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Exploring the Role of Patient Trust as a Mediating Factor between Patient Satisfaction and Healthcare Quality

By
Khitam Mahmoud Yousef Dar Aldeik

Supervisor
Dr. Imad Abu Khader

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

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Thesis Approval

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This thesis was defended successfully on 17/02/2024 and approved by:

Committee members	Signature
1. Dr. Imad Abu Khader: Supervisor	
2. Dr.Yousef Mimi: Internal Examiner	
3. Dr. Mutaz Dredi: External Examiner	

Declaration

This thesis was submitted in partial fulfillment of the requirement for a Master's degree in Quality Management.

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

The Name of the Student: Khitam Mahmoud Yousef Dar Aldeik

ID: 202012203

Signature: Khitam Aldeik

Date: 06/12./2024

Dedication

I want to thank Allah for helping me and send my prayers to the Prophet Mohammad. I dedicate this minor achievement to my dear Palestine and those who taught me generosity without expecting anything in return. Thanks to my strong and supportive parents. Also, who helped me in my studies until I reached this great accomplishment today; also, who helped me until I reached this great accomplishment today. Also, they helped me in my studies until I reached this great accomplishment today; also, a big thank you to those who celebrated with me and showed patience.

To my husband and kids, may God protect them. To the brave martyrs of Palestine who resist injustice. To everyone who sacrificed for this holy land. And to all my colleagues, thank you for your support. I wouldn't have achieved this without your encouragement and help at every step."

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Abstract

This study explores the intricate relationship among inpatient satisfaction, quality healthcare services, and the mediating role of inpatient trust within government hospital settings. It aims to assess the impact of the mediating role of trust in the relationship between healthcare service quality and patient satisfaction in governmental hospitals. Utilizing a quantitative research approach with a cross-sectional design, the study focused on the internal departments of three government hospitals. Data were collected through structured questionnaires distributed to 381 inpatients who had exceeded a predetermined duration of stay. The questionnaires covered key dimensions related to inpatient satisfaction, trust in physicians and nurses, and perceptions of healthcare service quality. Data analysis was conducted using SPSS v24, incorporating both descriptive and inferential statistics. The study resulted in a robust response rate of 100%, indicating a significant and positive relationship between patient satisfaction, healthcare service quality, and the mediating role of trust among residents in the Internal Medicine department of three Palestinian governmental hospitals for over 24 hours. The analysis results indicated a high and positive correlation among patient satisfaction, healthcare service quality, and patient trust in healthcare providers (doctors and nursing staff in this department). These findings underscore the strong interdependence of these three elements, emphasizing the crucial role of trust as a mediator in shaping positive patient experiences within the examined healthcare setting. The research underscores the pivotal role of inpatient trust as a mediator, shaping the complex interconnection between inpatient satisfaction and perceived healthcare service quality within government hospitals. This highlights the importance of healthcare organizations prioritizing initiatives to build and enhance trust among healthcare professionals,

ultimately contributing to improved overall patient satisfaction and the quality of healthcare services.

Keywords: Inpatient, satisfaction, quality healthcare services, trust, Mediating role, healthcare professionals.

Table of Contents

List of Tables

List of Figures

List of Acronyms and Abbreviations

Abbreviations	Full Form/Name
ANOVA	One way analysis of variance
GPs	General practitioners
HIS	Health Information System
HSQ	Health Service Quality
IOM	Institute of Medicine's
IRB	Institutional Review Board
KMMHF	Klinik Kesihatan Maharani Muar Healthcare Facility
PMC	Palestinian Medical Complex
PS	Patient satisfaction
SERVQUAL	"service" and "quality."
SPSS	Statistical Package of Social Science
TRS	Trust

List of Appendices

Chapter One

Introduction

Chapter One

Introduction

1.1 Background

The intricate interplay between healthcare service quality and patient satisfaction constitutes a pivotal concern in healthcare management and delivery. Extensive research has emphasized the profound impact of service quality on shaping patient perceptions and experiences. Likewise, patient satisfaction, a crucial measure of healthcare effectiveness, has garnered significant attention. However, the intricate nature of their relationship remains insufficiently understood, demanding further investigation (Liu et al. 2021).

One conspicuously understudied factor in this context is trust, an integral element in patient-provider relationships with far-reaching implications for healthcare outcomes. Trust acts as a conduit, mediating the intricate connections between healthcare service quality and patient satisfaction. Although previous research has explored direct links between service quality and patient satisfaction, the role of trust as a mediating factor remains uncharted territory (Gilson 2006).

This study's research problem centers on the comprehensive examination of trust's mediating role within the complex dynamics of healthcare service quality and patient satisfaction. The problem comprises two facets: first, a literature gap concerning the specific mechanisms through which trust mediates in this context, and second, the need to address the practical implications of understanding and harnessing this mediation process to enhance healthcare delivery strategies (Abidova, da Silva, and Moreira 2021).

In the context of health service delivery in China, the study by (Du et al. 2020) is extremely important. This study addresses the complex issue of rebuilding trust between doctors and patients, emphasizing its theoretical and practical implications. Theoretically, a comprehensive exploration of the mediating role of trust will deepen our understanding of the complex dynamics that influence patient satisfaction. It has the potential to improve and enhance existing models and theories related to patient experience and service quality in the healthcare sector. From a practical perspective, the information gathered from this study provides invaluable guidance for managers and healthcare professionals. They supply the basis for designing appropriate interventions to facilitate trust-building efforts, ultimately resulting in high patient satisfaction.

Within Palestinian governmental hospitals, a discrepancy exists between patient expectations and management's perceptions of these expectations. This discrepancy stems from the administration's challenge in comprehending patients' needs and desires, resulting from disparities between provided service specifications and patients' actual expectations. Despite management's earnest efforts, organizational resource constraints and a failure to embrace a quality management philosophy may hinder the translation of patient needs into expected service specifications. Consequently, the service specifications offered may not align with the department's recognized standards (Alshrbaji, Mohammed, and Shamayleh 2022).

An imbalanced relationship between healthcare providers and patients has arisen, wherein promises made by healthcare providers regarding service levels through patient contact may differ from the actual service delivered and its specifications. Factors contributing to this imbalance include a shortage of skilled employees responsible for service delivery, which, in turn, may result from capacity and workforce limitations.

Providers perception of service quality depends on the magnitude and direction of this gap, which, in turn, is influenced by the types of gaps observed in past assessments of healthcare services (S.-J. Lu et al. 2020).

Previous research has mainly focused on assessing the quality of healthcare services provided in internationally recognized hospitals (Barghouthi and Imam 2018). and other studies emphasized the positive impact of healthcare service quality on patient satisfaction (Zaid et al. 2020). Additionally, a study was conducted in Gaza, specifically examining healthcare service quality at the Shifa Medical Complex in Gaza. This study relied on evaluating the quality of services provided at the Shifa Medical Complex, underscoring the importance of quality in achieving patient satisfaction (Ishaq et al. 2022).

The studies on these gaps have been limited in scope, failing to assess the impact of trust's mediating role in the relationship between healthcare service quality and patient satisfaction in Palestinian governmental hospitals. Consequently, this study seeks to address this gap by focusing on government hospitals in Palestine and aims to answer the central research question: Does trust mediate the relationship between healthcare service quality and patient satisfaction in governmental hospitals.

This study is based on three primary variables: patient satisfaction, the quality of healthcare services, and the mediating role of trust.

1.2 Study Justification

Patient satisfaction is a vital measure of healthcare service quality. It is well-established that patients are more likely to be satisfied when they receive effective care leading to improved clinical outcomes. However, recent studies have shown limited evidence

regarding the impact of clinical outcomes as a mediator in the relationship between healthcare service quality and patient satisfaction, especially in governmental hospitals in Palestine (Barghouthi and Imam 2018).

This study is essential to improve patient care standards in government hospitals. By examining the mediating role of clinical outcomes in the relationship between healthcare service quality and patient satisfaction, we aim to identify factors influencing satisfaction through a questionnaire survey.

The findings of the study may help decision-makers and centralized healthcare centers, facilitating the resolution of issues. Ultimately, results of the patient satisfaction survey will significantly impact patient care provision in public healthcare sectors.

Consequently, working on reviewing and amending the policies that control, guide, and monitor health care service. It will support the achievement of higher efficiency and care quality and greater patient turnover, besides lowering the malpractices and therefore improving the competitive status in the market. In addition, it can shed light on particular problems and difficulties considered necessary.

Up to the researcher`s knowledge, this study is the first of its kind, measuring healthcare service quality and patient satisfaction and assessing the mediating role of clinical outcomes in the relationship between healthcare service quality and patient satisfaction in governmental hospitals.

1.3 Problem Statement

In healthcare quality and patient satisfaction exist; there is a need to investigate the mediating role of trust in the context of Palestinian public hospitals. The specific problem is the lack of a comprehensive understanding of how trust influences the

relationship between patient satisfaction and healthcare quality in hospitals in the Palestinian territories. This study seeks to fill this knowledge gap and provide insights into the dynamics of healthcare delivery in this region.

The significance of this problem is underscored by the importance of healthcare quality and patient satisfaction in improving healthcare outcomes. While previous research has examined the individual factors of trust, patient satisfaction, and healthcare quality, exploring the interplay among these elements. Understanding the role of trust as a mediator can inform strategies to enhance healthcare quality and patient satisfaction, particularly in the context of Palestinian public hospitals.

Overall, is this research project aims to provide a clear, concise, and empirically supported understanding of how trust functions as a mediating factor between patient satisfaction and healthcare quality in the Palestinian context.

The lack of healthcare quality within Palestinian public hospitals leads to a multitude of adverse consequences that have profound and far-reaching implications for patients, healthcare providers, and the healthcare system as a whole. Firstly, compromised healthcare quality directly influences patient outcomes. Inadequate care can lead to medical errors, misdiagnoses, treatment delays, and even adverse events, posing a grave risk to patients' health and well-being. Moreover, low healthcare quality often correlates with diminished patient satisfaction. Patients who perceive incompetence, poor communication, or a lack of empathy from healthcare providers are more likely to express dissatisfaction with their healthcare experience, ultimately eroding trust in the healthcare system. The economic burden of subpar healthcare quality is substantial. Increased healthcare costs result from repeated hospital admissions, extended hospital stays, and the need for additional treatments to rectify errors. This financial strain

affects both patients and the healthcare system itself. Lack of quality healthcare also contributes to the erosion of trust. When patients encounter substandard care or experience medical errors, their confidence in the healthcare system is shaken, potentially leading to reluctance to seek necessary care or follow medical recommendations. Healthcare providers are not immune to the effects of inadequate healthcare quality. They often face burnout, demoralization, and increased stress when striving to provide high-quality care within a system that presents systemic challenges. Furthermore, the public health implications of healthcare quality deficits are profound. Preventable diseases may proliferate, health crises may go unaddressed, and the effective management of chronic conditions may be hindered. Vulnerable populations may bear the brunt of these quality disparities, exacerbating existing healthcare inequities.

1.4 General Objective

This study aims to assess the impact of the mediating role of trust in the relationship between healthcare service quality and patient satisfaction in governmental hospitals.

1.5 Specific Objectives

The specific objectives are:

1. Measuring the impact of the mediating role of clinical trust in the relationship between healthcare service quality and patient satisfaction in Palestinian governmental hospitals
2. Identifying factors affecting patient satisfaction, such as room services, staff communication, the technical competence of healthcare practitioners, waiting

times, and the accessibility of healthcare services please remove this objectives and add other objectives like

3. To determine the reasons that decrease the quality
4. To determine the suggestions for improving the quality
5. Identifying disparities in satisfaction, clinical outcomes, healthcare service quality, and clinical data based on socio-demographic factors.

1.6 Research Questions

The research questions are as follows:

1. What is the impact of the mediating role of clinical trust in the relationship between healthcare service quality and patient satisfaction in Palestinian governmental hospitals?
2. What is the Association between satisfaction, clinical trust, and healthcare service quality levels according to socio-demographic characteristics?
3. What is the Association between patients' satisfaction, clinical trust, and healthcare?

1.7 Research Hypothesis Please Write All the Hypothesis as Described in the Chapter of Results

1. There is no relationship between satisfaction, clinical trust, and quality of healthcare service at $\alpha = 0.05$
2. There is no difference in the satisfaction, clinical trust, and quality of healthcare service levels according to sociodemographic characteristics at $\alpha = 0.05$

3. There is no relationship between patients' satisfaction, clinical trust, and quality of healthcare service at $\alpha = 0.05$

1.8 Terminological Definitions

Patient Satisfaction:

Patient satisfaction encompasses the degree to which patients believe their healthcare needs and expectations have been fulfilled by the healthcare services. It plays a pivotal crucial role in evaluating the quality of healthcare services. Patients who express satisfaction are more inclined to adhere to treatment regimens, actively participate in preventive healthcare measures, and typically achieve better health outcomes. Measuring patient satisfaction often involves ofstaff using surveys, questionnaires, and patient feedback, covering a wide array of aspects within their healthcare experiences, such as communication with healthcare providers, treatment results, waiting times, and staff behavior (Ware Jr et al. 1983).

Healthcare Quality

The concept of healthcare quality is defined by a multifaceted framework that encompasses several critical dimensions. These dimensions include Tangibility, dependability, Response, safety, and Empathywithin healthcare services. The significance of ensuring high-quality healthcare cannot be overstated, as it is instrumental in facilitating positive patient outcomes and advancing the population's overall health. This importance is reflected in various quality measures that aim to reduce medical errors, enhance patient outcomes, and optimize the utilization of healthcare resources. The measurement of healthcare quality is multifaceted, involving

the assessment of clinical indicators such as infection and mortality rates and the evaluation of patient-reported outcomes. Additionally, standardized quality assessments, exemplified by accreditation and certification processes, play a pivotal role in gauging and ensuring the quality of healthcare services (Donabedian 1986).

Trust

In healthcare, trust refers to a patient's confidence in the ability, reliability, and integrity of a healthcare provider and the whole healthcare system. This factor plays a vital role in the patient-to-provider relationship and shapes the dynamic of healthcare interactions. Patients who trust their healthcare providers are likelier to share important information, follow the treatment advice, and feel confident in their care. Measuring trust in healthcare settings typically involves conducting patient surveys covering multiple dimensions, such as provider ability, confidentiality, and the patient's overall sense of safety within the healthcare system (Hall et al. 2001).

Mediating Role of Trust

In this study, the researcher looks at how trust fits in between patient satisfaction and healthcare quality. This is important because it helps us understand how they affect each other. To do this, the researcher uses statistics, like mediation analysis, to measure how much trust is in the middle, connecting patient satisfaction and healthcare quality. This way we can better understand how these things work together.

1.9 Summary

In this chapter, we have identified a critical research problem concerning the healthcare context in Palestinian governmental hospitals. The discrepancy between patient expectations and management perceptions, coupled with the underexplored role of trust, has highlighted the need for comprehensive investigation. Our study examines how trust mediates the relationship between healthcare service quality and patient satisfaction. Bridging this knowledge gap holds theoretical and practical significance, potentially refining existing models and guiding strategies for enhancing healthcare delivery in this context.

Chapter Two

Literature Review

Chapter Two

Literature Review

2.1 Introduction

This literature review examined the mediating role of trust in healthcare providers (physicians, nurses) on patient satisfaction and perceived quality of healthcare. It explores the existing research to gain insights into the relationship between these constructs and identify gaps for further investigation. Below is the Concept & Terminology List:

2.2 Quality of Healthcare Services

In healthcare, the concept of quality has gained significant attention as a critical determinant of patient satisfaction and overall healthcare system performance. Perceived quality of healthcare refers to patients' subjective assessment and evaluation of healthcare services based on their personal experiences, expectations, and perceptions (Nguyen, Tran, and Nguyen 2021).

Quality has evolved and has been defined in various ways. According to Gilmore (1974) and (Levitt 1983), one of the earliest definitions of quality was conformance to specifications. (Juran 1951) and (Juran, Seder, and Gryna 1962) defined quality as fitness for use, while (Crosby and Stephens 1987) defined it as conformance to requirements or meeting and exceeding customer expectations (Bernhardt, Shostack, and Grönroos 1983) and (Parasuraman, Zeithaml, and Berry 1985).

2.2.1 Quality Definition

These definitions of quality can be applied to both goods and services. Services, in particular, have multiple definitions in the literature, focusing on their role as solutions to customers' issues (Medberg and Grönroos 2020). Moreover, the quality of services is often described as the difference between customers' service expectations and their actual perception of the service experience (Parasuraman, Zeithaml, and Berry 1985). Services possess distinct characteristics that present challenges in measuring their quality. First and foremost, services are intangible, which means they cannot be stored, readily displayed, or protected by patents. Additionally, services are characterized by customer involvement in the process, making them inseparable from the customer experience. They are also heterogeneous, making standardization challenging to achieve, and perishable, as they cannot be inventoried (Parasuraman, Zeithaml, and Berry 1985).

Governmental hospitals are crucial in providing healthcare services to the population, especially in countries with public healthcare systems. The perceived healthcare quality in these hospitals significantly impacts patients' satisfaction, trust in the healthcare system, and willingness to seek care (Al-Jabri, Turunen, and Kvist 2021). When patients perceive the quality of healthcare services to be high, it instills confidence in the healthcare system, increasing patient satisfaction, compliance with treatment regimens, and positive health outcomes (BEYENE, Hoyiso, and Woldu 2023).

2.2.2 Quality Dimensions

Perceived quality of healthcare is a multidimensional construct that encompasses various dimensions. These dimensions may include Tangibility, Reliability, Response,

safety, and Empathy (Guedes and Araujo, 2022). Accessibility refers to the ease of obtaining healthcare services, including appointment availability, waiting times, and geographical proximity. Responsiveness reflects healthcare providers' willingness to promptly and efficiently address patient needs. Empathy involves healthcare providers showing patients understanding, compassion, and emotional support. Communication encompasses clear and practical information exchange between patients and healthcare providers. Technical competence refers to the proficiency and expertise of healthcare professionals in delivering appropriate and effective care. Safety emphasizes the importance of error prevention, infection control, and patient safety practices. Tangibles refer to the physical environment and amenities within the hospital that contribute to patient comfort and satisfaction (Preaux, Casadesús, and Bernardo, 2023).

Measuring perceived quality in governmental hospitals requires valid and reliable instruments. Patient satisfaction surveys and standardized measurement scales, such as the SERVQUAL (Service Quality) scale or the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, are commonly utilized to assess different dimensions of perceived quality. These instruments capture patients' perceptions of various aspects of healthcare service delivery and allow for comparisons across hospitals and over time (Rahim et al. 2021).

Several factors influence the perceived quality of healthcare in governmental hospitals. These factors can be categorized into patient-related factors, such as expectations, personal experiences, socio-demographic characteristics, and healthcare system-related factors, including healthcare infrastructure, availability of resources, staff competence, and hospital management practices. Effective communication, patient-centered care,

and the involvement of patients in their healthcare decision-making process are also essential determinants of perceived quality (Sesenna et al., 2021).

A high level of perceived quality in governmental hospitals has several positive implications. It enhances patient satisfaction, promotes positive word-of-mouth recommendations, and strengthens patient-provider relationships. Satisfied patients are more likely to adhere to treatment plans, leading to improved health outcomes. Moreover, positive perceptions of healthcare quality contribute to governmental hospitals' overall reputation and credibility, attracting more patients and increasing their market share (Abu-Rumman et al. 2022).

The previous study investigated the impact of service quality provided by healthcare centers and physicians on patient satisfaction. The study specifically focused on the outpatient department of Klinik Kesihatan Maharani Muar Healthcare Facility (KMMHF) in Johor, Malaysia. Data were collected from 407 patients using a researcher-made, adapted Medical Interview Satisfaction questionnaire (Marzo et al. 2021).

The relationship between service quality and customer satisfaction in the healthcare sector of Jordan by (Al-Mhasnah et al. 2018). The researchers utilized the SERVQUAL model and collected data from 350 Al Hussein Military Hospital patients. Their findings indicated that the tangible, reliable, assured, empathic, and responsiveness dimensions of service quality significantly influenced patient satisfaction. Additionally, the study confirmed the suitability of the SERVQUAL model for evaluating the quality of medical services in hospitals.

Throughout its history, the concept of quality has been defined in various ways. One of the earliest definitions, as proposed by (Gilmore 1974) and (Levitt 1983), referred to

quality as conformance to specifications. (Juran 1951; Juran, Seder, and Gryna 1962) Defined quality as fitness for use, while (Crosby and Stephens 1987) defined it as conformance to requirements or meeting or exceeding customer expectations (Bernhardt, Shostack, and Grönroos 1983; Parasuraman, Zeithaml, and Berry 1985).

It is worth noting that these definitions can be applied to both goods and services. In the context of services, there are multiple definitions in the literature, but many of them emphasize that services are meant to address customers' issues (Bernhardt, Shostack, and Grönroos 1983). Furthermore, the quality of services is often described as the gap between customers' service expectations and their actual perception of the service experience (Parasuraman, Zeithaml, and Berry 1985).

Services possess unique characteristics that present challenges in measuring quality levels. Firstly, services are intangible and cannot be stored, readily displayed, or protected through patents. Additionally, services are characterized by their inseparability, which involves high customer involvement in the service process. They are also known for their heterogeneity, making standardization challenging to achieve, and perishability, as services cannot be inventoried (Parasuraman, Zeithaml, and Berry 1985).

In a systematic review of the literature on measuring dimensions of healthcare service qualityvital, key dimensions that contribute to the overall quality of healthcare service were identified. The study screened numerous papers and identified 74 studies that met the criteria for analysis. The review findings revealed that healthcare service quality is primarily measured through technical and functional dimensions, encompassing various sub-dimensions. However, one of the prominent dimensions identified in the study is "tangibility." This dimension focuses on the physical aspects of healthcare service, such

as the appearance and condition of facilities, equipment, and materials. Tangibility plays a crucial role in shaping patients' perceptions of the quality of care they receive (Albloush et al., 2020). Another noteworthy finding is the prevalence of the "SERVQUAL" model in measuring healthcare service quality. SERVQUAL is a widely utilized model that assesses service quality based on five dimensions: Tangibility, dependability, Response, safety, and Empathy. The model provides a comprehensive framework for evaluating service quality in healthcare settings. The study concludes that core dimensions of healthcare service quality are consistently observed across various measurement models used in reviewed studies. These dimensions help healthcare organizations and policymakers assess and improve the quality of care provided to patients.

In the SERVQUAL model, each dimension plays a distinct role in assessing service quality. Tangibles encompass the physical aspects of service delivery, including the appearance of facilities, equipment, materials, and the demeanour of personnel. Reliability pertains to the consistency and accuracy of service provision, demonstrating dependability and trustworthiness. Responsiveness relates to the willingness and promptness of service providers to assist customers and address their needs promptly. Assurance focuses on the competence, knowledge .The professionalism of employees is closely connected to their aptitude for cultivating and sustaining reliable relationships with customers. Finally, empathy highlights the capacity of service providers to understand and demonstrate care towards customers, as well as the organization's ability to provide personalized attention and cater to individual customer requirements. These dimensions collectively contribute to evaluating service quality, helping organizations

identify areas for improvement and enhancing customer experiences (Sumi and Kabir 2021).

The study conducted by (Beattie, Shepherd, and Howieson 2013) assessed the extent to which the Institute of Medicine's (IOM) dimensions of quality captured the contemporary meaning of quality in healthcare. Their integrative review revealed that the IOM dimensions might not fully encompass the current understanding of quality. In their analysis, the researchers identified two additional dimensions: caring and navigating the healthcare system. They argue that these dimensions should be acknowledged as separate quality dimensions. The dimension of caring emphasizes compassionate and empathetic interactions between healthcare providers and patients, recognizing the importance of patient experiences and personalized care. The dimension of navigating the healthcare system addresses patients' ability to access and understand the healthcare system, encompassing communication, coordination of care, and efficient patient journeys. By incorporating these additional dimensions, healthcare organizations can adopt a more comprehensive and patient-centered approach to delivering quality care (Beattie, Shepherd, and Howieson, 2013).

The foundation of hospital performance lies in proficiently applying scientific knowledge, modern technologies, and available resources. Evaluating the performance of medical services provides a framework for making informed decisions and enhancing service delivery. However, assessing the clinical quality of care presents conceptual and practical challenges. It necessitates a robust evidence base as a standard for evaluating interventions and improving healthcare practices (Ishaq et al., 2022).

Their study titled "Assessing the Quality of Healthcare Services: A SERVQUAL Approach," (Tripathi and Siddiqui 2020) focused on the significance of quality in

today's dynamic marketing environment. They emphasized that quality is essential for survival in a competitive and demanding market.

The authors particularly highlighted the importance of quality in services, where it becomes a critical issue. They proposed utilizing the SERVQUAL approach to measure and evaluate service quality. The ultimate goal of their research was to help organizations gain a competitive advantage by enhancing the perceived quality of their services. Their study was published in the International Journal of Healthcare Management (Tripathi and Siddiqui 2020).

In a qualitative study, the potential risks associated with task shifting in the context of general practitioners (GPs) in Norway were explored. The study aimed to understand how task shifting, the delegation of healthcare responsibilities from doctors to other healthcare professionals could impact patient safety. Through interviews with GPs, the study revealed that task shifting could pose risks to patient safety due to inadequate training and communication issues. The findings highlighted the importance of ensuring appropriate training and support for healthcare professionals involved in task shifting to mitigate potential risks and maintain patient safety in primary healthcare settings. The study contributed valuable insights to the ongoing discourse on optimizing healthcare delivery through task shifting while prioritizing patient safety (Malterud, Aamland, and Fosse 2020).

2.2.3 Assessment of Quality Healthcare Service

In their study, (Kourkouta et al. 2021) conducted a comprehensive review of recent articles from the Medline electronic database and the Hellenic Academic Libraries Association (HEAL-Link) to investigate the relationship between healthcare service

quality and the promotion of healthcare quality. The study highlighted the challenges clients face in assessing the clinical quality of healthcare services, including factors such as illness, pain, uncertainty, fear, and a perceived lack of control. Consequently, patients' perception of quality emerged as a crucial aspect of healthcare management, surpassing the focus on absolute quality. Healthcare managers are constantly pressured to deliver high-quality services that meet patients' expectations (Kourkouta et al. 2021).

The research emphasized the significance of continuous monitoring and evaluating patients' perceptions of healthcare quality. By actively monitoring and assessing patients' experiences, healthcare organizations can gain valuable insights into the effectiveness and adequacy of their services. This proactive approach enables the implementation of quality assessment and improvement initiatives, ultimately leading to enhanced patient satisfaction and overall quality of care (Kourkouta et al. 2021).

2.3 Patient Satisfaction

2.3.1 Satisfaction Definition

The philosophy of modern management sciences asserts that customer satisfaction is a fundamental performance measure (Sultana, Islam, and Das 2016). In today's competitive world, companies are shifting from a sales-oriented approach to a marketing-oriented approach. This means that companies should prioritize the customer, and customer satisfaction is a crucial factor they seek to improve (Aka, Kehinde, and Ogunnaike 2016). Marketing considers customer satisfaction as a significant objective in all business activities (Wang and Lo 2002). Customer satisfaction is valued because it influences customer repurchase intentions and word-of-mouth communication (Pizam and Ellis 1999). Satisfaction can be defined as an emotional or cognitive response to the

fulfillment of desires and needs (Rai 2013). It can be evaluated based on customers' expectations and actual experiences (Giese and Cote, 2000).

The significance of customer satisfaction is often discussed within the concept of customer relationship management. Establishing a solid and positive relationship with customers is considered a valuable asset, similar to physical assets, and is considered a determinant of a company's success (McColl-Kennedy and Schneider 2000). Reasonable customer satisfaction directly impacts the profitability of businesses, as satisfied customers are more likely to engage in positive word-of-mouth communication (Ilieska 2013). Continuous improvement is crucial in achieving high levels of customer satisfaction. This process involves identifying target customers, understanding their needs through data collection, benchmarking, and addressing customer complaints (Rampersad 2001). Companies often develop departments or systems, such as Customer Relationship Management (CRM), to handle customer inquiries and analyze their problems and experiences to meet their needs (Fan and Ku, 2010).

The relationship between service quality and satisfaction has been extensively studied, with many articles highlighting their interdependence (Sivadas and Baker-Prewitt 2000). Quality improvements that do not align with customer needs do not enhance satisfaction (Iacobucci, Ostrom, and Grayson 1995). A company's image and customer retention are associated with higher quality, leading to increased satisfaction. Therefore, management should improve perceived value and overall service quality (Hu, Kandampully, and Juwaheer 2009). Patient satisfaction has received significant attention in the healthcare sector, with efforts to develop appropriate survey instruments to assess it. However, the concept of patient satisfaction lacks a clear theoretical and conceptual definition, and there are challenges regarding standardization, reliability, and

validity. Nonetheless, patient satisfaction continues to be used to indicate the patient's perception of service quality (Linder-Pelz, Epstein, and Tamir 1983).

Several instruments have been developed to measure patient satisfaction, but some lack validity and reliability or focus only on specific dimensions. Patient satisfaction in healthcare is deemed necessary, as it reflects the quality of individualized care and impacts outcomes such as patient compliance (Donabedian 1986) (Panagioti et al. 2018). Satisfaction mediates the relationship between service quality and the behavioral intentions of patients, including adherence to treatment regimens (Gottlieb et al. 1994). Researchers emphasize the need to reevaluate dimensions of healthcare quality and explore their relationship with outcome measures.

Patient satisfaction is a multidimensional aspect toward reflecting a consumer's perception and attitude towards their healthcare experience. It is a crucial indicator of healthcare quality (Asamrew, Endris, and Tadesse 2020), according to the paper that examined the level of patient satisfaction with inpatient services and its determinants in a specialized hospital in Ethiopia. The findings of this study contribute to the understanding of factors influencing patient satisfaction and can inform strategies for improving the quality of healthcare services (Asamrew, Endris, and Tadesse 2020).

2.4 Trust in Health Care Provider (Physician, Nurse)

2.4.1 Definition of Trust

Trust is the belief that individuals and institutions will act appropriately and competently, considering our interests. It varies in levels and relationships between trustors and trustees and can be general or specific. The trust exists at different levels and between various individuals and institutions (TAYLOR, NONG, and PLATT,.

Trust can also be described as the confidence, faith, and reliance individuals place in a person, organization, or system. In healthcare, trust refers to the patient's confidence in the healthcare providers, institutions, and the healthcare system. Trust is a multifaceted concept encompassing confidence, belief, and reliance. It involves patients placing their faith in the competence, professionalism, and ethical conduct of healthcare professionals, as well as the ability of healthcare institutions to deliver high-quality care. Trust forms the foundation of the patient-provider relationship, enabling patients to feel secure, comfortable, and confident in their care. It is vital in shaping patient experiences, satisfaction, and engagement with healthcare services (McHenry et al., 2022).

2.4.2 Development of Trust

The development of healthcare trust has undergone significant transformations over the years. In the past, trust was predominantly established based on the authority and expertise of healthcare professionals. Patients relied on the knowledge and skills of these professionals, assuming that their best interests were being prioritized. However, as healthcare paradigms shifted towards patient-centered care and shared decision-making, trust began to be influenced by additional factors encompassing a more holistic approach to healthcare delivery (Spanò, Massaro, and Iacuzzi, 2023).

One crucial factor that has shaped the development of healthcare trust is effective communication. Patients now expect healthcare providers to engage in open and transparent communication, ensuring they are adequately informed about their conditions, treatment options, and potential risks. Transparent communication fosters trust by empowering patients to participate in their healthcare decisions actively and by

creating a partnership between patients and healthcare providers (Porta-Etessam et al., 2020).

Empathy is another vital element in building trust. Patients seek competent medical professionals and individuals who can empathize with their physical and emotional challenges. When healthcare providers demonstrate empathy, more profound genuine concern, and understanding, patients feel validated and supported, leading to a more profound sense of trust in the healthcare relationship (Lin et al.,

Respect for patient autonomy has become increasingly important in the development of trust. Patients desire to be recognized as active participants in their healthcare journeys, with their values, preferences, and goals considered. By respecting patient autonomy and involving them in shared decision-making processes, healthcare providers acknowledge each patient's unique needs and perspectives, further strengthening trust (Cranley et al. 2020).

Transparency in healthcare delivery has emerged as crucial in building and maintaining trust. Patients expect healthcare systems and institutions to operate transparently, providing clear information about quality measures, safety protocols, and potential risks. Transparency helps alleviate patient concerns, dispel doubts, and instill confidence in the healthcare system's ability to deliver safe and reliable care (Schmidt et al., 2020).

Furthermore, the advent of technology and the widespread availability of health information have played a significant role in shaping the development of trust in healthcare. Patients now access a wealth of information through the Internet and various digital platforms. This increased access to information has empowered patients to become more informed and engaged in their healthcare decisions. Trust is built when

patients perceive that healthcare providers are up-to-date with the latest research and technologies and can and can provide accurate and reliable information (Jadhav and Deshmukh,.

3. Relationship between Trust and Patient Satisfaction:

The relationship between trust and patient satisfaction is of paramount importance in healthcare. The trust serves as a fundamental building block upon which the patient-provider relationship is formed, and it significantly influences patients' overall satisfaction with the healthcare services they receive (Durmuş and Akbolat,. When patients trust their healthcare providers and institutions, they are more likely to have positive experiences throughout their healthcare journey. Trust allows patients to feel confident in the competence and expertise of their healthcare providers, which is essential for establishing a sense of security and assurance. Patients who trust their providers are more likely to believe that they will receive appropriate and effective treatments, leading to higher satisfaction with the healthcare outcomes (Zhang, Chen, and Susilo 2020).

Moreover, trust plays a vital role in patient satisfaction by fostering a sense of comfort and ease during interactions with health.

Care professionals. When patients trust their providers, they feel more comfortable discussing their health concerns, sharing personal information, and asking questions. This open and trusting environment facilitates effective communication, enabling patients to participate in their healthcare decisions actively. As a result, patients' needs and preferences are better understood, leading to a higher level of satisfaction as their concerns are addressed (Aiken et al., 2018).

Trust also contributes to patient satisfaction by creating a sense of continuity and consistency in healthcare. Patients who trust their healthcare providers are more likely to have long-term relationships with them. This continuity of care allows for a better understanding of the patient's medical history, preferences, and unique circumstances, leading to personalized and tailored healthcare services. The consistent and reliable care provided by trusted providers enhances patient satisfaction by demonstrating a commitment to their well-being and fostering a sense of trustworthiness (Cahyati and Seminari, 2020).

Furthermore, trust in healthcare institutions and systems significantly impacts patient satisfaction. When patients trust the healthcare system, they have confidence in the overall quality of care the institution provides. Trust in the system includes factors such as the safety of healthcare facilities, the availability of necessary resources, and the efficiency of administrative processes. Patients who trust the healthcare system are more likely to have positive experiences and perceive higher satisfaction with the services received (Amporfro et al., 2021).

In the internal medicine department, trust plays a significant role in patient satisfaction and the delivery of quality healthcare across various stakeholders, including nurses, physicians, leadership, and the non-medical team. Trust in nurses fosters a positive patient experience, enabling patients to feel confident in their care and leading to higher satisfaction levels. Trust in physicians is crucial for patients to have faith in their medical expertise, resulting in increased satisfaction with the quality of healthcare. Trust in leadership ensures effective management, resource allocation, and patient-centered policies, contributing to overall satisfaction and quality of healthcare delivery. Trust in the non-medical team members, such as administrative staff, enhances the

coordination and efficiency of care, further influencing patient satisfaction and the provision of quality healthcare in the internal medicine department (McHenry et al. 2022).

2.4.3 Relationship between Trust and Quality of Healthcare Services

The relationship between trust and the quality of healthcare services is intricate and mutually reinforcing. The trust serves as a crucial foundation upon which patients' perceptions of the quality of healthcare services are built. When patients confidence trust healthcare providers and institutions, they are more likely to perceive the services provided as being of high quality (Liu et al. 2021).

One key aspect influencing trust in the quality of healthcare services is healthcare professionals' perceived competence and expertise. Patients trust healthcare providers who demonstrate the necessary knowledge, skills, and proficiency in delivering healthcare services. Competent healthcare professionals inspire confidence in patients, reassuring them that they receive the best possible care (Wassie et al. 2021).

Professionalism and ethical conduct also contribute to trust in the quality of healthcare services. Patients trust healthcare providers who uphold ethical standards, prioritize well-being, and maintain confidentiality. Professional behavior and integrity create an environment in which patients feel safe, respected, and confident in their quality of care (Aiken et al. 2018).

The effectiveness of treatments and interventions is another essential factor shaping trust in the quality of healthcare services. When patients observe positive outcomes and experience improvements in their health conditions, their confidence in the treatments' effectiveness is reinforced. On the other hand, when patients perceive a lack of

improvement or encounter adverse events, their trust may be diminished, and their perception of the quality of care may be negatively impacted (Al-Adwan et al., 2021).

Meeting patients' expectations is also closely linked to trust in the quality of healthcare services. Patients have certain expectations regarding the timeliness, accessibility, and responsiveness of healthcare services. When healthcare providers and institutions meet or exceed these expectations, trust is reinforced, and patients perceive the services as high quality. On the contrary, when expectations are unmet, trust may be eroded, and patients may question the quality of care they receive (S.-J. Lu et al., 2020).

Moreover, trust in the safety and reliability of healthcare services is vital for perceiving high quality. Patients trust healthcare providers and institutions that prioritize patient safety, adhere to rigorous protocols, and continuously monitor and improve the quality of care. Providing safe and reliable healthcare services contributes to trust in the overall quality of care and enhances patient confidence in the healthcare system (Goula et al., 2022).

It is important to note that trust in the quality of healthcare services is not solely dependent on healthcare providers. Trust in the broader healthcare system, including healthcare institutions, regulatory bodies, and support staff, also shapes patients' perceptions of quality. Patients trust institutions that demonstrate transparency, accountability, and commitment to high-quality care. Trust in the non-medical team, such as administrative staff and support personnel, is also crucial as their efficiency and effectiveness contribute to the overall quality of healthcare services (Wassie et al. 2021).

2.4.4 The Mediating Role of Trust

The mediating role of trust in the relationship between the quality of healthcare services and patient satisfaction in governmental hospitals is a critical aspect to consider. Trust acts as a mechanism through which the quality of healthcare services influences patient satisfaction. In this context, trust is an intermediary factor that enhances or diminishes the impact of healthcare service quality on patient satisfaction. When patients trust the quality of healthcare services provided by governmental hospitals, it positively influences their satisfaction levels. Trust in healthcare providers and institutions instills confidence in patients that they will receive competent, safe, and reliable care. Patients who trust the quality of healthcare services are more likely to have positive experiences, feel valued as individuals, and perceive higher levels of satisfaction with the care received (Alrubaiee et al., 2021).

Trust plays a mediating role by shaping patients' perceptions and expectations of the quality of healthcare services. Patients who trust healthcare providers and institutions are more likely to perceive the services as being of high quality, even if there may be occasional lapses or limitations in the service delivery. This is because trust mitigates negative perceptions and biases, allowing patients to focus on the positive aspects of care and maintain overall satisfaction. Furthermore, trust influences patient satisfaction by fostering effective communication and shared decision-making.

When patients trust healthcare providers and institutions, they are more likely to communicate openly and honestly, ask questions, and actively participate in their healthcare decisions. This collaborative approach enhances patient satisfaction as their preferences and concerns are acknowledged and addressed, leading to greater involvement and control in their healthcare journey (Liu et al. 2021).

Additionally, trust in governmental hospitals as institutions influences patient satisfaction. When patients trust the hospital's commitment to quality, safety, and ethical standards, they have confidence in the healthcare system. Trust in the hospital administration, policies, and processes contribute to a positive perception of the quality of healthcare services, leading to higher patient satisfaction. Understanding the mediating role of trust in the relationship between the quality of healthcare services and patient satisfaction in governmental hospitals is essential for healthcare providers and policymakers. By recognizing the significance of trust and actively fostering trust-building strategies, governmental hospitals can enhance patient satisfaction and improve the overall healthcare experience. This may include promoting transparent communication, ensuring competency and professionalism among healthcare providers, implementing patient-centered care approaches, and maintaining high quality and safety standards (Hong et al. 2021).

According to several studies, trust plays a crucial mediating role in the relationship between the quality of healthcare services and patient satisfaction. Trust acts as a bridge that enhances the impact of healthcare service quality on patient satisfaction. When patients trust the healthcare providers and institutions in the hospital departments, they have confidence in the competence, professionalism, and ethical conduct of the healthcare professionals. This trust, in turn, positively influences patient satisfaction by creating a sense of security, empathy, and effective communication (W. Lu et al., 2021). In brief, Patients who trust the quality of healthcare services provided in the internal medicine department are more likely to have positive experiences, feel valued, and perceive higher satisfaction levels. Consequently, building and nurturing trust in

healthcare providers and institutions is crucial for optimizing patient satisfaction in the governmental hospital's internal medicine department.

2.5 Conceptual Model

The researcher has developed the following conceptual model based on a comprehensive review of previous literature on healthcare quality, satisfaction, and trust.

Conceptual Framework:

The conceptual framework illustrates the relationships between trust, healthcare providers (such as physicians and nurses), patient satisfaction, and quality healthcare.

Independent Variable: Trust in Healthcare Providers

Trust refers to patients' belief, confidence, and reliance on their healthcare providers, including physicians and nurses. It reflects these providers' perceived competence, reliability, integrity, and benevolence.

Mediating Variable: Trust

Trust is a mediating variable that influences the relationship between healthcare providers and two dependent variables: patient satisfaction and quality healthcare.

/

Dependent Variable: Trust

Dependent Variable 1: Patient Satisfaction

Patient satisfaction represents the degree of contentment, fulfillment, and positive appraisal that patients experience about their healthcare services. It encompasses various aspects of the patient-provider interaction, communication, empathy, and overall care experience.

Dependent Variable 2: Quality Healthcare

Quality healthcare refers to delivering healthcare services that meet or exceed established standards, leading to positive health outcomes and patient well-being. It encompasses factors such as safety, effectiveness, patient-centeredness, efficiency, and timeliness of care, **Error! Reference source not found.**.

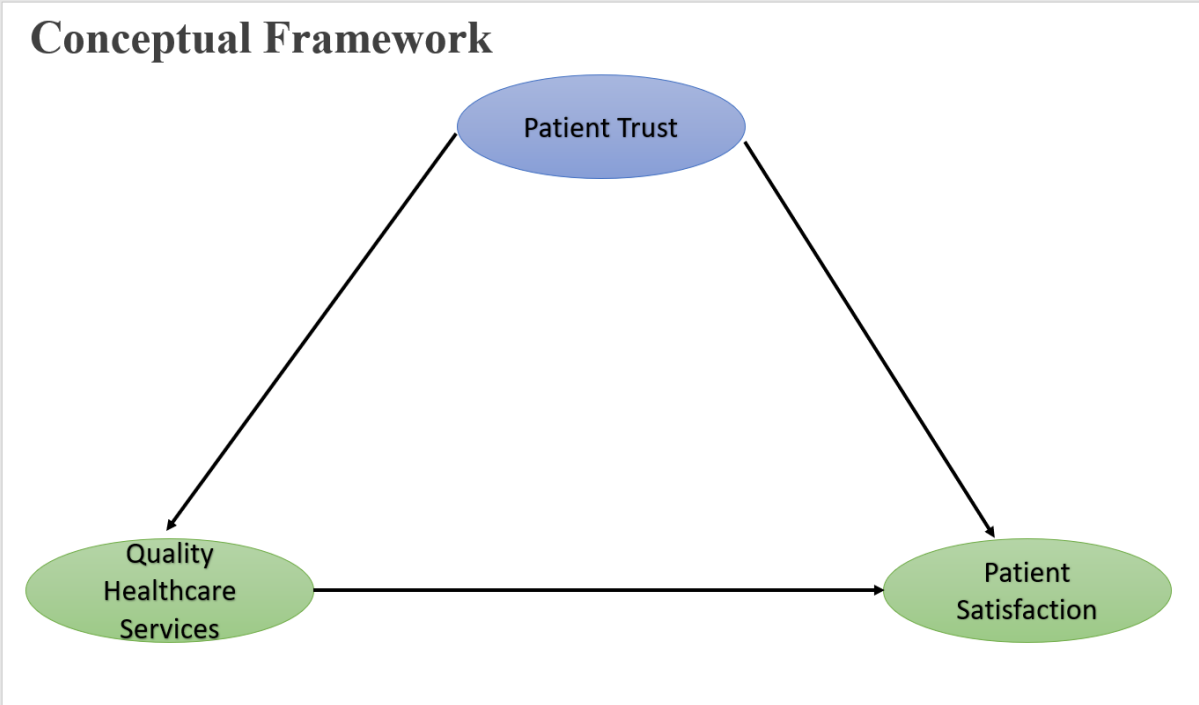


Figure (2.1): The Conceptual Framework of the Study: The relationship between patient satisfaction & quality health care and the mediator factor of trust in (physician, nurse) of ethical practices of physicians and nurses and patient satisfaction.

2.6 Summary

This chapter outlines the study literature from previous contributors in the field. We dealt with research topics in Patient Satisfaction and Healthcare Quality and Exploring the Role of Trust as a Mediating Factor.

Patient Satisfaction and Healthcare Quality and Exploring the Role of Trust as a Mediating Factor is the main topic of this research so that we can know the progress of the Trust as a Mediating Factor role.

Chapter Three

Methodology

Chapter Three

Methodology

3.1 Introduction

This chapter describes the study methodology, including the study design, setting, target population, sample, data collection instruments, validity and reliability, data entry, and statistical analysis. Moreover, the study's ethical considerations, limitations, and a pilot study summary are highlighted.

3.2 Study Design Overview

A quantitative cross-sectional study design was used for this study to examine the relationship between patient trust, satisfaction, and healthcare service quality. Quantitative research is a formal and systematic scientific process for gathering information or investigating phenomena and relationships, so it involves collecting numerical data where there is often considerable control and analysis of data by using statistical procedures (Hoare & Hoe, 2013). Using quantitative cross-sectional study design is common in healthcare because cross-sectional studies are generally quick, easy, and cheap to perform. They are often based on a questionnaire survey, and there will be no loss to follow-up because the population sample participates at only one point in time (Sedgwick, 2014).

3.2 Study Setting

This study targeted three governmental hospitals in West Bank \ Palestine. 381 patients from three referral governmental hospitals in the West Bank were selected to

participate in this study. These hospitals included Palestine Medical Complex, Martyar Dr. Khalil Sulaiman Governmental Hospital, and Prince Alia Governmental Hospital.

Palestine Medical Complex

The Palestine Medical Complex is a prominent medical institution in the city of Ramallah in Palestine. It was established in 1963 and is considered one of Palestine's largest and most important hospitals. The complex provides comprehensive and diverse medical services to patients across the West Bank, encompassing various departments and medical services. Initially known as the Ramallah Government Hospital, its name was changed to the Palestine Medical Complex in 2010.

The institution is dedicated to delivering high-quality healthcare services to the residents of Ramallah Governorate, which has a population of approximately 350,000 people, visitors, and beneficiaries, bringing the total served population to over 550,000. The Palestine Medical Complex comprises five wings, including the Sons of Ramallah Wing, Children's Wing, Specialized Surgeries Wing, Emergency Wing, and the National Blood Center, which includes the Hematology Department and the Kidney Center.

The complex offers a wide range of healthcare services, including general and specialized surgeries, minimally invasive surgery, women's health, and maternity care, pediatrics, internal medicine where the number of discharged patients was 9908 in the year 2022, general surgery, heart and vascular surgery, and specialized surgeries. The complex has a total of 312 beds, with an occupancy rate of 81% and an average length of stay of 2.5 days. In 2022, the total number of patient discharges was 37,195, with 36,577 admissions during the same year. The complex employs a medical staff of 1,054

individuals, covering various medical specialties and disciplines (Palestinian Ministry of Health annual report 2022).

Prince Alia Governmental Hospital

Alia Government Hospital is one of the largest government-run hospitals operating in the West Bank, specifically in the Hebron Governorate. It has a clinical capacity of approximately 278 beds and employs 750 staff members.

Alia Government Hospital was founded in 1957 with the support of King Hussein bin Talal of Jordan. Its purpose was to provide medical services to the city of Hebron at that time. The hospital is situated on an 11-dunum (approximately 2.7 acres) campus and is considered the central hospital of the Hebron Governorate, as well as the most significant government institution in the southern West The hospital has an occupancy rate of 90%, with an average length of stay of 2.3 days. In 2022, the total number of patient discharges was 39,349, and the total number of patient admissions for the same year was 39.

Alia Government Hospital, located in one of the significant governorates in the region with a population of over 750,000, is committed to providing a wide range of medical specialties to meet the needs of its residents.

These specialties are distributed across the following departments: the internal medicine department, where the number of discharged patients was 5046 in the year 2022, and urology, orthopedic surgery, otolaryngology (ENT), pediatric surgery, general surgery, and more. The hospital has also been staffed with exceptional medical professionals, including oncology, anesthesiology, and endoscopy specialists.

In recent years, the hospital has significantly expanded its services by opening new departments and integrating with the Health Information System (HIS) network to digitize all medical procedures and record-keeping. In 2016, it was recognized as a child-friendly hospital for the quality of services and medical facilities it provides for the treatment of children (Palestinian Ministry of Health annual report 2022).

Martyar Dr. Khalil.Sulaiman Governmental Hospital

The Martyr Dr. Khalil Suleiman Governmental Hospital in Jenin was founded in 1961 and has seen significant development over the years to provide medical services to the Jenin Governorate and nearby villages. It was named in honor of Dr. Khalil Suleiman, the head of a group of medical services for the Palestinian Red Crescent in Jenin, who was martyred while performing his duties during the invasion of Jenin in 2002. This hospital provides a range of medical services to over 350,000 residents of Jenin Governorate.

The hospital has a total capacity of 223 beds distributed across the following departments: Internal Medicine, where the number of discharged patients was 6115 patients in the year 2022; Obstetrics and Gynecology, Pediatrics, Emergency, and Outpatient Clinics. The hospital has an occupancy rate of 88.8%, with an average length of stay for patients of 2.5 days. In 2022, the total number of patient discharges was 28,377, while that year's total number of patient admissions was 28,471.

The medical staff in this hospital consists of 582 individuals covering various medical specialties and disciplines (Palestinian Ministry of Health annual report 2022).

Internal Medicine Department

This study targeted patients admitted to the internal medicine department in three governmental hospitals, namely the Palestinian Medical Complex in Ramallah, Martyar Dr. Khalil Sulaiman Jenin and Alia Governmental Hospital in Hebron. The internal medicine department included the following diagnostic cases:

Cardiovascular diseases: These include conditions like heart failure, coronary artery disease, arrhythmias, and hypertension (high blood pressure).

Respiratory diseases: Conditions such as pneumonia, chronic obstructive pulmonary disease (COPD), asthma, and bronchitis.

Gastrointestinal disorders: These can include gastritis, peptic ulcers, inflammatory bowel disease (Crohn's disease and ulcerative colitis), and liver diseases.

Endocrine disorders: Conditions like diabetes, thyroid disorders (hypothyroidism and hyperthyroidism), and adrenal gland disorders.

Renal (kidney) diseases include chronic kidney disease, acute kidney injury, and electrolyte imbalance.

Infectious diseases: Infections such as sepsis, urinary tract infections, cellulitis, and other bacterial, viral, and fungal infections.

Rheumatologically and autoimmune disorders: Conditions like rheumatoid arthritis, systemic lupus erythematosus, and other autoimmune disorders.

Hematological disorders: Anemia, bleeding disorders, and other blood-related conditions.

Neurological disorders: Conditions like strokes, epilepsy, multiple sclerosis, and neuropathies.

Geriatric medicine: Management of health issues related to aging, including frailty, falls, and chronic diseases.

Dermatological conditions: Skin disorders such as eczema, psoriasis, and infections.

Oncology: Initial management and coordination of care for patients with various forms of cancer.

Metabolic disorders: Disorders like obesity and metabolic syndrome.

Miscellaneous medical conditions can include a wide range of less common diseases and conditions that may require specialized medical care.

3.3 Study Population

The study, based on the 2022 report from the Palestinian Ministry of Health, is focused on patients who have been discharged from the internal medicine departments of government hospitals in the West Bank. These hospitals include well-known establishments like the Palestinian Medical Complex, and Martyr Dr. Khalil—Sulaiman and Alia Governmental Hospital in Hebron. The study's scope encompasses a substantial population, with 21,069 patients discharged from these hospitals during the specified period. To ensure the research's robustness, a sample size of 381 was established using the SSPropo formula in OpenEpi, Version 3. This determination ensures a representative subset of patients from the internal medicine departments of government hospitals in the West Bank. The selected methodology and emphasis on this specific population will facilitate the study in acquiring valuable insights into the experiences and satisfaction levels of discharged patients within the context of

government healthcare facilities in the region.

$$\frac{\text{DEFFxNp}(1-\text{p})}{d^2 \,/\, \text{Z}^2_{1-\alpha/2}(\text{N}-1)+\text{p}(1-\text{p})}$$

Table (3.1): The numbers of Patient's Admission and Discharge among the Government Hospitals Studied in (Internal Medicine).

Hospitals	**January to December 2022**	
	Admission	**Discharge**
Khalil Suleiman Hospital in Jenin	6144	6115
Palestinian Medical Complex	9776	9908
Alia Governmental Hospital in Hebron	5049	5046
Total	**20969**	**21069**

Reference: the Palestinian Ministry of Health report for the year 2022

3.4 Study Subjects

Inclusion Criteria

The inclusion criteria for your survey on post-discharge individuals in internal medicine at targeted hospitals are carefully defined to ensure that the participants are well-suited for the study. These criteria encompass several vital aspects. The requirement of a minimum 24-hour hospital admission duration ensures that the survey captures the experiences of individuals with substantial hospital stays, facilitating a comprehensive assessment of their healthcare journey. Only officially discharged patients are considered, ensuring that participants are no longer actively receiving medical care at the facility. Informed consent is mandatory, upholding ethical research standards. Targeting the adult population aged 18 and above aligns with research norms. Lastly,

participants are expected to be able to effectively communicate their experiences, whether verbally or in writing, guaranteeing the accuracy and value of the survey results. These criteria collectively serve to filter and select participants who can provide valuable insights into their healthcare experiences during their stay in the internal medicine department of the targeted hospitals, enhancing the survey's relevance and reliability.

Exclusion Criteria

The exclusion criteria for the survey on post-discharge individuals in internal medicine at targeted hospitals serve to specify the characteristics and conditions that disqualify potential participants from taking part in the research. These criteria include excluding individuals who did not meet the minimum length of stay requirement of 24 hours, those under the age of 18, and individuals who have not been officially discharged from the healthcare facility at the time of the survey. Additionally, participants must provide informed consent to participate, ensuring voluntary and ethical involvement. Exclusion may also apply to individuals with communication barriers that prevent them from effectively sharing their experiences and feedback. Further specific exclusions, if necessary, should be defined by the research objectives. These criteria are essential for maintaining the integrity and relevance of the survey data, as they help ensure that the selected participants can provide valuable insights into their healthcare experiences.

3.5 Study Instrument

The researcher prepared a questionnaire for this study, which was divided into three sections, into four distinct sections, each with a unique and vital purpose. The initial

section collects crucial demographic information from participants, including age, gender, education, and other pertinent details, providing essential context for analyzing the survey responses (Abu Al-Kabash, 2023). The second section delves into patient satisfaction and their overall healthcare experiences, addressing aspects such as the quality of care, communication with healthcare providers, and waiting times (Bartram 2021). The third section focuses on evaluating patients' trust in their healthcare providers, encompassing physicians and nursing staff, thereby shedding light on the confidence patients repose in their healthcare professionals(Thom, Hall, and Pawlson 2004). The fourth section serves as the yardstick for assessing healthcare service quality, grounded in the five critical dimensions: Tangibility, dependability, Response, safety, and Empathy(Arabelen and Kaya 2021). These sections are meticulously structured to ensure clarity and effectiveness in capturing the intended aspects of the research. The instrument's reliability and accuracy have been robustly substantiated through expert reviews and a pilot test, reinforcing its capacity to collect meaningful and dependable data for the study's objectives (Harrington et al., 2015).

3.5.1 Data Collection Procedure

The data collection period for this study lasted from November to December, providing a snapshot of patient perceptions during this critical time period. The researcher himself collected data from patients in these hospitals. This research received ethical review and approval from the Institutional Review Board at the Arab American University. Prior authorization was obtained from the Palestinian Ministry of Health to conduct the study in the mentioned hospitals, enabling the recruitment of participants. The researcher met

with patients residing in the internal medicine departments of these hospitals, which was the specific focus of this study, and explained the nature of the study.

The researcher's selection targeted patients who had spent more than 24 hours in the internal medicine department. Consent was obtained from these patients to participate, resulting in the inclusion of 381 patients. The data collection involved questionnaires divided into four sections: the first section covered personal information, the second section focused on patient satisfaction, the third section explored patient trust, and the fourth section assessed the quality of healthcare services provided.

3.6 Pilot Study

A pilot study was conducted with around 10% of participants from the study sample before starting the data collection. The data from 40 participants in the pilot study were not included in the primary study data analysis. Conducting a pilot study is an essential step in the research process, as it allows researchers to test their questionnaire design and data collection procedures before conducting the actual research. The pilot study helps to identify any issues with the questionnaire, such as confusing or misleading questions, unclear instructions, or missing response options.

It also provides an opportunity to assess the questionnaire's length and the time required to complete it, which can affect the response rate and data quality (Siedlecki 2020).

3.6.1 Validity of the Research

Experts with backgrounds in health science, specifically in the quality of healthcare, from the Palestinian Ministry of Health, including Dr. Abdel-Raouf Bani Odeh, the founder of the Ministry's Quality Department and a regional consultant for the World

Health Organization, and Dr. Namer Al-Daghameen, the Head of the Ministry's Health Services Development Department, reviewed and validated the questionnaire. This validation process is crucial for ensuring the accuracy and credibility of research findings in healthcare. It underscores the importance of validity in healthcare research, which focuses on the precision of measurements and the strength of study conclusions (Heale and Twycross 2015).

In this study, the questionnaire serves as the primary data collection tool in the healthcare context, with its validity scrutinized through various dimensions. The initial section comprehensively captures demographic information relevant to healthcare, establishing content validity by ensuring comprehensive coverage of participant characteristics pertinent to healthcare research. The structured design of the questionnaire aligns with the theoretical constructs of healthcare, ensuring construct validity as it measures abstract concepts such as patient satisfaction, trust in healthcare providers, and the quality of healthcare service (Thurston, 2023).

By incorporating criteria aligned with established standards for healthcare service quality, including dimensions such as Tangibility, dependability, Response, safety, and Empathythe questionnaire demonstrates criterion validity by correlating with recognized benchmarks in the healthcare domain. Careful structuring minimizes confounding variables, enhances internal validity, and addresses various aspects of patient experiences, which contributes to establishing a robust causal relationship between variables in the healthcare context. Substantiating the reliability and accuracy of the instrument in the healthcare setting through expert reviews and a pilot test reinforces its capacity to collect meaningful and dependable healthcare data (Thurston, 2023).

This rigorous validation ensures that the study's findings are consistent with the highest standards of scientific inquiry in the healthcare domain, increasing the general confidence of the research results.

3.6.2 Instrument Validity

The validity of the tool is intended to verify that the questions of the questionnaire measure what it was designed to measure in terms of comprehensiveness and the clarity of its paragraphs and vocabulary, meaning that the questionnaire is understandable to everyone who uses it. The A researcher verified the validity of the tool in two ways:

3.6.3 Construct's Validity

The validity of the study tools was verified by presenting them to a group of specialized and experienced arbitrators who showed theirs about the number of paragraphs, their wording, order, and modification of the questionnaire, which was composed of 37 paragraphs divided into eight fields.

The correlation coefficient between the paragraphs and the total score for each item was calculated as shown in Table 2.

Table (3.2): Pearson Correlation Coefficient and Statistical Construct Significance

Number	Patient Satisfaction	
	Person	Sign
1	.531**	.006
2	.670**	.000
3	.648**	.000
4	.668**	.000

Number	Patient Satisfaction	
	Person	Sign
5	.530**	.006
6	.652**	.000
7	.830**	.000
8	.421*	.036
9	.640**	.001
10	.761**	.000
Total	.920**	.000

Trust

Number	Doctor Trust		Number	Nursing Trust	
	Person	Sign		Person	Sign
1	.852**	.000	1	.876**	.000
2	.876**	.000	2	.890**	.000
3	.889**	.000	3	.877**	.000
4	.877**	.000	4	.797**	.000
5	.719**	.000	5	.903**	.000
Total	.695**	.000	Total	.792**	.000

Quality Standards

Number	Tangibility		Number	Dependability	
	Person	Sign		Person	Sign
1	.694**	.000	1	.842**	.000
2	.870**	.000	2	.869**	.000
3	.755**	.000	3	.842**	.000
4	.757**	.000	Total	.674**	.000
Total	.587**	.002			

Number	Response		Number	Safety	
	Person	Sign		Person	Sign
1	.720**	.000	1	.811**	.000
2	.852**	.000	2	.886**	.000
3	.900**	.000	3	.909**	.000
4	.799**	.000	Total	.684**	.000
Total	.820**	.000			

Number	Empathy	
	Person	Sign
1	.872**	.000
2	.934**	.000
3	.918**	.000
Total	.757**	.000

The data in the table indicates a high consistency between items and the total score of each construct. Moreover, the Pearson correlation was between (0.421 and 0.934) and was significant (0.000) for the majority of items, which indicates internal validity.

3.6.4 Construct Reliability

The questionnaire's stability means that it will give the same result if it is redistributed again under the same conditions and conditions. The Cronbach's Alpha equation was calculated to confirm the reliability of the study instruments. It is recommended to have reliability between 0.7 and 0.8 to achieve high internal consistency. The reliability value of this study is 0.949 which meets the study purposes, thus the questionnaire has a very high degree of stability, and the researcher has confirmed the validity and reliability of the study's questionnaire, which makes it full confidence in the validity of the questionnaire and its validity to analyze the result of the hypotheses study questions and test its hypotheses in table 3.

Table (3.3): Reliably Statics of the Instrument

Variables	No. of Items	Cronbach's Alpha
Patient Satisfaction	10	0.818
Doctor Trust	5	0.897
Nursing Trust	5	0.916
Trust	10	0.897
Tangibility	4	0.744
Dependability	3	0.788
Response	4	0.837

Safety	3	0.823
Empathy	3	0.886
Quality Standards	17	0.936
Total scale	37	0.949

Source: own survey, 2023

3.6.5 Reliability of the Research

The reliability of an instrument is the degree of consistency with which it measures. One of the most common ways to check for reliability is retesting the questionnaire, achieving similar results when given to the same person on two separate occasions. Cronbach alpha was used to check for reliability. For most purposes, reliability coefficients above 0.70 are considered satisfactory, which describes the extent to which all the items in a test measure the same concept or construct, and it is connected to the interrelatedness of the items within the test. It is expressed as a number between 0 and 1 (Harrington et al. 2015).

3.7 Data Management and Statistical Analysis

The researcher used the Statistical Package of Social Science (SPSS- version 25) program for data entry and analysis. Cronbach's Alpha was used to measure internal consistency ("reliability") and is most commonly used when you have multiple Likert questions. Frequency tables were used to describe the frequency of specific characters. Some statistical tests were used as appropriate such as percentage (%), means and standard deviation (SD), t-test to assess whether the means of two groups are statistically different from each other, One-way analysis of variance (ANOVA) test to

determine whether there are any significant differences among the means of more than two independent groups. As well as the researcher used Person correlation (r) to test the correlation between numerical data. Finally, a Probability value (P-value) less than 0.05 was considered statistically significant.

3.8 Ethical Consideration

This research, which explores the mediating role of trust in the context of internal medicine within governmental hospitals (PMC, Alia Hospital in Hebron, and, Martyar Dr. Khalil. Sulaiman) with a specific focus on patient satisfaction, healthcare quality, and trust, is guided by a comprehensive set of ethical principles. These principles encompass the critical aspects of informed consent, privacy protection, participant anonymity, cultural sensitivity, equity promotion, beneficence, data transparency, harm mitigation, feedback value, research ethics adherence, and ongoing quality improvement. Adhering to AAUP policies, we will diligently seek approval from the Institutional Review Board (IRB) to ensure the ethical conduct of this study, emphasizing our unwavering commitment to upholding its credibility and integrity.

3.9 Data Analysis Techniques

Data cleaning and analysis, variety, and accuracy of the study Questions and hypothesis will be done using IBM SPSS version 25.0 (SPSS Inc., Chicago, IL, USA).

Data were summarized as means, SD, and percentages of agreement response values. Correlation coefficient, Cronbach's Alpha, one-way ANOVA Test,

Independent Sample T Test, standard multiple regression, and Sobel Test were employed in statistical analyses. Data was analyzed for 381 participants.

3.10 Reliability

The researcher verified the reliability statistics for the field scale to calculate the coefficient of stability through the equation (Cronbach's Alpha) as shown the table 4

Table (3.4): Cronbach's Alpha Coefficient of Consistency for the Tool

Dimension	No. of Items	Cronbach's Alpha
Patient Satisfaction	10	0.950
Doctor Trust	7	0.918
Nursing Trust	7	0.929
Tangibility	4	0.931
Dependability	3	0.712
Response	4	0.814
Safety	3	0.738
Empathy	3	0.881
Overall	41	0.966

The value of the stability factor on the overall fields according to the equation Cronbach's Alpha (0.966), which is greater than the acceptable value (0.60), meets the statistical requirement for the instrument.

3.11 Summary

In this chapter, the methodology of the study is detailed by clarifying the study's sample and the study's setting, in addition to determining those who were included in the study and who were excluded based on the study's objectives.

Study design and data collection process were included in this chapter, and ethical considerations for research were discussed to maintain patient privacy.

The study sample and the methodology used were very good and appropriate to the situation in Palestine.

Chapter Four

Results

Chapter Four

Results

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate, and convey the numerical information. The aim of data analysis is to provide answers to questions about the study.

“ Exploring the Role of Patient Trust as a Mediating Factor between Patient Satisfaction and Health care Quality" To determine the impact level of forecast information.

The data analysis strategy comes directly from the questions, the design data collection process and the data measurement level. This chapter edits, tabulates, analyzes, and interprets the data collected.

4.1 Respondents Characteristics

Table 00 shows the main sociodemographic characteristics of the sample, which indicates that the sample consists of 45.7% males and 54.3% females. While the largest age group in the sample is 30-21, accounting for 30.2%, followed by 40-31 (20.5%) and 50-41 (18.6%). Individuals below 20 years old comprise 11.3% of the sample, while those above 61 represent 10.2%.

Table (4.1): Illustrates the Socio-Demographic Characteristics of Patients

Variable		Number	Percent
Gender	Male	174	45.7%
	Female	207	54.3%
Age	Less than 20	43	11.3%
	21-30	115	30.2%
	31-40	78	20.5%
	41-50	71	18.6%
	51-60	35	9.2%
	more than 61	39	10.2%
Education	Less than Tawjihi	130	34.1%
	Tawjihi	81	21.3%
	Diploma	52	13.6%
	Bachelor	103	27.0%
	Graduate Studies	15	3.9%
Residency	Jerusalem	30	7.9%
	Ramallah and AlBireh	96	25.2%
	Nablus	5	1.3%
	Jenin	95	24.9%
	Hebron	129	33.9%
	Bethlehem	4	1.0%
	Tulkarem	3	0.8%
	Jericho	2	0.5%
	Salfeet	3	0.8%

Variable		Number	Percent
	Qalqilia	1	0.3%
	Tubas	2	0.5%
	Other	11	2.9%
Occupation	No work	230	60.4%
	Private	83	21.8%
	Governmental	68	17.8%
Marital Status	Single	120	31.5%
	Married	220	57.7%
	Divorced	17	4.5%
	Widow	24	6.3%
Total		**381**	**100.0%**

The education levels in the sample revealed that 34.1% have education levels below Tawjihi, 21.3% have completed Tawjihi, 13.6% hold a diploma, 27.0% have a bachelor's degree, and 3.9% have pursued graduate studies.

Moreover, the majority of individuals in the sample are resident in Hebron (33.9%), followed by Ramallah and Al-Bireh (25.2%) and Jenin (24.9%). The remaining individuals are distributed across various other residency areas.

60.4% of the individuals in the sample are not employed, 21.8% work in the private sector, and 17.8% work in governmental positions. Furthermore, married individuals are the largest group in terms of marital status, accounting for 57.7% of the sample. 31.5% are single, 4.5% are divorced, and 6.3% are widowed.

Table (4.2): Illustrates the Sample Characteristics

Variable		Number	Percent
The existence Health insurance	**Yes**	335	87.9%
	No	46	12.1%
Visiting a doctor in a private clinic before going to the hospital	**Yes**	247	64.8%
	No	134	35.2%
Length of stay in the hospital (days)	**0**	23	6.0%
	1	37	9.7%
	2	66	17.3%
	3	88	23.1%
	4	50	13.1%
	5	30	7.9%
	6	16	4.2%
	7	21	5.5%
	8+	50	13.1%
No. of times visited health facilities a year	**0**	17	4.5%
	1	50	13.1%
	2	72	18.9%
	3	42	11.0%
	4	26	6.8%
	5	29	7.6%
	6	20	5.2%
	7	9	2.4%
	8	6	1.6%

	9	5	1.3%
	10	20	5.2%
	11+	85	22.3%
Visiting the hospital based on the recommendation	**Yes**	185	48.6%
	No	196	51.4%
Total		**381**	**100%**

Based on the presented sample characters from the table, the primary indicators are as follows:

- Health Insurance: 87.9% of the sample has health insurance, while 12.1% does not.

- Visiting a Doctor in a Private Clinic: 64.8% of the individuals visited a private clinic before going to the hospital, while 35.2% did not.

- Length of Stay in the Hospital: Most individuals had a length of stay ranging from 2 to 4 days, with the highest percentage being 23.1% for a 3-day stay.

- Frequency of Visiting Health Facilities per Year: The most common frequency of visits per year is 11 or more times, accounting for 22.3% of the sample.

- Hospital Recommendation: 48.6% of individuals visited the hospital based on the recommendation of someone close to them, while 51.4% did not.

4.2 Descriptive Statistics

The 5-point Likert response scale of Agreement was used for the answers, which consists of items ranging from ("Strongly disagree"=1 to “Strongly agree."=5).

This section aims to answer the research questions, depending on the level of items on the Likert scale, as shown in the table (4.3):

Table (4.3): The Instrument's Response Grading Categories

Response Scale Type	Response	Value
5-point response scale	Strongly Agree	5
	Agree	4
	Undecided	3
	Disagree	2
	Strongly Disagree	1

Source: https://www.marquette.edu/student-affairs/assessment-likert-scales.php

To judge the level of items on the Likert scale, the researcher considered that if the mean of the item is between (1.00-2.33) the level is low (2.34-3.67), moderate, and for high-level items, its mean will be (3.68-5).

Table (4.4): Mean and Standard Deviation of Scale dimensions

No.	Item	Mean	Std. Deviation	Degree
1	I am satisfied with the cleanliness of the department	3.45	1.20	Moderate
2	I feel that the hospital is trying to satisfy me	3.66	1.05	Moderate
3	I can submit suggestions and complaints easily	3.44	1.12	Moderate
4	Visiting times fit into my rest and treatment times	3.61	1.09	Moderate
5	I feel that I received the appropriate treatment for my illness	3.98	0.93	High
6	I would like to continue receiving medical services in the same hospital	3.72	1.14	High

No.	Item	Mean	Std. Deviation	Degree
7	I didn't wait long to get into the hospital	3.46	1.26	Moderate
8	The staff treats me with respect and humanity	4.16	0.91	High
9	The stay was quiet and comfortable	3.68	1.13	High
10	I am satisfied with the speed of service delivery	3.67	1.12	Moderate
	Patient Satisfaction	**3.68**	**0.83**	High
1	I trust the doctor's experience and can rely on him	4.10	0.82	High
2	I trust that the doctor will allocate enough time for me to receive treatment at the appropriate time	3.94	0.92	High
3	I trust that the doctor provides the appropriate treatments for my condition and answers my questions	4.08	0.86	High
4	I trust that the doctor documents all my data in the medical record	4.17	0.83	High
5	I trust that the doctor maintains my privacy	4.22	0.76	High
6	I trust the doctor's communication and communication skills	4.04	0.90	High
7	I trust that the doctor has a comprehensive view in dealing with me	4.04	0.89	High
	Doctor Trust	**4.09**	**0.70**	High
1	I trust and can rely on nursing expertise	4.11	0.86	High
2	I trust that nursing provides nursing services promptly and allocates sufficient time for that	4.05	0.93	High

No.	Item	Mean	Std. Deviation	Degree
3	I trust that nursing provides appropriate guidance for my condition and answers my questions	4.08	0.86	High
4	I trust that nursing documents all my data in the medical record	4.20	0.80	High
5	I trust nursing to maintain my privacy	4.21	0.75	High
6	I trust in nursing communication and communication skills	4.13	0.83	High
7	I trust that nursing has a comprehensive view in dealing with me	4.08	0.91	High
	Nursing Trust	**4.12**	**0.72**	High
	Trust	**4.10**	**0.63**	High
1	The location and design of the hospital is convenient and easily accessible	3.60	1.15	Moderate
2	The hospital places information signs to facilitate access to the department	3.68	1.11	High
3	The laboratory tests, medical equipment, and medications I need are available	3.75	1.05	High
4	There are waiting rooms for companions in the department	3.31	1.24	Moderate
	Tangibility	**3.58**	**0.90**	Moderate
1	I feel confident in the quality of treatment provided to me	3.95	0.92	High
2	Not all different medical specialties are available within the hospital	3.19	1.20	Moderate

No.	Item	Mean	Std. Deviation	Degree
3	I trust that the appropriate treatment was provided to me	3.98	0.93	High
	Dependability	**3.71**	**0.79**	High
1	The hospital administration informs patients of the timing of service provision	3.75	1.05	High
2	The medical staff assists the patient without hesitation	3.95	0.95	High
3	They complete their tasks on time and with high efficiency	3.84	0.99	High
4	The medical staff responds quickly to my problems and inquiries	3.77	0.99	High
	Response	**3.83**	**0.86**	High
1	The hospital has a good reputation for the safety of the services provided	3.65	1.12	Moderate
2	I feel safe when dealing with the medical staff specializing in my condition	3.97	0.96	High
3	Health service providers have high efficiency and distinguished skills	3.91	0.98	High
	Safety	**3.84**	**0.92**	High
1	The hospital staff pays individual attention and attention to me.	3.70	0.96	High
2	My health providers treat me with humor and friendship.	3.85	0.96	High
3	Health providers explain my condition to me easily and understandably.	3.86	0.95	High

No.	Item	Mean	Std. Deviation	Degree
	Empathy	**3.81**	**0.86**	High
	Quality Standards	**3.75**	**0.73**	High

Patient Satisfaction

The following table provides information on patient satisfaction with various aspects of their experience in the hospital; the top three items related to patient satisfaction were:

1. **Staff's treatment with respect and humanity**: The mean score is 4.16, indicating that patients highly appreciate the respectful and humane treatment they receive from the hospital staff.
2. **Perception of receiving appropriate treatment for the illness**: The mean score is 3.98, indicating that patients feel they have obtained the appropriate treatment for their illness, contributing to their overall satisfaction.
3. **Desire to continue receiving medical service in the same hospital**: The mean score is 3.72, indicating that patients strongly desire to continue receiving medical services at the same hospital, reflecting their satisfaction with the care provided.

Doctor Trust

Overall, the mean score for doctor trust is 4.09 with a standard deviation of 0.70; the highest two indicators for doctor trust are:

1. Trust in the doctor's maintenance of patient privacy: This indicator has a mean score of 4.22.

2. Trust in the doctor's documentation of all data in the medical record: This indicator has a mean score of 4.17.

Nursing Trust

The overall mean score is 4.12, with a standard deviation of 0.72; the top two indicators for nursing trust are:

1. Trust in nursing's maintenance of patient privacy: This indicator has a mean score of 4.21.

2. Trust in nursing's documentation of all data in the medical record: This indicator has a mean score of 4.20.

These results demonstrate muscular patients' strong trust in doctors and nursing staff, particularly in their ability to prioritize patient privacy and maintain comprehensive and accurate medical records.

Quality Standards

When considering the indicators contributing to patient satisfaction across various dimensions such as tangibility and dependability . Responsiveness, safety, empathy, and the highest-rated items are as follows:

1. Tangibility: The mean score is 3.58, with a moderate degree.

- The availability of laboratory tests, medical equipment, and medications that patients need to receive a mean score of 3.75.

- The presence of information signs within the hospital to facilitate access to different departments received a mean score of 3.68.

2. Dependability: The mean score is 3.71, with a high degree.

- Patients expressed high trust in receiving appropriate treatment, resulting in a mean score of 3.98.

- Patients reported feeling confident in the quality of treatment, resulting in a mean score of 3.95.

3. Response: The mean score is 3.83, with a high degree.

- The responsiveness of medical staff, who assist patients without hesitation, received a mean score of 3.95.

- Completing tasks on time and efficiently earned a mean score of 3.84.

4. Safety: The mean score is 3.83, with a high degree.

- Patients reported feeling safe when dealing with medical staff specializing in their condition, resulting in a mean score of 3.97.

- Health service providers were recognized for their high efficiency and distinguished skills, earning a mean score of 3.91.

5. Empathy: The mean score is 3.81, with a high degree.

- Health providers were commended for explaining patients' conditions easily and understandably, resulting in a mean score of 3.86.

- Patients appreciated health providers who treated them with humor and friendship, resulting in a mean score of 3.85.

Overall, the quality standards encompassing all dimensions received a high mean score of 3.75, indicating a generally positive patient perception of the healthcare experience.

Table (4.5): Mean and Standard Deviation of Scale Dimensions by Hospital

Dimension	Hospital	Mean	Standard Deviation	Degree	P-value
Patient Satisfaction	Hebron	3.65	0.77	Moderate	0.018
	Jenin	3.88	0.74	High	
	Ramallah Complex	3.59	0.90	Moderate	
Doctor Trust	Hebron	3.95	0.70	High	0.010
	Jenin	4.24	0.61	High	
	Ramallah Complex	4.08	0.73	High	
Nursing Trust	Hebron	3.91	0.72	High	0.00
	Jenin	4.33	0.61	High	
	Ramallah Complex	4.13	0.74	High	
Trust	Hebron	3.93	0.62	High	0.03
	Jenin	4.29	0.58	High	
	Ramallah Complex	4.10	0.64	High	
Tangibility	Hebron	3.65	0.83	Moderate	0.00
	Jenin	3.74	0.87	High	
	Ramallah Complex	3.46	0.94	Moderate	
Dependability	Hebron	3.62	0.73	Moderate	0.02

	Jenin	4.04	0.53	High	
	Ramallah Complex	3.57	0.88	Moderate	
Response	Hebron	3.69	0.83	High	
	Jenin	4.09	0.70	High	0.00
	Ramallah complex	3.76	0.93	High	
Safety	Hebron	3.76	0.78	High	
	Jenin	4.19	0.66	High	0.00
	Ramallah complex	3.69	1.06	High	
Empathy	Hebron	3.67	0.82	Moderate	
	Jenin	4.09	0.72	High	0.00
	Ramallah complex	3.73	0.93	High	
Quality Standards	Hebron	3.68	0.71	High	
	Jenin	4.01	0.55	High	0.00
	Ramallah complex	3.64	0.79	Moderate	

Based on the p-values in the table above, to compare the means of each dimension between the hospitals, Jenin consistently demonstrates the highest degrees in all three dimensions, indicating relatively higher levels of Patient Satisfaction, Trust, and all the other dimensions. Ramallah Complex generally exhibits the lowest degrees, suggesting comparatively lower Patient Satisfaction and Quality Standards levels. Hebron has the lowest degree in terms of Trust. These observations are based on the mean scores and standard deviations provided in the table.

Inferential Statistics

The standard multiple regression method was used to examine the influence of the independent variables of health service quality factors (Tangibility, Dependability, Response, Safety, and Empathy) on the dependent variable, patient satisfaction.

The Sobel test was used to verify the existence of a role for the mediating variable Trust in the relationship between service quality and Patient satisfaction.

4.3 Testing Hypotheses

First Hypothesis: There is no effect of health services quality factors (Tangibility, Dependability, Response, Safety, and Empathy) on the "Patient satisfaction" in governmental hospitals in Palestine.

H0: There is no effect of health services quality factors (Tangibility, Dependability, Response, Safety, and Empathy) on "Patient Satisfaction." At the level of $\alpha \leq 0.05$.

Through the ANOVA results table to test the significance of the regression, table (0.00), we note that the p-value ≤ 0.01, and therefore, we reject the null hypothesis H0. We accept the alternative hypothesis H1, which says there is a statistically significant effect of the variables (Tangibility, Dependability, Response, Safety, and Empathy) on the "Patient satisfaction" in governmental hospitals in Palestine at the level of ($\alpha \leq 0.05$).

Table (4.6): Regression Analysis for the Effect of Health Service Quality Factors on Patient Satisfaction

	Regression coefficient				**One-way analysis of variance**		**Model summary**	
	Beta	Std. Error	Sig.	VIF	F	Sig.	R	R Square
(Constant)	.652	.155	.000		96.560	.000[b]	.740[a]	0.547
Tangibility	.234	.042	.000	1.779				
Dependability	.089	.051	.079	1.992				
Response	.261	.061	.000	3.384				
Safety	.038	.057	.506	3.344				
Empathy	.187	.050	.000	2.283				

a. Constant: (Tangibility, Dependability, Response, Safety, and Empathy)

b. Dependent Variable: Patient Satisfaction

The model has a correlation coefficient (R) of 0.740, which indicates a high positive correlation between the predictor variables (Tangibility, Dependability, Response, Safety, and Empathy) and the dependent variable (Patient Satisfaction). The coefficient of determination (R Square) is 0.547, suggesting that the service quality factors can explain approximately 54.7% of the variance in Patient Satisfaction.

The predictor variables have the following unstandardized coefficients: Tangibility (0.234), Response (0.261), and Empathy (0.187), with statistically significant ($p < 0.01$) indicating that an increase in these variables is associated with an increase in the dependent variable, Patient Satisfaction. The collinearity statistics (Variance Inflation

Factor, VIF) indicate no collinearity issues among the predictor variables. All VIF values are less than 5, suggests suggesting no multicollinearity concerns.

Second Hypothesis: There is No Effect of the Services Quality Variable "HSQ" on "Patient Satisfaction" (PS)" in Governmental Hospitals in Palestine.

H0: There is No Effect of the Services Quality Variable "HSQ" on "Patient Satisfaction" (PS)". At the Level of α ≤0.05.

Through the ANOVA results table to test the significance of the regression, table (0.00), we note that the p-value ≤ 0.01, and therefore, we reject the null hypothesis H0. We accept the alternative hypothesis H1, which says there is a statistically significant effect of services quality variable "HSQ" on the "Patient satisfaction" (PS)" in governmental hospitals in Palestine at the level of α ≤0.05.

Table (4.7): Regression Analysis for the Effect of "HSQ" on "PS"

		Regression coefficient			**One-way analysis of variance**		**Model summary**	
	B	Std. Error	Sig.	VIF	F	Sig.	R	R Square
(Constant)	1.737	.112	.000		464.613	.000[b]	.731[a]	.535
HSQ	0.629	.029	.000	-				

a. Dependent Variable: PS

b. Predictors: (Constant), HSQ

The Regression Analysis Above Provides the Following:

The model has a correlation coefficient (R) of 0.731, indicating a high positive correlation between the predictor variable "HSQ" and the dependent variable "PS."

The coefficient of determination (R Square) is 0.535, indicating that the predictor variable can explain approximately 53.5% of the variance in the dependent variable.

The predictor variable "HSQ" has an unstandardized coefficient (B) of 0.629, indicating that a one-unit increase in "HSQ" is associated with a 0.629 unit increase in the dependent variable "PS."

Third Hypothesis: There is No Effect of Services Quality Variable "HSQ" on the Patient Trust Variable" (TRS)" *in Governmental Hospitals in Palestine*.

H0: There is No Effect of the Services Quality Variable "HSQ" on the Trust Variable" TRS" at the Level of A ≤0.05.

Through the ANOVA results table to test the significance of the regression, table (0.00), we note that the p-value ≤ 0.01, and therefore, we reject the null hypothesis H0. We accept the alternative hypothesis H1, which says there is a statistically significant effect of the services quality variable "HSQ" on the Trust variable" TRS" ***in Governmental Hospitals in Palestine*** at the level of α ≤0.05.

Table (4.8): Regression Analysis for the Effect of "HSQ" on" TRS"

		Regression coefficient			**One-way analysis of variance**		**Model summary**	
	B	Std. Error	Sig.	VIF	F	Sig.	R	R Square
(Constant)	0.209	.206	.312		292.592	.000[b]	.648[a]	.420
HSQ	0.848	.050	.000	-				

a. Dependent Variable: TRS

b. Predictors: (Constant), HSQ

The Regression Analysis Above Provides the Following:

The model has a correlation coefficient (R) of 0.731, indicating a moderate positive correlation between the predictor variable "HSQ" and the dependent variable "TRS."

The coefficient of determination (R Square) is 0.420, indicating that the predictor variable can explain approximately 42.0% of the variance in the dependent variable.

The predictor variable "HSQ" has an unstandardized coefficient (B) of 0.848, indicating that a one-unit increase in "HSQ" is associated with a 0.848 unit increase in the dependent variable "TRS."

Fourth Hypothesis: There is no Effect of *the Patient Trust variable" TRS" on* "Patient Satisfaction" (PS)" in Governmental Hospitals in Palestine.

H0: There is no Effect of the Trust variable" TRS" on* the "Patient Satisfaction" (PS)" *at the Level of α ≤0.05.

Through the ANOVA results table to test the significance of the regression, table (0.00), we note that the p-value ≤ 0.01, and therefore, we reject the null hypothesis H0, and we accept the alternative hypothesis H1, which says there is a statistically significant effect of the ***Trust variable" TRS"*** on the "Patient satisfaction" (PS)" in governmental hospitals in Palestine at the level of α ≤0.05.

Table (4.9): Regression Analysis for the Effect of "TRS" on" PS"

		Regression coefficient			**One-way analysis of variance**		**Model summary**	
	B	Std. Error	Sig.	VIF	F	Sig.	R	R Square
(Constant)	0.654	.150	.000		425.322	.000[b]	.716[a]	.513
TRS	0.806	.039	.000	-				

a. Dependent Variable: PS

b. Predictors: (Constant), TRS

The Regression Analysis Above Provides the Following:

The model has a correlation coefficient (R) of 0.716, indicating a moderate positive correlation between the predictor variable " TRS" and the dependent variable "PS."

The coefficient of determination (R Square) is 0.513, indicating that the predictor variable can explain approximately 51.3% of the variance in the dependent variable.

The predictor variable "TRS" has an unstandardized coefficient (B) of 0.806, indicating that a one-unit increase in "TRS" is associated with a 0.848 unit increase in the dependent variable "PS."

Fifth hypothesis: Health Service Quality (HSQ) has an Indirect Effect on Patient Satisfaction (PS) through the Mediator Patient Trust (TRS) ***in Governmental HOSPITALS in Palestine*****.**

H0: There is no indirect effect of Health Service Quality (HSQ) on Patient Satisfaction (PS) through the variable Trust "TRS" at the level of α ≤0.05.

Based on the previous three relationships and their statistical significance, coefficients, and standard deviations, the mediation of the mediating variable (TRS) will be tested through the Sobel test, as shown below.

Table (4.10): Summary of Parameter Estimates.

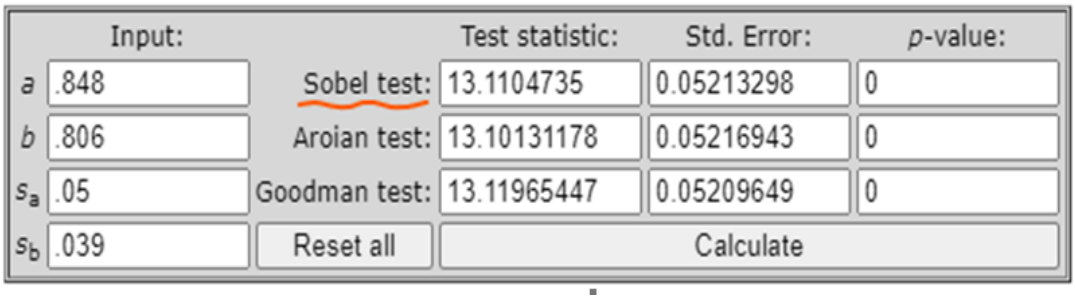
Effect type	Predictor→ M →Dep.	Estimate	Std. Error	p-value	95% LL	95% UL
Direct effects	HSQ→ PS	0.629	0.029	< .001		
	TRS→ PS	0.806	0.039	< .001		
	HSQ→ TRS	0.848	0.050	< .001		
Indirect	HSQ→ TRS → PS	0.684	.039	< .001		
Total effects	HSQ→ PS	1.490	.052	< .001	0.581	0.786

Sobel Test

The Sobel test has some assumptions that must be met to obtain accurate results. These assumptions include linearity, independence of observations, and normality of the sampling distribution. This was achieved in this study, as shown in the results of the regression analysis previously, in addition to the sample size used, 381, which is considered a large sample size for social and behavioral science studies, allowing this test's use.

Sobel statistic (z-value) = (a × b) / √(b^2 × SEa^2 + a^2 × SEb^2)

SEab = √(a^2 × SEb^2 + b^2 × SEa^2 + 2 × a × b × Cov(ab))



Input:			Test statistic:	Std. Error:	*p*-value:
a	.848	Sobel test:	13.1104735	0.05213298	0
b	.806	Aroian test:	13.10131178	0.05216943	0
s_a	.05	Goodman test:	13.11965447	0.05209649	0
s_b	.039	Reset all	Calculate		

Based on the results of the Sobel test, the value of Sobel statistic =13.11, with $p < .05$; thus, we conclude that there is also an effect (of the mediator) on the relationship between health service quality (HSQ) and patient satisfaction (PS).

Through the Sobel test results above, we reject the null hypothesis H0, and we accept the alternative hypothesis H1, which says there is a significant indirect effect of Health Service Quality (HSQ) on Patient Satisfaction (PS) through the variable Trust "TRS", at the level of $\alpha \leq 0.05$.

The total effect of TRS (Trust) on PS (Patient Satisfaction) is the summation of Direct Effect (0.806) and Indirect Effect (0.684), which equals (1.490).

These findings suggest that Trust plays a significant role in mediating the relationship between HSQ and PS.

Table (4.11): Pearson Correlation Test for the Study Dimensions (n=381)

	Patient Satisfaction	Doctor Trust	Nursing Trust	Trust	Tangibility	dependability	Response	Safety	Empathy
Doctor Trust	.636**								
Nursing Trust	.517**	.577**							
Trust	.648**	.884**	.892**						
Tangibility	.597**	.559**	.484**	.587**					
Dependability	.537**	.482**	.480**	.541**	.546**				
Response	.655**	.627**	.565**	.671**	.602**	.643**			
Safety	.607**	.602**	.508**	.624**	.612**	.664**	.794**		
Empathy	.604**	.575**	.576**	.648**	.537**	.556**	.717**	.691**	
Quality Standards	.716**	.680**	.620**	.731**	.807**	.789**	.898**	.889**	.820**

** is significant at p < .01. * is significant at p < .05.

The Person correlations indicate the strength and direction of the variables' relationships. A positive correlation suggests that as one variable increases, the other variable also tends to increase.

Table (4.12): Rule of Thumb for Interpreting the Value of a Correlation Coefficient

Value of Correlation (r).	**Interpretation**
0.90 to 1	Very high positive (negative)
0.70 to 0.90	High positive (negative)
0.50 to .0.70	Moderate positive (negative)
0.30 to 0.50	Low positive (negative)
0.00 to 0.30	Negligible correlation

Hinkle DE, Wiersma W, Jurs SG. Applied Statistics for the Behavioral Sciences. 5th ed. Boston: Houghton Mifflin; 2003.

Patient Satisfaction has a positive correlation with:

Doctor Trust (r = 0.636**), Nursing Trust (r = 0.517**), Trust (r = 0.648**), Tangibility (r = 0.597**), Dependability (r = 0.537**), Response (r = 0.655**), Safety (r = 0.607**), Empathy (r = 0.604**).

Doctor Trust has a positive correlation with:

Nursing Trust (r = 0.577**), Tangibility (r = 0.559**), Dependability (r = 0.482**), Response (r = 0.627**), Safety (r = 0.602**), Empathy (r = 0.575**),

Nursing Trust has a positive correlation with:

Tangibility (r = 0.484**), Dependability (r = 0.480**), Response (r = 0.565**), Safety (r = 0.508**), Empathy (r = 0.576**),

Trust has a positive correlation with:

Tangibility (r = 0.587**), Dependability (r = 0.541**), Response (r = 0.671**), Safety (r = 0.624**), Empathy (r = 0.648**),

Tangibility has a positive correlation with the following:

Dependability (r = 0.546**), Response (r = 0.602**), Safety (r = 0.612**), Empathy (r = 0.537**), Dependability has a positive correlation with:

Response (r = 0.643**), Safety (r = 0.664**), Empathy (r = 0.556**),

The response has a positive correlation with:

Safety (r = 0.794**), Empathy (r = 0.717**),

Safety has a positive correlation with:

Empathy (r = 0.691**) and Quality Standards (r = 0.889**).

and Empathy positively correlates with Quality Standards (r = 0.820**).

Sixth hypothesis: There is No Difference in the Satisfaction, Patient Trust, and Quality of Healthcare Service Levels According to Sociodemographic Characteristic

H0: There is No Difference in The Satisfaction, Clinical Trust, and Quality of Healthcare Service Levels According to Sociodemographic Characteristics, at the Level of A ≤0.05.

Table (4.13): Socio-Demographic Characteristics of Patients with PS, TRS, and HQS

Variable		Patient Satisfaction		Trust		Quality Standards	
		Mean	P-value	Mean	P-value	Mean	P-value
Gender	Male	3.81		4.13		3.76	
	Female	3.57	0.005	4.08	0.142	3.73	0.421
Age	Less than 20	3.75		4.10		3.74	
	21-30	3.75		4.17		3.87	
	31-40	3.53		4.03		3.64	
	41-50	3.66		4.14		3.75	
	51-60	3.58		4.10		3.61	
	more than 61	3.83	0.324	4.02	0.421	3.71	0.154
Education	Less than Tawjihi	3.80		4.13		3.82	
	Tawjihi	3.73		4.18		3.80	
	Diploma	3.71		4.06		3.73	
	Bachelor	3.51		4.05		3.65	
	Graduate Studies	3.45	0.72	4.00	0.075	3.56	0.087

Variable		Patient Satisfaction		Trust		Quality Standards	
		Mean	P-value	Mean	P-value	Mean	P-value
Residency	Jerusalem	3.73		4.23		3.69	
	Ramall ah and AlBireh	3.69		4.09		3.64	
	Nablus	3.74		4.24		3.84	
	Jenin	3.81		4.27		3.96	
	Hebron	3.62		3.98		3.71	
	Bethlehem	2.80		3.52		3.16	
	Tulkarem	3.67		4.26		3.08	
	Jericho	2.75		3.89		3.03	
	Salfeet	2.97		4.07		3.73	
	Qalqilia	3.10		2.79		3.41	
	Tubas	3.95		3.68		3.29	
	Other	3.72	0.29	4.29	0.013	4.04	0.025
Occupation	No work	3.72		4.13		3.80	
	Private	3.89		4.24		3.86	
	Governmental	3.31	0.001	3.87	0.002	3.43	0.004
Marital Status	Single	2.30		3.00		2.82	
	Married	3.83		4.18		3.84	
	Divorced	3.67	0.01	4.09	0.19	3.74	0.089

Variable		Patient Satisfaction		Trust		Quality Standards	
		Mean	P-value	Mean	P-value	Mean	P-value
	Widow	3.37		4.06		3.51	

One-way ANOVA Test, Independent Sample T Test

Based on the above table, the socio-demographic characteristics of patients are analyzed about Patient Satisfaction,patient Trust, and Quality Standards, and depending on the p-value, the hypothesis was divided according to each patient's characteristic, as follows:

H0.1: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on gender, at a significance level of $\alpha \leq 0.05$.

H0.2: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on age, at a significance level of $\alpha \leq 0.05$.

H0.3: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on education level, at a significance level of $\alpha \leq 0.05$.

H0.4: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on residency location, at a significance level of $\alpha \leq 0.05$.

H0.5: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on occupation, at a significance level of $\alpha \leq 0.05$.

H0.6: There is no significant difference in levels of satisfaction, clinical trust, and perceived quality of healthcare services based on marital status, at a significance level of $\alpha \leq 0.05$.

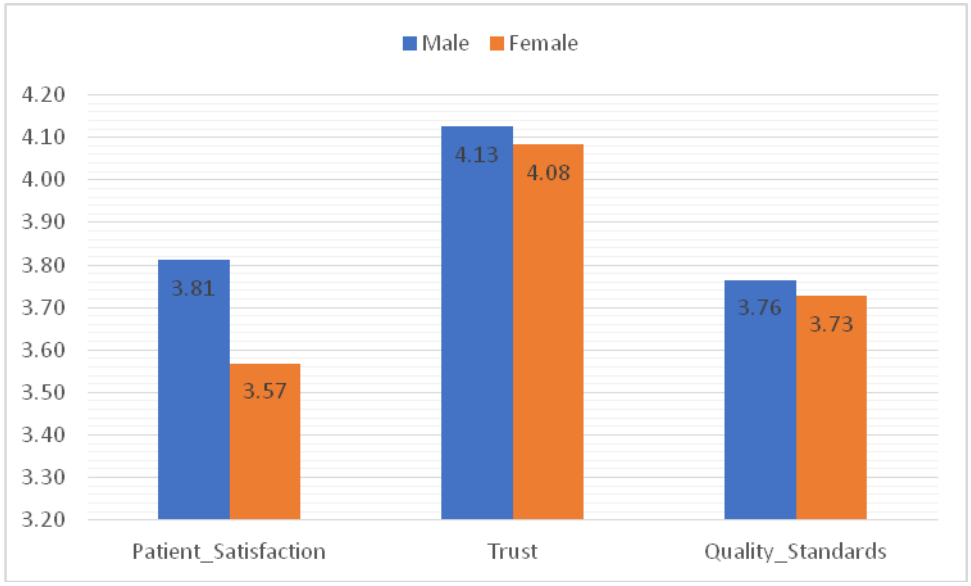


Figure (4.1): Histogram for Gender Distribution

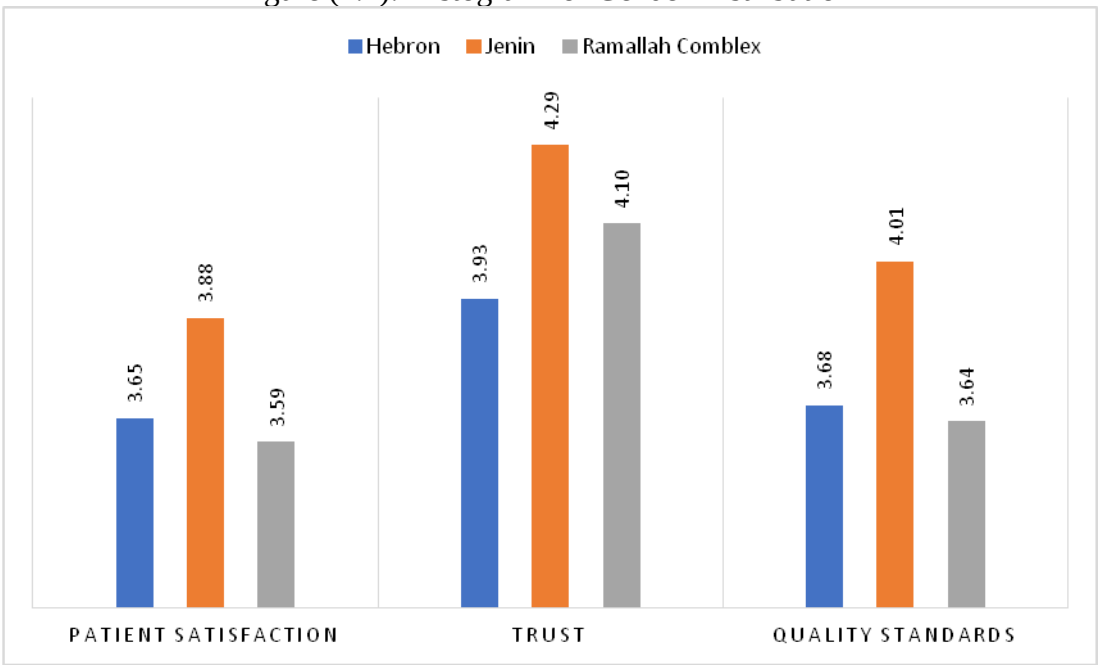


Figure (4.2): Hospital Distribution Histogram

Chapter Five

Discussion and Conclusion

Chapter Five

Discussion and Conclusion

The findings of this study carry crucial implications for healthcare practitioners and policymakers alike. Recognizing the pivotal role of interpersonal aspects, such as respectful treatment and communication, in shaping patient satisfaction underscores the importance of cultivating a patient-centric culture within healthcare institutions. Strengthening health service quality dimensions, including Tangibility, dependability, Response, safety, and Empathycan lead to enhanced overall patient experiences.

Trust emerged as a linchpin in the patient-provider relationship. Fostering trust, not only in medical competencies but also in maintaining privacy and accurate documentation, is imperative. Healthcare institutions should prioritize strategies that build and sustain trust to promote positive patient interactions.

In the following section, we will discuss the results obtained from the study:

5.1 General Discussion

A comprehensive exploration has unveiled the enlightening potential of the SERVQUAL tool in assisting medical institutions in discerning the pivotal attributes of healthcare services that hold significant value in the eyes of their patients. By doing so, these hospitals can ascend to new heights of excellence, elevating the standard of their services and ensuring that the effectiveness of this model remains under constant scrutiny. This allows for the allocation of resources towards those areas that wield the greatest influence over the perception of service quality held by patients, thus propelling the institution further towards its goals.

We regard the quality of healthcare services as an essential factor in determining patient satisfaction and trust. This is because patients' perception of the competence of their healthcare providers is likely to impact their confidence in the reliability and expertise of the healthcare service providers.

The study revealed that patient satisfaction can be explained by all five dimensions of healthcare quality. Furthermore, patient trust can also be explained by tangibility, reliability . responsiveness, safety, empathy, and satisfaction. Therefore, enhancing healthcare quality has the potential to improve both patient satisfaction and patient trust in healthcare providers. Based on these findings, it is suggested that focusing on tangibles, reliability, responsiveness, empathy, and assurance in the hospital environment can lead to greater improvements in patient satisfaction. Similarly, attending to responsiveness, assurance, empathy, and patient satisfaction can also contribute to increased patient trust. The study also demonstrates the significance of socio-demographic characteristics in determining healthcare quality, patient satisfaction, and patient trust. Specifically, older patients, women, patients with higher education, and married patients tend to report higher levels of healthcare quality, as well as higher levels of satisfaction and trust.

5.2 Socio-Demographic Variables and Patient Satisfaction

Within the context of governmental hospitals in Palestine, this chapter explores the complex relationship between quality of health services, trust, and patient satisfaction. Patients' perceptions and experiences in the healthcare system are revealed by the data collected from 381 participants.

Cronbach's Alpha coefficients played a pivotal role in evaluating the reliability of the research instrument. A high degree of internal consistency was found for the measurement tool, with coefficients ranging from 0.712 to 0.966 across a wide range of dimensions, including Patient Satisfaction, Doctor Trust, Nursing Trust, Tangibility, Reliability, Response, Safety, Empathy, and Overall. As a result, the survey instrument is robust in capturing the nuances of patient experiences.

To contextualize the findings, an exploration of respondent demographics was conducted. The diverse sample comprised 45.7% males and 54.3% females, reflecting a balanced gender distribution. Age-wise, the majority fell within the 21-30 (30.2%), 31-40 (20.5%), and 41-50 (18.6%) age brackets. Educational backgrounds varied, with 34.1% having education below Tawjihi and 27.0% holding a bachelor's degree. Geographically, Hebron emerged as the predominant residency (33.9%), and 60.4% of participants were not employed. Additional demographic variables included marital status (57.7% married) and health insurance coverage (87.9%).

The analysis of patient satisfaction revealed noteworthy trends. Respondents expressed high satisfaction levels across various dimensions, with the most positively ranked aspects including staff's respectful treatment, perception of appropriate treatment, and willingness to continue availing services in the same hospital. These indicators highlight the significance of interpersonal aspects in shaping patient satisfaction.

Trust, a critical component in healthcare dynamics, was explored in-depth. Results indicated a high level of trust in both doctors and nursing staff. Participants also exhibited strong confidence in maintaining privacy and the accurate documentation of their medical data. These findings suggest establishing and maintaining trust is integral to fostering positive patient experiences.

The various dimensions of health service quality, including Tangibility, reliability, Response, Safety, Empathy, and Quality Standards, were assessed. Positive perceptions were identified across these dimensions, underlining the overall positive quality of healthcare services in the governmental hospitals under scrutiny.

Regression analyses were conducted to explore the impact of different health service quality dimensions on patient satisfaction. Tangibility, Reliability , Response, Safety, and Empathy were found to significantly affect patient satisfaction. Approximately 54.7% of the variance in patient satisfaction could be explained by these factors, emphasizing their pivotal role in shaping overall satisfaction levels.

An overarching analysis of the impact of overall health service quality on patient satisfaction revealed a significant positive effect. Approximately 53.5% of the variance in patient satisfaction could be attributed to the overall quality of health services, further reinforcing the crucial role of holistic healthcare experiences.

The relationship between health service quality and trust was explored through regression analysis. A significant positive effect was identified, with approximately 42.0% of the variance in trust being explained by the perceived quality of health services. This underscores the interconnected nature of these two critical elements in the patient experience.

A Sobel test was conducted to understand the mediation role of trust. The results confirmed a significant indirect effect of health service quality on patient satisfaction through trust. This mediation analysis sheds light on the intricate pathways through which health service quality influences patient satisfaction, emphasizing the central role of trust as a mediator.

All three hypotheses posited in the study were rejected, signifying significant relationships between health service quality factors, patient satisfaction, and trust. This challenges existing assumptions and adds nuance to our understanding of the dynamics within healthcare systems.

A correlation analysis explored the relationships between patient satisfaction, trust, and various health service quality dimensions. Positive and significant correlations were identified, emphasizing the interdependence of these factors in shaping the overall patient experience.

In summary, the results of this study paint a comprehensive picture of the intricate dynamics between health service quality, trust, and patient satisfaction in Palestinian governmental hospitals. The high reliability of the research instrument, coupled with robust statistical findings, underscores the significance of healthcare quality and trust in influencing patient perceptions and experiences.

5.3 Connecting with Existing Literature

This study's findings resonate with and enrich the existing discourse on healthcare quality, trust, and patient satisfaction. The mediation of patient satisfaction in the relationships between healthcare quality and patient trust has been investigated in previous studies. Notably, Mohamed, Morsy, and Mohamed (2018) delved into the mediating effect of patient satisfaction on patients' perception of healthcare quality and patient trust in their study published in the Assiut Scientific Nursing Journal.

Mohamed et al. (2018) identified a significant mediating role of patient satisfaction, indicating that as patients perceive higher levels of healthcare quality, their trust in the healthcare system is strengthened through increased satisfaction. Our study aligns with

this observation, reinforcing the idea that patient satisfaction operates as a crucial intermediary factor in shaping the dynamics between healthcare quality and patient trust.

Additionally, the work of Alrubaiee and Alkaa'ida (2011) in the International Journal of Marketing Studies provides another parallel investigation. They explored the mediating effect of patient satisfaction in the patients' perceptions of the healthcare quality-patient trust relationship. The findings of Alrubaiee and Alkaa'ida (2011) mirror our own, emphasizing the interconnectedness of these factors and the central role played by patient satisfaction as a mediator.

These studies, including Mohamed et al. (2018) and Alrubaiee and Alkaa'ida (2011), contribute to the cumulative understanding that the relationship between healthcare quality, patient satisfaction, and patient trust is intricate and interdependent. While our study provides a unique lens by focusing on governmental hospitals in Palestine, the broader implications suggest a consistent pattern globally.

The synthesis of our results with those of Mohamed et al. (2018) and Alrubaiee and Alkaa'ida (2011) strengthens the argument that the mediating effect of patient satisfaction is a robust and universal phenomenon. This recognition is pivotal for healthcare practitioners, policymakers, and researchers aiming to enhance patient experiences and the overall quality of healthcare services.

Mais Alhilou's 2023 study in Jordan significantly contributes to our understanding of healthcare service dynamics. Alhilou establishes a robust link between service quality and patient satisfaction, mirroring our findings in Palestinian governmental hospitals. Consistent with our results, Alhilou reveals a pronounced impact of service quality on patient trust, reinforcing the universal importance of quality healthcare delivery in

building patient trust. Moreover, Alhilou's identification of patient trust as a critical driver of patient satisfaction aligns seamlessly with our study, emphasizing the enduring influence of trust in shaping overall satisfaction. Importantly, Alhilou introduces the concept of partial mediation, reflecting our investigation's focus on the indirect effect of Health Service Quality on Patient Satisfaction through the mediating variable of Trust. These parallel findings highlight shared patterns in healthcare perceptions across diverse contexts, offering valuable insights into the intricate relationships among service quality, patient trust, and satisfaction.(Al-hilou and Suifan 2023).

Du et al.'s (2020) comprehensive investigation in China significantly enhances our understanding of doctor–patient trust dynamics, resonating with our research in Palestinian governmental hospitals. Their empirical exploration of doctor–patient communication, medical service quality, and service satisfaction aligns with our focus on health service quality, patient trust, and satisfaction. Du et al.'s identification of direct predictors and mediating factors mirrors our findings, emphasizing the universal importance of communication, service quality, and satisfaction in fostering patient trust. The sequential mediation pathway uncovered by Du et al. underscores the intricate relationships, validating our emphasis on trust's mediating role in healthcare service delivery. These congruent results offer]valuable insights, not only supporting theoretical frameworks but also providing practical guidance for rebuilding trust in diverse healthcare settings (Du et al. 2020).

Durmuş and Akbolat's (2020) study delves into the intricate dynamics of patient satisfaction, trust, and commitment. Their findings align seamlessly with our study, affirming that patient satisfaction significantly influences patient commitment through the mediating mechanism of patient trust. This robust connection underscores the

universal relevance of these relationships in healthcare contexts (Durmuş and Akbolat, 2020).

5.4 Conclusion

In conclusion, this study contributes to the growing literature on healthcare quality, trust, and patient satisfaction. By examining these dynamics within the specific context of Palestinian governmental hospitals, we have uncovered valuable insights that can inform both practice and policy. Moving forward, a concerted effort to enhance health service quality, cultivate trust, and prioritize patient satisfaction can foster a healthcare environment that genuinely meets the needs and expectations of its beneficiaries.

5.5 Future Research.

While this study provides valuable insights, there remain avenues for future research. Exploring the impact of cultural factors on patient satisfaction and trust could deepen our understanding, considering the unique socio-cultural context of Palestine. Longitudinal studies tracking patient experiences over time may reveal dynamic trends and further elucidate the lasting effects of healthcare interactions.

Additionally, investigating the perspectives of healthcare providers and their experiences with patients could provide a comprehensive understanding of the reciprocal nature of trust and satisfaction in healthcare settings.

5.6 Recommendations

Based on the study results showing a high level of trust, satisfaction, and quality at Martyr Khalil Sulaiman Hospital compared to Alia Hospital and the Palestinian Medical

Complex, several recommendations are proposed to enhance and improve healthcare quality in these institutions. Firstly, enhancing communication between the medical team and patients through providing training on effective communication and listening to patient needs is recommended. Secondly, improving medical and nursing services by reviewing and enhancing internal processes to better meet patient needs is advised. Thirdly, continuous training should be provided to the medical team to improve their skills and ensure the provision of quality care. Fourthly, enhancing internal systems and processes to achieve maximum efficiency and quality is crucial. Lastly, increasing patient engagement and making them partners in the treatment process to enhance their trust and satisfaction is recommended. These measures should be implemented earnestly and continuously to ensure the provision of high-quality healthcare services and achieve patient satisfaction and trust.

5.6 Study Limitations

Acknowledging the limitations of this study is crucial for contextualizing the findings within the broader landscape of research on patient satisfaction and healthcare quality. The cross-sectional design employed in this study, while useful for capturing a snapshot of the relationships under investigation, inherently limits the ability to establish causation. Furthermore, reliance on self-reported data introduces the potential for response bias, which may influence the accuracy and reliability of the results. The study's restricted scope, confined to specific hospitals and regions, raises questions about the generalizability of the findings to broader populations. These limitations underscore the necessity of interpreting the study's results cautiously and within the specific context in which the research was conducted. Future research endeavors could

address these limitations by employing longitudinal designs, incorporating objective measures alongside self-reported data, and expanding the sample to include a more diverse range of hospitals and regions, thus enhancing the robustness and generalizability of the findings.

5.7 Summary

This research sought to investigate the complex interplay between health service quality, trust, and patient satisfaction within the unique context of Palestinian governmental hospitals. Through a rigorous analysis of data gathered from 381 participants, this study has generated valuable insights into the perceptions and experiences of patients, shedding light on the multifaceted nature of healthcare dynamics.

The reliability analysis confirmed the research instrument's robustness, ensuring the collected data's validity. Demographic exploration provided a contextual backdrop, revealing the diverse nature of the study sample. Descriptive statistics unearthed high levels of patient satisfaction, trust in healthcare professionals, and positive perceptions of health service quality dimensions.

Regression analyses illuminated the significant positive impact of health service quality on patient satisfaction the mediating role of trust in this relationship. Hypothesis testing challenged preconceived notions, opening avenues for a more nuanced understanding of the intricate dynamics within healthcare systems. Correlation analyses further underscored the interconnectedness of patient satisfaction, trust, and various health service quality dimensions.

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Appendices

Appendix I: Questionnaire

الجامعة العربية الأمريكية
ARAB AMERICAN UNIVERSITY

أخي المريض / أختي المريضة

تحية طيبة

السلام عليكم ورحمة الله تعالى وبركاته،

يسعدني أن أضع بين أيديكم هذا الاستبيان الذي يدخل في إطار استكمال متطلبات الرساله للحصول على شهادة ماجستير في تخصص ادارة الجودة في المؤسسات الصحيه بعنوان (استكشاف دور الثقة كعامل وسيط بين رضا المريض وجودة الرعاية الصحية..) ونظرا لأهمية رأيكم في هذا المجال، نأمل منكم التكرم بالإجابة على أسئلة الاستبانة بدقة، حيث أن صحة النتائج تعتمد بدرجة كبيرة على صحة إجابتكم، فمشاركتكم ضرورية ورأيكم عامل أساسي من عوامل نجاحها علما أن جميع إجاباتكم لن تستخدم إلا لأغراض البحث العلمي فقط.

مع العلم ان المشاركة في البحث اختيارية ويمكنك الانسحاب من الدراسة متى تشاء

مدة تعبئته 10 دقائق

وتفضلوا بقبول فائق الإحترام،

ختام دار الديك

k.dardeik@student.aaup.edu

المحور الأول : المعلومات الديموغرافيه

Code								
Scio 1	الجنس:		ذكر				انثى	
Scio 2	العمر:	أقل من20		21- 30	31-40	41- 50	51-60	61 فأكثر
Scio 3	درجة التعليم	دون الثانوية		توجيهي	دبلوم	بكالوريوس	دراسات عليا	
Scio 4	مكان السكن	القدس		رام الله والبيرة	نابلس	جنين		
		الخليل		بيت لحم	طولكرم	أريحا		
		سلفيت		قلقيلية	طوباس	غير ذلك		
Scio 5	المهنة:	لا أعمل		قطاع خاص	قطاع حكومي			
Scio 6	الحالة الإجتماعية	أعزب		متزوج	مطلق	أرمل		
Scio 7	هل لديك تأمين صحي					نعم		لا
Scio 8	هل تم زيارة الطبيب في العيادة الخاصة قبل اللجوء للمستشفى					نعم		لا
Scio 9	مدة المكوث في المستشفى بالايام					-------		
Scio 10	كم مرة تقوم بزيارة المرافق الصحية في السنة ؟					-------		
Scio 11	هل قمت بزيارة المستشفى بناء على توصية أحد المقربين					نعم		لا

المحور الثاني :رضاالمرضى

الرجاء وضع إشارة (X) في المربع الذي يعبر عن درجة موافقتك على كل عبارة من العبارات التالية:

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
S1	رضا المريض					
S1.1	انا راض عن نظافة القسم					
S1.2	اشعر بان المستشفى يسعى لارضائي					
S1.3	استطيع تقديم المقترحات والشكاوي بسهوله					
S1.4	تتناسب مواعيد الزيارة مع أوقات راحتي وعلاجي					
S1.5	أشعر أنني تلقيت العلاج المناسب لمرضي					
S1.6	ارغب بالاستمرار بتلقي الخدمة الطبيه في نفس المستشفى					
S1.7	لم انتظر وقتا طويلا للدخول للمستشفى					
S1.8	يتعامل معي الطاقم باحترام وانسانية					
S1.9	فترة الاقامة كانت هادئة ومريحه					
S1.10	انا راض عن سرعة تقديم الخدمة					

المحور الثالث :الثقة

الرجاء وضع إشارة (X) في المربع الذي يعبر عن درجة موافقتك على كل عبارة من العبارات التالية:

الرقم	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
T1	الثقة بالطبيب					
T1.1	أنا أثق بخبرةالطبيب واستطيع الاعتماد عليه					
T1.2	اثق ان الطبيب يخصص لي الوقت الكافي للعلاج وفي الوقت المناسب					
T1.3	أثق بأن الطبيب يقدم العلاجات المناسبة لحالتي ويجيب على اسئلتي					
T1.4	أثق بأن الطبيب يوثق في السجل الطبي كامل بياناتي					

T1.5	اثق بان **الطبيب** يحافظ على خصوصيتي					
T 1.6	اثق بمهارات الاتصال والتواصل عند الطبيب					
T1.7	اثق ان الطبيب لديه نظرة شمولية في التعامل معي					
T2	الثقة بالتمريض					
T2.1	أنا أثق بخبرة **التمريض** واستطيع الاعتماد عليه					
T2.2	أثق أن **التمريض**يقدم خدمات تمريضية بالوقت المناسبويخصص لي وقتا كافيا لذلك					
T2.3	أثق بأن **التمريض** يقدم التوجيهات المناسبة لحالتي ويجيب على اسئلتي					
T2.4	أثق بأن **التمريض** يوثق في السجل الطبي كامل بياناتي					
T2.5	أثق بأن **التمريض** يحافظ على خصوصيتي					
T2.6	اثق بمهارات الاتصال والتواصل عند التمريض					
T2.7	اثق ان التمريض لديهم نظرة شمولية في التعامل معي					

المحور الرابع : معايير الجودة

Code	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
أولا: بعد الملموسية: يشير إلى المنشآت والمباني والمعدات، ومظهر الموظفين						
D1.1	مكان المستشفى وتصميمه ملائم ويمكن الوصول إليه بسهولة					
D1.2	تضع المستشفى لوحات الإرشادية لتسهيل الوصول للقسم					
D1.3	تتوفر الفحوصات المخبرية والاجهزة الطبية والادوية التي احتاجها					
D1.4	يتوفر صالات انتظار للمرافقين في القسم					
ثانيا: بعد الاعتمادية: يشير إلى القدرة على أداء الخدمة الصحية بشكل دقيق						

D2.1	اشعر بالثقة في جودة العلاج المقدم لي					
D2.2	لا تتوفر جميع التخصصات الطبية المختلفة داخل المستشفى					
D2.3	أثق بانه تم تقديم العلاج المناسب لي					
ثالثاً: بعد الاستجابة: يشير إلى الاستعداد لتقديم الخدمة بشكل سريع						
D3.1	تقوم إدارة المستشفى بإبلاغ المرضى بمواعيد تقديم الخدمة					
D3.2	يقدم الطاقم الطبي يد العون (المساعده) للمريض دون تردد					
D3.3	ينجزون مهامهم في الوقت المحدد وبكفاءة عالية.					
D3.4	يستجيب الطاقم الطبي بسرعه لمشاكلي واستفساراتي					
رابعاً: بعد الأمان: يشير إلى السمات التي يتصف بها مقدمي الخدمات الصحية						
D4.1	يتمتع المستشفى بسمعة جيدة حول مأمونية الخدمات المقدمة.					
D4.2	أشعر بالأمان عند التعامل مع الطاقم الطبي المختص بحالتي					
D4.3	يتمتع مقدمو الخدمات الصحية بكفاءة عالية، ومهارات متميزة،					
خامساً: بعد التعاطف: يشير إلى درجة عناية مقدمي الخدمة بالمريض بشكل خاص						
D5.1	يبدي العاملون في المستشفى اهتمامًا وانتباهًا فرديًا لي.					
D5.2	يتعامل مقدمو الخدمات الصحية معي بالروح المرحة والصداقة.					
D5.3	يوضح لي مقدمو الخدمات الصحية حالتي بطريقة سهلة ومفهومة.					

ماهي أهم الأسباب التي تعتقدانها تقلل من جودة الخدمات الصحية في المستشفى؟

.....

.....

ماهي أهم الاجراءات التي تقترحها لتحسين جودة الخدمات الصحية في المستشفى؟

.....

.....

.....

اشكر لكم حسن تعاونكم واهتمامكم ،،،

Appendix II: A Letter of Facilitating a Student's Mission from the Ministry of Health to West Bank Hospitals

State of Palestine
Ministry of Health
Education in Health and Scientific
Research Unit

دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.: .....
Date:.....

الرقـــم: ...
التـــاريخ: ...

عطوفة الوكيل المساعد لمجمع فلسطين الطبي المحترم،،،
الوكيل المساعد لشؤون المستشفيات والطوارئ المحترم،،،

تحية واحترام،،،

الموضـــوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: **ختام يوسف دار الديك – ماجستير ادارة الجودة في المؤسسات الصحية**– الجامعة العربية الامريكية، بعنوان:

" تأثير الدور الوسيط للثقة في العلاقة بين جودة خدمة الرعاية الصحية ورضى المريض في المستشفيات الحكومية"

حيث ستقوم الطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل المرضى (بعد اخذ موافقتهم)، وذلك في:

- **مستشفى جنين – مستشفى عاليه**
- **مجمع فلسطين الطبي**

مع العلم ان مشرف الدراسة: د. عماد ابو خضر.
على ان يتم الالتزام بالمحافظة على اخلاقيات البحث العلمي وسرية المعلومات، وعدم التعرض للمعلومات التعريفية للمشاركين.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة وزارة الصحة.

مع الاحترام،،،

د. عبد الله التوأسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: مشرف الدراسة المحترم/ الجامعة العربية الامريكية

Telfax.:09-2333901 scientificresearch.dep@gmail.com تلفاكس: 09-2333901

Appendix III: IRB Approval

Arab American University
Institutional Review Board - Ramallah

الجامعـــة العربيـــة الأمريكيـــة
مجلس اخلاقيات البحث العلمي – رام الله

IRB Approval Letter

Study Title: "Exploring the Role of Trust as a Mediating Factor between Patient Satisfaction and Healthcare Quality"

Submitted by: Khitam Mahmoud Yousef Dar Aldeek

Date received: 6th December 2023

Date reviewed: 28th December 2023

Date approved: 28th December 2023

Your Study titled **"Exploring the Role of Trust as a Mediating Factor between Patient Satisfaction and Healthcare Quality"** with archived number R-2023/A/5/N was reviewed by the Arab American University IRB committee and was approved on the 28th December 2023.

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

الجامعة العربية الأمريكية - فلسطين
مجلس اخلاقيات البحث العلمي - رام الله
IRB-R
ARAB AMERICAN UNIVERSITY-PALESTINE
INSTITUTIONAL REVIEW BOARD - RAMALLAH

General Conditions:

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

الملخص

المقدمة: تهدف هذه الدراسة إلى استكشاف تأثير الثقة كعامل وسيط في العلاقة بين رضا المرضى وجودة الخدمات الصحية في قسم الباطنية في ثلاثة مستشفيات حكومية في الضفة الغربية في فلسطين. يعد فهم علاقة الثقة بين المرضى ومقدمي الخدمات الصحية أمرًا حيويًا في تحسين جودة الرعاية الصحية وزيادة رضا المرضى.

منهجية الدراسة: تم تنفيذ الدراسة باستخدام منهج بحث كمي وتصميم عرضي مستعرض، وتم التركيز على الأقسام الداخلية في ثلاثة مستشفيات حكومية. جمعت البيانات من خلال استبانات هيكلية تم توزيعها على 381 مريضًا داخليًا. شملت الاستبانات أسئلة حول رضا المريض، وثقته في الأطباء والممرضات، وجودة الخدمات الصحية. تم تحليل البيانات باستخدام برنامج SPSS v24، بواسطة إحصائيات وصفية واستنتاجية.

النتائج: أظهرت الدراسة وجود علاقة إيجابية وملحوظة بين رضا المرضى وجودة الخدمات الصحية، وتوسط دور الثقة بين هذين العاملين. كما كانت العلاقة إيجابية وعالية لدى هذه الثلاث عناصر، وهم رضا المرضى، وجودة الخدمات الصحية، وثقة المريض المقيم لمدة أكثر من 24 ساعة في قسم الباطنية.

الخلاصة: تسلط الدراسة الضوء على دور الثقة لدى المرضى كعامل مهم، مؤثر في تشكيل العلاقة بين رضا المرضى وجودة الرعاية الصحية. تبرز الدراسة أهمية تعزيز مبادرات بناء وتعزيز الثقة بين المرضى ومقدمي الخدمات الصحية، مما يساهم في تحسين رضا المرضى وجودة الخدمات الصحية بشكل عام في المستشفيات الحكومية.

الكلمات المفتاحية: مريض داخلي، رضا المرضى، جودة الخدمات الصحية، ثقة، مستشفيات حكومية، العلاقة بين الثقة والجودة.