	0.0																													
4. The clinics have a sufficient number of health service providers.	N	164	85	12	0	0	4.58	0.58	91.60	5																																																																																																	
	%	62.8	32.6	4.6	0.0	0.0					5. The health service providers are working to meet my needs constantly and precisely.	N	176	65	8	12	0	4.55	0.77	91.00	8	%	67.4	24.9	3.1	4.6	0.0	6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6	%	66.3	24.5	9.2	0.0	0.0	7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%	75.0	18.8	3.1	3.1	0.0																																														
5. The health service providers are working to meet my needs constantly and precisely.	N	176	65	8	12	0	4.55	0.77	91.00	8																																																																																																	
	%	67.4	24.9	3.1	4.6	0.0					6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6	%	66.3	24.5	9.2	0.0	0.0	7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%	75.0	18.8	3.1	3.1	0.0																																																															
6. The medical team performs its tasks in a specific time and with high efficiency.	N	173	64	24	0	0	4.57	0.66	91.40	6																																																																																																	
	%	66.3	24.5	9.2	0.0	0.0					7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2	%	75.0	18.8	3.1	3.1	0.0																																																																																
7. I feel that the staff is willing to help me.	N	196	49	8	8	0	4.66	0.69	93.20	2																																																																																																	
	%	75.0	18.8	3.1	3.1	0.0																																																																																																					

8. The health service providers treat patients with courtesy and respect.	N	188	69	4	0	0	4.70	0.49	94.00	1
	%	72.1	26.4	1.5	0.0	0.0				
9. Procedures are continuously simplified to ensure speed and ease in providing health services to patients.	N	164	93	4	0	0	4.61	0.52	92.20	3
	%	62.9	35.6	1.5	0.0	0.0				
10. The medical staff is committed to being in the clinics throughout the working hours.	N	173	72	8	8	0	4.57	0.70	91.40	6
	%	66.2	27.6	3.1	3.1	0.0				
11. All patients are treated equally without prejudice.	N	189	44	20	8	0	4.59	0.76	91.80	4
	%	72.3	16.9	7.7	3.1	0.0				
Total							4.58	0.58	91.60	

4.5.4 Security (Trust) Domain

Table 4.7 shows the distribution of the study participants by their responses about the security (trust) domain, referring to the attributes of health service providers. This table shows that the weighted mean for the overall perceptions about the security (trust) domain was 91.40%. by results, the highest item was the number (7) "The health service providers are well-behaved and treat me decently," with a weighted mean equal to 92.40%, followed by item number (1) "I trust the capabilities, experiences, skills, and qualifications of the health staff in the hospital," with a weighted mean equal to 92.00%. While the lowest item was the number (4) "Health service providers are always ready to help and cooperate with me," with a weighted mean equal to 89.20%.

Table (4.7): Scores of items measuring the Security (trust) domain

Security (trust) domain: Refers to the attributes of health service providers. Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. I trust the capabilities, experiences, skills, and qualifications of the health staff in the hospital.	N	168	81	12	0	0	4.60	0.58	92.00	2
	%	64.4	31.0	4.6	0.0	0.0				
2. I feel safe and reassured with health service providers.	N	175	70	8	8	0	4.58	0.70	91.60	5
	%	67.0	26.8	3.1	3.1	0.0				
3. The health service providers are highly competent, skilled, experienced and knowledgeable enough to answer my questions.	N	173	68	20	0	0	4.59	0.63	91.80	3
	%	66.2	26.1	7.7	0.0	0.0				
4. Health service providers are always ready to help and cooperate with me.	N	144	101	8	8	0	4.46	0.70	89.20	7
	%	55.1	38.7	3.1	3.1	0.0				
5. The hospital has a good reputation among the community.	N	165	84	12	0	0	4.59	0.58	91.80	3
	%	63.2	32.2	4.6	0.0	0.0				
6. Information about my medical condition is kept confidential.	N	164	81	16	0	0	4.57	0.61	91.40	6
	%	62.9	31.0	6.1	0.0	0.0				
7. The health service providers are well-behaved and treat me decently.	N	181	60	20	0	0	4.62	0.63	92.40	1
	%	69.3	23.0	7.7	0.0	0.0				
Total							4.57	0.51	91.40	

4.5.5 Empathy Domain

Table 4.8 summarized the distribution of the study participants by their responses about the empathy domain, referring to the degree to which providers are particularly attentive to the patient. This table shows that the weighted mean for the overall perceptions about the empathy domain was 92.40%. by results, the highest item was the number (7) "The

customs and traditions prevailing in the community are considered by the health service providers when they provide me with health services," with a weighted mean equal to 94.20%, followed by item number (3) "Health service providers explain my health problem directly to me in a way that I understand," with a weighted mean equal to 93.20%. The lowest item was the number (4) "I have been given individual, personalized attention and ample time for my care by health care providers," with a weighted mean equal to 91.20%, followed by item number (5) "Health service providers treat me with good humour and friendship," with a weighted mean equal to 91.40%.

Table (4.8): Scores of Items Measuring the Empathy Domain

Empathy domain: Refers to the degree to which providers are particularly attentive to the patient Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. The hospital staff pays individual attention and care.	N	173	76	8	4	0	4.60	0.63	92.00	4
	%	66.3	29.1	3.1	1.5	0.0				
2. Health service providers value my health conditions as a patient and have my best interests at the forefront to their interests.	N	181	60	20	0	0	4.62	0.63	92.40	3
	%	69.3	23.0	7.7	0.0	0.0				
3. Health service providers explain my health problem directly to me in a way that I understand.	N	185	64	12	0	0	4.66	0.56	93.20	2
	%	70.9	24.5	4.6	0.0	0.0				
4. I have been given individual, personalized attention and ample time for my care by health care providers.	N	164	80	17	0	0	4.56	0.61	91.20	7
	%	62.8	30.7	6.5	0.0	0.0				
5. Health service providers treat me with good humour and friendship.	N	160	89	12	0	0	4.57	0.58	91.40	6
	%	61.3	34.1	4.6	0.0	0.0				
6. The hospital's working hours are suitable for all patients.	N	173	68	20	0	0	4.59	0.63	91.80	5
	%	66.2	26.1	7.7	0.0	0.0				
7. The customs and traditions prevailing in the community are considered by the health service providers in health services	N	193	60	8	0	0	4.71	0.52	94.20	1
	%	73.9	23.0	3.1	0.0	0.0				
Total							4.62	0.50	92.40	

4.5.6 Total Scores Measuring SERVQUAL model by the SERVQUAL Domains

Table 4.9 pointed out the distribution of the study participants by their responses about the SERVQUAL model. This table shows that the weighted mean for the overall perceptions about the SERVQUAL model was 91.80%. By results, the highest-ranked domain was the reliability domain, with a weighted mean equal to 92.60%, followed by the empathy domain, with a weighted mean equal to 92.40%. The lowest-ranked domain was the security (trust) domain, with a weighted mean equal to 91.40%, preceded by the tangibility domain and the responsiveness domain, both with a weighted mean equal to 91.60%.

Table (4.9): Scores measuring SERVQUAL model by SERVQUAL Domains

SERVQUAL Domains	Mean	SD	% Mean	Rank
1. Tangibility domain	4.58	0.43	91.60	3
2. Reliability domain	4.63	0.49	92.60	1
3. Responsiveness domain	4.58	0.58	91.60	3
4. Security (trust) domain	4.57	0.51	91.40	5
5. Empathy domain	4.62	0.50	92.40	2
Total	4.59	0.44	91.80	

4.6 Scores of Items Measuring Hotel Services dimensions: Hygiene Practices & Comfort and Hospital Environment

4.6.1 Hygiene Practices

Table 4.10 describes the distribution of the study participants by their responses about the cleaning and laundry services domain. This table shows that the weighted mean for the overall perceptions about cleaning and laundry services was 87.60%. by results, the highest-ranked items were number (3) "Patient rooms are cleaned regularly" and number

(5) "The cleaners respond upon request," both with a weighted mean equal to 92.80%, followed by item number (7) "The cleaners wear their own uniforms while they work" and item number (11) "Patients' sheets are ironed and perfumed periodically," both with a weighted mean equal to 91.60%. While the lowest-ranked item was the number (8) "Insects and rodents are seen in the hospital," with a weighted mean equal to 58.60%, followed by item number (1) "The cleanliness in the hospital meets the required level" and item number (2) "Restrooms are cleaned regularly," both with a weighted mean equal to 88.60%.

Table (4.10): Scores of Items Measuring Hygiene Practices

Cleaning and laundry services Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. The cleanliness in the hospital meets the required level.	N	160	60	33	8	0	4.43	0.83	88.60	9
	%	61.3	23.0	12.6	3.1	0.0				
2. Restrooms are cleaned regularly.	N	147	90	12	12	0	4.43	0.78	88.60	9
	%	56.3	34.5	4.6	4.6	0.0				
3. Patient rooms are cleaned regularly.	N	180	69	12	0	0	4.64	0.57	92.80	1
	%	69.0	26.4	4.6	0.0	0.0				
4. Personal hygiene materials and supplies are available.	N	167	74	20	0	0	4.56	0.63	91.20	5
	%	63.9	28.4	7.7	0.0	0.0				
5. The cleaners respond upon request.	N	175	78	8	0	0	4.64	0.54	92.80	1
	%	67.0	29.9	3.1	0.0	0.0				
6. Cleaners are present and committed to their work.	N	158	79	16	8	0	4.48	0.75	89.60	7
	%	60.5	30.3	6.1	3.1	0.0				
7. The cleaners wear their own uniforms while they work.	N	159	94	8	0	0	4.58	0.55	91.60	3
	%	60.9	36.0	3.1	0.0	0.0				
8. Insects and rodents are seen in the hospital.	N	92	36	12	4	117	2.93	1.83	58.60	11
	%	35.3	13.8	4.6	1.5	44.8				
	N	166	71	16	8	0			90.20	6

9. Patient sheets and blankets are changed on a daily basis.	%	63.6	27.2	6.1	3.1	0.0	4.51	0.75		
10. Patient sheets and blankets are cleaned regularly.	N	167	58	20	16	0	4.44	0.88	88.80	8
	%	64.0	22.2	7.7	6.1	0.0				
11. Patients' sheets are ironed and perfumed periodically.	N	184	53	16	8	0	4.58	0.74	91.60	3
	%	70.5	20.3	6.1	3.1	0.0				
Total							4.38	0.59	87.60	

4.6.2 Patient Comfort and Hospital Environment

Table 4.11 summarized the distribution of the study participants by their responses about patient comfort and environment. This table shows that the weighted mean for the overall perceptions about patient comfort and hospital environment was 91.80%. By results, the highest items were number (1) "I feel calm and serene during the hospital stay" and number (5) "The level of lighting in the patient rooms is comfortable," both with a weighted mean equal to 93.00%. These were followed by item number (9) "Everyone adheres to the decision to ban smoking," with a weighted mean equal to 92.00%. While the lowest item was the number (8) "The patient's bed is suitable and comfortable," with a weighted mean equal to 90.40%, preceded by item number (7) "It is possible to distinguish between the categories of workers within the hospital easily" and item number (10) "The element of comfort is provided for the companions (chairs)," both with a weighted mean equal to 91.40%.

Table (4.11): Scores of Items Measuring Patient Comfort and Hospital Environment

Security and patient services Items		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	SD	% Mean	Rank
1. I feel calm and serene during the hospital stay.	N	185	60	16	0	0	4.65	0.59	93.00	1
	%	70.9	23.0	6.1	0.0	0.0				
	N	176	65	20	0	0	4.60	0.63	92.00	3

2. Visiting times are commensurate with times of rest and treatment.	%	67.4	24.9	7.7	0.0	0.0				
3. I am satisfied with the way the employees and workers deal with me.	N	164	89	8	0	0	4.60	0.55	92.00	3
	%	62.8	34.1	3.	0.0	0.0				
4. Furniture is provided in the patients' room.	N	177	64	20	0	0	4.60	0.63	92.00	3
	%	67.8	24.5	7.7	0.0	0.0				
5. The level of lighting in the patient rooms is comfortable.	N	181	68	12	0	0	4.65	0.57	93.00	1
	%	69.3	26.1	4.6	0.0	0.0				
6. I get the aforementioned services without having to ask.	N	165	84	12	0	0	4.59	0.58	91.80	7
	%	63.2	32.2	4.6	0.0	0.0				
7. It is possible to distinguish between the categories of workers within the hospital easily.	N	173	72	8	8	0	4.57	0.70	91.40	8
	%	66.2	27.6	3.1	3.1	0.0				
8. The patient's bed is suitable and comfortable.	N	152	93	16	0	0	4.52	0.61	90.40	10
	%	58.3	35.6	6.1	0.0	0.0				
9. Everyone adheres to the decision to ban smoking.	N	173	76	8	4	0	4.60	0.63	92.00	3
	%	66.3	29.1	3.1	1.5	0.0				
10. The element of comfort is provided for the companions (chairs).	N	160	89	12	0	0	4.57	0.58	91.40	8
	%	61.3	34.1	4.6	0.0	0.0				
Total							4.59	0.47	91.80	

4.6.3 Scores of Items Measuring the Hospital hotel services

Table 4.12 demonstrates the distribution of the study participants by their responses about Hospital hotel services. This table shows that the weighted mean for the overall perceptions about inpatients' satisfaction with hotel services was 89.80%. Among the domains, the highest-ranked was security and patient services, with a weighted mean

equal to 91.80%. This was followed by cleaning and laundry services, with a weighted mean equal to 87.60%

Table (4.12): Total Scores Measuring Patient Hospital hotel services

Quality of hotel services	Mean	SD	% Mean	Rank
I: Hygiene Service Practices	4.38	0.59	87.60	2
II: Comfort and Hospital Environment	4.59	0.47	91.80	1
Total	4.49	0.50	89.80	

4.7 Mean Difference of Studied Domains by Demographic Data

4.7.1 Mean Difference of Studied Domains by Gender

Table 4.14 displays the mean differences in the studied domains based on gender. The results of the independent t-test indicate that there were no significant differences in the average scores regarding the SERVQUAL model and Hospital hotel services regarding gender ($P > 0.05$). There was no statistically significant difference in perceived service quality scores between male and female respondents ($p > 0.05$), suggesting that gender did not influence patients' perceptions of service quality in the selected private hospitals. Based on the data analysis showing no statistically significant differences ($p > 0.05$), we can accept the null hypothesis that there are no significant differences in perceived service quality scores across different age groups.

Table (4.13): Mean Difference of Studied Quality Domains by Gender

Quality of Service Domains	Gender	N	Mean	SD	% Mean	t	P-value
	Male	120	4.62	0.34	92.40	0.753	0.452

SERVQUAL model domains	Female	141	4.58	0.51	91.60		
Hospital hotel services	Male	120	4.46	0.45	89.20	0.998	0.319
	Female	141	4.52	0.54	90.40		
Total	Male	120	4.54	0.38	90.80	-	0.853
	Female	141	4.55	0.51	91.00	0.186	

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; & **t**: independent t test.

4.7.2 Mean Difference of Studied Domains by Hospital

Table 4.14 displays the mean differences in the studied domains based on hospitals. The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain based on hospitals ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, Istishari Arab Hospital scored significantly higher than others ($P < 0.05$), while Ahli Hospital scored significantly lower ($P < 0.05$). This suggests that hospital-level factors may influence the patient experience and perceived service quality. Based on the data analysis showing significant differences ($P < 0.05$), we can **reject** the null hypothesis that there are no significant differences in perceived service quality scores across different hospitals.

Table (4.14): Mean Difference of Studied Domains by Hospitals

Quality of health services	Hospitals	N	Mean	SD	% Mean	F	P-value	Post Hoc P<0.05
SERVQUAL model	Istishari Arab Hospital	87	4.80	0.45	96.00	30.237	0.000*	Istishari Arab > others * Ahli Hospital < others *
	Nablus Specialty Hospital	87	4.64	0.29	92.80			
	Ahli Hospital	87	4.34	0.43	86.80			

Hospital hotel services	Istishari Arab Hospital	87	4.68	0.57	93.60	17.419	0.000*	Istishari Arab > others * Ahli Hospital < others *
	Nablus Specialty Hospital	87	4.52	0.34	90.40			
	Ahli Hospital	87	4.26	0.47	85.20			
Total	Istishari Arab Hospital	87	4.74	0.49	94.80	24.701	0.000*	Istishari Arab > others * Ahli Hospital < others *
	Nablus Specialty Hospital	87	4.58	0.3	91.60			
	Ahli Hospital	87	4.30	0.43	86.00			

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.3 Mean Difference of Studied Domains by Age Groups

Table 4.15 displays the mean differences in the studied domains based on age groups. The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain regarding age groups ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, participants aged 31-40 years scored significantly higher than others ($P < 0.05$). In contrast, participants aged 30 years or less and more than 40 years scored lower in these domains ($P < 0.05$). Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are no significant differences in perceived service quality scores across different age groups.

Table (4.15): Mean Difference of Studied Domains by Age Groups

Quality of health services	Age group	N	Mean	SD	% Mean	F	P-value	Post Hoc P < 0.05
SERVQUAL model	30 years or less	101	4.51	0.51	90.20	4.703	0.010 *	31-40 years > others *
	31-40 years	112	4.69	0.4	93.80			
	More than 41 years	48	4.55	0.31	91.00			
Hospital hotel services	30 years or less	101	4.36	0.61	87.20	11.657	0.000*	31-40 years > others *
	31-40 years	112	4.65	0.37	93.00			
	More than 41 years	48	4.37	0.36	87.40			
Total	30 years or less	101	4.44	0.55	88.80	8.497	0.000 *	31-40 years > others *
	31-40 years	112	4.67	0.37	93.40			
	More than 41 years	48	4.46	0.33	89.20			

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.4 Mean difference of studied domains by living conditions

Table 4.16 displays the mean differences in the studied domains based on living conditions. The results of the One-way ANOVA indicate that there were no significant differences in the average scores across the domains of SERVQUAL model, Hospital hotel services, and the total domain based on living conditions ($P > 0.05$). Based on the data analysis showing no statistically significant differences ($P > 0.05$), we can accept the

null hypothesis that there are no significant differences in perceived service quality scores across different living conditions.

Table (4.16): Mean Difference of Studied Domains by Living Condition

Domains	Living condition	N	Mean	SD	% Mean	F	P-value
SERVQUAL model	City	133	4.57	0.53	91.40	0.290	0.749
	Village	100	4.61	0.3	92.20		
	Camp	28	4.62	0.38	92.40		
Hospital hotel services	City	133	4.46	0.56	89.20	0.835	0.435
	Village	100	4.49	0.42	89.80		
	Camp	28	4.6	0.43	92.00		
Total	City	133	4.52	0.54	90.40	0.519	0.596
	Village	100	4.55	0.31	91.00		
	Camp	28	4.61	0.41	92.20		

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.5 Mean Difference of Studied Domains by Occupation

Table 4.17 displays the mean differences in the studied domains based on employment status. The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain regarding occupation ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, government employees scored significantly higher than others ($P < 0.05$). In contrast, participants in the private sector and the unemployed groups scored lower in these domains ($P < 0.05$). Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are no significant differences in perceived service quality scores across different employment statuses.

Table (4.17): Mean Difference of Studied Domains by Occupation

Domains	Occupation	N	Mean	SD	% Mean	F	P- value	Post Hoc P<0.05
SERVQUAL model	Government Employee	51	4.77	0.27	95.40	5.388	0.005*	Government Employee > others *
	Private Sector	158	4.54	0.5	90.80			
	Unemployed	52	4.59	0.33	91.80			
Hospital hotel services	Government Employee	51	4.61	0.35	92.20	2.544	0.048	Government Employee > others *
	Private Sector	158	4.49	0.5	89.80			
	Unemployed	52	4.39	0.59	87.80			
Total	Government Employee	51	4.69	0.31	93.80	3.339	0.037*	Government Employee > others *
	Private Sector	158	4.51	0.49	90.20			
	Unemployed	52	4.49	0.44	89.80			

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.6 Mean Difference of Studied Domains by Income

Table 4.18 displays the mean differences in the studied domains based on income levels. The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain regarding income ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, participants earning 4000 NIS or more and less than 2000 NIS scored significantly higher than those earning 2000 - less than 4000 NIS ($P < 0.05$). In contrast, participants in the 2000 - less than 4000 NIS income group scored lower in these domains ($P < 0.05$). Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are

no significant differences in perceived service quality scores across different income levels.

Table (4.18): Mean difference of studied domains by income

Domains	Income	N	Mean	SD	% Mean	F	P-value	Post Hoc P<0.05
SERVQUAL model	Less than 2000 NIS	70	4.75	0.32	95.00	12.108	0.000*	2000 - less than 4000 NIS < others
	2001 - less than 4000 NIS	165	4.50	0.47	90.00			
	4001 NIS or more	26	4.78	0.32	95.60			
Hospital hotel services	Less than 2000 NIS	70	4.61	0.41	92.20	6.030	0.003*	2000 - less than 4000 NIS < others
	2001 - less than 4000 NIS	165	4.41	0.53	88.20			
	4001 NIS or more	26	4.66	0.37	93.20			
Total	Less than 2000 NIS	70	4.68	0.36	93.60	9.204	0.000*	2000 - less than 4000 NIS < others
	2001 - less than 4000 NIS	165	4.45	0.48	89.00			
	4001 NIS or more	26	4.72	0.34	94.40			

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.7 Mean Difference of Studied Domains by Education Levels

Table 4.19 displays the mean differences in the studied domains based on education levels. The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, participants with postgraduate education and diplomas scored significantly higher than those with a bachelor's degree ($P < 0.05$). In contrast, participants with a bachelor's degree scored lower in these domains compared to the other education levels ($P < 0.05$). Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis

that there are no significant differences in perceived service quality scores across different education levels.

Table (4.19): Mean Difference of Studied Domains by Education Levels

Domains	Education levels	N	Mean	SD	% Mean	F	P-value	Post Hoc P<0.05
SERVQUAL model	High school or less	61	4.68	0.35	93.60	8.053	0.000 *	Bachelor's < others *
	Diploma	58	4.75	0.30	95.00			
	Bachelor's	134	4.47	0.50	89.40			
	Postgraduate	8	4.85	0.17	97.00			
Hospital hotel services	High school or less	61	4.53	0.57	90.60	5.546	0.001*	Bachelor's < others *
	Diploma	58	4.66	0.28	93.20			
	Bachelor's	134	4.38	0.52	87.60			
	Postgraduate	8	4.74	0.28	94.80			
Total	High school or less	61	4.61	0.44	92.20	7.082	0.000 *	Bachelor's < others *
	Diploma	58	4.71	0.24	94.20			
	Bachelor's	134	4.43	0.50	88.60			
	Postgraduate	8	4.79	0.22	95.80			

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

F: One-way ANOVA.

4.7.8 Mean Difference of Studied Domains by Department

Table 4.20 displays the mean differences in the studied domains based on hospital departments. The results of the One-way ANOVA indicate that there were significant

differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain regarding department ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, participants in the Orthopedic Department, Cardiology Department, and ICU Department scored significantly higher than those in the General Surgery Department ($P < 0.05$). In contrast, participants in the General Surgery Department scored lower in these domains compared to the other departments ($P < 0.05$). Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are no significant differences in perceived service quality scores across different hospital departments.

Table (4.20): Mean Difference of Studied Domains by Department

Domains	Department	N	Mean	SD	% Mean	F	P-value	Post Hoc P<0.05
SERVQU AL SERVQU AL model	Cardiology Department	14	4.78	0.31	95.60	17.207	0.000*	General Surgery < others Department
	Orthopedic Department	40	4.94	0.16	98.80			
	Neurosurgery Department	13	4.76	0.20	95.20			
	Internal Medicine Department	52	4.66	0.28	93.20			
	General Surgery Department	45	4.10	0.63	82.00			
	Day-care Unit Department	13	4.48	0.25	89.60			
	Paediatrics Department	28	4.62	0.37	92.40			
	Oncology Department	44	4.57	0.28	91.40			
	ICU Department	12	4.78	0.13	95.60			
Hospital hotel services	Cardiology Department	14	4.85	0.21	97.00	13.202	0.000*	General Surgery <
	Orthopedics Department	40	4.78	0.13	95.60			
	Neurosurgery Department	13	4.78	0.23	95.60			

	Internal Medicine Department	52	4.59	0.35	91.80			others
	General Surgery Department	45	4.01	0.76	80.20			Department
	Day-care Unit Department	13	4.25	0.32	85.00			
	Paediatrics Department	28	4.53	0.44	90.60			
	Oncology Department	44	4.37	0.35	87.40			
	ICU Department	12	4.71	0.22	94.20			
Total	Cardiology Department	14	4.81	0.26	96.20	16.087	0.000*	General
	Orthopedics Department	40	4.86	0.14	97.20			Surgery <
	Neurosurgery Department	13	4.77	0.19	95.40			others
	Internal Medicine Department	52	4.63	0.31	92.60			Department
	General Surgery Department	45	4.05	0.65	81.00			
	Day-care Unit Department	13	4.37	0.27	87.40			
	Paediatrics Department	28	4.58	0.40	91.60			
	Oncology Department	44	4.47	0.30	89.40			
	ICU Department	12	4.74	0.16	94.80			

4.7.9 Mean Difference of Studied Domains by the Living Area

Table 4.22 displays the mean differences in the studied domains based on living areas.

The results of the One-way ANOVA indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain regarding Department ($P < 0.05$). Post Hoc tests showed that in the domains of SERVQUAL model, Hospital hotel services, and the total domain, participants from the Ramallah Governorate and Jenin Governorate scored significantly higher than those from the Hebron Governorate ($P < 0.05$). In contrast, participants from the Hebron Governorate scored lower in these domains compared to participants from other living areas ($P < 0.05$).

Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are no significant differences in perceived service quality scores across different living areas.

Table (4.21): Mean Difference of Studied Domains by the Living Area

Domains	The living area	N	Mean	SD	% Mean	F	P-value	Post Hoc
SERVQU AL model	Ramallah Governorate	56	4.87	0.20	97.40	6.943	0.000*	Hebron < others*
	Nablus Governorate	54	4.55	0.52	91.00			
	Hebron Governorate	46	4.31	0.56	86.20			
	Jericho Governorate	19	4.56	0.28	91.20			
	Salfit Governorate	18	4.60	0.33	92.00			
	Jenin Governorate	11	4.85	0.29	97.00			
	Tubas Governorate	18	4.56	0.30	91.20			
	Bethlehem Governorate	24	4.54	0.40	90.80			
	Gaza Strip Governorates	15	4.58	0.28	91.60			
Hospital hotel services	Ramallah Governorate	56	4.77	0.21	95.40	3.822	0.000*	Hebron < others*
	Nablus Governorate	54	4.46	0.56	89.20			
	Hebron Governorate	46	4.36	0.57	87.20			
	Jericho Governorate	19	4.35	0.43	87.00			
	Salfit Governorate	18	4.46	0.66	89.20			
	Jenin Governorate	11	4.62	0.30	92.40			
	Tubas Governorate	18	4.44	0.39	88.80			
	Bethlehem Governorate	24	4.39	0.46	87.80			
	Gaza Strip Governorates	15	4.26	0.58	85.20			
Total	Ramallah Governorate	56	4.82	0.20	96.40	5.130	0.000*	Hebron < others*
	Nablus Governorate	54	4.50	0.54	90.00			
	Hebron Governorate	46	4.33	0.54	86.60			
	Jericho Governorate	19	4.46	0.35	89.20			
	Salfit Governorate	18	4.53	0.46	90.60			
	Jenin Governorate	11	4.73	0.28	94.60			

	Tubas Governorate	18	4.50	0.34	90.00			
	Bethlehem Governorate	24	4.47	0.43	89.40			
	Gaza Strip Governorates	15	4.42	0.41	88.40			

4.8 Mean Difference of Studied Domains by Seeking Support and Private Clinic Visits

4.8.1 Mean Difference of Studied Domains by Turning to Someone You Know (Family Members, Friends, or Others) to Help You While You are in the Hospital

Table 4.22 displays the mean differences in the studied domains based on whether participants turned to someone they know (family members, friends, or others) for help while in the hospital. The results of the independent t-test indicate that there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain ($P < 0.05$). Participants who did not turn to someone for help scored higher in these domains compared to those who did turn to someone for help or not. Based on the data analysis showing significant differences ($P < 0.05$), we can reject the null hypothesis that there are no significant differences in perceived service quality scores based on whether participants turned to someone they know for help while in the hospital.

Table (4.22): Mean difference of Studied Domains by turning to someone you Know (Family Members, Friends, or Others) to help you while you are in the Hospital

Domains	Turn to someone you know to help you while you are in the hospital	N	Mean	SD	% Mean	t	P-value
SERVQUAL model	Yes	137	4.47	0.50	89.40	-4.907	0.000*
	No	124	4.73	0.30	94.60		
Hospital hotel services	Yes	137	4.34	0.60	86.80	-5.279	0.000*
	No	124	4.65	0.27	93.00		
Total	Yes	137	4.41	0.54	88.20	-5.301	0.000*
	No	124	4.69	0.26	93.80		

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; & **t**: independent t test.

4.8.2 Mean Difference of Studied Domains by Visiting the Doctor in the Private Clinic before Going to the Hospital

Table 4.23 displays the mean differences in the studied domains based on whether participants visited a doctor in a private clinic before going to the hospital. The results of the independent t-test indicate that there were no significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain based on whether participants visited a doctor in a private clinic before going to the hospital or not ($P > 0.05$). Based on the data analysis showing no statistically significant differences ($P > 0.05$), we can accept the null hypothesis that there are no significant differences in perceived service quality scores based on whether participants visited a doctor in a private clinic before going to the hospital.

Table (4.23): Mean Difference of Studied Domains by Visiting the Doctor in the Private Clinic before Going to the Hospital

Domains	Visit the doctor in the private clinic before going to the hospital	N	Mean	SD	% Mean	t	P-value
SERVQUAL model	Yes	196	4.57	0.48	91.40	-1.332	0.184
	No	65	4.66	0.28	93.20		
Hospital hotel services	Yes	196	4.49	0.51	89.80	0.062	0.951
	No	65	4.49	0.46	89.80		
Total	Yes	196	4.53	0.48	90.60	-0.609	0.543
	No	65	4.57	0.35	91.40		

*Significant at $P \leq 0.05$; $P > 0.05$: Not significant; **n**: number of subjects; **SD**: standard deviation; &

t: independent t test.

4.9 Summary

The results of the study revealed a generally high perception of service quality in selected private hospitals in the West Bank, with an overall mean score of 91.8%.

Among the five SERVQUAL dimensions, reliability, empathy, and tangibility received the highest ratings, indicating patients' strong trust in the consistency, care, and physical aspects of healthcare delivery. Conversely, the domain of security (trust) scored slightly lower, suggesting a potential area for improvement. The study also found that patients' perceptions varied significantly based on factors such as hospital site, age, income, occupation, education, and support received during hospitalization. However, no significant differences were found related to gender, living conditions, or prior private clinic visits. Additionally, a strong correlation was observed between perceived

healthcare service quality and hotel service quality, underscoring the importance of integrated service delivery.

Chapter Five

Discussion, Conclusion and Recommendations

5.1 Introduction

This chapter provides an in-depth discussion of the results of the study of assessing the SERVQUAL model provided in selected hospitals in the West Bank. The chapter expresses and interprets the salient findings in light of previous research and contemporary developments regarding the quality of healthcare service. It rigorously investigates how particular items, such as hospital infrastructure, professionalism of health personnel, communication, and access to services, interact to determine patient perception of service quality. This chapter brings together the results in an integrative perspective with the aspiration of archaeological insight into improving patients' satisfaction with hotel services and the full-fledged quality of service. Recommendations from the researcher also advance practical measures that could improve health service quality in West Bank hospitals, addressing both the systemic and operational. Such recommendations are poised to help health care providers, policymakers, and management at large increase the quality of care for patients and, therefore, increase patients' satisfaction with hotel services. This chapter also aims to establish connections between the current findings and previous studies that discussion of the results will be compared to and analyzed in the context of relevant literature to identify similarities, differences, and possible advancements. Additionally, this section discusses the relationship between the study's findings and the accepted standards for healthcare, emphasizing their implications for hospital management and policy.

5.2 Sample Distribution by Socio-Demographic Data

The socio-demographic characteristics in the current study included gender, age, length of stay, educational level, monthly income, department, living area, hospitals and living conditions, and occupation. The current study illustrated that the average age among all participants was 37.63 ± 12.48 years and the highest age groups among participants were aged from 31 to 40 (42.9%), 38.7% of them aged less than 40 years and results showed that the lowest age groups of the study were more than 40 years (18.4%). These findings agree with Tesha et al. (2025). The authors studied patients' perceptions and satisfaction with the quality of healthcare services provided at Mbeya Zonal Referral Hospital, Tanzania, and they pointed out the mean age of participants was 37.82 years ± 14.33 and more than half of the participants (52.9%) were aged 34 years or younger.

The study participants were stratified by educational levels, and half of the participants finished a bachelor's degree (50.8%), 23.8% of them completed high school or less, and 22.2% completed a diploma degree. Din et al. (2024) studied the associated factors in patients' satisfaction with hotel services among patients attending primary health care facilities in Malaysia, and the results showed that the majority of the participants of the study finished a bachelor's degree. On the other hand, the study indicated that the majority of participants reported a monthly income ranging from 2000 to 4000 NIS (63.2%), which indicated low income. The current findings are in line with the others studied by Al-Hammouri et al. (2024) and Owusu et al. (2024) that showed most of the participants in these studies had limited income.

Regarding living area, the results showed that the highest percentage resided in Ramallah Governorate (21.5%), followed by Nablus (20.7%), Hebron (17.6%), Jericho (7.3%), Tubas, and Salfit (6.9% each), Bethlehem (9.2%), Gaza Strip (5.7%). Finally, the results

showed that Jenin had the smallest percentage (4.2%). The results showed that about half of the participants lived in the city (51.0%) while 38.3% lived in villages and 10.7% lived in camps. Regarding Occupation, the results showed that 60.5% worked in the private sector while 19.5% and 19.9% were government-employed and unemployed, respectively. These findings align with other studies by Gao et al. (2024), who emphasized that urban residents tend to have better access to healthcare facilities than those in rural areas, contributing to higher satisfaction with healthcare services. Similarly, Siddique et al. (2024) found that rural populations often face challenges such as limited healthcare infrastructure and resource availability, which can impact their satisfaction levels. Furthermore, Zhang et al. (2024) highlighted the role of employment type in shaping healthcare experiences, noting that private-sector employees often have access to better employer-sponsored health benefits. In contrast, unemployment is associated with lower healthcare access and satisfaction. The results of the current study underscore the importance of addressing geographic and occupational disparities to improve equity in healthcare access and satisfaction.

5.3 Distribution of Study Participants by Departments and Hospitals

The results highlight that the Internal Medicine Department recorded was the highest percentage (19.9%) that indicated to the broad range of medical conditions managed by this Department which including chronic illnesses, acute care needs and typically draw a high patient load. Pollard et al. (2024) highlight that the frequency of patients in the Internal Medicine Department was higher than in other departments. General Surgery, Oncology, Orthopedics, and Pediatrics Departments that were had significant role in addressing common surgical, cancer-related, musculoskeletal, and pediatric health care,

respectively. Regarding the Cardiology, Neurosurgery, Daycare Unit, and ICU Departments reported the lowest frequency, which may be attributed to these departments catering to more specialized and less frequent cases. Çakmak and Uğurluoğlu (2024) showed cardiology and neurosurgery often deal with particular and complex conditions that might result in fewer overall cases compared to general medicine. Al-Hammouri et al. (2024) showed that the ICU and daycare units are typically designed for critical or short-term care, limiting their overall patient volume. However, the results showed that the largest hospital groups were Istishari Arab Hospital, Nablus Specialty Hospital, and Ahli Hospital. The results showed that most participants turned to someone they know, such as family members or friends, for help while in the hospital (52.5%), while a smaller proportion did not seek such help (47.5%). Additionally, most participants visited a doctor in a private clinic before going to the hospital (75.1%), whereas a more minor group did not (24.9%). The patients were visited in three hospitals in the current study, namely, Istishari Arab Hospital, Nablus Specialty Hospital, and Ahli Hospital, which reflect their prominence and potential reputation for quality care. However, most of the participants relied on support from family and friends while they were still hospitalized, which suggests the critical role of external support systems in enhancing patients' satisfaction with hotel services. Additionally, 75.1% of participants visited private clinics before seeking hospital care, which means a preference for personalized medical attention prior to hospitalization. These results agree with Pathak et al. (2024) that studied Patients' satisfaction with hotel services And Perceived Quality of Services in Private Hospitals in Pune City: A Comprehensive Survey Analysis and KS & Barkur (2023). That assessment of healthcare service quality effect on patients' satisfaction with hotel services and care outcomes: A case study in India and both studied showed that most participants were

visited private clinics before seeking hospital care and most social supported was by family and friends while there still inside hospitalized.

5.4 SERVQUAL Domains Results

The current results showed the distribution of the study participants by their responses about the **tangibility domain**, referring to facilities, buildings, equipment, and the appearance of employees. The weighted mean for the overall perceptions about the tangibility domain was 91.60%. By results, the highest item was "The employees wear uniforms," followed by item "The design of the hospital is convenient and makes it easier for patients to obtain health services. Previous research by Mrabet et al. (2022) highlighted that the employees wear uniforms and the hospital's design is convenient and makes it easier for patients to obtain health services had higher scores. The lowest item was the "The location of the hospital is convenient and easily accessible," with a weighted mean equal to 87.80%, followed by item "There are clean, adequate and suitable facilities for me and my companions (waiting hall - gardens - toilets - parking - cafeteria, TV in the waiting area)," with a weighted mean equal to 88.60%. The Chehayeb (2023) were studied Analyzing the Mediating Role of Service Quality in the Relationship between Service Quality and Patients' satisfaction with hotel services at Rafic Hariri University Hospital and highlight that There are clean, adequate and suitable facilities for me and my companions (waiting hall - gardens - toilets - parking - cafeteria, TV in the waiting area had lowest score.

The high score for the tangibility domain showed how satisfied patients were with the SERVQUAL model in hospitals in the West Bank, which included tangibility as a key dimension of service quality, cleanliness and maintenance of facilities, modernity, and

functionality of medical equipment, professional appearance of staff, and overall aesthetic appeal of the healthcare environment. AlOmari (2022) and Dwijayanti et al. (2024) showed that the high score for the tangibility domain showed how satisfied patients were with the SERVQUAL model in hospitals.

The current results showed the distribution of the study participants by their responses about the **reliability domain**, referring to the ability to perform health services accurately. The weighted mean for the overall perceptions about the reliability domain was 92.60%. by results, the highest item was number (1) "I am notified of the timings for providing health services," with a weighted mean equal to 94.80%, followed by item number (6) "Commitment to providing health services on a predetermined date," and item number (2) "The health service is provided accurately and correctly from the first time," both with a weighted mean equal to 93.20%. The previous study by Hasan and Karim (2023) emphasized the importance of notifying patients of service appointments and maintaining adherence to predetermined timelines, which aligns with these findings. The lowest item was "All services in the hospital are carried out correctly and accurately from the beginning," with a weighted mean of 91.20%, followed by "Health service providers pay special attention to my concerns and queries," with a weighted mean of 91.40%. Studies by Akthar et al. (2023) and Ferreira et al. (2023) highlighted similar trends, showing that while accuracy in healthcare services is highly regarded, patient concerns and inquiries sometimes receive lower priority. The high score for the reliability domain demonstrated the satisfaction level of patients regarding the consistency and precision of healthcare services in hospitals. Dwijayanti et al. (2024) and Ali et al. (2024) also reported that high scores in the reliability domain significantly contribute to patients' satisfaction with hotel

services with healthcare services, and this includes timely notifications, adherence to schedules, and ensuring health services are provided accurately from the first attempt.

The current results showed that pointed out the distribution of the study participants by their responses about the **responsiveness domain**, referring to the willingness to provide the service quickly. The weighted mean for the overall perceptions about the responsiveness domain was 91.60%. By results, the highest item was "The health service providers treat patients with courtesy and respect," followed by item number (7) "I feel that the staff is willing to help me." Previous research by Negash et al. (2022) highlighted that the health service providers treating patients with courtesy and respect and the staff's willingness to help had higher scores. The lowest item was number (1) "The health service providers promptly respond to my complaint, no matter how busy they are," with a weighted mean equal to 90.00%, followed by item number (3) "The health service providers maintain a guarantee of rapid and ease in providing health services," with a weighted mean equal to 90.20%. Darmawan et al. (2022) conducted a study, "BPJS Patients' satisfaction with hotel services Analysis towards Service Quality of Public Health Center in Surabaya and highlighted that prompt response to complaints and guarantees of rapid and easy service provision had lower scores.

The high score for the responsiveness domain showed how satisfied patients were with the willingness and promptness of healthcare staff in providing services. This included courtesy, respect, and a readiness to help as key service quality dimensions. Negash et al. (2022) and Betan et al. (2023) showed that a high score for the responsiveness domain demonstrated significant patients' satisfaction with hotel services with healthcare services. The results of this study highlight the important role of responsiveness in health care. Although participants expressed high levels of satisfaction with aspects such as

courtesy, respect and willingness to help staff, there is still room for improvement in areas such as complaints and trust provided for prompt service. Addressing these areas can further improve patients' satisfaction with hotel services and overall service quality. The findings are consistent with the existing literature, reinforcing the importance of action as an important determinant of patients' satisfaction with hotel services in health care settings. Future research and interventions should focus on improving the promptness and efficiency of service delivery while maintaining the high standards of courtesy and respect that patient's value.

The current results showed that pointed out the distribution of the study participants byir responses about the **security (trust) domain**, referring to the attributes of health service providers. The weighted mean for the overall perceptions about the security (trust) domain was 91.40%. By results, the highest item was "The health service providers are well-behaved and treat me decently," followed by the item "I trust the capabilities, experiences, skills, and qualifications of the health staff in the hospital." Previous research by Ali et al. (2024) highlighted that the behavior of health service providers and trust in their capabilities, experiences, and skills had higher scores. The lowest item was "Health service providers are always ready to help and cooperate with me," with a weighted mean of 89.20%. Aljarallah et al. (2023) studied patients' satisfaction with hotel services with healthcare services in tertiary care facilities and highlighted that readiness to help and cooperation had lower scores. The high score for the security (trust) domain showed how satisfied patients were with healthcare staff's professionalism, competence, and trustworthiness. This included attributes like good behavior, qualifications, and readiness to assist as key dimensions of service quality. Kalaja (2023) and Ali et al. (2024) showed

that the high score for the security domain significantly contributed to patients' satisfaction with hotel services with healthcare services.

The results showed that pointed out the distribution of the study participants by their responses about the **empathy domain**, referring to the degree to which providers are particularly attentive to the patient. The weighted mean for the overall perceptions about the empathy domain was 92.40%. By results, the highest item was "The customs and traditions prevailing in the community are considered by the health service providers when they provide me with health services," followed by the item "Health service providers explain my health problem directly to me in a way that I understand." Previous research by Gift et al. (2025) highlighted that respecting community customs and traditions and providing clear explanations of health problems had higher scores. The lowest item was "I have been given individual, personalized attention and ample time for my care by health care providers," with a weighted mean equal to 91.20%, followed by the item "Health service providers treat me with good humor and friendship," with a weighted mean equal to 91.40%. Wahyuni et al. (2025) studied the effect of patient-centered care implementation on satisfaction and highlighted that personalized attention and time allocation had lower scores. The high score for the empathy domain showed how satisfied patients were with the attentiveness and understanding demonstrated by healthcare providers. This included respect for cultural norms, clear communication, and a friendly attitude as key dimensions of service quality. Nezamdoost et al. (2025) and Alolayyan et al. (2025) showed that the high score for the empathy domain significantly contributed to patients' satisfaction with hotel services with healthcare services.

The current results showed that pointed out the distribution of the study participants by their responses about the total SERVQUAL model. The weighted mean for the overall

perceptions about the SERVQUAL model was 91.80%. By results, the highest-ranked domain was the reliability domain, with a weighted mean equal to 92.60%, followed by the empathy domain, with a weighted mean equal to 92.40%. Previous research by Ali et al. (2024) highlighted the significance of reliability and empathy in healthcare, emphasizing that these domains greatly influence patients' satisfaction with hotel services. The lowest-ranked domain was the security (trust) domain, with a weighted mean equal to 91.40%, preceded by the tangibility domain and the responsiveness domain, with a weighted mean equal to 91.60%. Owusu et al. (2024) studied patients' satisfaction with hotel services with outpatient services in Ghana and highlighted that trust and tangibility dimensions, while important, often received slightly lower rankings than reliability and empathy. The high score for the SERVQUAL model indicated intense patients' satisfaction with hotel services across the various service domains, particularly reliability and empathy. These domains reflected the accuracy of health services, clear communication, and attentiveness to patients' needs. Alemu et al. (2024) and Owusu et al. (2024) showed that reliability and empathy were critical determinants of patients' satisfaction with hotel services with healthcare services.

5.5 Quality of hospital hotel services Results

The current results showed that the distribution of the study participants by their responses about the cleaning and laundry services domain. The weighted mean for the overall perceptions about cleaning and laundry services was 87.60%. By results, the highest-ranked items were "Patient rooms are cleaned regularly" and "The cleaners respond upon request," with a weighted mean equal to 92.80%. These were followed by "The cleaners wear their uniforms while they work" and "Patients' sheets are ironed and perfumed periodically," with a weighted mean equal to 91.60%. Previous research by Friedel et al.

(2023) highlighted the significance of regular room cleaning, responsiveness of cleaners, and adherence to hygiene standards as critical factors contributing to patients' satisfaction with hotel services. The lowest-ranked item was "Insects and rodents are seen in the hospital," with a weighted mean equal to 58.60%, followed by "The cleanliness in the hospital meets the required level" and "Restrooms are cleaned regularly," both with a weighted mean equal to 88.60%. Khaleghparast et al. (2023) emphasized the need for consistent cleanliness in hospitals, noting that issues such as insects and insufficient restroom cleaning significantly impact patients' satisfaction with hotel services. The results underscore the importance of maintaining high standards of cleanliness and laundry services to improve patient experiences. Dhakate and Joshi (2023) and Friedel et al. (2023) similarly found that effective cleaning protocols and prompt responses from hospital cleaning staff greatly enhance patients' perceptions of healthcare quality.

The data showed that pointed out the distribution of the study participants by their responses about security and patient services. The weighted mean for the overall perceptions about security and patient services was 91.80%. By results, the highest items were "I feel calm and serene during the hospital stay" and "The level of lighting in the patient rooms is comfortable," with a weighted mean equal to 93.00%. These were followed by "Everyone adheres to the decision to ban smoking," with a weighted mean of 92.00%. Previous research by Alibrandi et al. (2023) highlighted the importance of a serene environment, proper lighting, and adherence to smoking bans in enhancing patients' satisfaction with hotel services. The lowest item was "The patient's bed is suitable and comfortable," with a weighted mean equal to 90.40%, preceded by "It is possible to distinguish between the categories of workers within the hospital easily" and "The element of comfort is provided for the companions (chairs)," both with a weighted

mean equal to 91.40%. Alharbi et al. (2023) emphasized the role of comfort for patients and companions in patients' satisfaction with hotel services, with particular attention to beds and seating arrangements. The high score for security and patient services demonstrated patients' satisfaction with hotel services with the hospital's efforts to create a calm, comfortable, and safe environment. These results highlighted the importance of proper lighting, non-smoking policies, and overall comfort. Bintang et al. (2023) and Akbar et al. (2023) similarly found that environmental and comfort factors significantly contributed to patients' positive perceptions of healthcare services.

The distribution of the study participants by their responses about hospital hotel services was 89.80%. Among the domains, the highest domain was comfort and hospital environment, followed by hygiene practices. These results agree with several studies, such as Alibrandi et al. (2023), Dhakate and Joshi (2023), Friedel et al. (2023), Ali et al. (2024), and Alemu et al. (2024), which showed that security, cleanliness, and related services are critical factors influencing patients' satisfaction with hotel services.

5.6 Mean Difference of Studied Quality Domains by Demographics

The results indicate that there were no significant differences in the average scores regarding the SERVQUAL model and Hospital hotel services regarding gender, living conditions, and participants who visited a doctor in a private clinic before going to the hospital or not ($P > 0.05$). While the results showed there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain based on hospitals, age groups, occupation, income, education levels, department and participants turned to someone they know (family members, friends, or others) for help while in the hospital ($P < 0.05$). Previous studied support these findings. Tesha and

Nkya (2025, Owusu et al. (2024) and Al-Hammouri et al. (2024) highlighted that no significant differences in the average scores regarding the SERVQUAL model and Hospital hotel services regarding gender, living conditions, and participants visited a doctor in a private clinic before going to the hospital. Additionally, Gao et al. (2024) noted there were significant differences in the average scores regarding SERVQUAL model, Hospital hotel services, and the total domain based on hospitals, age groups, occupation, income, education levels, department and participants turned to someone they know (family members, friends, or others) for help while in the hospital.

5.7 Conclusion

This study set out to examine patients' perceptions of service quality in selected private hospitals in the West Bank, with a particular focus on whether and how these perceptions vary across different hospital settings. The analysis revealed statistically significant differences in perceived service quality across hospitals, particularly in the domains of core health services, hotel-related services, and the overall patient experience.

The Istishari Arab Hospital emerged as the most highly rated institution across all domains of perceived quality, suggesting that it offers a consistently superior patient experience. Patients in this setting reported greater satisfaction with environmental conditions, cleanliness, staff professionalism, and the responsiveness of services provided. Conversely, the Ahli Hospital scored significantly lower in these areas, indicating notable deficiencies in service delivery or in patients' subjective experiences of care.

These results have several important implications. First, they suggest that service quality in private hospitals is not uniform, and that patients are discerning in how they value

different dimensions of care. Although all hospitals operate under similar regulations, the variation in patient ratings points to differences in institutional culture, management practices, resource allocation, and staff training. This reinforces the argument that quality in healthcare is not merely about clinical effectiveness, but also about how care is delivered, experienced, and perceived.

Second, these findings underscore the importance of patient-centered care as a central pillar of service quality. High scores in perceived service quality likely reflect not only infrastructure and amenities, but also intangible elements such as empathy, respect, cleanliness, emotional safety, and the dignity afforded to patients during their stay. The high ratings received by Istishari suggest that investment in these areas pays off in terms of both patient satisfaction and institutional reputation.

Third, the low ratings observed at Ahli Hospital should not be viewed merely as a critique, but as an opportunity for meaningful quality improvement. Hospital management may consider conducting internal audits, patient feedback forums, and targeted training to address identified gaps. Lessons can be drawn from higher-performing institutions, and a culture of continuous improvement can be fostered by regularly integrating patient feedback into administrative decision-making.

From a methodological perspective, the use of the SERVQUAL model in this study proved effective in capturing patients' multifaceted evaluation of service quality. The model's five domains—tangibility, reliability, responsiveness, assurance, and empathy—provided a robust structure for understanding what matters most to patients in the hospital environment. Furthermore, comparing these perceptions across hospitals offered valuable insights into institutional strengths and weaknesses that may not be visible through clinical outcomes alone.

Finally, these findings contribute to the growing recognition that patient-reported experience measures (PREMs) are vital for ensuring accountability and quality in healthcare systems. Especially in politically and economically strained settings like the West Bank, where public trust in institutions can be fragile, enhancing service quality is not just a clinical or administrative task, it is a social and ethical responsibility.

In conclusion, this study highlights the critical role of perceived service quality in shaping the patient experience and in differentiating the presentation of private hospitals. While some institutions appear to excel in delivering high-quality, patient-centered care, others require some reforms. Stakeholders in the healthcare sector—including hospital administrators, policymakers, and regulatory bodies—are encouraged to use these findings as a foundation for dialogue, investment, and reform aimed at elevating the standard of care across the board.

5.8 Recommendations

The following recommendations can be formulated based on the study findings:

- Hospitals should focus on maintaining and improving the consistency and accuracy of health services to enhance patients' satisfaction with hotel services.
- Hospitals should prioritize providing a secure and comfortable environment, ensuring patients feel calm and safe during their stay.
- To address the lower scores in the cleaning and laundry services domain, initiatives should be implemented to improve hospital hygiene and responsiveness of cleaning staff. Regular training and monitoring could enhance the quality of these services.
- Hospitals should develop targeted strategies to address the significant differences in satisfaction based on demographic factors such as age, education, and income. Tailored interventions can help improve satisfaction among diverse patient groups.

- Collaboration with family members and companions, as indicated by the influence of seeking help from others, should be emphasized by hospital staff to improve patient experiences and outcomes.

5.9 Future Research Directions

Future research should focus on the following areas to build upon the current study findings:

- Conducting longitudinal studies to examine trends in the SERVQUAL model and inpatients' satisfaction with hotel services over time, particularly concerning the identified domains such as reliability, empathy, and security.
- Investigating the effectiveness of interventions to improve the tangibility and security domains to ensure more balanced satisfaction levels across all dimensions of healthcare quality.
- Further analysis of the cost-effectiveness of hospital initiatives aimed at improving patients' satisfaction with hotel services and reducing disparities in perceptions of healthcare quality.

5.10 Summary

The study findings on perceived service quality in private hospitals across the West Bank. The discussion connects the results with existing literature and emphasizes that patients highly valued reliability, empathy, and tangibility, but rated security/trust slightly lower. The chapter highlights that perceived service quality varies significantly by demographic and institutional factors, such as

hospital, age, income, and education, while no significant differences were found based on gender or prior clinic visits.

The study underscores the effectiveness of the SERVQUAL model in evaluating healthcare quality and calls attention to disparities between hospitals—particularly the strong performance of Istishari Hospital and lower ratings for Ahli Hospital. The conclusion stresses the need for patient-centered care and institutional reforms to close quality gaps.

Recommendations include enhancing service consistency, improving hygiene and cleanliness, tailoring services to diverse patient demographics, and increasing collaboration with families during hospitalization. The chapter also calls for longitudinal studies and targeted interventions in underperforming areas like hospital security and comfort. The study's limitations—such as its cross-sectional design, sampling bias, and political constraints—are acknowledged.

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Appendices

Appendix One: Questionnaire

Dear

Greetings, and thank you for participating in this survey. We value your feedback, which is essential to improving the SERVQUAL model in private hospitals in the West Bank. This survey is part of a Master's study being conducted by Ms. Wafa Shihada Shalu, titled "Patients' satisfaction with hotel services with the SERVQUAL model Provided in Private Hospitals in the West Bank."

Your input is invaluable to the success of this research. Please note that your participation is entirely voluntary, and you may choose to withdraw at any time without any consequences. This questionnaire is designed to collect data anonymously, ensuring that your responses cannot be traced back to you. All information you provide will be treated with the utmost confidentiality and used solely for research purposes. The results of this study will be reported in aggregate form, ensuring that no individual responses are identifiable. by proceeding with this questionnaire, you indicate your informed consent to participate. Thank you for your valuable contribution.

Thank you for your valuable time and input.

Sincerely,

Ms. Wafa' Shihada Shillo

Master's Student in Quality Management in Health Institutions

Arab American University

Part One: Personal Data.

Please put a check mark (/) in front of the answer that applies to you:

 Gender

- Male.
- Female.

 Age

- Less than 30 years
- 31-40 years
- More than 41 years

 Educational Level

- High school or less.
- Diploma.
- Bachelor's.
- Postgraduate.

 Monthly Income

- Less than 2000 NIS.
- 2001 - less than 4000 NIS.
- 4001 NIS or more.

 Marital Status:

- Single.
- Married.
- Divorced.
- Widow.

Living Area

- Ramallah Governorate
- Nablus Governorate
- Hebron Governorate
- Jericho Governorate
- Salfit Governorate
- Jenin Governorate
- Tubas Governorate
- Bethlehem Governorate
- Gaza Strip Governorate

 Department

- Cardiology
- Orthopedic
- Neurosurgery
- Internal Medicine
- General Surgery
- Day-care
- Pediatrics
- Oncology
- Intensive Care Unit

 Hospital Name

- Istishari Arab Hospital
- Nablus Specialty Hospital
- Ahli Hospital

Living Conditions

- Campus
- City
- Village

 Occupation

- Government Employee
- Private Sector Employee
- Unemployed

 Length of Stay **Do you turn to Someone you know (Family Members, Friends, or Others) to help you in the Hospital?**

- Yes.
- No.

 Did you visit the Doctor in the private clinic before going to the Hospital?

- Yes.
- No.

Part Two: Information about your Visit.

Put a sign (/) in front of the column that you deem appropriate after reading the sentences carefully. There is no right or wrong answer, but rather an expression of your feelings and your point of view towards the service.

No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
First: The Tangibility						
1.	The location of the hospital is convenient and easily accessible.					
2.	The design of the hospital is convenient and makes it easier for patients to obtain health services.					
3.	The clinics are equipped with modern and advanced equipment and devices.					
4.	The hospital has guiding boards that facilitate access to the facilities of the departments and movement between them.					
5.	The employees wear uniforms.					
6.	The employees take care of cleanliness.					
7.	The employees are keen to look presentable.					

8.	There are clean, adequate and suitable facilities for me and my companions (waiting hall - gardens - toilets - parking - cafeteria, TV in the waiting area).					
Second: The reliability						
9.	I am notified of the timings for providing health services.					
10.	The health service is provided accurately and correctly from the first time.					
11.	The medical file is kept accurately and documented (paper and electronic).					
12.	Health providers are particularly interested in my problems and inquiries.					
13.	Health providers are keen to answer my questions.					
14.	The appointment booking mechanism is easy, accurate and clear.					
15.	All different medical specialties are available within the hospital.					
16.	Commitment to providing health services on a predetermined date.					

17.	All services in the hospital are performed correctly and accurately from the beginning.					
Third: The responsiveness						
18.	The health service providers promptly respond to my complaint, no matter how busy they are.					
19.	The health service providers are constantly following up on my medical condition.					
20.	The health service providers maintain a guarantee of rapid and ease in providing health services.					
21.	The clinics have a sufficient number of health service providers.					
22.	The health service providers are working to meet my needs constantly and precisely.					
23.	The medical team performs its tasks in a specific time and with high efficiency.					
24.	I feel that the staff is willing to help me.					
25.	The health service providers treat patients with courtesy and respect.					

26.	Procedures are continuously simplified to ensure speed and ease in providing health services to patients.					
27.	The medical staff is committed to being in the clinics throughout the working hours.					
28.	All patients are treated equally without prejudice.					
Fourth: The security (Trust):						
29.	I trust the capabilities, experiences, skills and qualifications of the health staff in the hospital.					
30.	I feel safe and reassurance with health service providers.					
31.	The health service providers are highly competent, skilled, experienced and knowledgeable enough to answer my questions.					
32.	Health service providers are always ready to help and cooperate with me.					
33.	The hospital has a good reputation among the community.					
34.	Information about my medical condition is kept confidential.					

35.	The health service providers are well-behaved and treat me decently.					
Fifth: The empathy						
36.	The hospital staff pays individual attention and care.					
37.	Health service providers value my health conditions as a patient and have my best interests at the forefront to their interests.					
38.	Health service providers explain my health problem directly to me in a way that I understand.					
39.	I have been given individual, personalized attention and ample time for my care by health care providers.					
40.	Health service providers treat me with good humor and friendship.					
41.	The hospital's working hours are suitable for all patients.					
42.	The customs and traditions prevailing in the community are considered by the health service providers when they provide me with health services					

Part Three: Patients' satisfaction with hotel services

No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A: Cleaning and laundry services						
1.	The cleanliness in the hospital meets the required level.					
2.	Restrooms are cleaned regularly.					
3.	Patient rooms are cleaned regularly.					
4.	Personal hygiene materials and supplies are available.					
5.	The cleaners respond upon request.					
6.	Cleaners are present and committed to their work.					
7.	The cleaners wear their own uniforms while they work.					
8.	Insects and rodents are seen in the hospital.					
9.	Patient sheets and blankets are changed on a daily basis.					
10.	Patient sheets and blankets are cleaned regularly.					

11.	Patients' sheets are ironed and perfumed periodically.					
B: Security and patient services						
1.	I feel calm and serene during the hospital stay.					
2.	Visiting times are commensurate with times of rest and treatment.					
3.	I am satisfied with the way the employees and workers deal me.					
4.	Furniture is provided in the patients' room.					
5.	The level of lighting in the patient rooms is comfortable.					
6.	I get the aforementioned services without having to ask.					
7.	It is possible to distinguish between the categories of workers within the hospital easily.					
8.	The patient's bed is suitable and comfortable.					
9.	Everyone adheres to the decision to ban smoking.					
10.	The element of comfort is provided for the companions (chairs).					

Appendix Two: Arab American University Thesis Approval (IRB)

Arab American University
Institutional Review Board - Ramallah



الجامعة العربية الأمريكية
مجلس أخلاقيات البحث العلمي - رام الله

IRB Approval Letter

Study Title: "Patients' Satisfaction with the Quality of Health Services Provided in Private Hospitals in the West Bank".

Submitted by: Wafa Ishhada Izzaldeen Shillo

Date received: 5th February 2025

Date reviewed: 5th February 2025

Date approved: 10th February 2025

Your Study titled "Patients' Satisfaction with the Quality of Health Services Provided in Private Hospitals in the West Bank" with the code number "R-2025/A/11/N" was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 10th of February 2025

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine

Sajed



General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Bord appreciates a copy of the research when accomplished.

رام الله - فلسطين

Tel: 02-294-1999

E-Mail: IRB-R@aaup.edu

Website: www.aaup.edu

Appendix Three: Istishari Arabi Hospital Approval

IAH Research Application Form

Date	10/09/2023
Name of investigator	Wafa Ishhada Izaldeen Shillo
Mobile No.	0592740147
Email	Wafashillo97@gmail.com
Expected start date	20/09/2023
Expected completion date	27/09/2023
Name of Company/University	Arab American University Palestine
Investigator CV	Attached needed
Study Proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data Collection Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Consent (Arabic & English)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Date	For HR Department
Application completed	
Transfer Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Officer Signature	
Receiving Date	For Ethical Committee
Ethical Committee Approval	11/9/2023 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ethical Committee Note	nothing to Deduce - في رأي دائرة البحوث
Head of Ethical committee Sig.	Wafa Approved 12/9/2023
CEO Note	approved
CEO Sig.	12/9/2023
For Non-Experimental Research only	

Code:GLD.12.2/1	Type: NC / 01	Issue No.: 01/02	Issue Date: 20/06/2022
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Appendix Four: Nablus Specialty Hospital

Arab American University
Faculty of Graduate Studies



الجامعة العربية الأمريكية
كلية الدراسات العليا

2025/2/15

إلى من يهمه الامر

تسهيل مهمة بحثية

تحية طيبة وبعد،

تُهدىكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة وفاء شحادة عزالدين شلو والتي تحمل الرقم الجامعي 202112923 هي طالبة ماجستير في برنامج إدارة الجودة في المؤسسات الصحية وتعمل على رسالة الماجستير الخاصة بها بعنوان:

" رضا المرضى عن جودة الخدمات الصحية في المستشفيات الخاصة في الضفة الغربية"، تحت إشراف الدكتور يوسف الميمي. نأمل من حضرتكم الإيعاز لمن يلزم لمساعدتها للحصول على المعلومات اللازمة للدراسة، علماً أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبها.

وتفضلوا بقبول فائق الاحترام

عميد كلية الدراسات العليا
د. نوار قطيب





Page 1 of 1

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Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

Appendix Five: AlAhli Hospital Approval

Arab American University
Faculty of Graduate Studies



الجامعة العربية الأمريكية
كلية الدراسات العليا

2025/2/15

إلى من يهمة الامر

تسهيل مهمة بحثية

تحية طيبة وبعد،

تُهدىكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة إلى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة وفاء شحادة عز الدين شلو والتي تحمل الرقم الجامعي 202112923 هي طالبة ماجستير في برنامج إدارة الجودة في المؤسسات الصحية وتعمل على رسالة الماجستير الخاصة بها بعنوان:

"رضا المرضى عن جودة الخدمات الصحية في المستشفيات الخاصة في الضفة الغربية"، تحت إشراف الدكتور يوسف الميمي. نأمل من حضرتكم الإيعاز لمن يلزم لمساعدتها للحصول على المعلومات اللازمة للدراسة، علماً أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبها.

لدا مانع من استقبال الطالب المذكور
لتطهير استبانته حول الموضوع
وتفضلوا بقبول فائق الاحترام
المذكور

عميد كلية الدراسات العليا

د. نوار قطب



نيابة عميد كلية الدراسات العليا
باسم الكلية
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Page 1 of 1

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Appendix 6: Questionnaire Validation Experts Panel

Name	Position
Dr. Shahenaz Najjar	Faculty of graduate studies, Arab American University, Palestine
Dr. Ashraf Mimi	Faculty of graduate studies, Arab American University, Palestine
Dr. Sami Sader	Faculty of graduate studies, Arab American University, Palestine
Dr. Hussein Jabareen	Head of Pharmacy Department, Hebron University, Palestine
Dr. Faisal Awartani	Faculty member (a professor in statistics), health sciences department, Arab American University, Palestine

الملخص

مقدمة: إن جودة الخدمات الصحية المقدمة في المستشفيات الخاصة عامل حاسم يؤثر على رضا المرضى ورغبتهم في الحصول على الرعاية الطبية. ترتبط جودة الخدمات الصحية المقدمة في المستشفيات الخاصة ارتباطاً وثيقاً بالموارد المالية المتاحة للمستشفى. فالمستشفيات الخاصة التي تحصل على تمويل كافٍ تكون أكثر قدرة على الاستثمار في أحدث المعدات والتقنيات الطبية، واستقطاب الكوادر الطبية المؤهلة والاحتفاظ بها، وتوفير رعاية شاملة للمرضى. لا يمكن المبالغة في أهمية رضا المرضى عن جودة الخدمات الصحية المقدمة في المستشفيات الخاصة. فالمرضى الذين يشعرون بالرضا عن تجربتهم في مجال الرعاية الصحية من المرجح أن يلتزموا بخطط العلاج، ويحققوا نتائج صحية أفضل، ويوصوا الآخرين بالمستشفى.

هدف الدراسة: تهدف هذه الدراسة إلى استكشاف مدى رضا المرضى المعاكسين عن جودة الخدمات الصحية المقدمة في المستشفيات الخاصة في الضفة الغربية. المواد والطرق: تم تصميم الدراسة على أساس دراسة مقطعية مستعرضة. شمل مجتمع الدراسة المرضى الذين تم إدخالهم إلى أجنحة المرضى الداخليين في المستشفيات الخاصة الثلاثة المختارة: المستشفى الاستشاري العربي ومستشفى نابلس التخصصي والمستشفى الأهلي. تتكون أداة الدراسة من استبيان منظم لتقييم رضا المرضى عن خدمات الرعاية الصحية وقد تم توزيع 87 استبيان على المرضى لكل مستشفى قيد الدراسة.

تم إجراء تنقية البيانات وتحليلها باستخدام الإصدار 26.0 من برنامج IBM SPSS للإحصاء من IBM SPSS. وقد ساعد التحقق من صحة الخبراء والدراسة التجريبية بالإضافة إلى معيار كرونباخ & ألفا 0.921-0.955 في إثبات الموثوقية. تم إجراء إحصاءات وصفية، و ANOVA، واختبار t، وارتباط الشخص باستخدام حزمة تحليل البيانات SPSS.

النتائج: من بين المرضى البالغ عددهم 261 مريضاً كان أكثر من نصف المشاركين في الدراسة من الإناث (54.0%) و46.0% من الذكور بمتوسط عمر 12.48 ± 37.63 سنة. أفادت الدراسة أن المتوسط المرجح للتصورات الإجمالية حول جودة الخدمات الصحية كان 91.80%. ووفقاً للنتائج، كانت الموثوقية (92.60%)، يليها التعاطف (92.40%)، ثم الملمسية (91.60%). وكان المجال الأقل تصنيفاً هو الأمان (91.40%). كما أظهرت النتائج أن المتوسط المرجح للتصورات الإجمالية حول رضا المرضى الداخليين كان 89.80%. أظهرت النتائج وجود فروق كبيرة في متوسط الدرجات فيما يتعلق بجودة الخدمات الصحية ورضا

المرضى المقيمين عن الخدمات الفندقية بالمستشفى والمجال الكلي بناءً على المستشفيات والفئات العمرية والمهنة والدخل ومستويات التعليم والقسم ولجوء المشاركين إلى شخص يعرفونه (أفراد الأسرة أو الأصدقاء أو غيرهم) للحصول على المساعدة أثناء وجودهم في المستشفى (P < 0.05). وفي المقابل، تشير النتائج إلى عدم وجود فروق ذات دلالة إحصائية في متوسط الدرجات فيما يتعلق بجودة الخدمات الصحية ورضا المرضى المقيمين عن الخدمات الفندقية في المستشفى فيما يتعلق بالجنس وظروف المعيشة وزيارة المشاركين لطبيب في عيادة خاصة قبل الذهاب إلى المستشفى من عدمه (P > 0.05).

الخلاصة: أظهرت الدراسة الحالية ارتفاع مستويات رضا المرضى وجودة الخدمات الصحية في المستشفيات الخاصة في الضفة الغربية. كما أظهرت النتائج وجود علاقة طردية قوية بين رضا المرضى من الناحية الإحصائية وجودة الخدمات الصحية وتأثر رضا المرضى بمعظم البيانات الاجتماعية والديموغرافية.

الكلمات المفتاحية رضا المرضى، وجودة الخدمات الصحية، والمستشفيات الخاصة، والضفة الغربية.