



**Arab American University
Faculty of Graduate Studies**

**Women's Satisfaction with Maternal services at Red
Crescent Society Hospital in Jerusalem**

By

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**This thesis was submitted in partial
fulfillment of the requirements for the Master`s
degree in Quality Management**

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Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's work and has not been submitted by others elsewhere for any other degree or qualification.

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A handwritten signature in blue ink is written over a horizontal dashed line. The signature is stylized and appears to be 'Jihan Ghazi Abu Rmeileh'.

Date

31/03/2022

Dedication

This thesis work is dedicated to my father's memory, mother, husband, children, and all those who encouraged me to pursue my dreams and finish my thesis: Unlimited thankfulness and love.

Acknowledgment

I am grateful to Allah who gives me the strength and ability to complete my thesis.

I would like to say thanks and show my gratitude to my respectable

Supervisor Dr. Ayesha AlRifai, who guided, supported, and encouraged me throughout the completion of this thesis.

I also would like to express my deepest gratitude to my family and friends, for their motivation, support, and encouragement throughout this research period.

Special thanks to the Red Crescent Society Hospital (RCSH) in Jerusalem administration for making our work of better quality.

Abstract

Nowadays, patient satisfaction with hospital services is recognized as one of the most significant aspects of its quality. In the extremely competitive healthcare industry sector, healthcare administrators should concentrate on obtaining high patient satisfaction to increase the quality of service delivery.

This research study aims to measure women's satisfaction with maternal services at Red Crescent Society Hospital (RCSH) in Jerusalem. This research study quantitative data gathering tools to ensure an accurate and comprehensive analysis of the research findings. The study design incorporates three parts, where in the first two mainly quantitative survey data were collected from service users (women) employing two different tools, one for each. The third part held a validation meeting with selected service providers.

In the first part, employing a retrospective cross-sectional study, quantitative data were harvested by selecting a sample only from the previous year's (2020) completed responses as in the pre-existing hospital questionnaire. The sample size was calculated to be 350 completed questionnaires that were randomly selected using the simple random sampling method. Furthermore, the findings indicated from the pre-existing questionnaire: that medical care by nurses was the lowest level of satisfaction (($M=3.82$, $SD=0.41$), in addition, that nurses and doctors identify themselves at a low rate (83.1%-85.7%) and RCSH Jerusalem has a high reputation since most of the participants (97.1%) will advise other women to deliver in RCSH.

In the second part of the research study, a cross-sectional study was conducted using a second measurement tool that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare.

A second sample equal to 450 was taken from women who get maternity healthcare services in RCSH in Jerusalem before discharge. Quantitative data were analyzed using SPSS. The results indicated that women were satisfied with all dimensions of the service quality that were provided by RCSH Jerusalem with the highest mean of 4.57 for the Personal Quality dimension and the lowest mean of 3.86 for the overall experience dimension. On the other hand, Loyalty (No of birth in RCSH Jerusalem) and Overall Experiences of Medical Care received dimension in Women's satisfaction with maternity services provided, has a strong relationship.

Finally, conducting in-depth validation meeting with a total of 6 selected care providers in the hospital was done to pull out key themes and influential dimensions, and satisfaction issues. The outcome of the meeting was that the new tool was comprehensive, abundant, and contained accurate details that help identify points of satisfaction and dissatisfaction of women, which helps in identifying opportunities for improvement.

Keywords: Patient satisfaction, Service quality, Patient-perceived dimensions of Total Quality Service (TQS) in healthcare, Maternal Satisfaction, Childbirth experience.

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List of Abbreviations

Abbreviation	Meaning
RCSH	Red Crescent Society Hospital
SQ	Service Quality
TQS	Total Quality Service
BSS-R	Birth Satisfaction Scale-Revised
JCI	Joint Commission International
IN	Infrastructure
PQ	Personnel quality
PQDC	Doctor's care
PQNC	Nursing care
PQPS	Paramedical and support staff quality
PQQC	Quality of communication
PCC	Process of clinical care
AP	Administrative Procedures
SI	Safety Indicators
OE	Overall, Experience of medical care received
SR	Social Responsibility
WHO	World Health Organization

Chapter One

Introduction

1.1 Overview

This chapter aims to identify the research topic and research questions. Thus, the chapter presents a general overview of the research where the background of the research is demonstrated in the first section. In addition, the research problem, the aim and objective of the research, and the significance and justifications of the research are presented. Finally, the thesis structure is presented.

1.2 Background

The last decades have witnessed an important development in the field of services, which has become of great importance in the economics of institutions.

This created intense competition among its providers. In these circumstances, researchers and those interested in service activities became aware of the importance of quality in providing services and its impact on customer satisfaction to create a competitive advantage and increase profitability for service institutions.

In the hyper-competitive world of the 21st century, any organizational services or products that seek growth and profitability must be willing to deliver services and products that can fulfill customers' ever-changing needs. An organization must have quality services that can produce the satisfaction and loyalty of customers to be able to remain competitive (Mahmoud et al.,2019).

Whereas the medical and technological progressions work to improve and advance health care, they do not always translate into significant improvements in overall health care quality outcomes. (Hines et al., 2020).

In the extremely competitive healthcare industry sector, healthcare administrators

should concentrate on obtaining high patient satisfaction to increase the quality of service delivery. Healthcare administrators must also recognize the factors affecting patient satisfaction that is used in measuring the quality of healthcare delivery (Al-Abri et al., 2014).

Patients are the major customers of hospital services. Nowadays, patient satisfaction with hospital services is recognized as one of the most significant aspects of its quality, because patient satisfaction is an approximated holistic indicator of a hospital organization and the entire health system, and it is a forecaster of numerous requests for medical care in the given hospital from a financial and marketing viewpoint.

Quality has become an increasingly prominent part of our lives. People are constantly looking for quality products and services. The existence of this desire for quality has caused firms and organizations throughout the world to consider it an essential component of any service and production process. Quality is one of the most critical sources of competitive advantage for companies aiming to represent and retain primary clients in today's rapidly changing and internationally competitive market environments (SenthilKumar et al., 2011).

The quality of health services and access to technical excellence in providing health services will always remain among the most important priorities in any institution and the basis of its development plans. To obtain patients' satisfaction, we must always work to ensure the quality of services to build a health system that emphasizes justice and transparency in providing health services in all its forms and levels.

The service industry undergoes enormous pressures in an era of competition to deliver continuous performance and better quality while focusing on customers (Talib et al., 2015).

If there has ever been an industry where we want zero defects (Quality Crosby Concept), it is the healthcare sector. Like any other industry, the Healthcare industry aspires to focus on creativity to remain competitive, cost-effective, and time-consuming. Healthcare sectors have seen recent progress in continuous quality improvement and this has gained traction since 1990, according to Donabedian 's declaration to integrate the patient experience into quality evaluation, healthcare administrators are thus implementing patient-centered care as a major component of the healthcare mission (Aerlyn et al., 2003).

Putting the patient first is a task that entails not only a huge shift in the attitude of all stakeholders in the provision of health care but also the way of measuring patient satisfaction levels and figuring out what applies to them before, during, and after their journey to any hospital (Amit et al.,2013).

By delivering quality services, a healthcare organization will improve patient satisfaction; bearing in mind the needs of patients and continuous improvement of health care services (Zineldin,2006).

A process that ranges from pre-pregnancy to the postpartum period and in which women and health care providers are participants in the provision of care should be high-quality maternal service (AbouZahr et al., 1996).

For maternity services, it is important to obtain accurate and credible input from women about their experiences in maternity care and to do this, it is important and valuable to use rigorous methods to assess maternal satisfaction. Due to the need to look at all forms of care, including the labor/birth and the postpartum period, measuring satisfaction with a consistent model is critical and complex (Perriman et al.,2016).

Throughout the continuum of health care safety and quality enhancement, it is important

for patients to be involved, as patients provide a 'reality check' that can help healthcare organizations recognize how to make health care improvements that are significant to patients (Redshaw et al., 2006).

1.3 The Palestinian Red Crescent Society Hospital in Jerusalem Profile:

Jerusalem ID women are forced to give birth in Jerusalem hospitals to ensure their children are eligible for "permanent residency," a document requiring Palestinians to live in Jerusalem (Hamayel et al.,2017).

This created challenges for East Jerusalem hospitals that provide maternity services to create competitive advantages in which Israeli hospitals can compete and become the first and best option to provide high-quality competitive services, Red Crescent Society Hospital in Jerusalem is one of those.

The Palestinian Red Crescent Society (RCSH) in Jerusalem is a tertiary-level healthcare institution that offers specialized consultative care services in gynecology, women's surgery, Children's intensive care, and premature babies for the East Jerusalem population surrounding areas. Hospital services are distinguished by their high quality and easy to reach by population.

The Palestinian Red Crescent Society Hospital contains 30 beds and it works with a beds engagement rate reaching between 100%; about 250-290 births and about 80 women surgical operations monthly.

RSCH in Jerusalem has received ISO certification since 2006 and has been certified by the Joint Commission International Committee for Hospital Accreditation since 2014, therefore making her patients satisfied is the highest concern for them.

1.4 The Research Problem

Since patient satisfaction is a significant outcome of the delivery of healthcare services, understanding the priorities of patients among the different dimensions of service quality is necessary for healthcare providers to efficiently allocate existing healthcare resources (Vishal et. al, 2016). On the other hand, improving the quality of hospital care is an international challenge that healthcare systems need to address.

The Palestinian Red Crescent Society (RCSH)-Jerusalem contains 30 beds and works with a beds occupancy rate that reaches up to 100%; while conducting about 250-290 births including 80 women surgical operations monthly.

The hospital has received ISO certification since 2006 and has been certified by the Joint Commission International Committee (JCI) for Hospital Accreditation since 2014. Therefore, keeping patients satisfied is an outright concern for hospital management. To this end, currently, RCSH in Jerusalem uses a tool to measure patient satisfaction, not specific to maternity services, and is not built based on quality frameworks or dimensions. Thus, the instrument is not robust, which means that it may not be yielding credible findings. In addition, no systematic statistically-based scientific analysis was done on the collected data and only rough conclusions are drawn from it in observing women's satisfaction with the offered services.

This study aims to measure women's satisfaction with maternal healthcare for quality improvement in RCSH in Jerusalem based on a robust instrument or tool that is based on a scientific perspective that is based on previous literature and is specific to measure service in healthcare -patient-perceived dimensions of (TQS)in healthcare according to Duggirala et al.,2008.

1.5 Research Objectives:

The main goal of this study is to measure women's satisfaction with maternal healthcare for quality improvement in RCSH in Jerusalem.

To fulfill this goal and help RCSH in Jerusalem improve the offered services and enhance their competitive edges, the following aims are established: -

1. To investigate the level of women's satisfaction with the maternal services received in RCSH – in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare.
2. To determine the degree of women's loyalty to the maternal services received in RCSH – in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare
3. To explore the level of women's satisfaction with the maternal services in RCSH –in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare by demographic variables.
4. To assess the degree of women's loyalty to maternal services provided by RCSH – in Jerusalem based on Patient-perceived dimensions of (PQS) in healthcare.

1.6 Research Significance and Justifications

Quality is one of the most critical sources of competitive advantage for companies aiming to represent and retain primary clients in today's rapidly changing and internationally competitive market environments (Senthilkumar et al., 2011).

The service industry, including concerning health, undergoes enormous pressures in an era of competition to deliver continuous performance and improved quality while focusing on customers (Talib et al., 2015).

Healthcare sectors have seen recent progress in continuous quality improvement and

this has gained traction since 1990, according to Donabedian's declaration to integrate the patient experience into quality evaluation, healthcare administrators are thus implementing patient-centered care as a major component of the healthcare mission (Aerlyn et al., 2003).

By delivering quality services, a healthcare organization will improve patient satisfaction, bearing in mind the needs of patients and continuous improvement of health care services (Zineldin,2006).

For maternity services, it is important to obtain accurate and credible input from women about their experiences in maternity care and to do this, it is important and valuable to use rigorous methods to assess maternal satisfaction. Due to the need to look into all forms of care, including the labor/birth and the postpartum period, measuring satisfaction with a consistent model is critical and complex.

Throughout the continuum of health care safety and quality enhancement, it is important for patients to be involved, as patients provide a 'reality check' that can help healthcare organizations recognize how to make health care improvements that are significant to patients (Klemetti et al., 2006).

The challenge for East Jerusalem hospitals including RCSH in Jerusalem is to provide maternity services of competitive advantage compared with the well-resourced better-equipped Israeli hospitals so that they are the preferred option to women by providing them with high-quality competitive services. Even though there are other Palestinian hospitals in East Jerusalem which provide also maternity services such as Saint Joseph Hospital and Al Makassed hospital, these hospitals do not present RCSH with competition threats. This is because they all are members of the East Jerusalem Hospitals Network that shares resources based on the capacity of each and works

collaboratively in organizing health services for East Jerusalem Palestinians including those of maternity care. Overall, in Palestine, the bed occupancy rate was 112% births. For example, during 2019, 2723 births took place at Saint Joseph Hospital 2000 at Al Makassed Hospital, and 3200 at RCSH in Jerusalem. (Palestinian Ministry of Health annual statistical report 2019 pp 216). Meanwhile, the recommendation of WHO of an 85% occupancy rate for effective capacity management, achieving quality makes this study more challenging.

While RCSH in Jerusalem is a non-profit hospital in Jerusalem, marketing has now become a major component of its strategies. Non-profit organizations face rigid competition for funding and membership. Sound marketing will help them gain membership, donations, and support.

The results of this study will generate information that the hospital decision-makers may use to improve the delivery of better maternity health services to women in RCSH in Jerusalem. This will contribute to improving the overall women's satisfaction with maternal healthcare and loyalty to the hospitals, which are the key factors in this study.

Collecting and reviewing patient satisfaction information can be used to help assess if patients are getting treatment and care that are sensitive to individual patient preferences, needs, and values. More complete information on the quality of patient care is provided by assessing patient experience along with other elements of patient care, such as safety and effectiveness (Joint Commission International Accreditation Standards for Hospitals, 2020).

Since RCSH in Jerusalem is a maternity hospital, it is particularly important to select an instrument that is specific to healthcare and focuses on maternal care. This could provide an opportunity to measure the quality of maternal care and to develop and

implement quality improvement strategies to provide maternity services based on women's needs.

By analyzing questionnaire data, areas of achievement can be acknowledged and rewarded; conversely, areas of improvement are identified and, where possible, rectified.

1.7 Research Questions

This research study aims to measure and explore women's satisfaction with the maternal services at RCSH in Jerusalem; the following questions were answered:

1. What is the level of women's satisfaction with the maternal services received in RCSH –in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare?
2. What is the degree of women's loyalty to maternal services provided by RCSH – in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare?
3. Are there any significant differences in the level of women's satisfaction with the maternal services in RCSH – Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare and demographic data?
4. Are there any significant differences in the degree of women's loyalty to maternal services provided by RCSH – in Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare?

1.8 Thesis Structure

This research includes five chapters. Chapter One presents a general overview of the research, the background of the study is demonstrated in the first section, the research problem, the aim and objectives, the significance of the research, and the research questions.

Chapter Two demonstrates the theoretical and conceptual framework and previous literature will be reviewed. It dealt with the issue of the quality of services, especially health services, in addition to reviewing the most important studies which dealt with the same subject and then commented on them to determine the extent of their benefit in the current study. Finally, the developed hypotheses are represented in the last section.

Chapter three outlines the used methodology in this thesis, the different and research approaches were addressed in the first sections, the methodological choice that was used, data collection methods, sampling techniques were part of this chapter, the final section is presenting the data analysis techniques Statistical Packages for Social Sciences (SPSS) utilized in this thesis to explore relationships between constructs.

Chapter Four presented an analysis of the collected data and the results, the descriptive statistic's findings are displayed in the first section, using (SPSS) software, the quantitative data collected via a questionnaire were analyzed, to test the proposed hypotheses and to measure Women's Satisfaction with Maternal Healthcare in (RCSH) in Jerusalem. The analysis results and findings are presented in the next sections.

Lastly, Chapter Five discussed the results of analyzing the conceptual model and the hypotheses testing results, afterward, the research study limitations and the expected future research are presented in the following sections, a set of recommendations depending on the study outcomes are presented, finally the conclusion.

Chapter Two

Literature Review

2.1 Overview

In this chapter, the theoretical and conceptual framework and previous literature will be reviewed. It deals with the issue of the quality of services, especially health services, in addition to reviewing the most important studies which dealt with the same subject and then commenting on them to determine the extent of their benefit in the current study. The study next takes us to the conceptual framework, which ends the chapter with the development of the hypothesis and the study's conceptual model.

2.2 Background

To improve healthcare service quality, a thorough understanding of the concept of quality and the variables influencing it is required. Quality in healthcare is the result of patient and healthcare provider collaboration in a nurturing environment. The quality of healthcare services is determined by personal factors affecting the healthcare provider and the patient and as well as factors affecting the healthcare organization and the general environment. The previous analysis can be used to indicate several numbers of theoretical relationships (Mosadeghrad et al.,2014). Figure 2.1- illustrates these relationships.

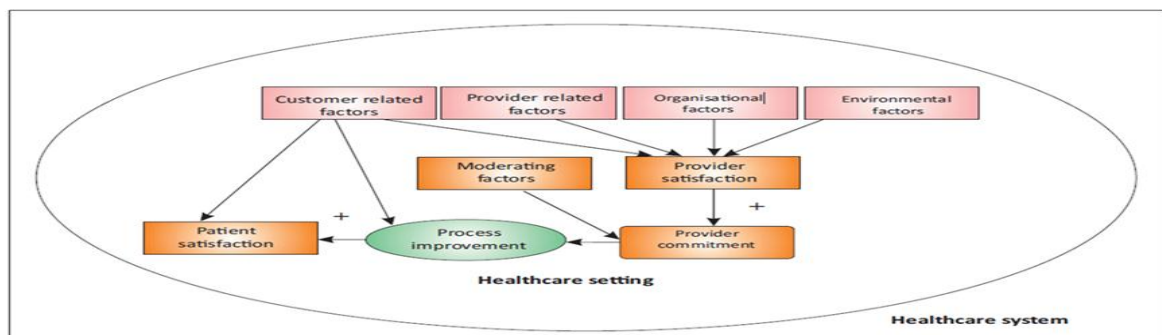


Figure (2-1): A proposed model of factors affecting the quality of healthcare services. (Mosadeghrad et al.,2014).

Patients are always on the lookout for high-quality medical care. Understanding the factors that influence the quality of healthcare services can help to set benchmarks for best practices, provide appropriate care, and improve processes (Mosadeghrad,2014).

Considering the patient first is a task that demands not only a dramatic change in the thinking of all healthcare stakeholders, but also the ability to measure patient satisfaction and identify what appeals to them before, during, and after they visit any hospital.

2.3 Definition of Quality

Quality has become an ever more notable part of our lives. Users are constantly looking for better goods and services. The presence of this demand for quality has led companies and organizations to view it as an integral component of every service and development process throughout the world. Quality is a strategic weapon to distinguish between competitive advantages (Al-Abri et al.,2014).

There is no single universally accepted definition. About one, several definitions exist. Quality has, thus, been defined as *‘meeting and/or exceeding customers’ expectations’* (Parasuraman et al., 1985), and *“consistently delighting the customer by providing products and services according to the latest functional specifications which meet and exceed the customer’s explicit and implicit needs and satisfy the producer/provider”* (Mosadeghrad, 2012).

Total quality management (TQM) is a management philosophy, which focuses on organizational success through consumer satisfaction (Arasli et al., 2004).

It is a strategic tool to improve patient satisfaction, reduce costs and reduce medical errors (Naser et al., 2011).

2.4 Service Quality (SQ):

These days, the highest standard of service must be offered for a service provider to compete in an overcrowded marketplace. Because of its strong effect on corporate efficiency, lower costs, greater customer satisfaction & loyalty, and eventually, profitability, the quality of service has been a major area of focus for many professionals, managers, and scientists, according to many researchers (Seth et al., 2005).

The concept of service quality is based on the premise that it is the consequence of a customer's comparison of their expectations for a service and their impression of how the service was delivered (Parasuraman et al.1985).

Parasuraman et al. (1985) defined Service quality as a” *comparison between expectations and performance and in further studies defined service quality as the discrepancy between customers’ expectations and perceptions.* “

Another Definition for “*The consumer’s overall impression of the relative inferiority/superiority of the organization and its services*” (Bitner and Hubbert, 1994).

Perceived service quality can be defined as the customer's judgment about the superiority or excellence of a product while perceived value is the customer's overall assessment of the utility of a product based on perceptions of what is received and what is given (Zeithaml et al., 1996).

The literature on service quality (SQ) includes multiple models from various researchers, such as:

Table -2.1: Hospital SQ Dimensions and Models from Selected studies (Talib et al.,2015)

Author(s)	SQ dimensions/model
Parasuraman et al. (1985)	Tangibles, reliability, responsiveness, communication, credibility, security, competence, courtesy, understanding, and access
Parasuraman et al. (1988)	Tangibles, reliability, responsiveness, assurance, and empathy
Carman (1990)	Admission, tangibles accommodation, tangible food, tangible privacy, nursing, explanation of visitor access, courtesy, discharge planning, and patient accounting
Edvardsson et al. (1994)	Experience, knowledge, and competence of hospital personnel, combined with their commitment and willingness to serve the customer, reliability, trust, empathy, and handling of critical factors
Zairi (1998)	Deming prize, Malcolm Baldrige National Quality Award (MBNQA), European Quality Award, and the George M Low NASA quality award
Ovretveit (2000)	Client, professional, and management quality
Zeithaml et al. (2002)	Information availability, ease of use, privacy/security, graphic style reliability
Raduan et al. (2004)	Security; performance aesthetics, convenience, economy, and reliability
Duggirala et al. (2008a)	Infrastructure, personnel quality, the process of clinical care, administrative procedures, safety indicators, overall, the experience of medical care received, and social responsibility

Padma et al. (2009)	Infrastructure, personnel quality, the process of clinical care, administrative procedures, safety indicators, corporate image, social responsibility, the trustworthiness of the hospital
Aagja and Garg (2010)	Admission, medical service, overall service, social responsibility, discharge (PubHosQual Model)
Zineldin et al. (2009)	Object, processes, infrastructure, interaction, and atmosphere
Hsieh (2012)	MOT Model: managerial, operational, and technical quality dimensions
Untachai (2013)	Reliability, tangible, response, cost, and empathy
Deshwal et al. (2014)	Staff professionalism, clinic staff reliability, clinic accessibility, and basic facilities, tangibles, cleanliness, awareness of the clinic/diseases, and how clinic staff deals with emergencies

Lim and Tang (2000) added 'accessibility/affordability, Tucker and Adams (2001) 'caring and outcomes' while Johnston (1995) increased SERVQUAL to 18 dimensions,

2.5 Service Quality in Healthcare:

The concept of service quality has been formed and investigated in a variety of businesses; however, the service sector, particularly hospital services, has only recently garnered the same attention (Mostafa, 2005).

Providing high-quality healthcare services also requires much work behind the front lines. Every element in the complex process of healthcare delivery must be carefully managed. A quality product or service meets or exceeds expectations. Expectations can change, so quality must be continuously improved (Reiman, 2001).

Healthcare service quality is even more difficult to define and measure than in other sectors. However, healthcare service quality depends on the service process and customer and service provider interactions (Mosadeghrad,2012).

Healthcare services can differ between producers, customers, places, and daily. This ‘heterogeneity’ can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs (Mosadeghrad, 2014).

Recently, quality in health care service has generated a lot of interest in a sector that previously paid less attention to this topic. It is increasingly being linked to organizational sustainability in an ever-increasing competitive business environment. The achievement of quality of services can be viewed as a goal and a marketing tool at the same time in the sense that attainment of high-quality service quality can bring about customers satisfaction. It becomes imperative therefore for companies to measure the quality of services they provide (Mahmoud et al., 2019).

When customers define the quality of healthcare, they consider high-value healthcare, which, at affordable prices, accomplishes successful outcomes (Reiman, 2001). Consequently, Healthcare results can also not be assured.

Donabedian (1980) defined healthcare quality as *“the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk”*.

Øvretveit (2009) defines quality care as the *“Provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available”*.

Various tools to measure service quality have been proposed by researchers.

2.6 Service Quality in the Healthcare Sector of Palestine:

A study has been done that aims to evaluate the satisfaction of patients as a method for tracking and evaluating the quality of primary health services in the Old City of Jerusalem by examining the key factors affecting patient satisfaction and identifying the key issues that plague the city's health sector.

The findings of the regression study showed four variables that affected patient satisfaction in the Old City of Jerusalem that surrounds hierarchically, time and access, the physical environment in the health care centers, cost and health insurance, and comprehensiveness and quality of the healthcare (Public Health Research, 2016).

Abd Al-Rahman & Al-Adham performed another study in 2004 on Perceived Health Care Service Quality in Palestinian hospitals operating in Nablus Region. The primary objective of the study was to look into the possibility of introducing quality management approaches to the health care system to classify the level of services provided in Nablus hospitals (public, private and charitable) and to look for quality management approaches in the health care system.

A clear correlation between the overall processes of hospital delivery care and patient satisfaction, as patient satisfaction is directly linked to employee attitudes and expectations as they are in turn related to the hospital and its management practices. The findings also revealed that complete requirements for quality control are not perceived to be hospital goals. None of the operating hospitals, except for Rafidia hospitals, applies some of the principles of TQM (Abd Al-Rahman et al., 2004).

2.7 Patient Satisfaction:

There is no general agreement in the literature about how to define healthcare patient satisfaction.

Patient satisfaction is defined as a patient-reported outcome measure in Donabedian's quality measurement model, while the patient can measure the systems and processes of care experiences recorded (Al-Abri et al., 2014).

Rama M, Kinabalu SK. (2011) referred to patient satisfaction as” *patients’ emotions, feelings and their perception of delivered healthcare services*”.

A poor patient satisfaction rating for the hospital may generate a negative picture of it (Mahmoud et al, 2014); (Mahmoud 2019).

The importance of patient satisfaction measurement includes the definition of healthcare facilities from the viewpoint of patients, the evaluation of the treatment process, and the assessment of care as a feature of patient satisfaction (Melese et al., 2014).

Once patient satisfaction measures are used, hospital managers should constantly improve data collection to ultimately identify patient experience information for tangible improvement (Joint Commission International Accreditation Standards for Hospitals-2020).

2.8 Maternal Satisfaction:

It is one of the standards of care established by the World Health Organization (WHO) to enhance the quality of maternity services and measurement of that should be regarded as one of the most important indicators in the field of midwifery in the HealthCare Systems organization (World Health Organization,2016).

Although pregnancy and birth are medical and physiological processes, they may also be emotional and psychological experiences for women. The pregnant woman's culture

and lifestyle beliefs have an impact on this experience. Women may develop an opinion on childbirth without having experienced a childbirth experience, in addition to lifestyle beliefs. In research, these fundamental lifestyle beliefs are divided into two categories: views about birth as a natural process and attitudes about birth as a medical procedure (Alp Yilmaz et al.,2020).

When women have their birth process, participating in their care and decision-making, they are indeed satisfied; they trust responsive, supportive and shared interactions with healthcare providers to ensure women-centered care (Lewis et al., 2016).

Therefore, the notion of maternal satisfaction is multidimensional and the mechanism for achieving a successful assessment is complicated (Sawyer et al, 2013).

In addition, along their maternity journey, women should have a voice and enable services to gain a better understanding and perceptions of them (Rao et al., 2006).

A framework explicitly for the quality of maternity care was created to promote evaluation in institutional contexts by Hulton et al (2000). The Hulton framework has been used to describe themes and sub-themes based on the experience of treatment. Based on the evidence available around them, other elements not exclusive to quality systems, such as ease of access, socio-economic and cultural factors, and maternal characteristics, have also been included.

The satisfaction of women with maternity services is a key indicator of quality. Most maternity assessments appear to represent scattered care models, even though research supporting the use of continuity of care models is growing. It is critical to build robust methods for this context and as well as some uniformity in how this is monitored and recorded for benchmarking and quality improvement purposes (Perriman et al.,2016).

2.9 Patient-Perceived Dimensions of Total Quality Service (TQS) in Healthcare: **(Table 2.2)**

Today's healthcare systems are technically sophisticated. Patient service is prioritized, with systematic efforts to identify, assess, and satisfy the requirements of the clients serviced. Patients' satisfaction with service delivery is influenced by the perceived quality of health care. The perception of patient requirements and expectations being satisfied is referred to as patient perception of quality (Hu et al., 2011).

According to O'Connor, Shewchuk, and Carney (1994), "It's the patient's perspective that increasingly is being viewed as a meaningful indicator of health services quality and may represent the most important perspective" (O'Connor et al., 1994). However, other people believe that patients cannot truly be regarded as good quality evaluators, dismissing their opinions as too subjective. Petersen (1988) opposes this viewpoint, arguing that it doesn't matter whether the patient is correct or incorrect; what matters is how the patient felt, even if the caregiver's view of reality differs significantly.

Perceived total quality will rely on two elements: what the customer expects from the service and how this service is provided in its technical and functional aspects (Groönroos, 1982).

Duggirala et al. (2008) investigated the essential dimensions of patient-perceived healthcare quality and developed a method to measure the point of view of the patient on healthcare quality.

The dimensions of patient-perceived Total Quality Service (TQS) in healthcare are as follows:

- (1) Infrastructure (IN).
- (2) Personnel quality (PQ):

- Doctor's care (PQDC).
 - Nursing care (PQNC).
 - Paramedical and support staff quality (PQPS).
 - Quality of communication (PQQC).
- (3) Process of clinical care (PCC).
- (4) Administrative Procedures (AP).
- (5) Safety indicators (SI).
- (6) Overall, Experience of medical care received (OE).
- (7) Social Responsibility (SR)

Table 2.2. Critical Dimensions of Patient-Perceived TQS in Healthcare (Duggirala et al. 2008).

Dimension	Explanation/ attributes
Infrastructure	This dimension examines the availability and quality of physical facilities such as equipment, ward arrangement, hospital building layout, waiting rooms, clinical and diagnostic test rooms, ambulance services, operation theaters, pharmacy, and blood banks, which contribute to higher patient well-being of patients and higher satisfaction
Personnel quality	The care provided by doctors, nurses, and support staff are important determinants of patient satisfaction with healthcare. Their skill, experience, warmth, responsiveness, and courtesy are covered under this dimension
Process of clinical care	The experience of the patient with clinical processes (treatment processes and outcomes of care) in the hospital is covered in this dimension since they are critical indicators of patient satisfaction with medical care
Administrative procedures	This dimension examines the experience of the patient with the administrative (admission, process, and exit procedures) in the hospital, as these procedures are critical indicators of patient satisfaction with overall medical care

Safety indicators	The patient's perception of safety measures taken during different stages of the patient's stay in the hospital, such as considering the patient's allergy or reaction to certain drugs, hygiene maintained by the hospital personnel, handrails in aisles, ramps designed for the use of wheelchairs, etc. are assessed in this dimension
The overall experience of medical care received	This dimension measures the patient's experience with the hospital, on the whole, the likelihood of a patient recommending the hospital to a family member or friend, care expected and received at the hospital, quality of care in this hospital concerning other comparable hospitals, etc.
Social responsibility	The level of SR and contribution of the hospital to society on the whole, in terms of fair medical treatment to all sections of society, at reasonable cost of medical care, free medical services to the needy, or at nominal costs, ethical principles of the hospital, and maintaining privacy and confidentiality of the patient are studied under this dimension

2.10 The Patient Experience:

Despite their different meanings, the terms 'satisfaction' and 'experience' are often used alternately. Satisfaction is the difference between patient expectations and experience (Beattie et al., 2015).

A positive experience and birth satisfaction could be affected by the fulfillment of expectations, staff attributes, including quality of services and support, participation in decision-making, women-centered care, and the perception of control by women (Hollander et al., 2017).

Patient Experience is defined as *“things that happen to people and the extent that people's needs are met* (Robert et al., 2013).

Patient Experience consists of a wide range of interactions with all types of staff including physicians, nurses, other professionals, and support staff. Understanding the patient's experience is an important component of patient-centered care.

Measurement of patient satisfaction is one way to gather information on patient experience. However, hospital managers must be aware that patient satisfaction is a subjective measure, whereas patient experience is an objective measure (Joint Commission International Accreditation Standards for Hospitals,2020).

Studies on women's childbirth experiences have used numerous substitute words and similar definitions such as 'childbirth satisfaction',' treatment satisfaction',' management experiences' or' care experiences ',' caregiver relationship experience ', and' pain experience'(Larkin et al., 2009).

In a hospital setting, there are many instruments capable of measuring maternal satisfaction with the care provided during childbirth. Nine multi-item tools explicitly studying maternal satisfaction with care provided during labor and birth were described and reviewed by (Sawyer et al. 2013).

For quality evaluation, 36 instruments assessing women's childbirth experiences were used. These tools illustrated a wide variety of uses and content, and the quality of psychometric properties. Most of the tools have been designed and evaluated in the United States and the United Kingdom (Nilvér et al., 2017). One of them is the Birth Satisfaction scale - Revised (BSS-R) will be part of this study.

The birth satisfaction scale (BSS) is defined as a retrospective maternal evaluation of labor experience, with reflective appraisal being important because of its potential effects on mother, infant, and family wellbeing (Hollins et al., 2012).

Professor Caroline J Hollins Martin of Edinburgh Napier University (UK) and Professor Colin Martin of Hull University (UK) developed the Birth Satisfaction Scale-Revised (BSS-R).

In the United Kingdom, the original Birth Satisfaction Scale (BSS) was a 30-item questionnaire established and psycho-metrically verified. A quantitative test measures women's Satisfaction with labor experience and performance. The BSS-R is a validated 10-item, self-report scale established by the same researchers who introduced the original BSS in the United Kingdom, with the same goal of measuring women's satisfaction with birth (Fleming et al., 2014).

When assessing maternity services, the value of measuring satisfaction means that Healthcare Systems should aim to develop valid and accurate instruments for measuring it. The BSS-R appears to be a robust, reliable, and efficient instrument with multidimensional and psychometric features capable of measuring maternal satisfaction with birth, taking into consideration themes that also consider the subjective interpretation of the quality of the care provided (Hollins et al., 2012). To view BSS-R items, see Table 5. (Hollins et al., 2012).

Table2.3: BSS-R Statistical Analysis

10-item BSS-R Statistical Analysis	
1	I came through childbirth virtually unscathed
2	I thought my labor was excessively long
3	The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.
4	I felt very anxious during my labor and birth
5	I felt well supported by staff during my labor and birth
6	The staff communicated well with me during the labor
7	I found giving birth a distressing experience

8	I felt out of control during my birth experience
9	I was not distressed at all during the labor
10	The delivery room was clean and hygienic

2.11 Healthcare Service Quality and Patient Loyalty:

Customer value anticipation is a robust driver of satisfaction and loyalty, satisfaction acting as a mediator for loyalty (Flint et al., 2011). The first concept of loyalty is an attitude (state of mind), and the second concept is behavioral.

Loyalty can be defined as a desire to suggest, a willingness to return, and positive Word of Mouth (WOM) goals. Constructive WOM, which includes oral, one-on-one correspondence between a recipient and a communicator, is the most reliable indicator for forming future behavior and attitude (Buttle, 1998).

Oliver (1980) defined Loyalty as a strong emotional commitment to a product or service that leads to subsequent buybacks. Rebuying behavior is described by Zeithaml et al. (1996) as sustaining relations with service providers.

The relationship between service quality and loyalty can come in two forms: direct and indirect. Direct communication communicates that better service quality precedes customers being loyal, while indirect communication communicates that satisfaction has an intermediary effect between service quality and customer loyalty (Fatima et al., 2018).

Anbori in 2010 defined patient loyalty as a strategic service plan to retain customers in the long-term by providing better service quality (Anbori et al., 2010). If caregivers understand which aspects of service quality are most important to patients and have systems in place to prioritize and ensure that

these are met, patient satisfaction and desire to use medical services will increase (Ahmed et al., 2017).

Satisfaction and loyalty have a statistically significant relationship. Although overall satisfaction has a minor impact, satisfaction with specific hospitalization experiences may be significant (Kessler et al., 2011).

2.12 Conceptual Framework:

This section describes the concepts we gathered from previous research and highlights our contribution to the study. According to previous research, there is a relationship between patient satisfaction and service quality dimensions that can influence one another.

Service quality could be evaluated with the use of service quality dimensions in this research a new measurement tool that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare which is built on Duggirala et al. (2008) was used for Measurement of Women Satisfaction with Maternal Healthcare for Quality Improvement in Red Crescent Society Hospital (RCSH) in Jerusalem. Note that the overall experience of medical care received dimension was expanded to attain the objectives of the research, birth Satisfaction Scale-Revised (BSS-R) that will cover this dimension.

We can now create a conceptual model based on the above-mentioned literature and hypothesis development. In our conceptual framework model, satisfaction is the dependent variable, and the Patient-perceived dimensions of Total Quality Service (TQS) in healthcare, and Loyalty are the independent variables (Figure2-2).

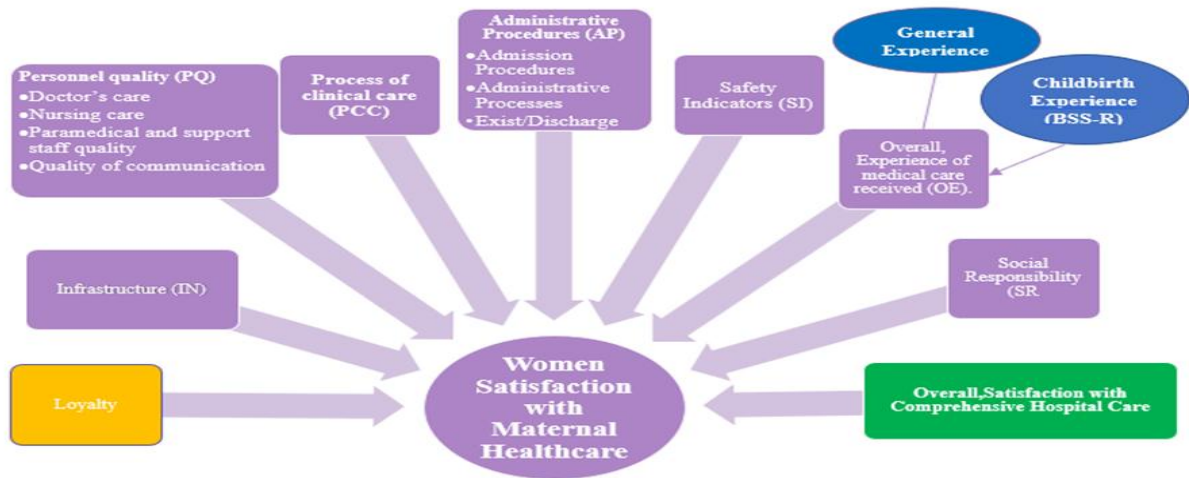


Figure (2-2): Conceptual framework model

2.13 Development of Research Hypotheses

To investigate whether women's satisfaction with the maternal services in RCSH – Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare differ according to demographic data the research hypotheses were developed.

Therefore, this leads to state our first hypothesis:

- H1a: There is no statistically significant difference at $\alpha = 0.05$ between women's satisfaction with the maternal services in RCSH – Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare and age -group.
- H1b: There is no statistically significant difference at $\alpha = 0.05$ between women's satisfaction with the maternal services in RCSH – Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare and Qualification.
- H1c: There is no statistically significant difference at $\alpha = 0.05$ between women's satisfaction with the maternal services in RCSH – Jerusalem based on Patient-

perceived dimensions of (TQS) in healthcare and ‘Place for follow up during current pregnancy’.

- H1d: There is no statistically significant difference at $\alpha = 0.05$ between women’s satisfaction with the maternal services in RCSH – Jerusalem based on Patient-perceived dimensions of (TQS) in healthcare and “Means encouraging women to choose this hospital for maternity”.

From the above-discussed literature where loyalty is measured with certain attributes concerning satisfaction, we can infer that a patient's satisfaction can be affected by loyalty to the health care organization. For this, we will state the second hypothesis.

- H 2a: There are no statistically significant differences at $\alpha = 0.05$ between women’s loyalty (No of birth) and women’s satisfaction with the maternal services in RCSH – Jerusalem and infrastructure dimension of Patient-perceived (TQS) in healthcare.
- H2b: There are no statistically significant differences at $\alpha = 0.05$ between women’s loyalty (No of birth) and women’s satisfaction with the maternal services in RCSH – Jerusalem and the Personal Quality dimension of Patient-perceived (TQS) in healthcare.
- H2c: There are no statistically significant differences at $\alpha = 0.05$ between women’s loyalty (No of birth) and women’s satisfaction with the maternal services in RCSH – Jerusalem, and the Process of clinical care dimension of Patient-perceived (TQS) in healthcare.
- H2d: There are no statistically significant differences at $\alpha = 0.05$ between women’s loyalty (No of birth) and women’s satisfaction with the maternal services in RCSH – Jerusalem and administrative Procedures dimension of Patient-perceived (TQS) in healthcare.

- H2e: There are no statistically significant differences at $\alpha = 0.05$ between women's loyalty (No of birth) and women's satisfaction with the maternal services in RCSH – Jerusalem, and the Safety Indicators dimension of Patient-perceived (TQS) in healthcare.
- H2f: There are no statistically significant differences at $\alpha = 0.05$ between women's loyalty (No of birth) and women's satisfaction with the maternal services in RCSH – Jerusalem and Overall, Experience of medical care received dimension of Patient-perceived (TQS) in healthcare.
- H2g: There are no statistically significant differences at $\alpha = 0.05$ between women's loyalty (No of birth) and women's satisfaction with the maternal services in RCSH – Jerusalem and the Social Responsibility dimension of Patient-perceived (TQS) in healthcare.

Chapter Three

Methodology

3.1 Overview

This chapter outlines the methodology used in this thesis, the different research approaches were addressed in the first sections, the methodological choice is considered in the following section and the research strategies design is also explored. As a part of this chapter data collection methods, sampling techniques are explained.

3.2 Research Approach & Design:

The two primary data gathering strategies applied in the research are quantitative. Patient-based outcomes, which are quantitative measures of care quality that capture the requirements, preferences, and subjective experiences of patients, are increasingly being employed in quality improvement projects (Duff et al.,2001).

This research study adopts quantitative data gathering tools to ensure an accurate and comprehensive analysis of the research findings.

It incorporates the notion of triangulation throughout the whole process. A combination of data sources and data collection methods and tools will be employed to validate findings, pinpoint issues of importance, and construct the most comprehensive depiction of the subject under investigation.

3.3 Research Methodology:

The ideas we received from past literature are summarized in this section and our contribution to this study is illustrated. Evidence in reviewed literature indicates that there is a direct relationship between patient satisfaction and service quality, and both can influence one another. The Duggirala et al. (2008) model forms the conceptual framework of this study. It defines almost all quality of health care service variables and

covers the overall patient satisfaction and patient-perceived dimensions of Total Quality Service (TQS) in healthcare.

The study design incorporates three parts, where in the first two mainly quantitative survey data will be collected from service users (women) employing two different tools, one for each.

In the first part, employing a retrospective cross-sectional study, quantitative data will be harvested by selecting a sample only from the previous year's (2020) completed responses as in the pre-existing hospital questionnaire.

In the second part of the research study, a cross-sectional study will be conducted using a new measurement tool that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare which is built on the Duggirala et al. (2008) model and birth Satisfaction Scale-Revised (BSS-R) that will cover the experience dimension. This part took place in the months of August-September and October 2021 and three-month months.

In the third part, analyzing and interpreting the data using (SPSS), testing research hypotheses, in addition to a Validation Meeting with a total of 6 selected care providers in the hospital to pull out key themes and influential dimensions and satisfaction issues.

Thereafter, data from the three sources and parts will be triangulated and data synthesis will be completed to identify gaps and detect quality improvement needs, aspects and levels. (Figure (3-1): Research Diagram Flow Chart).

The approval from the RCSH-Jerusalem administration was taken to conduct this study. Ethical approval was taken from Prof Caroline J Hollins Martin to use the BSS-R scale and translate it into the Arabic language. In addition, participants' informed consent will

provide information about the study and ensure confidentiality and the right to withdraw at any time.

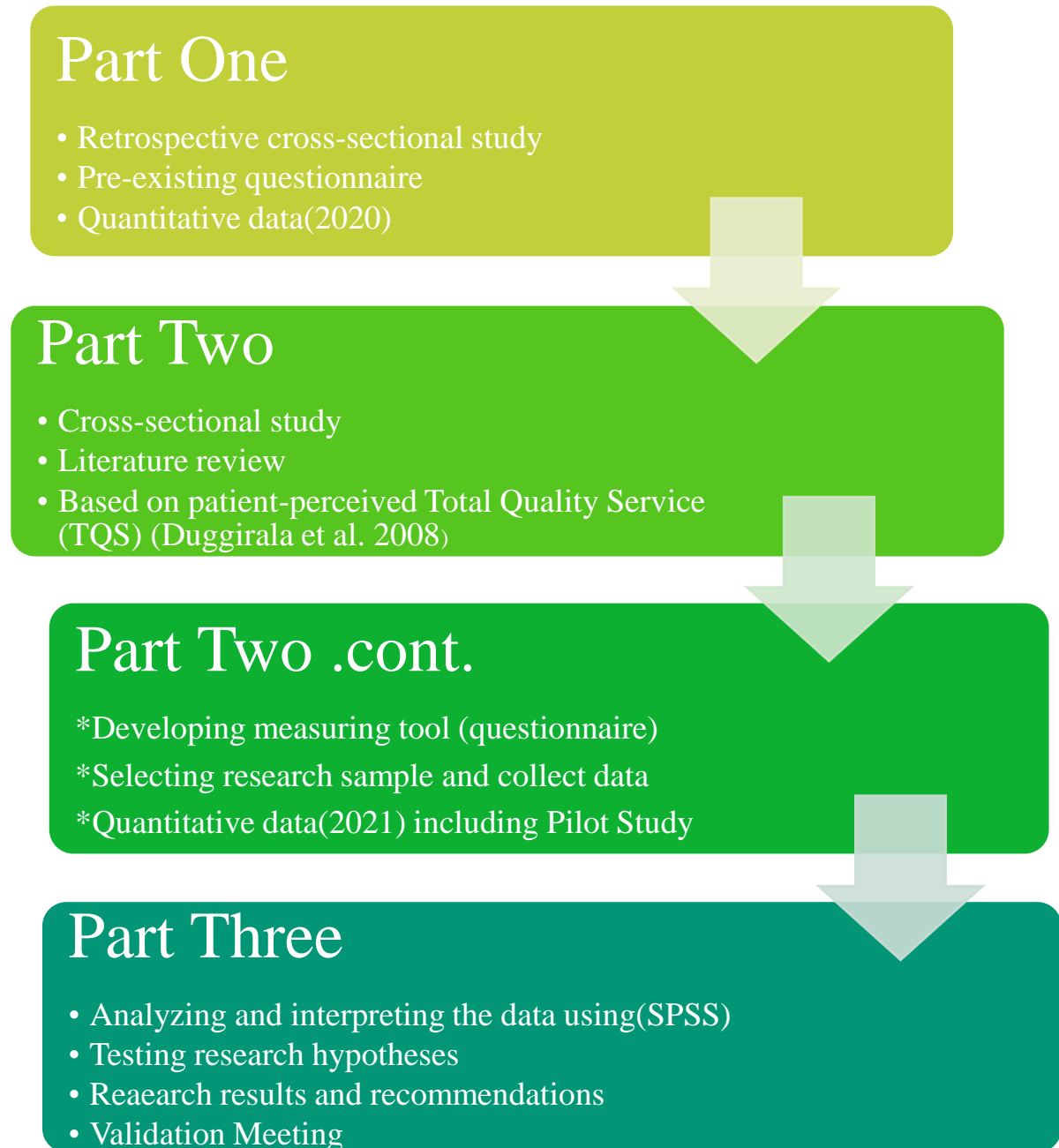


Figure (3-1): Research Diagram Flow Chart.

3.4 Study Population:

The main targeted population of this study will be female in-patients who received maternal services in the RCSH-in Jerusalem just before discharge following treatment.

350 completed questionnaires were randomly selected using the simple random sampling method which is collected by the pre-existing questionnaire during 2020.

The measurement instrument that will be used in the second part of the study will cover all the dimensions of patient-perceived Total Quality Service (TQS) combined with the Birth Satisfaction Scale-Revised (BSS-R) which will be a complementary tool to cover the Overall, Experience of medical care received (OE) dimension.

BSS-R is one of the particular methods of measuring women's experiences of labor which is recommended by the International Consortium for Health Outcomes Measurement (ICHOM) as the 'method of choice' for evaluating women's 'birth experience' (Hollins et al.,2014).

The original British scale will be reviewed, translated into Arabic, and back-translated into English to check for linguistic consistency.

3.5 Data Collection- Questionnaire Design

Even though a variety of measures are necessary to capture the diversity of hospital care, questionnaires are likely to remain the main means of measuring patient satisfaction. Questionnaires can be used to gather considerable quantities of standardized data, which is necessary if the patient perspective is to be reflected equally among other, more quantifiable dimensions of care (Beattie et al., 2015).

3.5.1 Questionnaire Design:

A. Pre-existing questionnaire which was formulated upon general experience. The questionnaire is available in Appendix A.

- Section one: of the questionnaire focused on the women's firm's general information, a place for follow-up during the current pregnancy, and a source of knowledge about RCSH-Jerusalem.
- Section two: First impression about the hospital- 4 questions.
- Section three: Medical care by doctors- 2 questions.
- Section four: Medical care by nurses- 4 questions.
- Section five: Hotel services- 3 questions.
- Section six: General points- 10 questions.

The women were asked to indicate the level of their satisfaction using a five-point Likert scale determined by excellent-very good-good-acceptable-weak. Despite the last 7 questions in the General points section, women were asked to indicate the level of their satisfaction using Yes -No options.

B. A new measurement tool was developed that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare which is built on the Duggirala et al. (2008) model.

The questionnaire was developed containing three sections as shown below:

- **Section one:** Personal and demographic information that consists of 6 questions; age, qualification, place of review during the current pregnancy, means encouraged to choose RCSH-Jerusalem hospital for delivery, the number of births in this hospital (Customer Loyalty which is considered to be the dependent variable), and the health service you came to the hospital for.

- Section two: Patient-perceived Total Quality Service (TQS) in healthcare which is considered as the independent variable; it consists of seven parts that used a five-point Likert scale; where 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree:

(1) Infrastructure (IN):16 questions

(2) Personnel quality (PQ): 9 questions

- Doctor's care (PQDC). :5 questions
- Nursing care (PQNC). :5 questions
- Paramedical and support staff quality (PQPS). 3 questions
- Quality of communication (PQQC). 7 questions

(3) Process of clinical care (PCC). 6 questions

(4) Administrative Procedures (AP). 11 questions

- Admission procedures-5 questions
- Administrative processor-5 questions
- Exit/Discharge processor

(5) Safety indicators (SI). 4 questions

(6) Overall, Experience of medical care received (OE). 15 questions

(7) Social Responsibility (SR) 6 questions

- Section three: Overall women's Satisfaction which is considered also as the independent variable, consists of 5 questions; used on a five-point Likert scale; where 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree scores were also used in this section.

Table 3.1: Dimensions of Pre-existing questionnaire and patient-perceived healthcare quality

A new measurement tool was developed that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare Dimensions of patient-perceived TQS in healthcare	Pre-existing Questionnaire
Infrastructure (16 questions)	First impression about the hospital Partially covered (2 questions)
Personnel Quality (9 questions)	Medical care by doctors & Medical care by nurses Partially covered (6 questions)
Process of Clinical Care (6 questions)	Not applicable
Administrative Procedures (11 questions)	First impression about the hospital Partially covered (2 questions)
Safety Indicators (4 questions)	General points Partially covered (1 question)
Overall, the experience of medical care	Not applicable
Social responsibility	Not applicable

3.6 Sample Size and Sampling Technique:

Based on the estimated average number of women service users being 300 women per month, the estimated number for the full year is 3600 women which is considered the survey-sampling frame.

In light of these numbers, by statistical terms, accepting a 5% margin of error and 95% confidence level, the sample size is calculated to be 348 completed questionnaires that will be randomly selected using the simple random sampling method which is collected by the old questionnaire during 2020.

In the second part of the research study, a cross-sectional prospective study will be conducted using a new measurement tool that is based on Patient-perceived dimensions of Total Quality Service (TQS) in healthcare. This will be completed on another new sample equal to the size of the first; i.e., 348 women who will get maternity healthcare services in RCSH in Jerusalem. The sample will be drawn over three months. This brings the total sample size to 696 women respondents.

3.7 Response Rate

Of the total 450 new questionnaires (based on literature reviews) distributed to women, 438 participants completed the questionnaire, the response rate was 438 (97.3%).

3.8 Data Analysis Techniques

For data analysis, the Statistical Packages for Social Sciences (SPSS) software system will be used. The analysis will include the following: Descriptive analysis (mean and standard deviation), Factor analysis, Cronbach alpha, and univariate analysis of variance (ANOVA).

Just before discharge, the patient was given a hard copy questionnaire. The designated responses took three months to collect, and all of the obtained data was loaded into the SPSS program for analysis.

3.9 Pilot Study:

To make sure that the methodology will generate the desired results, a pilot study was done. It is a reliability and validity check for research tools. The general goal of a pilot study is to provide information, which can contribute to the success of the research project as a whole.

In the current study, the goal of the pilot study is to sort out all practicalities related to measurement instruments as well as the applicability of these instruments to the potential outcomes of the study.

The pilot phase of the study was conducted in Al-Makassed Hospital -Jerusalem maternity department. This hospital was selected because of its easy access from Jerusalem city and facilities in terms of transport and communication and because in many respects the characteristics are similar to that of the RCSH-Jerusalem. A convenience sample of 20 women participated in the pilot phase other than those in the sample. The pilot - phase took place over four weeks in July 2021. This step helped me to evaluate and ensure the clarity of the questionnaire's words from the participants' viewpoint. Their comments showed that the items were suitable, clear, comprehensive, not confusing, and were easy to complete.

3.9.1 Sample:

To verify the reliability and validity of the tool of study, a pilot study was done in Al-Makassed Hospital -Jerusalem maternity department. A total of 20 ladies participated in the pilot phase other than those in the sample.

The preliminary hypotheses that had been developed based on the literature review for the study were defined as a result of the information and insight gained during the pilot phase. The revised hypotheses are presented in Chapter one.

Table 3.2 Displays Cronbach's alpha reliability measure. Reliability is defined as the extent to which an instrument consistently measures a concept.

Table 3.2: Cronbach Alpha for Each Domain

Dimensions	Number of Items	Cronbach Alpha
Infrastructure	16	0.894
Personal quality		0.886
The efficiency of the professional staff	9	0.992
Care provided by doctors	5	0.885
Care provided by nurses	5	0.798
Support staff care	3	0.786
Communication	7	0.874
Process of Clinical Care	6	0.900
Administrative Procedures		0.854
Admission process	5	0.901
administrative processes	2	0.800
Discharge process	4	0.902
Safety Indicators	4	0.854
Overall experience with the medical care received		0.802
Experience of beneficiary medical care received	4	0.908
Childbirth Experience	10	0.748
Social Responsibility	6	0.892
Satisfaction with Comprehensive Hospital Care	5	0.953

To explain the results of the study, the Likert scale traditional analysis and the key are used as presented in the following table.

Table 3.3: Likert Scale Key

Mean	Scale
1 – 2.33	Low
2.34 – 3.66	Intermediate
3.67 - 5	High

Chapter Four

Data Analysis and Results

4.1 Overview

This chapter presents the results of data collection and analysis. One instrument, The Patient-perceived dimensions of (TQS) in healthcare was used to obtain data about women's satisfaction with maternal services at (RCSH) in Jerusalem. SPSS software was used to manage and analyze this data. Data analyses included descriptive statistics, factor analysis, Cronbach's alpha, univariate analysis of variance. The characteristics of the sample are described followed by a discussion of the factor analyses. Finally, the results from the testing of the research hypotheses are presented.

4.2 Results for Part One:

4.2.1 Sample Selection:

In part one of the study, selecting a sample only from the previous year (2020) completed responses as in the pre-existing hospital questionnaire. 350 completed questionnaires that were randomly selected using the simple random sampling method.

4.2.2. Demographic Characteristics for Part One of the Study.

4.2.2.1 Clinic Type:

The majority of the participants (71.0%) did their follow-up at other clinics (private clinics), whereas 29.0 % of them did their follow-up at the Clinics affiliated with RCSH as illustrated in Figure (4-1).

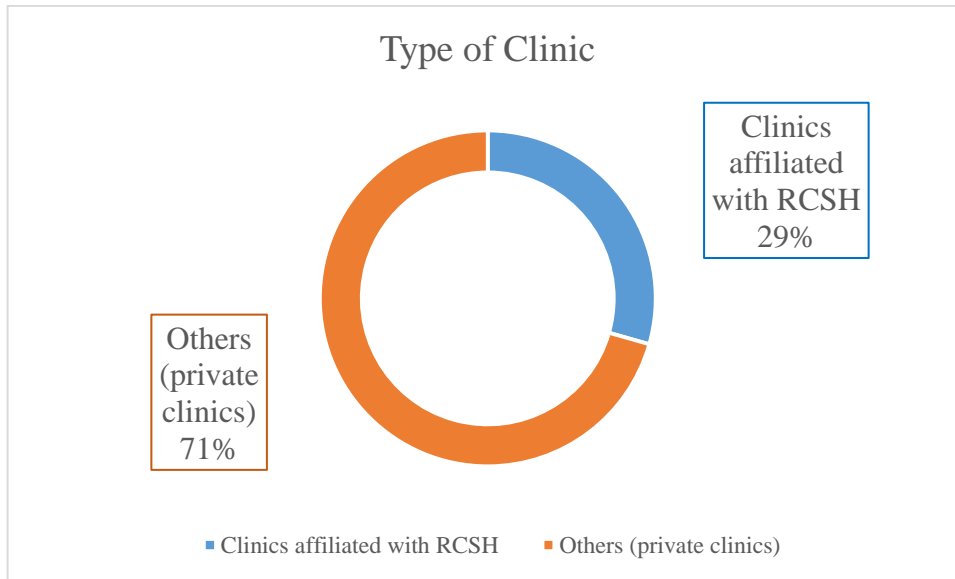


Figure (4-1): Demographic characteristics of Clinic Type

4.2.2.2 Source of Knowledge about RCSH in Jerusalem.

Meanwhile, more than one-third of the participants reported their source of knowledge about RCSH was previous delivery (40.0%), 36.9% reported family/friend was their source of knowledge, 14.0%, and 7.1% reported their source of knowledge was social media, and health employees, is depicted in Figure (4-2).

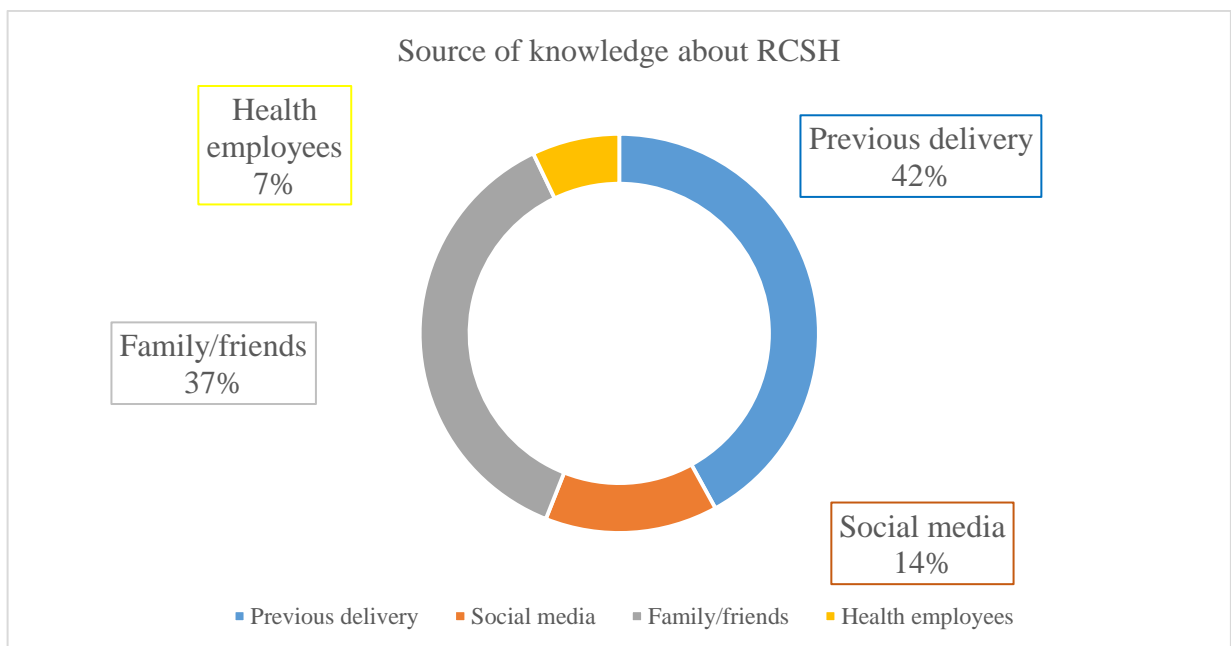


Figure (4-2): Demographic characteristics of Source of Knowledge

4.2.3 The Level of Women's Satisfaction with Maternal Services Offered by RCSH-Jerusalem

The following are the means and standard deviations that were calculated to explore participants' satisfaction with maternal services offered by RCSH of different dimensions. Table 4.1 showed that the majority of the participants (4.95 ± 0.28) were satisfied with the first impression of the hospital item "Speed in opening the file". The statements have high satisfaction and a high mean. Although the participants have high satisfaction in item "Signs on the road", it has the lowest mean (4.43 ± 0.92) in the same factor "first impression about hospital". On the other hand, participants reported a high satisfaction (4.83 ± 0.50) with the medical care by nurses' item "Nurses answering about your questions", the statements have high satisfaction and a high mean. Although the participants showed a high satisfaction in the item "Nurses taking care of your baby", it has the lowest mean (4.81 ± 0.53) in the same factor "Medical care by nurses". The results also showed that participants have a high satisfaction (4.93 ± 0.32) with hotel services item "Maintain calm and comfort", the statements have high satisfaction and a high mean. Despite that, participants have high satisfaction with the item "Room cleaning", which has the lowest mean (4.75 ± 0.49) in the same factor "Hotel services' ". Finally, participants have a high satisfaction (4.80 ± 0.45) with the item of the general point "How much were you satisfied with our services", the statements have a high satisfaction and a high mean. Despite that, participants have high satisfaction in item "Instructions for care of you and the baby are taken beneath discharge" and "How much were you satisfied with our services", they have the lowest mean (4.75 ± 0.49) in the same factor "Hotel services".

Table 4.1: Overall and Specific Means of the Women's Satisfaction with Maternal Services Offered by RCSH -Jerusalem of Different Dimensions.

Dimensions of Women's Satisfaction	Mean	SD
First impression about hospital		
Signs on the road	4.43	0.92
The reception staff's treatment	4.74	0.61
Speed in opening the file	4.95	0.28
Signs inside the hospital	4.70	0.56
Total	4.70	0.44
Medical care by doctors		
Doctors explained your position clearly	4.82	0.45
Doctors treat you in a nice way	4.84	0.46
Total	4.82	0.41
Medical care by nurses		
Nurses treat you in a nice way	4.82	0.51
Nurses answering your questions	4.83	0.50
Nurses explanation about the medication you take	4.82	0.50
Nurses taking care of your baby	4.81	0.53
Total	3.82	0.41
Hotel services		
Room cleaning	4.75	0.49
The food offered to you is sufficient and appropriate	4.78	0.57
Maintain calm and comfort	4.93	0.32
Total	4.83	0.35
General points		
Instructions for care of you and the baby are taken beneath the discharge	4.75	0.56
How much were you satisfied with our services	4.80	0.45
Felling of privacy was.	4.75	0.59
Total	4.76	0.42

From Table 4.2, the overall level of participants' satisfaction showed a high satisfaction level in all study domains including first impression about RCSH, medical care by doctors, medical care by nurses, hotel services, and General points with a mean of (4.70±0.44), (4.82±0.41), (3.82±0.41), (4.83±0.35), and (4.76±0.42), respectively.

Table 4.2 Overall Means for the dimensions of women's satisfaction with maternal services provided by RCSH -Jerusalem Using RCSH Patient Questionnaire

Variable	N	Mean	SD	Level
First impression about RCSH	350	4.70	0.44	High
Medical care by doctors	350	4.82	0.41	High
Medical care by nurses	350	3.82	0.41	High
Hotel services	350	4.83	0.35	High
General points	350	4.76	0.42	High

Figure (4-3) shows that RCSH Jerusalem has a high reputation since most of the participants (97.1%) will advise other women to deliver in RCSH.

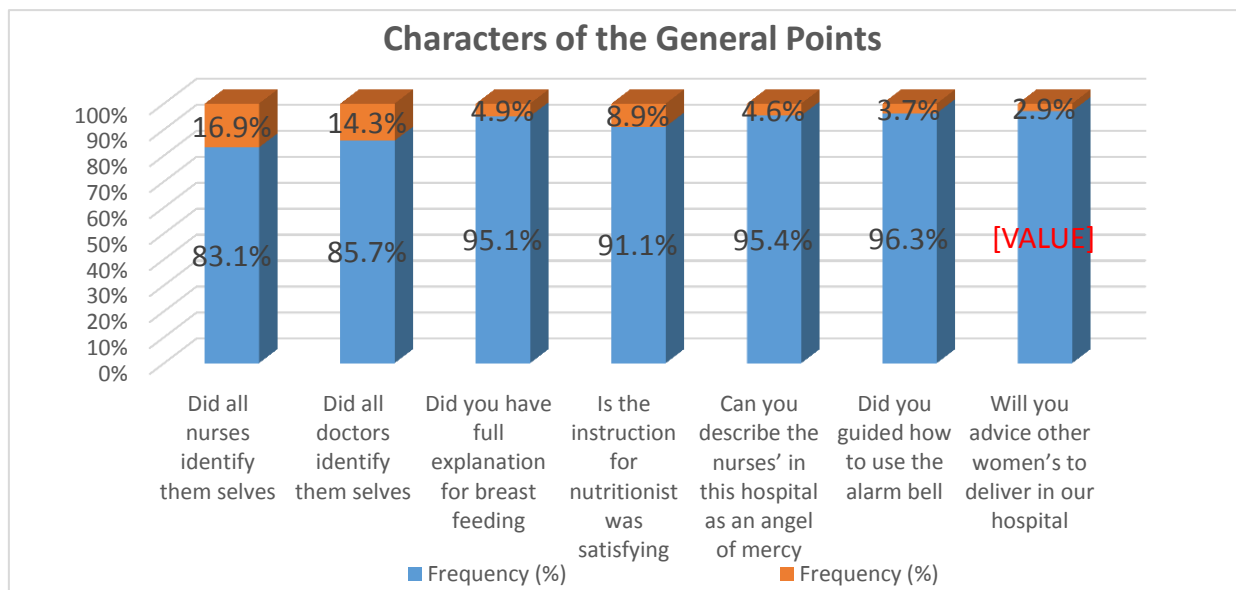


Figure (4-3): Characters of general Points

4.2.4: Differences between Selected Demographic Variables

Two different statistical techniques were used to ascertain if there was a difference between participants selected demographic characteristics and the level of satisfaction for the domains of women's satisfaction.

From Table 4.3, although there is a slight difference in the mean between participants in all study domains, these differences are not up to a significance level. Accordingly, there are no significant differences between all study domains and types of the clinic.

Table 4.3 Comparison of women's satisfaction with maternal services provided by RCSH According to Type of Clinic (N=350)

Variable	Source	Mean (SD)	t-statistics (df)	P-value
First impression about hospital	RCSH clinic (n=103)	4.77(0.35)	1.81(384)	0.072
	Others (n=247)	4.37(0.47)		
Medical care by doctors	RCSH clinic (n=103)	4.86(0.30)	1.28(348)	0.201
	Others (n=247)	4.80(0.45)		
Medical care by nurses	RCSH clinic (n=103)	3.86(0.30)	0.06(348)	0.201
	Others (n=247)	3.80(0.45)		
Hotel services	RCSH clinic (n=103)	4.83(0.33)	0.06(348)	0.995
	Others (n=247)	4.83(0.33)		
General points	RCSH clinic (n=103)	4.76(0.39)	0.03(348)	0.979

From Table 4.4, although there is a slight difference in the mean satisfaction between participants in all study domains, these differences were not up to a significance level. Accordingly, there are no significant differences in the mean satisfaction between all study domains and sources of knowledge.

Table 4.4 Comparison of women's satisfaction with maternal services provided by RCSH -Jerusalem according to the source of knowledge (N=350)

Variable	Source	Degree of freedom	Sum of Squares	Mean Square	F	P-value
First impression about hospital	Between Groups	3	1.488	0.496	2.634	0.050
	Within Groups	346	65.155	0.188		
Medical care by doctors	Between Groups	3	0.109	0.036	0.215	0.886
	Within Groups	346	58.454	0.169		
Medical care by nurses	Between Groups	3	0.109	0.036	0.215	0.886
	Within Groups	346	58.454	0.169		
Hotel services	Between Groups	3	0.436	0.145	1.205	0.288
	Within Groups	346	41.731	0.121		
General points	Between Groups	3	0.656	0.219	1.260	0.288
	Within Groups	346	59.995	0.173		
Total	Between Groups	3	2.221	0.740	0.416	0.742

4.3 Results for Part Two

This section explains the demographic information description and descriptive statistics of each study construct. Also, hypothesis testing, ANOVA analysis, and P-value have been conducted to find out the relationships between each of the variables of this study.

4.3.1. Demographic Information

Demographic characteristics assessed in this study included women's age, qualifications, a place for follow-up during pregnancy, means encouraged women to choose this hospital for maternity, number of deliveries at RCSH-Jerusalem, and health service you came to the hospital for.

The demographic data for part two in this study were summarized for the entire set of women responding to the survey and used in the analysis.

4.3.1.1 Women's Age:

The women's age is represented in figures (4-4), the majority were aged between 27-35 years old (50.9%); followed by ages between 18-26 years (40.0%); less than 18 years (2.1%), and more than 35 years (7.0%).

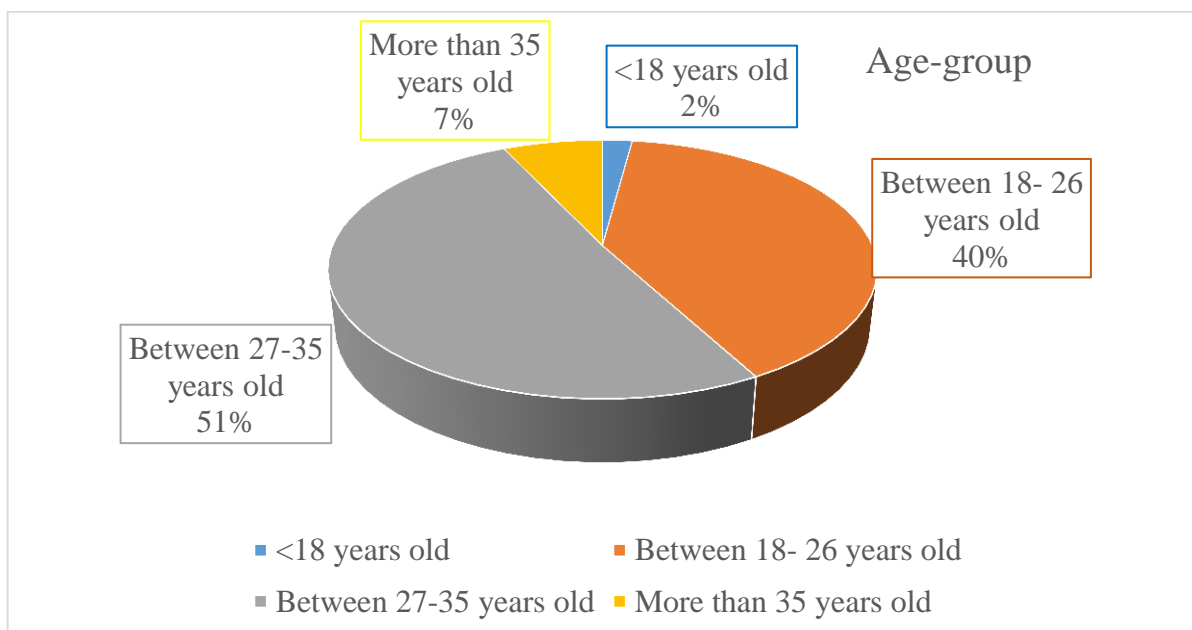


Figure (4-4): Women's Age

4.3.1.2 Women's Qualifications:

As displayed in Figure (4-5), the majority of participants reported their highest degree held was a high school degree (38%), 28 % reported their highest degree was a

bachelor's degree, 19% reported their highest degree held was below high school, diploma degree was 12%, 3% held a postgraduate degree as their highest degree.

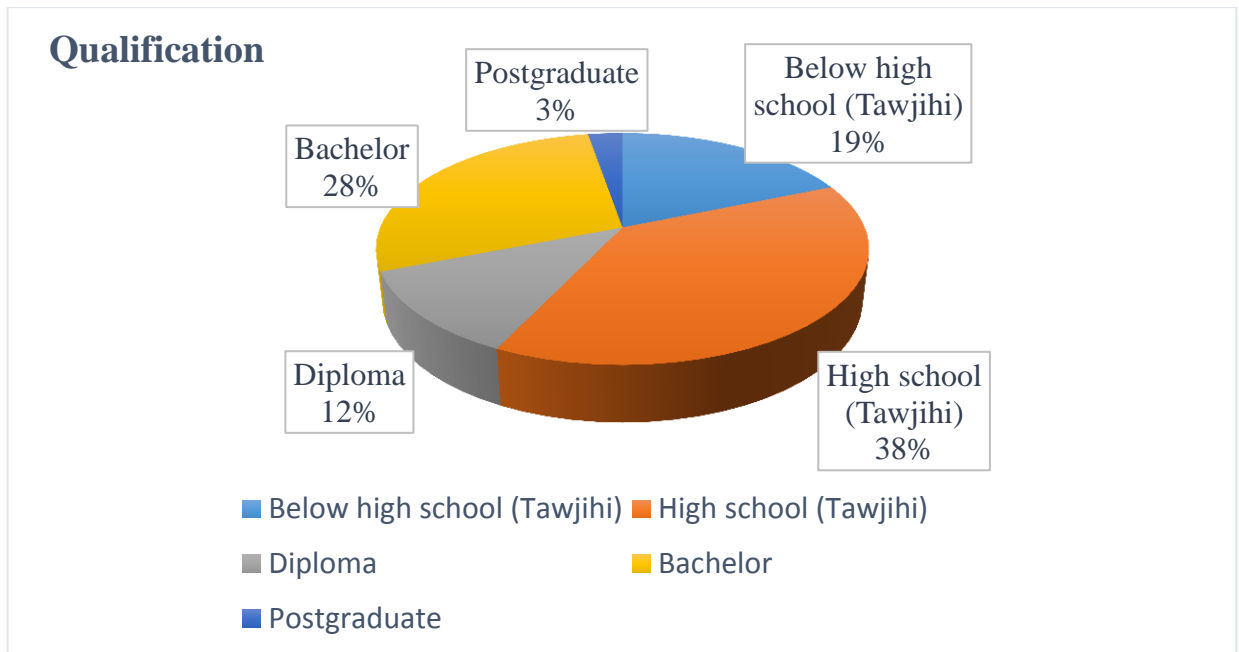


Figure (4-5): Women's Qualifications

4.3.1.3 Women's Place for follow-up During Pregnancy

Figure (4-6) shows that the majority of participants said that private clinics (61%) were their destination for follow-up, while 38% reported that clinics affiliated with RCSH were their destination for follow-up.

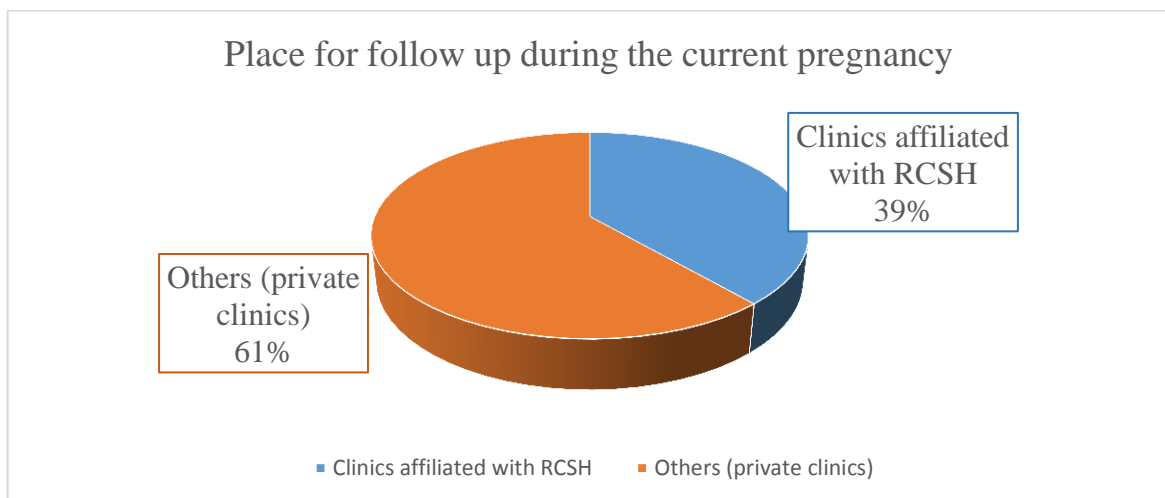


Figure (4-6): Women's place for follow-up during pregnancy

4.3.1.4 Means Encouraged Women to Choose this Hospital for Maternity

More than half of the participants (55%) reported that previous experiences encouraged them to choose this hospital for maternity, 39% reported that family/friends was encouraged them to choose this hospital for maternity as illustrated in Figure (4-7), the figure also shows that the.

The least reported a mean of encouragement were social media and hospital staff (3%) and (3%), respectively.

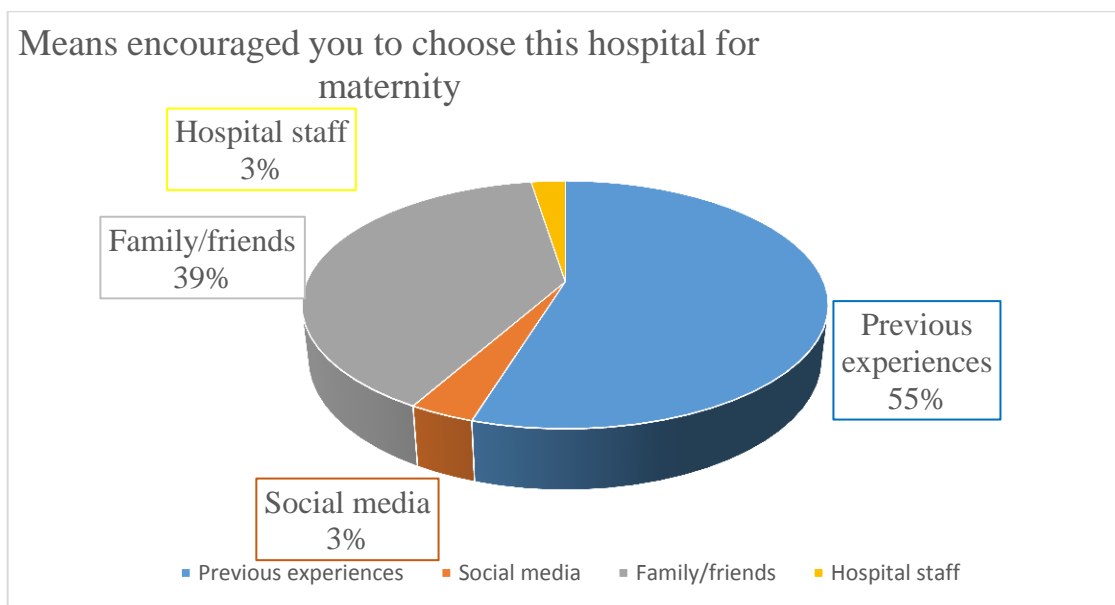


Figure (4-7) Means encouraged women to choose this hospital for maternity

4.3.1.5 Type of Health Service Came to the Hospital for

Regarding the type of health service, they came to the hospital for, the vast majority 78% reported for normal birth, and 22% reported surgery, as shown in Figure (4-8).

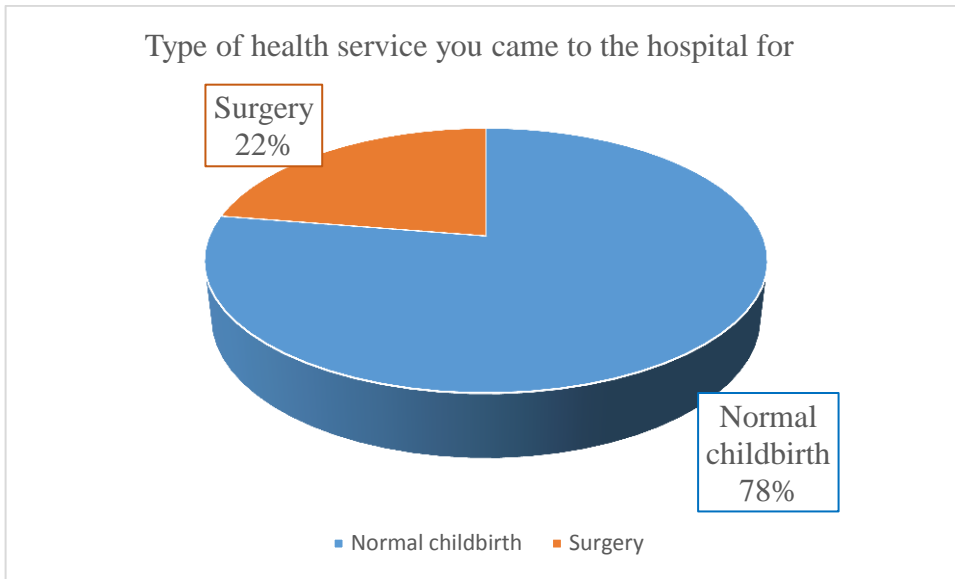


Figure (4-8): Type of health service came to the hospital for

4.3.2. Women's Loyalty to Maternal Services:

Figure (4-9) presents means of women's loyalty to maternal services provided by RCSH represented by the number of births. The results showed that more than one-third of the participants (41%) had their birth at RCSH for one time, followed by 26% of the participants who reported having a birth at RCSH two times, 19% had their birth at RCSH three times and the least percentage (14%) was for the participant with the birth of four times and more at RCSH-Jerusalem.

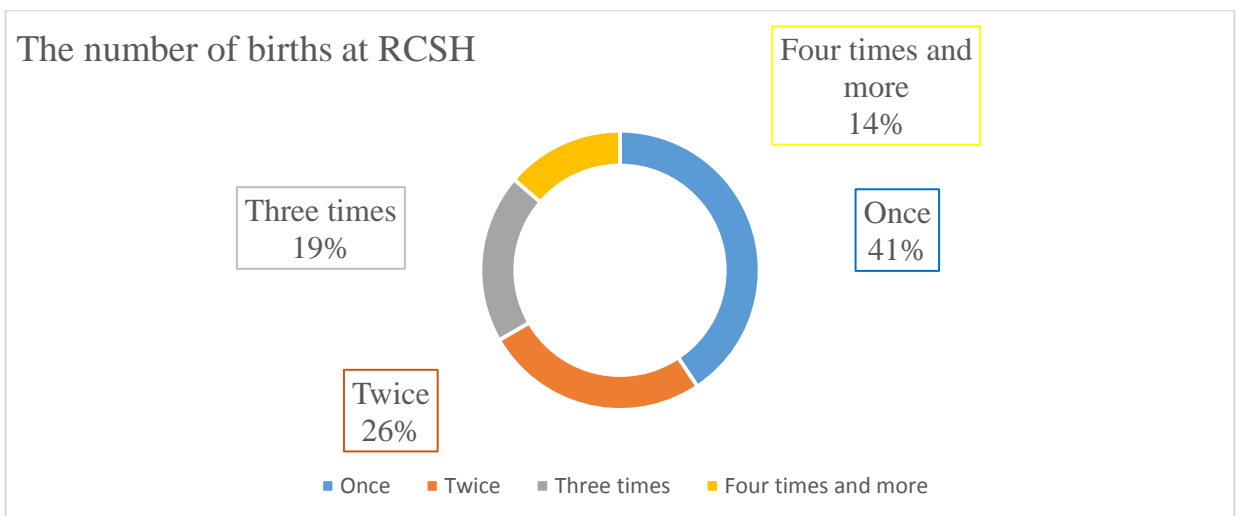


Figure (4-9): Number of births at RCSH

4.3.3 Levels of Women's Satisfaction with Maternal Services for The Patient - Perceived Dimensions of TQS in Healthcare Offered by RSCH-Jerusalem:

The data presented in Table 4.6, and in the subsequent tables, represent scores, as obtained from the norm tables, for Women's Satisfaction with Maternal Healthcare.

As indicated in Table 4.5, mean satisfaction scores were at 4 or higher for all facets of all Patient -perceived dimensions of TQS in healthcare with one exception. The mean score for the satisfaction with childbirth experience (BSS-R) category was 3.86.

Table 4.5 Overall Means for the Patient -perceived dimensions of TQS in healthcare of women's satisfaction with maternal services provided by RCSH using New Questionnaire

Variable	N	Mean	SD	Level
Infrastructure	438	4.33	0.45	High
Efficiency of the professional staff	438	4.50	0.53	High
Care provided by doctors	438	4.48	0.53	High
Care provided by nurses	438	4.57	0.53	High
Support staff care	438	4.57	0.53	High
Communication	438	4.35	0.59	High
Clinical Care- the treatment process	438	4.33	0.67	High
Admission process	438	4.51	0.53	High
Administrative processes	438	4.47	1.36	High
Discharge	438	4.43	0.62	High
Safety Indicators	438	4.46	0.57	High
The general experience of the beneficiary receiving medical care	438	4.38	0.63	High
childbirth experience	438	3.86	0.60	High
The hospital's social responsibility towards society as a whole	438	4.43	0.58	High
Satisfaction with Comprehensive Hospital Care	438	4.52	0.60	High

4.3.4 Level of Women's satisfaction with Maternal Services Offered by RCSH - Jerusalem of the first Dimension: Infrastructure (IN).

The following are the means and standard deviations that were calculated to explore participants' satisfaction with maternal services offered by RCSH -Jerusalem of different TQS-dimensions.

Table 4.6: Mean and standard deviation of the Participants' satisfaction with maternal services offered by RCSH of the first dimension: Infrastructure.

Dimensions of Women's Satisfaction	Mean	SD
First dimension: Infrastructure (IN)		
Hospital facilities are attractive	3.92	0.85
The hospital provides the latest medical equipment to serve the beneficiaries	4.23	0.69
The hospital provides departments and rooms comfortable ambient conditions (e.g. room temperature, ventilation, noise, and odor)	4.37	0.73
There are suitable seating areas throughout the hospital	3.96	0.93
The hospital has modern-looking medical equipment	4.07	0.79
Signs in the hospital help to reach the required department	4.38	0.66
The hospital provides services at all times and 24 hours a day	4.54	0.62
The hospital provides adequate beds for patients	4.40	0.72
The hospital provides adequate parking	4.22	0.82
The dates and duration of the visit are appropriate	4.34	0.78
The quality of the meals provided is appropriate	4.50	0.63
The amount of food in the meals provided is sufficient	4.54	0.61
Acceptable meal times	4.44	0.67
The sheets and beds are clean	4.38	0.78
Sanitary facilities are clean	4.64	0.65
There were enough specialist doctors around the clock	4.54	0.62
Total	4.33	0.45

Table 4.6, the results showed a high average of satisfaction of 4.33 ± 0.45 . The majority of participants agree with the item “Sanitary facilities are clean” with a high mean of 4.64 ± 0.65 . Where the lowest satisfaction means (3.96 ± 0.93) for the infrastructure item “There are suitable seating areas throughout the hospital”.

4.3.5 Level of Women’s Satisfaction with Maternal Services Offered by RCSH - Jerusalem for The Second Dimension: Personal Quality (PQ)

From Table 4.7, the results showed the average participants’ satisfaction for the second dimension starting with “efficiency of the professional staff” with a high average of satisfaction of 4.50 ± 0.53 . The majority of participants agree with the item “All staff members are keen to seek permission before performing any medical examinations or procedures” with a high mean of 4.56 ± 0.68 . Where the lowest satisfaction means (4.44 ± 0.75) for the efficiency of the professional staff item is “All staff members are keen to seek permission before performing any medical examinations or procedures”.

For the “Care provided by doctors” items, the results showed a high average of satisfaction of 4.53 ± 0.62 with the item “Doctors explain your health status clearly and answer all your inquiries understandably”. Whereas the lowest mean satisfaction 4.39 ± 0.65 was with the item “The time the doctor spent with you was enough”.

Regarding the domain “Care provided by nurses”, the highest mean satisfaction of 4.67 ± 1.98 was for the “The nursing staff treats you tactfully and kindly” item, and the lowest mean satisfaction 4.51 ± 0.73 was for the item “Nursing effectively deals with how you feel pain”.

For the domains “Support staff care”, and “Communication”, the highest mean satisfaction was for the items “A detailed explanation of how to breastfeed was given by a lactation specialist”, “The information provided by the staff about my health condition

is accurate and clear”, and “Getting information regarding discharge from hospital was easy”, (4.62±0.64), (4.52±0.62), respectively.

Table 4.7: Mean and standard deviation of the Participants’ satisfaction with maternal services offered by RCSH of Second Dimension: Personal Quality (PQ).

Dimensions of Women’s Satisfaction	Mean	SD
Second Dimension:		
1-Efficiency of the professional staff		
The hospital staff is generally kind	4.52	0.68
The hospital staff gives adequate attention to each patient	4.54	0.63
The hospital staff takes personal care of the patient's special needs	4.47	0.68
There is a sufficient number of medical staff while providing the service to the beneficiary	4.53	0.59
Doctors have a high level of competence	4.57	0.58
An explanation is given by the medical staff about the medical examinations and procedures before they are performed	4.42	0.75
All staff members are keen to seek permission before performing any medical examinations or procedures	4.56	0.68
The service was served correctly from the first time	4.44	0.75
I sensed the presence of harmony and compatibility among the medical staff during the provision of medical care	4.45	0.74
Total	4.50	0.53
2. Care provided by doctors		
The time the doctor spent with you was enough	4.39	0.65
The treatment of doctors was respectful, patient, and caring	4.50	0.70
Doctors explain your health status clearly and answer all your inquiries in an understandable manner	4.53	0.62
I think the number of times the doctor’s visits a day is enough	4.48	0.67
Doctors' visits times are appropriate	4.51	0.57
Total	4.48	0.53
3. Care provided by nurses		

The nursing staff treat you tactfully and kindly	4.67	1.98
The nursing response to your was prompt and appropriate	4.53	0.65
The nursing staff takes care of your mental and physical health	4.59	0.64
Nursing effectively deals with how you feel pain	4.51	0.73
Nurses are highly skilled at work	4.57	0.60
Total	4.57	0.53
4. Support staff care		
A detailed explanation of how to breastfeed was given by a lactation specialist	4.62	0.64
The nutritionist's information was useful, clear, and understandable	4.54	0.63
The psychologist's information was useful, clear, and understandable	4.54	0.63
Total	4.57	0.53
5. Communication		
Sufficient information about my health was provided to my family by medical staff	4.41	0.63
I sensed there was cooperation among the staff in providing medical care	4.44	0.67
Getting information regarding discharge from the hospital was easy	4.52	0.57
The information provided by the staff about my health condition is accurate and clear.	4.52	0.62
The doctor is available anytime I need to consult and inquire about my health condition	4.24	0.79
Doctors have introduced themselves	4.13	1.06
The nurses were introduced to themselves	4.21	1.01
Total	4.35	0.59

4.3.6 Level of women's satisfaction with maternal services offered by RCSH - Jerusalem for the Third dimension: Clinical Care, Fourth Dimension: Administrative Procedures & Fifth Dimension: Safety Indicators.

From Table 4.8, we have a high average of satisfaction of 4.51 ± 0.53 . The majority of participants were highly satisfied with the item "I was thoroughly examined by the

doctors” with a high mean of 4.47 ± 0.66 . Where the lowest mean (4.12 ± 1.03) for the Treatment Process item “I have been informed of the details/options and risks of anesthesia”.

For the administrative procedures items, the results showed a high satisfaction mean (4.57 ± 0.59) with “The registration and admission process to the hospital was fast” for the Admission item. Where the lowest satisfaction means (4.35 ± 0.79) for the Admission item was “The waiting period for the doctor to attend the examination and assess your condition was acceptable”. For the other subdomains of the administrative procedures, the results showed a high satisfaction mean (4.47 ± 0.64) with the “All information about the medicines that I will need after discharge were clearly explained to me” item, where the lowest mean (4.39 ± 0.77) for the discharge process item “Clear information has been given on how to take care of my child at home”.

For Safety indicators, the results showed a high satisfaction mean (4.52 ± 0.65) with “I think hospital staff is following adequate hygiene procedures (e.g.: wearing gloves and washing their hands)” for the Safety item. Where the lowest satisfaction means (4.39 ± 0.67) for the item “Medical staff makes sure to wash their hands before examining you”.

Table 4.8: Mean and standard deviation of the women’s satisfaction with maternal services offered by RCSH for the Third dimension: Clinical Care, Fourth Dimension: Administrative Procedures & Fifth Dimension: Safety Indicators.

Dimensions of Women’s Satisfaction	Mean	SD
Third Dimension: Clinical Care		
Treatment Process		
I was thoroughly examined by the doctors	4.47	0.66
I was informed of the details of the treatment provided and the expected	4.40	0.78

results, including possible complications		
I was informed of the details of the surgery, its importance, risks, complications, and alternatives	4.17	0.96
I have been informed of the details/options and risks of anesthesia	4.12	1.03
I did not feel any neglect in the medical care provided to me	4.43	0.76
I do not expect any complications arising from the medical care provided to me	4.41	0.71
Total	4.33	0.67
Fourth Dimension: Administrative Procedures		
1.Admission		
Getting help and information from the reception was easy	4.52	0.59
The location of the hospital is easily accessible	4.56	0.56
Getting to the hospital's emergency department was easy	4.56	0.59
The registration and admission process to the hospital was fast	4.57	0.59
The waiting period for the doctor to attend the examination and assess your condition was acceptable	4.35	0.79
Total	4.51	0.53
2.Administrative Processes		
The waiting period for test results was acceptable	4.51	2.50
The hospital staff will make every effort to help me or resolve my complaint about the hospital	4.42	0.67
Total	4.47	1.36
3.Discharge		
The discharge procedures and plan were fully and clearly explained to me	4.42	0.71
All information about the medicines that I will need after discharge was clearly explained to me	4.47	0.64
Clear information has been given on how to take care of myself at home	4.45	0.70
Clear information has been given on how to take care of my child at home	4.39	0.77
Total	4.43	0.62

Fifth Dimension: Safety Indicators		
Medical staff make sure to wash their hands before examining you	4.39	0.67
I was instructed on where and how to use the nursing call bell in the room and bathroom	4.43	0.78
I think hospital staff are following adequate hygiene procedures (e.g.: wearing gloves and washing their hands)	4.52	0.65
I feel that the hospital respects safety standards (e.g.: fire extinguishers, emergency exits are clear)	4.51	0.63
Total	4.46	0.57

4.3.7 Level of women’s satisfaction with maternal services offered by RCSH - Jerusalem for the Sixth Dimension: Overall Experience of Medical Care Received (OE), Seventh Dimension: Social responsibility (SR) & Overall Satisfaction with comprehensive hospital care

From **Table 4.9**, we have a high average of satisfaction of 4.86 ± 0.60 . The majority of participants (4.46 ± 0.74) were highly satisfied with the general experience of the beneficiary receiving medical care item “I will recommend to others to receive treatment in the hospital”. Where the lowest mean (4.33 ± 0.73) for the general experience of the beneficiary receiving medical care item “The quality of the medical care provided is high compared to other similar hospitals”.

For Childbirth Experience items, the results showed a high satisfaction mean (4.45 ± 0.69) with “The delivery room was clean and hygienic” for the Childbirth Experience item. Where the lowest satisfaction means (3.03 ± 1.44) for the Childbirth Experience item “I felt very anxious during my labor and birth”.

For the hospital’s social responsibility toward society as a whole item, the results showed a high satisfaction mean (4.55 ± 0.57) with “I trust that the hospital maintains

strict confidentiality regarding my medical record” for the hospital’s social responsibility towards society as a whole item. Where the lowest satisfaction means (4.10±1.03) for the hospital’s social responsibility towards society as a whole, “I did not feel discriminated against between beneficiaries”.

For Satisfaction with comprehensive hospital care items, the high satisfaction means (4.54±0.62) was with “In general, I am satisfied with the nursing care provided to me”.

Where the lowest satisfaction means (4.48±0.70) for the Satisfaction with comprehensive hospital care item “In general, I am satisfied with all the services provided”.

Table 4.9: Mean and standard deviation of the women’s satisfaction with maternal services offered by RCSH the Sixth Dimension: Overall Experience of Medical Care Received (OE), Seventh Dimension: Social responsibility (SR) & Overall Satisfaction with comprehensive hospital care.

Dimensions of Women’s Satisfaction	Mean	SD
Sixth Dimension: Overall Experience of Medical Care Received (OE)		
1. The general experience of the beneficiary receiving medical care		
The level of medical and clinical care you received matches the level you expected	4.37	0.65
The quality of the medical care provided is high compared to other similar hospitals	4.33	0.73
The hospital is constantly developing the services provided	4.34	0.71
I will recommend to others to receive treatment in the hospital	4.46	0.74
Total	4.38	0.63
2. Childbirth Experience (BSS-R)		
I came through childbirth virtually unscathed.	4.32	0.89
I thought my labor was excessively long.	3.71	1.25
The delivery room staff encouraged me to make decisions about how I	4.17	0.96

wanted my birth to progress.		
I felt very anxious during my labor and birth	3.03	1.44
I felt well supported by staff during my labor and birth	4.26	0.93
The staff communicated well with me during labor.	4.33	0.79
I found giving birth a distressing experience	3.97	1.15
I felt out of control during my birth experience	3.05	1.43
I was not distressed at all during the labor	3.67	1.16
The delivery room was clean and hygienic	4.45	0.69
Total	4.86	0.60
Seventh Dimension: Social responsibility (SR)		
I did not feel discriminated against between beneficiaries	4.10	1.03
Hospital staff complies with ethical principles while providing service	4.50	0.63
Privacy and confidentiality are observed by doctors during the provision of the service	4.49	0.65
Privacy and confidentiality are observed by the nursing staff during the provision of the service	4.51	0.60
Privacy is taken care of by workers (e.g. cleaners and domestic services)	4.51	0.61
I trust that the hospital maintains strict confidentiality regarding my medical record	4.55	0.57
Total	4.43	0.58
Overall Satisfaction with comprehensive hospital care		
In general, I am satisfied with all the services provided	4.48	0.70
In general, I am satisfied with the medical care provided to me	4.51	0.63
In general, I am satisfied with the nursing care provided to me	4.54	0.62
Overall, I felt comfortable during the hospital stay	4.52	0.69
I will choose this hospital again if necessary	4.49	0.76
Total	4.52	0.60

4.3.8 Differences between Selected Demographic Variables (Age-Qualifications-Place of follow-up-Means that encourage the women to choose RCSH-Jerusalem-Number of births in this hospital) and Patient -perceived dimensions of TQS in healthcare of women satisfaction with maternal services:

One Way ANOVA was used to ascertain if there was a difference between selected demographic characteristics and the level of satisfaction for the facets of women's satisfaction.

Table 4:10 showed the significant differences in women's satisfaction based on 'Age-group' variables. The results showed significant differences in the level of satisfaction between study participants in all study domains and subdomains except, Infrastructure(P=0.293), Efficiency of the professional staff (P=0.165), Care provided by doctors (P=0.470), Administrative Procedures (P=0.138), and administrative processes (P=0.909).

Table 4.10 Comparison of women's satisfaction with maternal services provided by RCSH-Jerusalem using Patient -perceived dimensions of TQS in healthcare Mean Score according to Age-group (N=438)

Variable	Source	Degree of freedom	Sum of Squares	Mean Square	F	P-value
Infrastructure	Between Groups	3	0.760	0.253	1.245	0.293
	Within Groups	434	88.365	0.204		
Personal Quality	Between Groups	3	38.227	12.742	3.519	0.015*
	Within Groups	434	1571.357	3.621		
The efficiency of the professional staff	Between Groups	3	1.443	0.481	1.705	0.165
	Within Groups	434	122.427	0.282		
Care provided by doctors	Between Groups	3	0717	0.239	0.844	0.470
	Within Groups	434	122.870	0.283		

Care provided by nurses	Between Groups	3	4.792	1.597	3.606	0.013*
	Within Groups	434	192.311	0.443		
Support staff care	Between Groups	3	2.598	0.866	3.136	0.025*
	Within Groups	434	119.827	0.276		
Communication	Between Groups	3	3.423	1.141	3.307	0.020*
	Within Groups	434	149.744	0.345		
Process of Clinical care	Between Groups	3	7.338	2.446	5.545	0.001*
	Within Groups	434	191.467	0.441		
Administrative Procedures	Between Groups	3	22.499	7.500	1.849	0.138
	Within Groups	434	1760.340	4.056		
Admission process	Between Groups	3	2.324	0.775	2.789	0.040*
	Within Groups	434	120.563	0.278		
administrative processes	Between Groups	3	1.019	0.340	0.182	0.909
	Within Groups	434	811.053	1.869		
Discharge process	Between Groups	3	5.949	1.983	5.260	0.001*
	Within Groups	434	163.593	0.377		
Safety Indicators	Between Groups	3	3.298	1.099	3.423	0.017*
	Within Groups	434	139.374	0.321		
Overall medical care received	Between Groups	3	20.987	6.996	6.216	<0.001*
	Within Groups	434	488.437	1.125		
Experience of the beneficiary receiving medical care	Between Groups	3	4.203	1.401	3.603	0.014*
	Within Groups	434	168.766	0.389		
Childbirth Experience	Between Groups	3	6.655	2.218	6.355	<0.001
	Within Groups	434	151.503	0.349		
Social responsibility (SR)	Between Groups	3	3.669	1.223	3.693	0.012*
	Within Groups	434	143.725	0.331		
Overall Satisfaction with comprehensive hospital care	Between Groups	3	3.688	1.229	3.533	0.015*
	Within Groups	434	151.044	0.348		

Table 4:11 showed the significant differences in women’s satisfaction based on “**Qualifications**” variables. The results showed significant differences in the level of satisfaction between study participants in all study domains and subdomains except for Care provided by nurses (P=0.640), Admission process (P=0.110), and administrative processes (P=0.148).

Table 4.11 Comparison of women’s satisfaction with maternal services provided by RCSH Using Patient -perceived dimensions of TQS in healthcare mean Scores According to Qualifications (N=438)

Variable	Source	Degree of freedom	Sum of Squares	Mean Square	F	P-value
Infrastructure	Between Groups	3	4.588	1.147	5.875	<0.001*
	Within Groups	433	84.537	0.195		
Personal Quality	Between Groups	3	54.067	13.517	3.763	0.005*
	Within Groups	433	1555.517	3.592		
The efficiency of the professional staff	Between Groups	3	3.899	0.975	3.518	0.008*
	Within Groups	433	119.972	0.277		
Care provided by doctors	Between Groups	3	4.762	1.190	4.338	0.002*
	Within Groups	433	118.825	0.274		
Care provided by nurses	Between Groups	3	1.145	0.286	0.632	0.640
	Within Groups	433	195.959	0.453		
Support staff care	Between Groups	3	1.983	0.496	1.782	0.131
	Within Groups	433	120.442	0.278		
Communication	Between Groups	3	10.873	2.718	8.271	<0.001*
	Within Groups	433	142.294	0.329		
Process of Clinical Care	Between Groups	3	5.757	1.439	3.228	0.013*
	Within Groups	433	193.049	0.446		
Administrative procedures	Between Groups	3	44.889	11.222	2.796	0.026*
	Within Groups	433	1737.950	4.014		
Admission process	Between Groups	3	2.117	0.529	1.897	0.110

	Within Groups	433	120.771	0.279		
Administrative processes	Between Groups	3	12.599	3.150	1.706	0.148
	Within Groups	433	799.454	1.846		
Discharge process	Between Groups	3	5.481	1.370	3.616	0.007*
	Within Groups	433	164.061	0.379		
Safety Indicators	Between Groups	3	5.238	1.309	4.126	0.003*
	Within Groups	433	137.434	0.317		
Overall experiences of medical care received	Between Groups	3	39.579	9.895	9.119	<0.001*
	Within Groups	433	469.845	1.085		
Experience of the beneficiary receiving medical care	Between Groups	3	7.238	1.810	4.728	0.001*
	Within Groups	433	165.731	0.383		
Childbirth Experience	Between Groups	3	13.067	3.267	9.749	<0.001*
	Within Groups	433	145.092	0.335		
Social responsibility (SR)	Between Groups	3	2.535	0.634	1.894	0.110
	Within Groups	433	144.859	0.335		
Overall Satisfaction with comprehensive hospital care	Between Groups	3	3.594	0.898	2.574	0.037*
	Within Groups	433	151.139	0.349		

❖ Table 4:12 showed the significant differences in women's satisfaction based on the “**Place of follow-up during the current pregnancy**” variable. The results showed significant differences in the level of satisfaction between study participants only in one sub-domains “childbirth experience” (P=0.041), whereas no significant differences were detected in all other domains and subdomains.

Table 4.12 Comparison of women’s satisfaction with maternal services provided by RCSH Using Patient -perceived dimensions of TQS in healthcare Mean Scores According to “Place of follow-up during the current pregnancy” (N=438)

Variable	Source	Mean (SD)	t-statistics (df)	P-value
Infrastructure	RCSH-clinic(n=169)	4.32(0.47)	-0.217(436)	0.828
	Other clinics(n=269)	4.33(0.44)		
Personal Quality	RCSH-clinic(n=169)	18.01(1.80)	0.301(436)	0.764
	Other clinics(n=269)	17.95(1.99)		
The efficiency of the professional staff	RCSH-clinic(n=169)	4.51(0.53)	0.371(436)	0.711
	Other clinics(n=269)	4.49(0.54)		
Care provided by doctors	RCSH-clinic(n=169)	4.48(0.51)	-0.136(436)	0.892
	Other clinics(n=269)	4.48(0.55)		
Care provided by nurses	RCSH-clinic(n=169)	4.57(0.53)	-0.029(436)	0.977
	Other clinics(n=269)	4.57(0.75)		
Support staff care	RCSH-clinic(n=169)	4.56(0.53)	-0.275(436)	0.783
	Other clinics(n=269)	4.57(0.53)		
Communication	RCSH-clinic(n=169)	4.40(0.53)	1.378(436)	0.169
	Other clinics(n=269)	4.32(0.63)		
Process of Clinical Care	RCSH-clinic(n=169)	4.34(0.71)	0.227(436)	0.820
	Other clinics(n=269)	4.33(0.65)		
Administrative procedures	RCSH-clinic(n=169)	13.52(2.57)	0.869(436)	0.386
	Other clinics(n=269)	13.34(1.58)		
Admission process	RCSH-clinic(n=169)	4.52(0.53)	0.231(436)	0.818
	Other clinics(n=269)	4.51(0.53)		
Administrative processes	RCSH-clinic(n=169)	4.53(2.06)	0.749(436)	0.454
	Other clinics(n=269)	4.43(0.60)		
Discharge process	RCSH-clinic(n=169)	4.47(0.56)	0.982(436)	0.327
	Other clinics(n=269)	4.41(0.66)		
Safety Indicators	RCSH-clinic(n=169)	4.46(0.60)	-0.006(436)	0.995

	Other clinics(n=269)	4.46(0.55)		
Overall experiences of medical care received	RCSH-clinic(n=169)	8.28(1.13)	0.686(436)	0.493
	Other clinics(n=269)	8.21(1.05)		
Experience of the beneficiary receiving medical care	RCSH-clinic(n=169)	4.35(0.63)	-0.775	0.439
	Other clinics(n=269)	4.39(0.63)		
Childbirth Experience	RCSH-clinic(n=169)	3.94(0.62)	2.051	0.041
	Other clinics(n=269)	3.81(0.59)		
Social responsibility (SR)	RCSH-clinic(n=169)	4.04(0.61)	-0.595(436)	0.552
	Other clinics(n=269)	4.44(0.56)		
Overall Satisfaction with comprehensive hospital care	RCSH-clinic(n=169)	4.53(0.60)	0.237(436)	0.813
	Other clinics(n=269)	4.51(0.60)		

Table 4:13 Showed the significant differences in women's satisfaction based on the **“Means That Encouraged the Women to Choose RCSH”** variable. The results showed significant differences in the level of satisfaction between study participants in the following domains and sub-domains: “Communication” (P=0.049), Discharge process (P=0.010), Safety Indicators (P=0.039), Overall experiences of medical care received (P=0.010), Experience of the beneficiary receiving medical care (P=0.003).

Table 4.13 Comparison of women’s satisfaction with maternal services provided by RCSH Using Patient -perceived dimensions of TQS in healthcare Mean Scores According to the Means That “Encouraged the Women to Choose RCSH - Jerusalem “(N=438).

Variable	Source	Degree of freedom	Sum of Squares	Mean Square	F	P-value
Infrastructure	Between Groups	3	1.224	0.408	2.015	0.111
	Within Groups	434	87.901	0.203		
Personal Quality	Between Groups	3	27.720	9.240	2.535	0.056
	Within Groups	434	1581.864	3.645		
The efficiency of the professional staff	Between Groups	3	0.869	0.290	1.023	0.382
	Within Groups	434	123.001	0.283		
Care provided by doctors	Between Groups	3	2.154	0.718	1.023	0.054
	Within Groups	434	121.433	0.280		
Care provided by nurses	Between Groups	3	2.282	0.761	1.695	0.167
	Within Groups	434	184.821	0.449		
Support staff care	Between Groups	3	0.864	0.288	1.029	0.380
	Within Groups	434	121.560	0.290		
Communication	Between Groups	3	2.746	0.915	2.644	0.049*
	Within Groups	434	150.420	0.347		
Process of Clinical Care	Between Groups	3	2.889	0.963	2.133	0.095
	Within Groups	434	195.917	0.451		
Administrative procedures	Between Groups	3	27.253	9.084	2.246	0.082
	Within Groups	434	1755.585	4.045		
Admission process	Between Groups	3	0.725	0.242	0.859	0.463
	Within Groups	434	122.162	0.281		
administrative processes	Between Groups	3	5.684	1.895	1.020	0.384
	Within Groups	434	806.396	1.858		
Discharge process	Between Groups	3	4.397	1.466	3.852	0.010*

	Within Groups	434	165.145	0.381		
Safety Indicators	Between Groups	3	2.717	0.906	2.808	0.039 [*]
	Within Groups	434	139.955	0.322		
Overall experiences of medical care received	Between Groups	3	13.222	4.407	3.855	0.010 [*]
	Within Groups	434	496.202	1.143		
Experience of the beneficiary receiving medical care	Between Groups	3	5.467	1.822	4.721	0.003 [*]
	Within Groups	434	167.969	0.386		
Childbirth Experience	Between Groups	3	1.700	0.567	1.572	0.195
	Within Groups	434	156.459	0.361		
Social responsibility (SR)	Between Groups	3	0.806	0.269	0.796	0.497
	Within Groups	434	146.587	0.338		
Overall Satisfaction with comprehensive hospital care	Between Groups	3	1.860	0.620	1.760	0.154
	Within Groups	434	152.873	0.352		

Table 4:14, Showed the significant differences in women's satisfaction based on the "Number of births in this hospital" (loyalty) variable. The results showed significant differences in the level of satisfaction between study participants only in two sub-domains "Overall experiences of medical care received" and "childbirth experience", (P=0.044) and (P=0.039), respectively.

Table 4.14 Comparison of women's satisfaction with maternal services provided by RCSH Using Patient -perceived dimensions of TQS in healthcare Mean Scores According to women's loyalty to maternal services provided by RCSH (N=438)

Variable	Source	Degree of freedom	Sum of Squares	Mean Square	F	P-value
Infrastructure	Between Groups	3	1.190	0.397	1.958	0.120
	Within Groups	434	87.934	0.203		
Personal Quality	Between Groups	3	12.560	4.187	1.138	0.333
	Within Groups	434	1597.024	3.680		
The efficiency of the professional staff	Between Groups	3	0.721	0.240	0.847	0.469
	Within Groups	434	123.149	0.284		
Care provided by doctors	Between Groups	3	1.078	0.359	1.273	0.283
	Within Groups	434	122.509	0.282		
Care provided by nurses	Between Groups	3	1.308	0.436	0.967	0.408
	Within Groups	434	195.795	0.451		
Support staff care	Between Groups	3	0.408	0.136	0.484	0.964
	Within Groups	434	122.016	0.281		
Communication	Between Groups	3	2.459	0.820	2.361	0.071
	Within Groups	434	150.707	0.347		
Process of Clinical Care	Between Groups	3	1.307	0.436	0.957	0.413
	Within Groups	434	197.498	0.455		
Administrative procedures	Between Groups	3	17.168	5.723	1.407	0.240
	Within Groups	434	1765.671	4.068		
Admission process	Between Groups	3	1.015	0.338	1.205	0.307
	Within Groups	434	121.872	0.281		
administrative processes	Between Groups	3	5.524	1.841	0.991	0.397
	Within Groups	434	806.528	1.858		
Discharge process	Between Groups	3	2.233	0.744	1.931	0.124
	Within Groups	434	167.309	0.368		
Safety Indicators	Between Groups	3	1.823	0.608	1.872	0.134
	Within Groups	434	140.849	0.325		
Overall experiences	Between Groups	3	9.382	3.127	2.714	0.044*

of medical care received	Within Groups	434	500.042	1.152		
Experience of the beneficiary receiving medical care	Between Groups	3	2.054	0.685	1.738	0.158
	Within Groups	434	170.915	0.394		
Childbirth Experience	Between Groups	3	3.026	1.009	2.821	0.039*
	Within Groups	434	155.133	0.357		
Social responsibility (SR)	Between Groups	3	1.301	0.434	1.289	0.278
	Within Groups	434	146.092	0.337		
Overall Satisfaction with comprehensive hospital care	Between Groups	3	1.044	0.348	0.993	0.401
	Within Groups	434	153.688	0.354		

4.3.3 Validation Meeting:

The third part of the study was a validation meeting. A meeting was held to discuss the outcomes of the old questionnaire and the new questionnaire based on the previous results. A meeting was held among six members of the hospital staff from several departments - the medical director, the administrative director, the nursing director, the head of the hotel services department, the head of the surgery and operations department, the head of the labor department, in addition to the head of the quality department.

Among the outcomes of the meeting: was that the new tool was comprehensive, abundant, and contained accurate details that help identify points of satisfaction and dissatisfaction of women, which helps in identifying opportunities for improvement. The most important part was related to the patient's experience, since we are a maternity hospital, and the birth experience is a complex experience that needs in-depth study.

After reviewing all the previous results, it was found that the new survey revealed many improvement opportunities related to several things, including:

- Hospital facilities
- Seating areas throughout the hospital
- An explanation by the medical staff about the medical examinations and procedures before they are performed
- The time the doctor spent with women
- Nursing effectively deals with how you feel pain
- Doctors have introduced themselves
- The nurses have introduced themselves
- I have been informed of the details/options and risks of anesthesia

Chapter Five

Discussion and Conclusions

5.1 Overview

The primary goal of this chapter is to determine whether the research question was answered, whether the study's objective was met, and whether the study made any contributions. The chapter starts with a Discussion of Results, Benchmarking then moves on to the theoretical Implication, and Conclusions. The chapter concludes with recommendations for RCSH-Jerusalem and for further research in addition to Research Limitations.

5.2 Discussion of Results

Patient satisfaction is a multi-dimensional concept, which is not only influenced by physician-related factors but also aspects of a patient's experience with the health facility. Satisfied patients are more loyal customers of healthcare organizations, according to previous studies. By making the service delivery process more patient-centric, healthcare organizations may completely restructure and remodel it. This might lead to better patient care and higher financial returns for the organizations.

Because the level of patient satisfaction with maternity services is an essential outcome measurement for determining the quality of treatment provided, the present study was an attempt to assess the level of satisfaction of the women with the various aspects of health care in a tertiary care hospital (RCSH-Jerusalem). The impacts of several factors that affect women's satisfaction are the focus of this research. Also, will assist leaders in not only understanding their women's wants but also in measuring service quality throughout several dimensions. This was based on two elements that every patient

considers when choosing a healthcare organization: Patient -perceived dimensions of TQS in healthcare and loyalty.

5.2.1 Part One (previous questionnaire):

As mentioned previously and after a deep literature review, the old instrument tool used to assess women's satisfaction did not cover all dimensions of service quality, so it may be ineffective to rely on it to make decisions and make plans based on its results.

Looking for areas where the level of satisfaction is low is the same as looking for opportunities for improvement. After analyzing the results of the previous questionnaire, the medical care by nurses was the lowest level of satisfaction ((M=3.82, SD=0.41), which means that this domain is an opportunity for improvement but with no specification for what aspect women are not satisfied in this dimension. In addition to that nurses and doctors identify themselves at a low rate (83.1%-85.7%) -.

Signs on the road, Nurses taking care of the baby, Room cleaning, and Food offered are sufficient all these items have the lowest mean SD which means that all these are opportunities for improvement.

From table 4.6-4.7 a P-value < 0.05 indicates that there are no significant differences in the mean satisfaction between all study domains and type of clinic and source of knowledge about RCSH Jerusalem.

5.2.2 Part Two (New questionnaire):

The expansion of the service sector in developing and emerging economies raises patient expectations for healthcare services, particularly in healthcare settings, because patients need high-quality service to be satisfied and loyal. As a result, most service organizations investigate the practices that lead to quality management to obtain and retain competitive positions.

As a result, to improve the quality of service, health care management should identify areas that need to be improved. Knowing the sources of dissatisfaction and challenges encountered in providing high-quality health care, particularly those that might have been avoided, helps to concentrate on areas that need to be improved.

Because RCSH-Jerusalem is an ISO and JCI accredited hospital, quality management approaches are being adopted and implemented. A well-designed strategy is required because these approaches are linked directly to the improvement of healthcare service quality provided by hospitals, which assists in the development of satisfaction and loyalty intentions.

Satisfaction degrees in all areas were high and somewhat similar, with minor differences. But, RCSH-Jerusalem seeks to reach the highest levels of satisfaction with the services provided in all areas and work on the medium and low levels of satisfaction to raise them to high levels.

5.2.2.1 From the constrictive statistics in the study, women were satisfied with some of the dimensions of the service quality that was provided by RCSH Jerusalem as the Mean of SD for all patient-perceived TQS dimensions varied from 4.57 for the Personal Quality dimension to 3.86 for the overall experience dimension. Also, the study revealed that the mean and SD for overall satisfaction with comprehensive hospital care was 4.52 (mean) which implied a high level of satisfaction.

A study was done to examine the impact of the dimensions of patient-perceived total quality service (TQS) on patients' satisfaction in Turkish hospitals showed that the most important factors identified in the regression model regarding patient overall hospital care are the quality of the hospital's social responsibility, administrative processes and overall experience of medical care received (Bakan et al.,2013)

5.2.2.2 Demographics Data:

Researchers have long been concerned about the impact of demographic factors on patient satisfaction. Patients' desires vary by age, gender, and other factors, and the healthcare behavior of different patient groups might result in experiences that impact diverse quality assessments and hence affect satisfaction negatively or positively.

An ANOVA test was done on items to investigate if there is significant differentiation between demographic data and Patient -perceived dimensions of TQS in healthcare of women's satisfaction with maternal services provided by RCSH-Jerusalem.

From the statistical results,

- The results showed significant differences in the level of satisfaction between study participants based on Age -group in all study domains and subdomains except, Efficiency of the professional staff ($P=0.165$), Care provided by doctors ($P=0.470$), Administrative Procedures ($P=0.138$), and administrative processes ($P=0.909$). Based on that, the null hypothesis is failed to be rejected (H 1a).
- Regarding qualifications, there are significant differences regarding women's satisfaction based on qualifications in 4 sub-domains: Care provided by nurses, Support staff care, Admission process, Administrative processes, and one dimension (Society Responsibility). Based on that, the null hypothesis is failed to be rejected (H 1b).
- Concerning the Place of follow-up during the current pregnancy, there are significant differences regarding women's satisfaction based on qualifications in one sub-domains: Childbirth Experience. Based on that, the null hypothesis is failed to be rejected (H 1c).

- On the topic of “Means that Encourage the Women’s to Choose RCSH Jerusalem”, there are significant differences regarding women’s satisfaction 2 dimensions Safety Indicators and Overall Experiences of Medical Care received, in addition, 3 sub-domains Communication, Discharge Process, and Experience of the beneficiary receiving medical care. Based on that, the null hypothesis is failed to be rejected (H 1d).

Patient satisfaction differed according to age, gender, work position, and marital status, according to Venn and Fone (2005). They also noted that satisfaction levels could not be compared unless socio-demographic variables were taken into consideration. Healthy patients, older patients, men, those with a lower level of education, those who perceived better system performance, as well as those with lower levels of system consumption were more satisfied with overall healthcare plans than their competitors, according to Braunsberger et al. (2002).

❖ Related to the second variable in the study regarding Loyalty and Women’s satisfaction with maternity services provided, the results showed a strong relationship between the Overall Experiences of medical care received dimension and No of birth in RCSH Jerusalem. This means that the results failed to reject the null hypotheses (H2a, H2b, H2c, H2d, H2e, H2g) in six dimensions and reject the null hypothesis (H2 f). This is a common-sense result that emphasizes that Childbirth experiences can have both immediate and long-term positive or negative impacts on life, well-being, and health. For the woman, the memory of birth can vary over time, with more positive or negative remembrances being brought back compared to directly after a later period after birth (Nilvér et al., 2017).

5.3 Benchmarking

Benchmarking is widely acknowledged as a useful method for improving the service quality. It helps service providers to enhance their performance and get a competitive advantage as a result. It offers customers health information about hospital efficacy, aiding them in making an informed decision when choosing a healthcare provider (Padma,2009).

The research was performed by Bazant and Koenig (2009) to measure women's satisfaction with delivery care in informal settlements. The study also sought to explore how women's characteristics and delivery in health care are linked to satisfaction. In connection to the end variable, patient satisfaction, study factors were access to the facilities, physician empathy, and facility location. The study's multivariate analysis found that healthcare services and healthcare personnel attitudes had a significant impact on the perceived quality of care and, as a result, patient satisfaction.

Hu et al. (2011) discovered that patients' privacy and confidentiality of their information had an impact on the perceived quality of services and patient satisfaction. Also, in in-hospital patient rooms, a lack of proper comfort and privacy, which is a critical part of health care delivery, has a detrimental influence on service quality perceptions.

Women are satisfied with the communication, interpersonal aspects of care, management, and general contentment, according to research in Pakistan measuring women's satisfaction with maternity services. The variables of availability, accessibility, and convenience were the least important to women, preceded by knowledge and advice, technical quality, and the financial aspect (Ashraf et al.,2012).

A study was done for Evaluation of Patients' Satisfaction Towards the Primary Health Care Services in the Old City of Jerusalem, showed four factors that have effects on patients' satisfaction which include hierarchically, time and access, the physical environment in the health care centers, cost and health insurance, and comprehensiveness and quality of the health care.

Beattie, (2015) found that (1) Cost efficiency was mostly poor, due to the resources necessary to obtain reliable samples. (2) Acceptability of most instruments was good and (3) Educational impact was variable, with evidence on the ease of use, for approximately half of the questionnaires. (Beattie, et.al. 2015).

According to Melese & Gebrehiwot (2014). A cross-sectional descriptive study aimed to assess the client's satisfaction in a maternal health care setting in Ethiopia. Pain control was the poorest source of satisfaction with 82% reporting dissatisfaction. Conclusion: Pain management, client privacy, and client-provider communication need to be addressed to ensure the satisfaction of maternity clients (Melese et.al., 2014)

Jordanian patients' satisfaction with pain management has received significant attention. The purpose of this study was to determine the knowledge regarding pain characteristics, beliefs, and satisfaction that can be included in planning pain management strategies and protocols within Jordanian hospitals. Using descriptive cross-sectional methodology. Participants reported high levels of pain management satisfaction. The findings of this study are similar to those reported by earlier studies in other countries and support the need for applying a caring attitude in managing patients' reports of having pain (Darawad, 2014).

A descriptive comparative study was conducted at Bethlehem and Arroub camps involving two UNRWA medical centers to assess' refugee's clients 'satisfaction by

using questionnaires. A systematic sample of 200 clients participated in the study. The study showed that the elderly was most satisfied with total services. Females were also more satisfied than males. High-educated clients were the least satisfied and those who had no medical insurance showed unremarkable differences with those who had medical insurance. (Qannam, 2001).

5.4 Theoretical Implications

The research looked into how the healthcare industry controls and provides quality to its patients. Hospitals contribute to quality management since today's customers expect quality from service providers, thus hospital administrators need to assess the quality of services offered in aim to maintain patients satisfied and loyal to service providers. The appropriate implementation of Total Quality Management principles can assist hospital administrators in overcoming service delivery process shortfalls.

Hospital administrators' TQM policies, if correctly defined and implemented, can undoubtedly aid in increasing patient satisfaction and loyalty. As a result, this research will assist hospital administrators and strategists in focusing on healthcare service initiatives that can improve satisfaction and loyalty intentions. Healthcare professionals must include patient feedback and opinions because regular monitoring of patient input improves service providers in effectively managing their quality and implementing successful quality management strategies.

This study provides a theoretical contribution in the form of developing a tool to assess women's satisfaction at RCSH Jerusalem so that development opportunities may be more effectively provided. The designed questionnaire is based on past research and empirical data gathered through our study's surveys. Furthermore, the study adds to the literature by providing information on the healthcare service and the elements that might

impact its quality, as well as how it has evolved, been tested, and measured. Moreover, the study shows the need for health care organizations to focus on every variable that might contribute to satisfaction. The study combines two different variables seven dimensions of patient-perceived QTS in healthcare, and loyalty. Finally, a new questionnaire was created based on recent theories and empirical findings. The study, in theory, adds significantly to future research, and someone may be able to come up with innovative additional factor combinations for entire health care organizations.

5.5 Conclusions:

Healthcare services are challenging to evaluate due to their sensitivity. As a result, in the lack of an objective measurement of hospital care, understanding patient views becomes increasingly important.

Reidenbach and Smallwood (1990) demonstrated that patients' overall service quality evaluations, satisfaction, and likelihood to refer to others were highly correlated.

Putting the patient first necessitates not only a significant transformation in the attitudes of all stakeholders involved in the delivery of healthcare, but also a new means of assessing patient satisfaction and determining what is applies to them before, during, and after they visit any hospital (Reidenbach et al.,1990).

Generally, when there is a clear understanding of what characterizes quality healthcare service for patients, appropriate assessment and improvement of healthcare service quality happen. As a result, by performing things correctly for quality care service, healthcare organizations can deliver a great patient experience and satisfaction.

The conceptual framework of service quality and satisfaction addressed in this study provides recommendations on how to apply the findings to enhance service quality and patient satisfaction in the hospital setting.

The dimensions of TQS at a healthcare institution are critical in assessing patient satisfaction with the quality of care. In the healthcare industry, Duggirala et al. (2008) defined seven dimensions of patient-perceived TQS.

In this study Measurement of Women's Satisfaction with Maternal Healthcare for Quality Improvement was done based on these seven dimensions. The effects of IN, PQ, PCC, AP, SI, overall experience of medical care received (OE), and SR on patient satisfaction with hospital services were investigated in addition to patient loyalty.

Based on all the previous results, it was found that the more accurate and reliable the tool used to measure patient satisfaction, the more results it could plan based on. This informs us that the new questionnaire that was used in the second part of the study has provided accurate results to measure women's satisfaction.

It has precisely identified the improvement opportunities that must be worked on to maintain women's satisfaction. In addition to proving that Loyalty (No of birth in RCSH Jerusalem) and Overall Experiences of Medical Care received dimension in Women's satisfaction to maternity services provided, has a strong relationship.

5.6 Recommendations

Hospitals must be aware of their customers' (patients') needs to meet them. In both situations, the reasons for satisfaction and dissatisfaction would benefit hospitals in identifying potential areas for improvement. Satisfied consumers spread the word about a hospital, persuading their family and friends to use its services (Padma et al. 2009).

Finally, by including patients' family/friends in their treatment, healthcare administrators must regard the health system as a network experience rather than an isolated experience. Reducing negative word of mouth can have a substantial impact on a hospital's business strategy and finances.

5.6.1 Recommendation for the RSCH Jerusalem:

The study recommends that the facility in collaboration with all the stakeholders do the following:

1. Benchmark their services with other hospitals.
2. Improve overall medical care received dimension, especially childbirth experience.
3. Take care of all items that need more improvement such as making the hospital more attractive, and providing a suitable seating area in the hospital.
4. Improve the communication dimension by providing more explanation by the medical team to the women and making the doctor spend more time with the women.
5. Draw the nurses' attention to the need to pay more attention to the women's pain and how to deal with it.
6. The necessity of emphasizing the medical staff to identify themselves to the women.
7. Improve the treatment process by informing the women about all details /options and risks of anesthesia.

5.6.2 Recommendations for Further Study

- 1- Using qualitative along quantitative methods like patient interviews in the future may enhance the finding of the measurement.
- 2- Further, since the study had collected data from hospitalized patients, outdoor patients need also to be contacted in future studies to examine.
- 3- Generalize the questionnaire to other branches of RCSH-Jerusalem in addition to other hospitals that serve a maternity service.

5.7 Research Limitations

The study is accomplished amidst certain limitations but all feasible efforts are made to maintain the objectivity, reliability, and validity of the data. The study is restricted to a tertiary referral hospital in Jerusalem Red Crescent Society Hospital (RCSH). The study accepts that both direct and indirect effects of service total quality dimensions on outcome quality, and validation of study results, need to be established in other hospitals operating in the same or other regions in further research.

Finally, information obtained from patients may not be fully free from subjectivity. The respondents might not have given true information about the service total quality dimensions and their responses might be different if they were asked independently outside the hospital. Nevertheless, validity and reliability results suggest fairness and objectivity of the responses

Like any other scientific research, there is the probability of struggling with several limitations. Regarding current research, the limitations can be summarized in the following points: -

- 1-Research investigating healthcare quality is methodologically challenging due to healthcare sophistication and multi-dimensionality.
- 2-Patients have a complicated collection of important attributes that in the questionnaire cannot be captured.
- 3-It is also likely that women might have overrated some answers to leverage hospital staff.
- 4-The study sample was taken from a single hospital (RCSH in Jerusalem) which limits the generality of the results and makes the finding unrepresented.
- 5-The study includes a selection of only inpatients and does not include outpatients.

6-As the data were collected at a single point of time, longitudinal studies are required to confirm the scale validation in indoor healthcare services.

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Appendices

Appendix (A)

In the framework of preparing a master's study - specializing in Quality Management Under the title "Measuring Women's Satisfaction with Maternal Health Care for Quality Improvement" The Case Study of Red Crescent Society Hospital (RCSH) in Jerusalem and because you are the one we seek to satisfy, and to always achieve the best, we are pleased that you contribute to expressing your comments completely freely.

Therefore, please read this questionnaire carefully and answer freely as you see fit, by placing a tick in the appropriate box, noting that completing the questionnaire takes about 5-8 minutes.

Filling out this questionnaire helps us to promote a distinguished health service. Thank you in advance for your valuable contribution and cooperation in filling out the questionnaire, and all the data that you provide will be dealt with in Packaged, strictly confidential, and will only be used for scientific research purposes.

If you have any questions or inquiries, you can contact us through the following contact information:

Phone number: 0546922128 -

By email: J.aburemeleh@student.aaup.edu

Student / Jihan Ghazi Abu Rmeileh

<u>Section One: Personal Information</u>
Your age in completed years: <input type="checkbox"/> Less than 18 years old <input type="checkbox"/> 18-26 <input type="checkbox"/> 27-35 <input type="checkbox"/> Over 35
Qualification: <input type="checkbox"/> Below High School (Tawjihi) <input type="checkbox"/> High School (Tawjihi) <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/>
Place of review during the current pregnancy: <input type="checkbox"/> Clinics affiliated with the Red Crescent Hospital <input type="checkbox"/>
Which of the following means encouraged you to choose this hospital for delivery (you can choose more than one answer): <input type="checkbox"/> Previous experience <input type="checkbox"/> Social media <input type="checkbox"/> Family/friends <input type="checkbox"/> Hospital staff
The number of births in this hospital: <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times
The health service you came to the hospital for: <input type="checkbox"/> Normal delivery <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify): -----

Please answer it for all statements, by circling the number that represents your best description, so that the score is divided from 1 to 5 as shown below, noting that the number 5 indicates a higher degree of agreement (totally agree), while the number 1 represents the degree of agreement Less (I don't agree at all).

<u>Section Two-Infrastructure</u>		I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
1	Hospital facilities are attractive					
2	The hospital provides the latest medical equipment to serve the beneficiaries.					
3	The hospital provides within departments and in rooms comfortable ambient conditions (e.g. room temperature,					
4	There are suitable seating areas throughout the hospital					
5	The hospital has modern-looking medical equipment					
6	Signs in the hospital help to reach the required department					
7	The hospital provides services at all times and 24 hours a					
8	The hospital provides adequate beds for patients					
9	The hospital provides adequate parking					
10	The dates and duration of the visit are appropriate					
11	The quality of the meals provided is appropriate					
12	The amount of food in the meals provided is sufficient					
13	Acceptable meal times					
14	The sheets and beds are clean					
15	Sanitary facilities are clean					
16	There were enough specialist doctors around the clock					

	<u>Section Three</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
	<u>1.3 The competence of the professional staff</u>	1	2	3	4	5
17	The hospital staff is generally kind					
18	The hospital staff gives adequate attention to each beneficiary					
19	The hospital staff takes personal care of the beneficiary's special needs					
20	There is a sufficient number of medical staff while providing the service to the beneficiary					
21	Doctors have a high level of competence					
22	An explanation is given by the medical staff about the					
23	All staff members are keen on seeking permission					
24	The service was served correctly from the first time					
	<u>Section Three</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
	<u>2.3 Care provided by doctors</u>	1	2	3	4	5
25	The time the doctor spent with you was enough					
26	The attitude of the doctors was respectful, patient, and caring					
27	Doctors explain your health status clearly and answer all your inquiries in an understandable manner					
28	I think the number of times the doctor's visits a day is					
29	Doctors' visits times are appropriate					
30	I sensed the presence of harmony and compatibility among the medical staff during the provision of medical care					

31	The nursing staff treat you tactfully and kindly					
32	The nursing response to you was prompt and appropriate					
33	The nursing staff takes care of your mental and physical					
34	Nursing deals effectively with your pain feeling					
35	Nurses are highly skilled at work					
	<u>4.3 Support staff care</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
36	A detailed explanation of how to breastfeed was given by a lactation specialist					
37	The nutritionist's information was useful, clear, and understandable					
38	The psychologist's information was useful, clear, and understandable					
	<u>5.3 Communication</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
39	Sufficient information about my health was provided to my family's by medical staff					
40	I sensed there was cooperation among the staff in providing medical care					
41	Getting information regarding discharge from the hospital was easy					
42	The information provided by the staff about my health condition is accurate and clear					

43	The doctor is available anytime I need to consult and inquire about my health condition					
44	Doctors have introduced themselves					
45	The nurses introduced themselves					
	<u>Section Four - Clinical Care</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
	1.4 Treatment process	1	2	3	4	5
46	I was thoroughly examined by the doctors					
47	I was informed of the details of the treatment provided and the expected results, including possible					
48	I was informed of the details of the surgery, its importance, risks, complications, and alternatives					
49	I have been informed of the details/options and risks of anesthesia					
51	I did not feel any neglect in the medical care provided					
52	I do not expect any complications arising from the medical care provided to me					
	<u>Section Fife - Administrative Procedures</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
	1.5 Admission process	1	2	3	4	5
53	Getting help and information from the reception was					
54	The location of the hospital is easily accessible					
55	Getting to the hospital's emergency department was					
56	The registration and admission process to the hospital was fast					
57	The waiting period for the doctor to attend for examination and evaluate your condition was acceptable					

	2.5 Administrative Operations	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
58	The waiting period for test results was acceptable					
59	The hospital staff will make every effort to help me or resolve my complaint about the hospital					
	3.5 Discharge process /Checkout	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
60	The discharge process and plan were fully and clearly explained to me					
61	All information about the medicines that I will need after discharge were clearly explained to me					
62	Clear information has been given on how to take care of myself at home					
63	Clear information has been given on how to take care of my child at home					
	<u>Section Six - Safety Indicators</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
64	Health staff make sure to wash their hands before examining you					
65	I was instructed on where and how to use the nursing call bell in the room and bathroom					
66	I think hospital staff are following adequate hygiene procedures (e.g.: wearing gloves and washing their hands)					
67	I feel that the hospital respects safety standards (e.g.: fire extinguishers, emergency exits are clear)					

	<u>Section Seven - The general experience of the beneficiary receiving medical care</u>	I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
68	The level of medical and clinical care you received matches the level you expected					
69	The quality of the medical care provided is high compared to other similar hospitals					
70	The hospital is constantly developing the services provided					
71	I recommend others to receive treatment in this hospital					
	1.7 Childbirth experience (Birth Satisfaction Scale-Revised)					
72	I came through childbirth virtually unscathed					
73	I thought my labor was excessively long					
74	The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.					
75	I felt very anxious during my labor and birth.					
76	I felt well supported by staff during my labor and birth.					
77	The staff communicated well with me during labor					
78	I found giving birth a distressing experience					
79	I felt out of control during my birth experience					
80	I was not distressed at all during labor.					
81	The delivery room was clean and hygienic.					

<u>Section Eight - The hospital's social responsibility towards society as a whole</u>		I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
82	I did not feel discriminated against in treatment between beneficiaries					
86	Hospital staff complies with ethical principles while providing service					
84	Privacy and confidentiality are observed by doctors during the provision of the service					
85	Privacy and confidentiality are observed by the nursing staff during the provision of the service					
86	Privacy is taken care of by workers (e.g. cleaners and housekeeping services)					
87	I trust that the hospital maintains strict confidentiality regarding my medical record					
<u>Section Nine - Satisfaction with Comprehensive Hospital Care</u>		I don't agree at all	I don't agree	Neutral	Agree	I totally agree
		1	2	3	4	5
88	In general, I am satisfied with all the services provided					
89	In general, I am satisfied with the medical care provided to me					
90	In general, I am satisfied with the nursing care provided to me					
91	Overall, I felt comfortable during the hospital stay					
92	I will choose this hospital again if necessary					

Thank you for your time and cooperation

Appendix (B)

الإستبيان بالعربي

سيدتي الأم "حمدا لله على سلامتكم

في إطار إعداد دراسة ماجستير - تخصص إدارة الجودة

تحت عنوان "قياس رضا النساء عن رعاية صحة الأم من أجل تحسين الجودة" ولأنك من نسعى لإرضائه ،

ولتحقيق الأفضل دائماً ، يسعدنا أن تساهمي في إيداء ملاحظاتك بحرية تامة .

لذا يرجى قراءة هذا الاستبيان بتمعن والاجابة بحرية مطلقة وفق ما ترينه مناسباً ، وذلك بوضع

اشارة في الصندوق الملائم علما بان استكمال الاستبيان يستغرق حوالي 5-8 دقيقة.

تعبثك لهذا الاستبيان يساعدنا بالارتقاء لخدمة صحية متميزة .شكراً مقدما على مساهمتك القيمة وتعاونك في

تعبئة الاستبيان وسيتم التعامل مع جميع البيانات التي سنقومين بتعبئتها بسرية تامة ولن يتم استخدامها إلا

لأغراض البحث العلمي.

في حالة وجود اي استفسارات او تساؤلات يمكنك التواصل من خلال بيانات الاتصال التالية :

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الطالبة /جيهان غازي ابو رميلة

القسم الأول: المعلومات الشخصية

عمرك بالسنوات المكتملة: أقل من 18 سنة 18-26 27-35 أكثر من 35

المؤهل العلمي: أقل من ثانوية عامة(توجيهي) ثانوية عامة (توجيهي) دبلوم بكالوريوس دراسات عليا

مكان المراجعة خلال فترة الحمل الحالي: العيادات التابعة لمستشفى الهلال الأحمر غيره(حددي) -----

أي من الوسائل التالية شجعتك على اختيار هذا المستشفى للولادة (يمكن اختيار أكثر من إجابة) :

تجربة سابقة مواقع التواصل الاجتماعي الاهل/الاصدقاء من موظفي المستشفى

عدد مرات الولادة في هذا المستشفى : مرة واحدة مرتين ثلاث مرات اربع مرات او اكثر

الخدمة الصحية التي اتيت للمستشفى من أجلها: ولادة طبيعية عملية جراحية غيره(حددي) :-----

يرجى الإجابة عن جميع العبارات، بوضع دائرة حول الرقم الذي يمثل أفضل وصف لديك، بحيث أن الدرجة مقسمة من 1 إلى 5 حسب الموضح أدناه، مع الإشارة إلى أن الرقم 5 يدل على درجة موافقة أعلى (اتفق كلياً). بينما الرقم 1 يمثل درجة موافقة أقل (لا اتفق إطلاقاً).

القسم الثاني - البنية التحتية		لا اتفق إطلاقاً	لا اتفق	محايد	اتفق	اتفق كلياً
		1	2	3	4	5
1	تتمتع مرافق المستشفى بالجاذبية					
2	توفر المستشفى أحدث المعدات الطبية لخدمة المنتفعات					
3	توفر المستشفى داخل الأقسام وفي الغرف ظروف محيطية مريحة (مثل درجة حرارة الغرفة و التهوية و الضوضاء و الرائحة)					
4	هناك أماكن جلوس مناسبة في انحاء المستشفى					
5	يوجد في المستشفى معدات طبية حديثة المظهر					
6	الإشارات الموجودة في المستشفى تساعد في الوصول للقسم المطلوب					
7	يوفر المستشفى خدمات في كل الأوقات وعلى مدار 24 ساعة					
8	توفر المستشفى الاسرة المناسبة بشكل كاف للمرضى					
9	توفر المستشفى مواقف مناسبة للسيارات					
10	مواعيد و مدة الزيارة مناسبة					
11	نوعية الوجبات الغذائية المقدمة مناسبة					
12	كمية الطعام في الوجبات الغذائية المقدمة كافية					
13	اوقات تقديم الوجبات الغذائية مقبولة					
14	الشراشف و الاسرة نظيفة					
15	المرافق الصحية نظيفة					
16	كان هناك عدد كاف من الأطباء المتخصصين على مدار الساعة					

القسم الثالث - 1.3 كفاءة الطاقم المهني		لا اتفق إطلاقاً	لا اتفق	محايد	اتفق	اتفق كلياً
		1	2	3	4	5
17	يتصف طاقم المستشفى بشكل عام باللطف					
18	يقدم طاقم المستشفى الاهتمام الكافي لكل منتفعة					

					يتولى طاقم المستشفى اهتماماً شخصياً بالاحتياجات الخاصة للمنتفعه	19
					هناك عدد كافي من الطاقم الطبي أثناء تقديم الخدمة للمنتفعه	20
					يتمتع الأطباء بمستوى عالي من الكفاءة	21
					يتم الشرح من قبل الطاقم الطبي عن الفحوصات والإجراءات الطبية قبل القيام بها	22
					يحرص افراد الطاقم جميعا على الاستئذان قبل القيام بأي فحوصات أو إجراءات طبية	23
					تم تقديم الخدمة بشكل صحيح من أول مرة	24
					لمست وجود انسجام وتوافق بين أفراد الطاقم الطبي اثناء تقديم الرعاية	25

5	4	3	2	1	2.3 الرعاية المقدمة من الأطباء	
					الوقت الذي قضاه معك الطبيب كان كافياً	26
					معاملة الأطباء كانت تتسم بالاحترام والصبر والاهتمام	27
					يقوم الأطباء بالشرح عن وضعك الصحي بشكل واضح والاجابة على كل استفساراتك بطريقة مفهومة	28
					اعتقد ان عدد مرات زيارة الأطباء في اليوم كافي	29
					مواعيد مرور الأطباء مناسبة	30

5	4	3	2	1	3.3 رعاية طاقم التمريض	
					تعامل معك طاقم التمريض بشكل لبق ولطيف	31
					مدى استجابة التمريض لك كانت سريعة ومناسبة	32
					اهتم طاقم التمريض بصحتك النفسية والجسدية	33
					تعامل التمريض بشكل فعال بكيفية شعورك بالألم	34
					تتمتع الممرضات بالمهارة العالية في العمل	35

5	4	3	2	1	4.3 رعاية الطاقم المساند	
					تم الشرح مفصلاً عن كيفية الرضاعة الطبيعية من قبل أخصائية الرضاعة	36
					معلومات أخصائية التغذية كانت مفيدة وواضحة ومفهومة	37
					معلومات الاخصائية النفسية كانت مفيدة وواضحة ومفهومة	38

5	4	3	2	1	5.3 الاتصال والتواصل	
					تم تقديم المعلومات الكافية عن حالتني الصحية من قبل الطاقم الطبي لعائلتي	39
					لمست وجود تعاون بين أفراد الطاقم في تقديم الرعاية الطبية	40
					الحصول على المعلومات فيما يتعلق بالخروج من المستشفى كانت سهلة	41
					المعلومات المقدمة من قبل الطاقم عن حالتني الصحية تتصف بالدقة	42
					يتواجد الطبيب في أي وقت احتاجه للتشاور والاستفسار عن حالتني الصحية	43
					تم تعريف الأطباء بأنفسهم	44
					تم تعريف الممرضات بأنفسهم	45

اتفق كلياً	اتفق	محايد	لا اتفق،	لا اتفق اطلاقاً	القسم الرابع - الرعاية السريرية	
5	4	3	2	1		
1.4 عملية العلاج						
					تم فحصي بدقة من قبل الأطباء	46
					تم ابلاغي بتفاصيل العلاج المقدم والنتائج المتوقعة، بما في ذلك المضاعفات المحتملة	47
					تم اعلامي بتفاصيل الجراحة أهميتها وخطورتها ومضاعفاتها والبدائل عنها	48
					تم اعلامي بتفاصيل /خيارات واطار التخدير	49
					لم أشعر بأي إهمال في الرعاية الطبية المقدمة لي	50
					لا اتوقع ان يحدث معي أي مضاعفات ناشئة عن الرعاية الطبية المقدمة	51

اتفق كلياً	اتفق	محايد	لا اتفق،	لا اتفق اطلاقاً	القسم الخامس - الإجراءات الإدارية	
5	4	3	2	1		
1.5 عملية الإدخال						
					الحصول على المساعدة والمعلومات من قبل قسم الاستقبال كان سهلاً	52
					موقع المستشفى يسهل الوصول إليه	53
					الوصول إلى قسم الطوارئ في المستشفى كان سهلاً	54

					55	اجراءات التسجيل والدخول الى المستشفى كانت سريعة
					56	مدة الانتظار لحضور الطبيب للفحص وتقييم حالتك كانت مقبولة
5	4	3	2	1		2.5 العمليات الإدارية
					57	فترة الانتظار لنتائج الفحوصات كانت مقبولة
					58	يبدل طاقم المستشفى جهداً في مساعدتي او حل شكواك حول المستشفى

						3.5 الخروج/المغادرة
					59	تم الشرح لي عن إجراءات الخروج وخطة المغادرة بشكل كامل وواضح
					60	تم الشرح لي عن الادوية التي سأحتاج اليها بعد خروجي من المستشفى بشكل وواضح
					61	تم تقديم معلومات واضحة عن كيفية الاعتناء بنفسني في المنزل
					62	تم تقديم معلومات واضحة عن كيفية الاعتناء بطفلي في المنزل

						القسم السادس - مؤشرات السلامة
اتفق كلياً	اتفق	محايد	لا اتفق	لا اتفق إطلاقاً		
5	4	3	2	1		
					63	الكادر الصحي يقوم بمراجعة غسل أيديهم قبل فحصك
					64	تم إرشادي عن موقع وكيفية استخدام جرس نداء التمريض في الغرفة
					65	اعتقد أن طاقم المستشفى يتبعون إجراءات صحية كافية (على سبيل المثال: يرتدون القفازات ويغسلون أيديهم)
					66	أشعر أن المستشفى يراعي معايير السلامة العامة (على سبيل المثال: وجود طفايات حريق، مخارج الطوارئ واضحة)

اتفق أ.ك	اتفق	محايد	لا اتفق	لا اتفق الملائة أ	<u>القسم السابع - التجربة العامة لتلقي المنتفعة للرعاية الطبية</u>
5	4	3	2	1	
					67 يتوافق مستوى الرعاية الطبية والسريرية التي تلقيتها مع المستوى الذي توقعته
					68 جودة الرعاية الطبية المقدمة عالية مقارنة بمستشفيات مماثلة اخرى
					69 يقوم المستشفى بتطوير الخدمات المقدمة بشكل مستمر
					70 سوف أوصي الآخرين في تلقي العلاج في المستشفى
<u>1.7 تجربة الولادة</u>					
					71 كانت الولادة سليمة بدون مشاكل
					72 اعتقدت أن المخاض كان طويلا
					73 شجعتني طاقم التوليد لاتخاذ قرارات تقدم مراحل الولادة
					74 شعرت بملل أثناء مراحل الولادة
					75 شعرت بالدعم من طاقم التوليد أثناء مراحل الولادة
					76 كان طاقم التوليد على اتصال مستمر معي أثناء مراحل الولادة
					77 وجدت الولادة شاققة ومؤلمة
					78 شعرت بأن مراحل الولادة تسير بشكل لا يمكن السيطرة عليها
					79 لم أشعر بالضيق من وتيرة التقدم في مراحل الولادة
					80 كانت غرفة الولادة نظيفة ومجهزة بكل وسائل السلامة

اتفق أ.ك	اتفق	محايد	لا اتفق	لا اتفق الملائة أ	<u>القسم الثامن - المسؤولية الاجتماعية للمستشفى ازاء المجتمع</u>
5	4	3	2	1	<u>ككل</u>
					81 لم أشعر بالتمييز في المعاملة بين المنتفعتات
					82 يمثل طاقم المستشفى بالمبادئ الأخلاقية أثناء تقديم الخدمة
					83 يتم مراعاة الخصوصية والسرية من قبل الأطباء أثناء تقديم الخدمة
					84 يتم مراعاة الخصوصية والسرية من قبل التمريض أثناء تقديم الخدمة
					85 يتم مراعاة الخصوصية من قبل العاملين (مثل عمال النظافة والخدمات

					اثق ان المستشفى يحتفظ بسرية تامة فيما يخص بالسجل الطبي الخاص بي	86
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اتفق أبداً	اتفق	محايد	لا أبداً	لا اتفق أبداً	<u>القسم التاسع - الرضا عن الرعاية الشاملة في المستشفى</u>	
5	4	3	2	1		
					بشكل عام انا راضية عن مجمل الخدمات المقدمة	87
					بشكل عام انا راضية عن الرعاية الطبية المقدمة لي	88
					بشكل عام انا راضية عن الرعاية التمريضية المقدمة لي	89
					شكل عام لقد شعرت بالراحة أثناء الإقامة في المستشفى	90
					سوف أختار هذا المستشفى مرة اخرى إذا لزم الامر	91

شكراً لوقتكم و تعاونكم

Appendix (C)

مستشفى جمعية الهلال الأحمر - القدس

استبيان المرضى في المستشفى

سيدتي الفاضلة ...

لأنك من نسعى لإرضائه ، ولتحقيق الأفضل دائماً ، يسعدنا أن تساهمي في إبداء ملاحظاتك بحرية تامة .

لذا يرجى قراءة هذا الاستبيان بتمعن والاجابة بحرية مطلقة وفق ما ترينه مناسباً ، وذلك بوضع اشارة في الصندوق الملائم .

تعبئتك لهذا الاستبيان يساعدنا بالارتقاء لخدمة صحية متميزة.

التاريخ: ____/____/____ رقم الغرفة: ____ مكان المراجعة خلال الحمل: _____

كيف علمتي بنا : تجربة سابقة مواقع التواصل الاجتماعي الاهل/الاصدقاء من موظفي المستشفى

*انطباعك الأول عن المستشفى		ممتاز	جيد	مقبول	ضعيف
		جيد			
1	اللافتات الموجودة على الطرق ساعدتكم في الوصول للمستشفى بشكل				
2	معاملة موظفي قسم الاستقبال لك كانت				
3	السرعة في فتح الملف (من قبل موظفي الاستقبال)				
4	الإشارات الموجودة في المستشفى ساعدكم في الوصول للقسم المقصود				
*العناية الطبية من قبل الأطباء					
5	شرح الأطباء عن وضعك الصحي بشكل واضح والاجابة على كل				
6	معاملة الأطباء لك بطريقة لطيفة ولانقة				
*العناية الطبية من قبل التمريض					
7	معاملة التمريض لك بطريقة لطيفة ولانقة				
8	استجابة التمريض عند طلبك لهم				
9	شرح التمريض عن الأدوية والارشادات المعطاة لك				
10	العناية بطفلك من قبل التمريض				

* الخدمات الفندقية					
				11	نظافة الغرفة و المرافق الصحية
				12	الطعام المقدم لك كافي ومناسب
				13	المحافظة على الهدوء والراحة
* نقاط عامة					
				14	التعليمات و الإرشادات للعناية بصحتك وصحة طفلك عند خروجك من
				15	ما مدى رضاك عن الخدمات المقدمة لك
				16	شعورك بالخصوصية كان

لا	نعم		
		هل تم تعريفك بأسماء الممرضات اللاتي قمن برعايتك ورعاية طفلك	17
		هل تم تعريفك بالأطباء المسؤولين عن العناية بك و بطفلك	18
		هل تم الشرح لك مفصلاً عن كيفية الرضاعة الطبيعية	19
		هل تعليمات أخصائية التغذية كانت مفيدة	20
		هل تعتبرين الممرضة في هذه المؤسسة ملائكة رحمة	21
		هل تم ارشادك عن كيفية جرس نداء التمريض	22
		هل تنصحين غيرك في تلقي العلاج في المستشفى	23

Appendix (D)

Red Crescent Society Hospital-Jerusalem Patient Questioner

Dear Madam ...

As your satisfaction is our top priority, you are invited to take part in our service quality assessment by filling in this questionnaire. We urge you to read it carefully and answer the questions unreservedly by ticking the boxes that most apply to you. A hospital committee will study the collected data with absolute confidentiality. Rest assured that your answers and personal information will not, in any way, be shared or used for any other purpose without your consent.

We take your feedback very seriously, as it will contribute to the continued advancement and improvement of our services and environment.

Please accept our heartfelt congratulations.

Date: ____/____/____ Room No.: _____ Place of prenatal care: _____

Source of knowledge about us: Previous trial Social media Friends/relatives
Hospital employee.

	First impression about hospital	Excellent	Very Good	Good	Fair	Poor
1	Signs on the road					
2	The reception staff treatment					
3	Speed in opening the file					
4	Signs inside the hospital					
	Medical care by doctors					
5	Doctors explained your position clearly					
6	Doctors treat you in a nice way					

	Medical care by nurses					
7	Nurses treat you in a nice way					
8	Nurses answering your questions					
9	Nurses' explanation about the medication you take					
10	Nursestakingg care of your baby					
	Hotel services					
11	Room cleaning					
12	The food offered to you is sufficient and appropriate					
13	Maintain calm and comfort					
	General points					
14	Instructions for care of you and the baby are taken beneath the discharge					
15	How much did you satisfied of our services					
16	Felling of privacy was.					

		Yes	No
17	Did all nurses identify themselves		
18	Did all doctors identify themselves?		
19	Did you have a full explanation for breastfeeding		
20	Is the instruction for nutritionists was satisfying		
21	Can you describe the nurses in this hospital as an angel of		
22	Did you guide how to use the alarm bell		
23	Will you advise other women to deliver in our hospital		



قياس رضا النساء عن رعاية صحة الأم لتحسين الجودة: دراسة حالة
مستشفى جمعية الهلال الأحمر في القدس

إعداد

جيهان أبو رميلة

إشراف

د. عائشة الرفاعي

قدمت هذه الرسالة إبتكمالاً لمتطلبات الحصول على درجة الماجستير في
إدارة الجودة من كلية الدراسات العليا في الجامعة الامريكية - رام الله

2/2022

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رضا النساء عن خدمات الأمومة في مستشفى جمعية الهلال الأحمر في القدس الملخص

في الوقت الحاضر ، يعتبر رضا المرضى عن خدمات المستشفى أحد أهم جوانب جودتها. في قطاع رعاية صحية شديد التنافس، يجب على مسؤولي الرعاية الصحية التركيز على الحصول على رضا المرضى العالي لزيادة جودة تقديم الخدمة.

تهدف هذه الدراسة البحثية إلى قياس رضا النساء عن خدمات الأمومة في مستشفى جمعية الهلال الأحمر في القدس

تتبنى هذه الدراسة البحثية منهجًا مختلطًا ، باستخدام أدوات جمع البيانات الكمية والنوعية لضمان تحليل دقيق وشامل لنتائج البحث. تشمل الدراسة على ثلاثة أجزاء ، حيث سيتم جمع بيانات كمية في الجزأين الأولين بشكل أساسي من مستخدمي الخدمة (النساء) باستخدام أداتين مختلفتين ، واحدة لكل منهما. في الجزء الثالث ، سيتم جمع البيانات النوعية فقط من خلال اجتماع مع عدد مختار من مقدمي الخدمة.

في الجزء الأول ، تم عمل دراسة بأثر رجعي (Retrospective cohort study) على العينة المختارة، تم جمع البيانات عن طريق اختيار عينة من الإستيبيانات المكتملة للعام السابق (2020) للإستيبيانات المستخدمة سابقاً في المستشفى. تم احتساب حجم العينة ليكون 350 استبيانا مكتملا تم اختيارها عشوائيًا باستخدام طريقة أخذ العينات العشوائية البسيطة.

أشارت النتائج من الاستبيان القديم إلى أن الرعاية الطبية من قبل الممرضات كانت أقل مستوى رضا (M = 3.82 ، SD = 0.41)، بالإضافة إلى أن الممرضات والأطباء يعرفون عن أنفسهم بمعدل منخفض (83.1%-85.7%)، بالإضافة ان مستشفى جمعية الهلال الأحمر في القدس يتمتع بسمعة عالية لأن معظم مستخدمي الخدمة -النساء- (97.1%) ينصحون النساء الأخريات بالولادة فيه.

في الجزء الثاني من الدراسة البحثية ، أجريت دراسة مقطعية باستخدام أداة قياس جديدة تعتمد على الأبعاد التي يدركها المريض لخدمة الجودة الشاملة (TQS) في الرعاية الصحية.

تم أخذ عينة جديدة تساوي 450 من النساء اللواتي حصلن على خدمات رعاية الأمومة في مستشفى جمعية الهلال الأحمر في القدس قبل الخروج من المستشفى. تم تحليل البيانات الكمية باستخدام برنامج (SPSS) أشارت النتائج إلى أن النساء راضيات عن بعض أبعاد جودة الخدمة التي قدمها RCSH القدس بمتوسط 4.57 لأبعاد الجودة الشخصية (Personal Quality

(Dimension) وأدنى متوسط 3.86 كان لتلقي الخبرة الشاملة للرعاية الطبية. (Overall) Experience of medical care received.

من ناحية أخرى ، تبين وجود علاقة قوية بين الولاء للمستشفى (No of birth in RCSH) و مدى الرضا عن الخبرة الشاملة للرعاية الطبية التي تم تلقيها .
أخيراً ، تم مناقشة نتائج الدراسة مع مجموعه من ست اشخاص من مقدمي الخدمة في المستشفى و ذلك لإستخلاص الفرص التحسينية التي سيتم خطط عمل بناءً عليها . وكانت نتيجة الاجتماع أن الأداة الجديدة كانت شاملة ومثمرة وتحتوي على تفاصيل دقيقة تساعد في تحديد نقاط رضا المرأة وعدم رضاها مما يساعد في تحديد فرص التحسين.