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**Identifying the Expenses and the Level of Satisfaction of Referred
Patients Abroad by Palestinian Ministry of Health**

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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة عمادة الدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحث/ أنيس محمد عطية أبو هاشم لنيل درجة الماجستير في كلية التجارة/ قسم إدارة الأعمال وموضوعها:

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واللجنة إذ تمنحه هذه الدرجة فإنها توصيه بتقوى الله ولزوم طاعته وأن يسخر علمه في خدمة دينه ووطنه.

والله ولي التوفيق ،،،

عميد الدراسات العليا

د. مازن إسماعيل هنية

DEDICATION

To

The Soul of my Father,

To

My Mother,

Wife,

And

Children

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List of Abbreviations

CDR:	Crude Death Rate
CVD:	Cardiovascular Diseases
EPI :	Expanded Program of Immunization
GNP:	Growth National Product
GS :	Gaza Strip
IMR:	Infant Mortality Rate
IVF:	In Vitro Fertilization
MOF:	Ministry of Finance
MOH :	Ministry of Health
MRI:	Magnetic Resonance Image
NIS:	New Israeli Shekels
PCBS:	Palestinian Central Bureau Statistics
PLO:	Palestine Liberation Organization
PNA:	Palestinian National Authority
SD:	Standard Deviation
WB :	West Bank
WHO :	World Health Organization
STD:	Sexual Transmitted Diseases
HIV:	Human Immune Deficiency Virus
AIDS:	Acquired Immune Deficiency Syndrome

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Abstract

This study aims to identify the level of patient's satisfaction, and the expenses of the treatment abroad services that presented by the Palestinian Ministry of Health.

The study includes 102 patients selected by Convenient Sample who were transferred in year 2005 for treatment in the neighboring countries, Jordan, Israel and Egypt. The study has reached several results:

- 1- The study results pointed out 52% only of the study sample expressed their satisfactions from the services provided by the Treatment Abroad Unit at MOH.
- 2- The study results pointed out 52.9 only of the study sample expressed their satisfaction from the performance of the medical doctors at the local hospitals prior to their transfer.
- 3- The study results pointed out 69.9 only of the study sample expressed their satisfaction from the treatment abroad they have received in the neighboring countries. The satisfaction percentage was the highest for Jordan (%88.9), followed by Israel (%76.9), and Egypt was the lowest (%60.3).
- 4- The study showed that the number of patients that were transferred in 2000 was 8123 with the cost of \$6, 2000,000. This number had increased in 2005 to be 31,721 in the West Bank and Gaza with %390.5 increase while the total expenses covered by the MOH \$59, 562,339 with %960 cost increase.
- 5- The results pointed out that the average additional expenses covered by patients from their own money for their treatment abroad was \$1,100 per patient. Moreover, %13.7 of patients received financial aids from charitable organizations , %12.7 received financial aid from The Palestinian Security Forces, %15.7 received financial aid from the President's Office, while %57 did not received any aid.

6- The study pointed out that the costs of medical treatment abroad have become a financial burden on MOH budget over years.

As it reach \$59, 565,339 in 2005 which was %42.7 of the MOH operational budget which was \$139, 584,400.

It is clear from the study results and the practical analysis that there is an insisting need to improve the medical doctors performance as well as reconsider the policies of medical treatment abroad; and work on finding local alternatives to help decrease the costs from one side and decrease the suffering of patients caused by travel through crossing point from the other side.

الخلاصة

هدفت الدراسة إلى التعرف على تكاليف العلاج بالخارج المقدم من قبل وزارة الصحة الفلسطينية ومدى رضا المرضى عن هذه الخدمة.

شملت الدراسة 102 من المرضى الذين تم تحويلهم في العام 2005 للعلاج في الدول المجاورة مصر والأردن وإسرائيل وتوصلت الدراسة إلى العديد من النتائج أهمها :

1- أظهرت النتائج أن 52% فقط من أفراد العينة عبروا عن رضاهم من الخدمات المقدمة من وحدة العلاج بالخارج.

2- كما أظهرت العينة أن 52.9% فقط من أفراد العينة كانوا راضين عن أداء الأطباء في المستشفيات المحلية قبل التحويل .

3- كما أظهرت النتائج أن 69.9% من أفراد العينة عبروا عن رضاهم من العلاج الذي تلقوه في خارج الوطن وكانت نسبة الرضى عن العلاج في الأردن هي الأعلى حيث كانت 88.9% يليها إسرائيل 76.9% ثم مصر 60.3% .

4- تبين أن أعداد المرضى الذين تم تحويلهم في العام 2000 كان 8123 حالة بتكاليف \$6,200,000 أمريكي بينما ازداد عدد الحالات التي تم تحويلها عام 2005 إلى 31,721 في الضفة الغربية وقطاع غزة أي بزيادة مقدارها 390.5% حالة وكان إجمالي التكاليف التي دفعتها وزارة الصحة \$59,562,339 أمريكي وكانت نسبة الزيادة في التكاليف 960%.

5- كما أظهرت النتائج أن متوسط التكاليف الإضافية التي دفعها المرضى من حسابهم الخاص أثناء العلاج بالخارج \$ 1,100 أمريكي لكل مريض . وأن 13.7% تلقوا مساعدات مالية من مؤسسات خيرية بينما تلقى 12.7% مساعدات من الأجهزة الأمنية و 15.7% من مكتب الرئيس و 57% لم يتلقوا أي مساعدات من أحد.

6- كما أظهرت الدراسة أن تكاليف العلاج في الخارج شكلت عبئاً كبيراً على ميزانية وزارة الصحة على مدار عدة سنوات حيث بلغت في العام 2005 مبلغ مقداره \$59,565,339 أي بنسبة مقدارها 42.7% من إجمالي ميزانية التشغيلية لوزارة الصحة والتي بلغت \$139,584,400 أمريكي

بناء على نتائج الدراسة والتحليل العملي يتبين أننا في حاجة ماسة لتحسين أداء الأطباء العاملين في وزارة الصحة وأيضاً إعادة النظر في سياسات التحويل للخارج والعمل على إيجاد بدائل محلية وذلك لخفض التكاليف من ناحية والتخفيف من معاناة المرضى ومتاعب السفر ومعاناة العذاب على المعابر.

Chapter One

Introduction

Chapter One

Introduction

Pace and stability enables the Palestinian National Authority (PNA) to deliver health services in West Bank and Gaza Strip. Meanwhile, restriction of movements as a result of hundreds of Israeli military check points in west bank, continuous closures on Gaza Strip, act as a barrier to health services delivery, as happened nowadays. Palestinians are living in difficult and unstable area.

Since 1993 and as a result of Oslo accords between Palestinian Liberation Organization (PLO) and Israel, the Palestinian Ministry of Health took over the responsibilities of health services in West Bank and Gaza Strip. Besides rapid population growth, lack of resources, and being living in a small area highly congested in population density.

Building new settlements and confiscation of Palestinian lands in West Bank, which erodes the land and pushes the Palestinians into small areas like cantons, which results in a low living standards and it is detrimental effect on health. While Palestinians are striving to achieve their main health goals, they are crawling to reach the developed countries and the neighbor countries; they are suffering from many internal and external difficulties like lack of financial resources, lack of experienced human resources, these came as a result of the domestic and international siege. Medicine is highly and rapidly developing science, which needs continuous medical education and the presence of medical schools, teaching hospitals, and health institutes besides universities.

Palestine Territories⁽¹⁾ is a newly emerging entity faces many challenges, particularly in health care services.

Consequently, MOH is dependant on the neighboring countries regarding advanced medical and surgical consultation, interventions, and diagnosis. So, the treatment abroad out side of Palestinian Authority consumed the already depleted financial resources.

On the other side, no one could cast doubt on the capabilities of Palestinians. Although there are strength points such as, many highly qualified physicians, widespread network of primary health care centers, newly constructed district hospitals, easy accessibility to health facilities, and continuous flow of financial support apart from the last year, there are many weaknesses.

The weak points are presented in many aspects such as:

- Lack of some important diagnostic and therapeutic equipment, such as unavailability of important MRI, radiotherapy, and radio-diagnosis.
- Lack of high and fine subspecialties like transplant and advanced eye surgery.
- Shortage in financial flow especially after the punishment of the Palestinians for their democratic elections by the siege and cutting of financial aid.

Multiple weak points in the management process, (poor coordination between health departments, physicians are known in poor management skills, under graduated health personnel occupied a high management posts, recruitments depends on personal connections and political factions belongings, but not on qualifications and experience.

(1)Palestine Territories: It was started in Gaza and Jericho based on Oslo accord between PLO and Israel, and it was extended to some parts in West Bank, Gaza Strip, and East Jerusalem.

This is in addition to the poor team work spirit). It should not be forgotten here to mention that many approved referral certificates have been issued based on the level of patient's connections, it was not issued based on illness and how it is serious.

Reduction of the number of patients referred for treatment abroad outside of Palestine depends on referral of those who are in actual need; prioritize the diseases according to seriousness of illness and unavailable resources locally, pruning the external interferences, and lastly filling the gap between the demand and supply through establishing a highly advanced medical centers and continuous medical education. In addition, preventive measures should cover all aspects of health fields.

1.1- Goal and Objectives

Goal

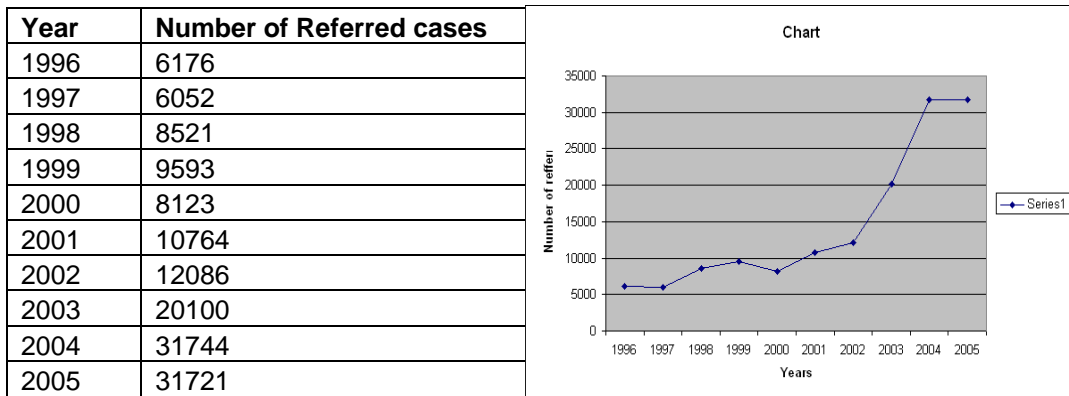
- To know the main factors standing behind referring Palestinians patients abroad, estimate the additional expenses, Patient satisfactions, and finding less cost and more favorable alternatives.

Objectives

- To estimate the financial expenses of the referred patients by Palestinian Ministry of Health.
- To identify the main reasons to transfer patients abroad for treatment.
- To describe the quality of care in different places of referral by measuring patient satisfaction.
- To indicate areas for improvement and establish data base to help decision makers.
- To recognize the demographic characteristics of referred patients (age, gender, and residency).

1.2- Problem Statement

The purpose of this study is to identify the expenses and level of satisfaction of referred patients abroad by Palestinian Ministry of Health. Treatment abroad, out of Palestine constituted an extra burden on the already limited Palestinian financial resources. The total number of referred patients in and out of Palestine has risen steadily over the last 10 years.



This means that approximately more than nine folds increase in the total number of referred patients abroad between the year 1996 and 2005. During focus interview with the key person, they said that treatment abroad is a policy within the Ministry and they aim to encourage the investment in this field by referring patients to the local Health Institutions and abroad as well. The total cost of treatment abroad for year 1996 was around \$14,114 million USD, and in 2005 it was 59,565.339, which represents 42.7% of the total running cost budget at MOH (MOH, 2005). Comparing these findings with the neighboring countries is not easy because treatment abroad is characteristics for the newly arising Palestine while the referral system in the neighboring countries is almost exclusively internal in order to promote investments and create state of competitions to reach the best services and to reduce the burdens over their governments.

The realities of the siege imposed on Gaza Strip and the continued uprising (Intifada) have produced extraordinary, health, economic, political and social conditions which have seriously affect many aspects of their lives. The impact of 59 (since 1948) years of displacement and 40 (since 1967) years of hostile occupation have been compounded in recent years by over five years of the first uprising (1987 – 1992), six years of the current uprising (2000 – 2006), and the harsh suppression by the Israeli authority.

Ministry of Health is among the most affected by socio-political situation and the accompanying phenomena such as growing impoverishment, degradation of health services (MOH, 2003).

Studying the financial expenses, and patients satisfaction on treatment abroad by MOH in the Gaza Strip and the West Bank is essential for further planning for reduction of the high cost and further promotion of our health care services to perform such operational interventions based on cost analysis and cost effectiveness to reduce the financial burden on MOH, and consequently the patient will receive the high quality health care services, so our aim is to identify the expenses and the level of satisfaction of referred patients abroad by the Palestinian Ministry of Health.

1.3- Significance of the Study

Since 1994, Palestinian National Authority carried out great efforts to improve the situation in the Gaza Strip and West Bank, especially after the partial withdrawal of Israeli military forces.

- According to the best knowledge of the researcher, this is the first study to consider and explore the expenses of referred patients abroad to disclose any implicit issues and to raise

recommendations to convince policymakers about the importance of this study and to adopt the idea of construction of advanced health centers for tertiary care and to contract with expert of diverse specialties till scientific and practical development of Palestinian medical and paramedical staff.

- Long time ago, the Palestinians have been struggling against the Israeli occupation. The Israeli's military forces cut off the roads in West Bank by hundreds of check points, which turned West Bank into many cantons, and separated between West Bank and Gaza Strip. Gaza strip was sealed since June 2006. Palestinians are forced to be self dependant and they should find solutions for their patients who spend days, weeks, or even months to open Rafah border. Many death cases were reported while they were waiting the border to open, or on their way back to Gaza after the treatment.
- As treatment abroad engulfed about half of the MOH budget (MOH, 2005), finding solutions of this issue should be on the top of the list of priorities. Identification of the number of patients referred annually and the reasons of referral is a must.
- Clarifying the magnitude of the cost is essential. Consequently, weaning of referral of patient abroad might be parallel with development of human resources and excessive training of medical and paramedical personnel. In addition, establishment of highly advanced centers and tertiary hospitals equipped with modern investigative and intervention materials is needed. The money lost over the last 10 years for the treatment abroad may be sufficient to do a lot.

1.4- Context of the Study

In this section, background information about the Palestinian geography, demography, and socioeconomic status among the Palestinians in the Gaza Strip and the West Bank would be summarized.

1.4.1- Geography and Demography

- Palestine territories¹ are composed of two separate areas, the Gaza Strip and the West Bank including the East Jerusalem. The Gaza Strip is a narrow zone of land along the Mediterranean Sea from the west, bordered on the north and east by the green line, and on the south by Egypt. The Gaza Strip is about 362 square kilometers (50 kilometer long and 5-12 kilometer wide). The attitude is 0-40 meters above Sea level and has a subtropical climate. The Gaza Strip is divided administratively into five governorates: North, Gaza, Midzone, Khan Younis and Rafah. There are four towns, fourteen villages and eight refugees' camps (MOH, 1998). The West Bank is the region located between Jordan Valley in the east and the green line in the west. It comprises an area of 5800 square kilometers. It is divided into four geographical regions. The southern includes Bethlehem, Al khalil, and Jerico with sparsely populated area on the Jordan Valley; the northern area consists of Nablus, Jenin, and Tulkarem; the center includes

¹. Palestine Territory means Palestine that was occupied by Israel after 1967 war.

Ramallah, and Jerusalem; and there are diversified communities in the West Bank (WHO, 2005).

- The total population living in Palestine territories was estimated at 3.6 million at the end of year 2004. About 2.3 million live in the West Bank (63.2%) and 1.3 million in the Gaza Strip (36.8%) (MOH, 2005).
- More than 70 percent of the Palestinian population lives in rural areas (Barghouti, 2001). According to the PCBS, 42.6% of the population in Palestine territories is refugees (MOH, 2005).
- The Gaza Strip is unique as the majority of its population is refugees live in eight camps. Seventy five percent of the total population of the Gaza Strip are refugees, 40% of them live in the camps (Abed, et al 1997). In the Gaza Strip, the population density in the refugees' camps is one of the highest in the world. Beach refugees' camp is an example where 78,700 refugees live in area less than one square kilometer (UNRWA, 2006). In the West Bank, the population density is fairly high, with over 436 people per square kilometer (Encarta, 2006).
- In Palestine territories, the population is very young, where 46.9% is under 15 years (50.2% in the Gaza Strip). Age group less than 5 years forms 18.5% which is about one fifth of the total population. Regarding the population profile in Israel, 28.7% of the population is under 15 years of age. Although the Palestinians are poor, their future is promising if they behave in the right way because they are more young, more youth, and more fertile.

- Age Dependency Ratio (ADR)² was 112.8% for Gaza Strip in year 2000. It is the highest in the neighboring countries (Egypt: 67%, Jordan: 82%, Lebanon: 64% and in Syria 81%) (MOH, 2001). This means that workforces are reduced and increased burden is thrown on the remaining workers.

1.4.2- Socioeconomic Context

- The Palestinian economy refers to the economy of the Palestinian territories, including the Gaza Strip, West Bank, and the East Jerusalem. Current political events have severely damaged the Palestinian economy due to halting the international aid. The Palestinian Growth National Product (GNP) was declined from 5,454 million USD in year 1999 to 3,720 million USD in 2004. The real GNP per capita decreased from 1,806 USD in year 1999 to 979 USD in year 2004 due to combined effect of rapid population growth and falling income.
- The unemployment rate has climbed from 23% in 2005 to over 50% in 2006 in Palestine. Two thirds of Palestinians are living under the poverty line. The UN estimates that 125,000 Palestinians are used to work in Israel, 100,000 of the lost their jobs. “The construction of the separation wall is one reason of depressed Palestinian economy” the PNA Ministry of Finance stated (Wikipedia, 2006). In the past, the economy in Palestinian territories mainly depends on agriculture. Meanwhile, the economy nowadays mainly depends on international donors that are suspended. International aids were

²) Age dependency ratio: is the ratio of persons in the dependent ages (under 15 and over 64 years) to those in the economically productive ages (15 -64 years) (Kamel, 2005).

funding some projects and paid salaries. The economic situation is usually unstable especially after AL-Aqsa Intifada because of frequent closure and restriction of trade. The deteriorating economic situation, limited income and lack of work opportunities lead to low standard of living and inadequate health facilities. Poor families can not pay for health insurance or private fees although, Ministry of Health offers free health insurance for the Palestinian labors.

- Despite poverty the Palestinians are eager to learn, adult literacy ratio among those aged 15 years and more is 91% (MOH, 2004) which is considered among the high percentages literacy rates of Arab countries. It is well known that every year of parent's education has a positive impact on health.

Chapter Two

Health Care Delivery system

Literature Review

Chapter Two

Health Care Delivery System

Literature Review

Health is a basic human right and is essential for social and economic development. The desire for health and better world in which we live is common to all people and all generations.

WHO defined health over half a century ago as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Ustun and Jakob, 2005).

In developing countries, there are frequently interactions between health care managers and the economists, usually from ministry of planning, finance or donor agencies. Economists consider health field as a tough one and face with misunderstanding of health priorities regarding expenditure. In addition, health managers consider themselves as a perfect and economists as a hard nosed intervening in their specialties. Consequently, health economics is a newly emerging health specialty.

The way of the health system is financed is a key determinant of population health and well-being. Many of the poorest countries where the level of spending is still insufficient results in reduced access to basic and essential health services and interventions. World spent 3.6 trillion USD on health in year 2003. This expenditure mainly includes governmental, social insurance, private insurance, and out of pocket (WHO, 2003).

In Palestine territories, the total health expenditure per capita in the year 2003 was 138.4 USD (MOH, 2005). Looking at the underlying table number (1) will reveal that health expenditure per capita in Israel

Table (1):Health Expenditure per Capita in Palestinian Territories, Egypt, Jordan, and Israel

Country	Health expenditure per capita (USD)	Year
Palestine territories	138.4	2003 ⁽¹⁾
Egypt	235.0	2001 ⁽²⁾
Jordan	163.0	2003 ⁽²⁾
Israel	1911	2003 ⁽³⁾

This table prepared by the researcher, reference MOH, 2005, (2) WHO, 2007 (3) WHO, 2006

is more than thirteen folds of health expenditure per capita in Palestine. In addition to the low Palestinian national expenditure on health than the neighboring countries, the total number of injuries which needs referral is increasing and putting a more burden on health authorities.

The Palestinian National Authority purchases services from foreign institutions for the residents of the Gaza Strip. Some of the services do not exist at all in the Gaza Strip⁽¹⁾ and some services although exists, it is performed at a low level of performance⁽²⁾ that is insufficient to treating the most complicated cases. The purchased services include catheterization, cardiac surgery, burns management, pediatric cardiology, neurosurgery, orthodontic surgery, and radiotherapy and radio diagnosis in addition, to transplant surgery, and

(1): radiotherapy and radio-diagnosis (2): malignancy, cardiac surgery, and transplant surgery

advanced eye surgery. Gaza is lacking of sub-specializations in the fields of urology, and oncology (WHO, 2005).

Egypt, Israel, and Jordan are the main countries from which the Palestinian Authority has purchased the services at a full cost. About 7,805 certificates of referral for medical treatment outside Gaza Strip were issued by the Palestinian authority in 2003 (WHO, 2005).

2.1- Highlights on Health in Palestine

Health and disease lie along a continuous scale as, there are degree and severity of illness, there are levels of health which include ideal level, positive level, marginal (in apparent disease) level, negative (apparent disease) level, complication and disability level and lastly death (Abdel Azim, 2006).

Health and disease could be grouped under three main categories which include communicable diseases, non-communicable diseases, and nutritional disorders. The three categories are related to each other. Therefore, the developing countries which have unsatisfactory socioeconomic and environmental risk factors will continue to have the double burden of diseases related to communicable and non-communicable diseases (Abdel-Razik, 2006).

A survey conducted on the quality of life of Palestinians in December 2005 by WHO in collaboration with local research institution clarified that one quarter of Palestinian population suffer from physical and health problems, and the second quarter of the population suffer from mental problems due to killing, imprisonment, or exile of their

relatives. More than half of Palestinian is not satisfied with their lives (WHO, 2006b).

2.1.1- Burden of Disease

1- Life Expectancy

A person born in Palestine territories in year 2004 can expect to live 72.6 years on average (71.1 years for males and 74.1 years for females). Regional variations exist between the GZ and the WB, in the former it is 70.3 years for males and 73.5 years for females while in the latter it is 71.5 years for males and 74.5 years for females (MOH, 2005). Just few kilometers away from the Occupied Palestinian Territory, the Jewish are living longer (the life expectancy is 79.4 years on average) (WHO, 2006). The extended life expectancy means firstly GOD' will and secondly better achievement in health provision.

2- Mortality

- Infant Mortality Rate (IMR) is considered as one of the accepted indices of the overall health of the population. Infant Mortality Rate markedly declined from 150/1000 live birth prior 1967 to 20.5/1000 live birth in year 2004 in the Gaza Strip. In the West Bank, IMR is difficult to determine because of underreporting (MOH, 2005). This reduction in IMR could be result from improved obstetric care and extended use of EPI⁽¹⁾.
- The Crude Death Rate (CDR) decreased from 3.6/1000 population in 1996 to 2.8/ 1000 population in year 2004.

(1)EPI: Expanded Program of Immunization against tuberculosis, poliomyelitis, hepatitis B virus, diphtheria, pertussis, tetanus, measles, rubella, and mumps.

Regarding the leading causes of death in year 2004, the heart diseases is on the top of the list (54.5/100,000 population), followed by accidents (32/100,000 population), malignant neoplasm (28.5/100,000 population), cerebrovascular diseases (23.5/100,000 population), pneumonia and other respiratory diseases (18.3/100,000 population), hypertension (16.6/100,000 population), congenital anomalies (12.9/100,000 population), diabetes mellitus (10.2/100,000 population), and lastly diarrhea and gastroenteritis causes 0.3/100,000 population deaths (MOH, 2005).

3- Communicable Diseases

Palestinian MOH and other health authorities have achieved a progress in preventing and controlling many infectious diseases through health education, early detection of diseases and vaccination coverage.

- Neither cases of diphtheria nor cases of poliomyelitis were reported since early 1980th. No cases of cholera or rabies were reported (MOH, 2005).
- Among other achievements due to widespread implementation of EPI are decline in whooping cough (declined from 0.8 to 0.47/100,000 population for years 2000 and 2004), neonatal tetanus (declined from 0.1/100,000 population to zero in year 2004), reduction in incidence of pulmonary TB (the incidence rate dropped from 1.2/100,000 population in year 2000 to 0.85/100,000 in year 2004) and reduction in incidence of hepatitis B where Palestine is considered as moderately endemic area for HBV carriers (the incidence rate of hepatitis B case ranged between 11-15/100,000 population in the period

1990-1994 reduced to 1.7-3 in 2000-2004, the hepatitis C cases and carriers are much lower than hepatitis B (the incidence rate of cases was 0.25/100,000 population in year 2004 (MOH, 2005). Brucellosis incidence declined to 4.4/100,000 in year 2004 while it was 9.6 in year 2000 (MOH, 2005).

- On the other hand, there is increase in incidence of rubella from 3.1/100,000 population to 6.05 in the year 2004. Also, in the later year there was an outbreak of mumps predominantly in the West Bank (161.2/100,000 population in WB and 3.22 in GS). The incidence of viral meningitis increased (123.7/100,000 population in year 2004 compared to 53/100,000 in year 2000) while, incidence of bacterial meningitis is also increased (16.5/100,000 population in year 2004 compared to 14.6/100,000 in year 2000). Incidence of chicken pox had increased from 17/100,000 population in year 2000 to 203.16 in year 2004. There was an outbreak of measles in 1999 (5/100,000 population) which dropped to around 0.1/100,000 population in the following years.
- Due to under reporting, the true prevalence of STDs is not well known but the incidence rate according to the etiological factors was 260.8/100,000 population. Only one reported HIV positive and another one AIDS case have been documented in the year 2004.
- Fortunately, no cases of malaria have been reported in year 2004. The incidence rate of leishmaniasis increased to 7.8/100,000 population in year 2004 compared to 4 in year 2000 (WHO, 2005).

- Approximately 10% of total deaths in Palestine caused by infectious diseases, with a rate of 28.7/100,000 population.

4- Non-communicable Diseases

Currently, non-communicable diseases constitute an important public health problem due to demographic transition, epidemiologic transition, multi-factorial nature of the risk factors, and the international communication with introduction of new life style and food products in the community in addition to early detection of diseases and scientific progress in this regard (Abdel-Razik, 2006).

There is a growing list of the non-communicable diseases which includes cardiovascular diseases, diabetes mellitus, neoplasms, respiratory diseases, liver diseases, blood diseases, connective tissue disease, geriatric diseases, psychosocial disorders, and perinatal and reproductive diseases. Globally, the prevalence chronic diseases are showing an upward trend in several countries (Department of Community, Environmental and Occupational Medicine, 2005). Palestine is not an exception (MOH, 2005).

- According to a study conducted in year 2000 by MOH in cooperation with Al Quds University, the prevalence of diabetes mellitus was 9% which coincided with the same results in Egypt and Tunisia (MOH, 2005).
- Cardiovascular diseases, particularly hypertension and heart diseases are increasingly progressing among Palestinians, at a rate which almost similar to that reported in the neighboring countries (MOH, 2004). The Egyptian National Hypertension Society had reported that the national estimate of the prevalence of hypertension in Egypt was 26% (Abdel-Razik, 2006).

- A retrospective cancer registry have been revised from January 1, 1995 to December 31, 2003 to report that the total number of cancer cases was 5,500 new cases over that period, with an incidence rate of 60/100,000 population (MOH, 2005).
- Based on the general directorate of police and MOH reports in 2004, 6130 cases of accidental injuries were reported with incidence of 195.1/100,000 population. These injuries include unintentional (road accidents, poisoning, falls, drowning, and fire) and intentional (firearm, suicide and homicide) (MOH, 2005).

The Palestinians have led the Al Aqsa Intifada on September 28, 2000 as a result of Sharon visit to Al Aqsa Mosque. The Israeli military troops targeted innocent civilians using excessive power and repeated invasions to Palestinian territories which killed 3665 and injured more than 42,650 ‘between’ September 29, 2000 to December 31, 2004 (MOH, 2005).

The Israeli violations affecting the unarmed civilian population and medical personnel from September 29, 2000 to March 10, 2006 had led to killing of 4106 and injuring 56380 persons. The number of killed children was 935, number of patients who died at Israeli road blocks was 129, number of children who died during birth at road blocks was 39, and the number of killed health workers was 36 (WHO, 2006b). Even referral of injured persons is faced with cutting of road and leaving them bleed till death.

2.2- Health System in Palestine

In the Palestinian territories live population with different demographic characters, there are refugees, citizens and Bedouins. Also, there are urban, rural, and camps. Although the main health provider is the MOH, many other organizations are sharing in provision of health services such as NGOs, military medical services, UNRWA, and private sector. Financing of health is also a complex problem and generally the health system is immature to the degree that the patients are frequently referred for treatment abroad.

The director general of the WHO reported that *“health services in the occupied Palestinian territory are on the verge of collapse”* (WHO, 2006b).

2.2.1- Organizational Structure of the Health System

The Palestinian health care system is a mixture of providers and consists of four sectors. **The first is PNA** through MOH and Military medical services are considered the main provider of health services. MOH began to provide health services immediately after declaration of principle of peace in 1993 between Palestinian Liberation Organization (PLO) and Israel. The MOH is responsible for a significant portion of PHC, secondary health care, some tertiary care and purchases unavailable tertiary care. The aim of the health programs is protection, preservation and promotion of health status of Palestinian people consistent with WHO concepts (MOH, 1999).

The second important health provider is UNRWA which offers free of charge primary health care services for refugees. UNRWA

clinics offer reproductive health services including family planning programs and preventive measures for children as vaccination as well as curative measures (MOH, 2005).

The total registered Primary Health Care (PHC) centers in Palestine territories are 371 (125 centers in Gaza and 606 centers in the West Bank). The MOH operates 413 PHC centers constituted 56.5% of total. UNRWA operates 53 PHC centers (18 in the Gaza Strip and 35 in the West bank) which formed 7.3% of total. Medical services for police and general security operates and supervises 28 PHC clinics, they offer medical services for policemen, general security persons and their families in addition to the general population (MOH, 2005).

Table (2): Annual Distribution of Registered PHC Centers by Provider and Regions

MOH		UNRWA		NGOs		Total		
GS	WB	GS	WB	GS	WB	GS	WB	Palestine
56	357	18	35	51	214	125	606	731

(MOH 2004)

The third health provider is NGOs which have 265 PHC centers, 214 in the West Bank and 51 in the Gaza Strip, constituting 36.3% of the total (MOH, 2005).

The private sector is the fourth health provider where there are hundreds of private settings provide different health services such as medical specialties, laboratories, pharmacies and dental clinics (MOH, 2001).

In the West Bank the average ratio of persons per PHC center was 3,796 whereas in the Gaza Strip it's much higher 10, 698 persons per center.

In the West bank, the number of PHC centers per 10,000 was 2.6 while it was 0.93 for the Gazans (MOH, 2005).

Compared to the Gaza Strip, the West Bank has increased number of health facilities which provide health services for less number of people because the latter is geographically larger and wider than the former. Although the population density is less in the west Bank, the number of people living there is higher.

Regarding the secondary health care⁽¹⁾ delivery, the MOH, NGOs, private and UNRWA are considered the main providers of secondary health care. In Palestine, there are 77 hospitals with 4,824 beds. There are 22 hospitals in the Gaza Strip while in the West Bank including east Jerusalem, there are 55 hospitals. The population/hospital ratio in the West Bank is 41,824 whereas the ratio in the Gaza Strip is 60,738 (MOH, 2005).

2.2.2- Health Care Financing and Expenditure

Health care financing for the PNA depends on three sources; the budget of the government, Palestinian's household's health expenditure, and external funding.

- Sources of the budget of the government are tax revenues, non-tax revenues, and international funding. Governmental health financing depends on taxation, non-taxation revenues of the PNA, premiums paid by people enrolled in governmental health insurance and their co-payments besides, the international assistance to the health sector

(1) *Secondary health care: when the patient needs specialist consultation or hospitalization*

- The budget of MOH derived from the general budget of the PNA was 140 million USD in 2004 (MOF, 2004).
- In 2003, the total expenditure on health care was estimated 7% of the budget of Palestinian National Authority. The public health expenditure (PHE) per capita was 138.4 USD. The percentage of external donations shared for the health formed 5% of total donations (MOH, 2005).

The total health expenditure in year 2004 consists of: look at the underlying table (3)

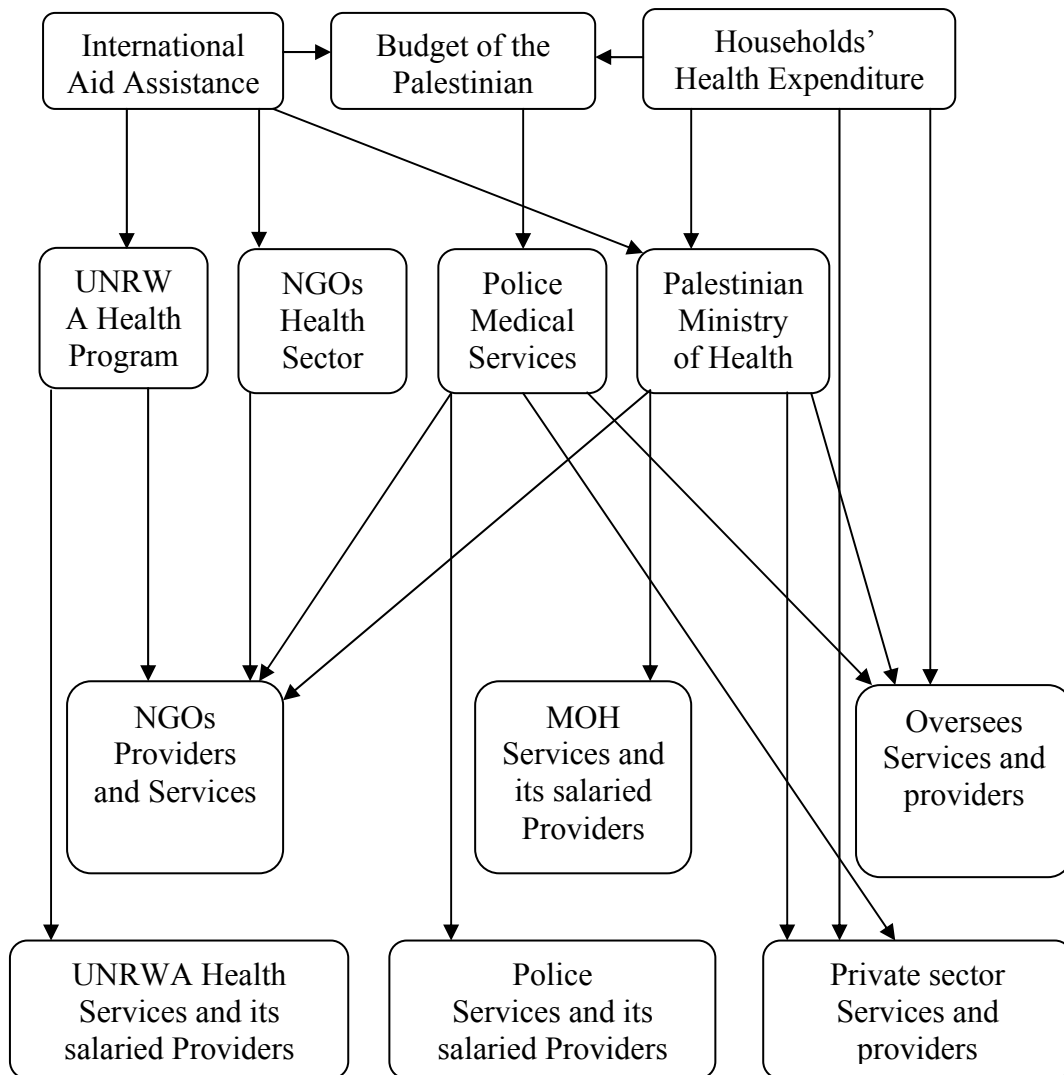
Table (3) MOH Expenditure in Palestine, 2004

Health Expenditures	USD
Treatment abroad	58,079,245
Salaries	80,222,222
Medications, medical disposables, and lab reagents	25,333,333
Other operating costs	25,111,111
Capital expenditure	3,555,556
Total	192,301,467

Treatment abroad cost 45.92% out of the actual health expenditures, the total budget for 2004 was \$126,474,889 USD.

Health service providers, health care system, and health financing and expenditure are a complex and intermingled. The underlying figure (1) clarifies the structure.

Figure (1): Flow of Funds from Sources of Financing through Intermediaries, to Health Services and Providers



(Ashour M, 2006)

Financing Health Care within Political Turmoil and Economic Crisis

2.2.3- Treatment Abroad

Although of the progress in health care and advanced diagnosis and treatment which was achieved by the ministry of health, it is still insufficient and referral of patients outside the MOH for consultation and hospitalization is occasionally needed.

2.2.3.1- Procedures of Treatment Abroad

Treatment abroad started when the general practitioner referred the patient to specialist of concern in MOH hospitals. In case of unavailable treatment for the patient in the MOH hospital, the specialist prepares all the documents needed for patient referral (referral form no. 1, patient biomedical data, referral report determining patient history, recommendation for treatment outside, photocopy of patient identity card and insurance card). The patient referral report is submitted to Superior Medical Committee (SMC) which includes all medical specialties by treatment abroad office. After the patient referral had been approved by the SMC, the patient got the financial commitment and directed to the selected hospital through the treatment abroad office. When the patient is discharged, the contracted hospital sends the invoices which are referred to financial department for payment. In some cases whether recommended or urgent, referral may pass through a less complicated pathway and directly get approval through the president's office or minister of health office (MOH, 2004).

2.2.3.2- Places of Referral (treatment abroad)

Treatment abroad means referral of patient for treatment in hospitals or advanced health centers either inside or outside the Occupied Palestinian Territory (OPT).

Inside OPT includes

- In the Gaza Strip, includes Al-Quds Hospital, Al-Awda Hospital, ST. John Hospital, Al-Wafaa Hospital, Gaza Diagnostic Center,, Al-Helo Center, Al-Basma Center, and Patient Friend Society (World Bank, 2003).
- In the West Bank, includes Ramallah Hospital, Al-Rahma Hospital, Alshaikh Zayed Hospital, Nablus Specialist Hospital, Alahli Hospital, Mohtaseb Hospital, Al-Araby Attakhasosi Hospital, Attadamun Hospital, El-Ethad Hospital, Alyamameh Hospital, Msalem Center ophth. Annahda Women’s Association, Arab Care Center, Razan Center, Medicare Alheba Center, Arab Association for Rehabilitation, Abu Raia Rehabilitation Center, and Al-Amani Center (World Bank, 2003).
- In East Jerusalem, includes, Maqassad Hospital, Augesta Vectoria Hospital, Sant John Hospital, and Princess Basma Center (World Bank, 2003).

Outside OPT includes

- In Egypt includes, Palestine Hospital, Nasser Institute Hospital, Al-Zahra Hospital, El-Salam Hospital, El-Salam Oncology Center (World Bank, 2003).
- In Jordan includes, Jordan Hospital, Amman Hospital, Al Bashir Hospital, Al-Amal Center, and Hussein Medical City (World Bank, 2003).
- In Israel includes, Tel-Hashomer Hospital, Echelof Hospital, Hadassa-Ein Karim Hospital, Barzilay Hospital, Rabin

Belenson Hospital, and Shneider Pediatric Hospital (World Bank, 2003).

2.2.3.3- Sources of Referral

The authorized personnel who usually give permission for patients to be referred are working:

In the Gaza Strip

- Shifa, Khanyounis, Alnaser Pediatric, Ophthalmic, Al-Dora, European Gaza, Al-Aqsa martyrs, Al-Najar, and Kamal Edwan Hospitals.

In the West Bank

- Alwatani, Ramallah, Jenin, Rafidia, Alkhalil, Bait Jala, Ariha, and Tulkarim Hospitals.

Exceptionally, some approvals for referral of patients are given through the president's office, health minister's office, his deputy, and the general director.

Patients referred through the military medical services, insurance company, and intifada casualties, are not covered financially by MOH (Skeik, 2005).

2.2.3.4- Common Reasons for Referral of Patients

- Cardiology, cardiac catheterization, heart surgery, and vascular surgery.
- Chest diseases and chest surgery.
- Internal medicine and endocrinology.
- General surgery, plastic surgery and burns.
- Nephrology and urology.
- Infertility, gynecology and obstetrics.
- Pediatrics and pediatric surgery.

- Neurology and neurosurgery.
- Ophthalmology, ear, nose and throat (E.N.T)
- Oro-dental surgery and maxillofacial surgery.
- Hematology and oncology.
- Orthopedics and rehabilitation.
- Dermatology and venereology.
- Intensive care unit (ICU).
- Isotope scan and nuclear medicine, magnetic resonance image (MRI), and C.T. scan and diagnostic procedures (Skeik, 2005).

2.2.3.5- Cost of Treatment Abroad

In 2004, the treatment abroad costs 45.92% (58,079,245 USD) of the health expenditure (MOH, 2005). The trend of cost is increasing; it was 32,159,183 USD in year 2003.

Chapter III

Subjects and Methods

Chapter III

Subjects and Methods

This chapter deals with the steps of implementation according to research plan such as study design, sampling, instrument used in study, collected data, data entry, and analysis and statistical materials.

3.1- Study design

This study is descriptive analytical cross-sectional design. Cross-sectional design is useful for descriptive purposes. It shows the cause and effect, and examines the exposure and the outcome at the same time which is useful in conducting and evaluating this type of study; it is less costly and saves time and efforts.

3.2- Study Population and Sampling Process

The population of the study consists of a sample of referred patient abroad by Palestinian Ministry of Health from both genders. Number of target population was 9,052 patients between the ages one year – 70 years old.

Sample size consist of 102 patients who were chosen by using convenient sampling method who referred abroad by Ministry of Health in the year of 2005.

We used a non probability sample (convenient sample) to select our subjects. The number of sample is 102 distributed as follows, 56.9% were treated in Egypt, 17.6% in Jordan, and 25.5% in Israel

Convenient sample is a weak form sample; however it's commonly used in scientific researches. To increase representatives of our sample we increase the number of sample as possible, and we include both genders in the study. Increase sample size decrease type two error, increase powerful of statistical test, and increase representatives of our sample.

3.3- Inclusion and Exclusion Criteria

All referred patients abroad (males and females) issued by the Ministry of Health between the age group one year – 69 years old. All subjects over 69 years old were excluded from the study.

3.4- Research instrument

Our instrument consists of two parts:

1. The first one is focus group interview with the key persons in the Ministry of Health to estimate the financial expenses of the referred patients abroad, and identify the main reasons to transfer patients abroad for treatment.
2. The second part is face to face structured questionnaires. The questionnaire was designed to cover areas of the study of interest to identify the expenses and level of satisfaction of

referred patient abroad by Palestinian Ministry of Health. It focuses to meet the study objectives. The questionnaire is constructed and introduced in the Arabic language, and it is mostly of close ended questions and it consists of six parts.

The First part deals with personal information. Second part is about the family history of diseases, and the third part is about patient's medical history of other diseases. The fourth part is the patient's preparation for treatment stage, the fifth part is the actual treatment abroad, and the final part is to return back home and to follow up care.

3.5- Study Setting and Period of study

The study carried out at the out patient departments in the governmental hospitals, primary health care centers, treatment abroad unit, and home visits. The study conducted between the periods of December 13th until May 30, 2007.

3.6- Ethical considerations and procedures

An official letter obtained from the Minister of Health. Each candidate read an information letter about the study purpose and objectives added to each questionnaire. The names are not shown (anonymous) and confidential.

3.7- Pilot study

The pilot sample of 13 referred patients abroad is conducted to examine clarity, ambiguity, length and suitability of the questions before starting data collection to find the weak areas in the questionnaire component. After the pilot study some questions were modified and tally the pilot subjects were excluded from the study sample.

3.8- Data entry and Analysis

The researcher entered the data after a continuous help and support from expert's statisticians using the SPSS (Statistical Package of Social Sciences). The data of 102 questionnaires were entered for analysis. The researcher analyzed the data with the help and support of many experts and statisticians; they recommended the usage of Chi-Square test, Kruskal, and Mann-Whitney Test.

3.9. Validity of the instrument

The validity of the instrument means that the instrument measures what is supposed to be measured and meets what it's designed for.

3.10. Face and content validity

Face and content were conducted to many experts to make judgments of the questionnaires and according to their advices and modification to add to the clarity and

simplicity of understanding. About 13 questionnaires were sent to different experts and researchers and according to their valuable notes and comments, some questions were modified and some were totally removed.

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. Validity has a number of different aspects and assessment approaches. Statistical validity is used to evaluate instrument validity, which include criterion-related validity and construct validity.

To insure the validity of the questionnaire (Criterion-related validity and structure validity) Spearman test was used which measures the correlation coefficient between each paragraph in one field and the whole field.

Table (4) Correlation coefficient of each item of Field (A, preparation and home country hospitals) and the total of this field.

No.	Item	Correlation	Sig.(P-value)
1	Are you satisfy by the local hospital	0.613	0.000 (**)
2	Are satisfy by Drs during Dx in country	0.513	0.000 (**)
3	Are satisfy by Nurses during Dx in country	0.433	0.000 (**)
4	In general are you satisfy by the treatment abroad unit	0.652	0.000 (**)
5	Waiting period for the referral to be ready was suitable	0.764	0.000 (**)
6	The information from treatment abroad was enough	0.693	0.000 (**)
7	I am satisfy of logistics by MOH	0.808	0.000 (**)

*(**) Correlation is significant at the 0.01 level*

Table (4) clarifies the correlation coefficient for each item of the A field and the total of the field, all the coefficient are positive and refer to significance at 0.01, which means a content reliability for what is being measured.

Table (5) Correlation coefficient of each item of Field (B, during treatment abroad at host country hospitals and the total of this field.

No.	Item	Correlation	Sig.(P-value)	
1	I arrived to the host hospital without difficulties	0.447	0.000	(**)
2	In general I am satisfy on the host country services	0.560	0.000	(**)
3	I will advice Drs. and nurses to refer patients there	0.506	0.000	(**)
4	I will advice Drs. and Nurses not to refer patients there	-0.339	0.000	(**)
5	I am satisfy on the admin staff performance	0.572	0.000	(**)
6	I am satisfy on Medical and Nursing care	0.590	0.000	(**)
7	I am satisfy on the experience level on host country	0.492	0.000	(**)
8	Medical team respected me	0.328	0.000	(**)
9	The communication language understandable	0.138	0.083	
10	Staff were responsive on call	0.519	0.000	(**)
11	Medical team always ready to listen	0.514	0.000	(**)
12	Services for patient company included	0.245	0.007	(**)
13	Medical center location was accessible and easy	0.577	0.000	(**)
14	Housing and travel didn't cost lot of money	0.510	0.000	(**)
15	Referral covers travel and company expense	0.359	0.000	(**)

(**) Correlation is significant at the 0.01 level

Table (5) clarifies the correlation coefficient for each item of the **B** field and the total of the field. Since sig. (P-value) is smaller than 0.01 for each paragraph, this means a content reliability for what is being measured.

Although item #9 is positive, but its significance is more than 0.05, which means this item has no content reliability.

Table (6) Correlation coefficient of each item of Field (C, return back trip and the follow up treatment) and the total of this field.

No.	Item	Correlation	Sig.(P-value)	
1	Return back trip was very comfortable	0.531	0.000	(**)
2	Transportation was suitable for my disease	0.595	0.000	(**)
3	They gave me enough information and instructions for follow up	0.508	0.000	(**)
4	I am satisfy on follow up and treatment in country	0.539	0.000	(**)
5	I prefer treatment in country rather than abroad	0.297	0.001	(**)
6	I got enough and useful information from the medical team in country	0.645	0.000	(**)
7	There were coordination between medical teams in and out country	0.598	0.000	(**)
8	I got teaching on medication and how to get them	0.311	0.001	(**)

(**) Correlation is significant at the 0.01 level

Table (6) clarifies the correlation coefficient for each item of the C field and the total of the field, all the coefficients are positive and refer to significance at 0.01, which means a content reliability for what is being measured.

The researcher assessed the fields' structure validity by calculating the correlation coefficient of each field of the questionnaire and the whole of questionnaire.

Table (7) Correlation coefficients of each field of the questionnaire and the whole of questionnaire.

Field	Correlation	P-value	
A (Before travel, in country stage)	0.743	0.000	(**)
B (During treatment abroad, at host country)	0.685	0.000	(**)
C (Return back and follow up stage)	0.790	0.000	(**)

(**) Correlation is significant at the 0.01 level

The correlation coefficients refer to significance at 0.01 level, which means a structure validity for what is being measured as shown in table (7).

3.11- Reliability of the Questionnaire

To minimize the variations in interpretation of the study instrument, the researcher conducts a trainer session for the nurses who participated in data collection process. Pilot study also revealed the sub common mistakes that could be avoided. All the collected questionnaires were reviewed daily by researcher to ensure that both collectors following the same method in data collection.

3.12- Reliability of the Research

The reliability of an instrument is the degree of consistency which measures the attribute; it's supposed to be measuring. The less variation an instrument produces in repeated measurements of an attribute, the higher its reliability. Reliability can be

equated with the stability, consistency, or dependability of a measuring tool. Cronbach's Coefficient Alpha is used as a test of reliability.

3.13 - Cronbach's Coefficient Alpha

This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of Cronbach's coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency.

Table (8) Cronbach's Alpha for each field of the questionnaire and the entire questionnaire

Field	Cronbach's Alpha
A, (Preparation Before departure)	0.769
B (Abroad, during treatment at host country)	0.372
C (Return back trip and follow up treatment)	0.388
ALL	0.682

Table (8) shows high value, which means reasonable reliability of the each field of the questionnaire and good reliability for the entire questionnaire.

3.14 - Data Measurement

In order to be able to select the appropriate method of analysis, the level of measurement must be understood. For each type of measurement, there is/are an appropriate method/s that can be

applied and not others. In this research, numerical and ordinal scales were used. Ordinal scale is a ranking or a rating data that normally uses integers in ascending or descending order. The numbers assigned to the agreement or degree of influence (0,1,2) do not indicate that the interval between scales are equal, nor do they indicate absolute quantities. They are merely numerical labels. Based on Likert scale we have the following:

Item	Agree	Hesitate	Disagree
Scale	2	1	0

3.15 - Statistical Analysis Tools

Data analysis both qualitative and quantitative data analysis methods was used. The Data analysis will be made utilizing (SPSS 15). The researcher would utilize the following statistical tools:

- 1) Cronbach's Alpha for Reliability Statistics
- 2) Spearman Rank Correlation for Validity
- 3) Frequency and Descriptive analysis
- 4) Nonparametric Tests (Sign, Mann-Whitenty, Kruskal-Wallis, and Chi-Square.

3.16- Limitation of the study

- Non-probability convenient sample was used.
- The study conducted only for Gaza strip patients.

Under reporting cases were referred by the president's office and the Ministry of Finance.

Chapter IV

*Sample Analysis of the Expenses
and Level of Satisfaction of Referred
Patients Abroad*

Chapter IV

This chapter presents the results of analysis of the study variables for 102 participants who were received treatment abroad. The patients were selected from the different governorates of the Gaza Strip. The results provided information and clarified certain points on causes of reference, place of treatment, cost, and degree of satisfaction. Firstly, the researcher describes the study population characteristics, the second is the quality of care in different places of referrals by measuring patient's satisfaction, and the third is to estimate the financial cost of the treatment abroad and the degree of coverage by ministry of health.

4.1- Population characteristics:

A total of 102 participants with a mean age of 39.54 years, standard deviation (SD) = 16.83 years (minimum=1; maximum=70) were included in the study.

More than one third of referred cases (37.2%) were more that 50 years old and more than a half of the study population (55.9) was between the age of 15 and 49 years.

Males represent 61.8% of the study population while females 38.2%. Unmarried participants constitute 25.5%, widow was 2.9%, divorced was 1%, whilst the married participants represent 70.6% of study population.

About 4.1% of participants were illiterate, 21.4% of them had primary or preparatory education, 29.6% of them had got secondary school, and only 34.7% were university graduated.

Regarding occupational status, less than half of study population was unemployed (46.9%), about 22.4% of the study population was employee of office business, technical profession represents 13.3%, and unskilled laborers were 17.3% (table 9).

Table (9) Patients Characteristics

	City		Camp		Village		Total	
Age	No	%	No	%	No	%	No	%
<1	1	1.9	0	0	0	0	1	1
1-14	3	5.7	2	5	1	11.1	6	5.9
15-49	31	58.5	22	55	4	44.4	57	55.9
50-59	15	28.3	12	30	2	22.2	29	28.4
>60	3	5.7	4	10	2	22.2	9	8.8
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Education	No	%	No	%	No	%	No*	%
Illiterate	1	2	3	7.7	0	0	4	4.1
Pri & prep	10	20	8	20.5	3	33.3	21	21.4
Secondary	15	30	12	30.8	2	22.2	29	29.6
Vocational	6	12	2	5.1	2	22.2	10	10.2
University	18	36	14	35.5	2	22.2	34	34.7
Total	50	100	39	100	9	100	98	100
P-value > 0.05								
Work	No	%	No	%	No	%	No*	%
Office	12	24	8	20.5	2	22.2	22	22.4
Technical	8	16	3	7.7	2	22.2	13	13.3
Unskillful	8	16	8	20.5	1	11.1	17	17.3
Unemployed	22	44	20	51.3	4	44.4	46	46.9
Total	50	100	39	100	9	100	98	100
P-value > 0.05								

**The total doesn't account to 102 as 4 of them were less than 10 years*

4.2- Patient Medical History

The underlying table (10) reveals that 27.5% of participants gave history of cardiovascular diseases, those mostly affected in the village (33.3%). Regarding history of Diabetes also 27.5% of referred patients said that they have Diabetes. Kidney disorders were found in 5.9% the study population. The History of Gastrointestinal and Liver diseases were present in 4.9% of cases.

Table (10) Patient Medical History

	City		Camp		Village		Total	
CVD	No	%	No	%	No	%	No	%
Yes	12	22.6	13	32.5	3	33.3	28	27.5
No	41	77.4	27	67.5	6	66.7	74	72.5
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Lung dis.	No	%	No	%	No	%	No*	%
Yes	6	11.3	6	15	0	0	12	11.8
No	47	88.7	34	85	9	100	90	88.2
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
GI/ liver	No	%	No	%	No	%	No	%
Yes	3	5.7	1	2.5	1	11.1	5	4.9
No	50	94.3	39	97.5	8	88.9	97	95.1
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Kidney dis	No	%	No	%	No	%	No	%
Yes	4	7.5	2	5	0	0	6	5.9
No	49	92.5	38	95	9	100	96	94.1
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Diabetes	No	%	No	%	No	%	No*	%
Yes	14	26.4	11	27.5	3	33.3	28	27.5
No	39	73.6	29	72.5	6	66.7	74	72.5
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

4.3 - Causes of Patient Referral

The study revealed different ways of patient referral, 67.6% of patient got approval referral letter from the treating doctors, 13% referred indirectly by director general of health, 13% approved by minister of health, while 7% were referred by other means.

The underlying table (11) shows that more than quarter of patients (27.5%) were referred because of Cardio Vascular disorder, most of the referred Cardio Vascular cases needed cardiac surgery and catheterization.

Table (11) Causes of Patient Referral

Diseases	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
CVD	15	28.3	10	25	3	33.3	28	27.5
Musculoskeletal	9	17	8	20	3	33.3	20	19.6
Neoplastic & bl	14	26.4	14	35	1	11.1	29	28.4
Gunshot injury	5	9.4	4	10	1	11.1	10	9.8
Eye diseases	4	7.5	1	2.5	0	0	5	4.9
Kidney diseases	3	5.7	1	2.5	0	0	4	3.9
Liver & GIT	2	3.8	0	0	1	11.1	3	2.9
Sinusitis	0	0	2	5	0	0	2	2
Burn	1	1.9	0	0	0	0	1	1
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

Regarding causes of referral, more than a quarter of the referred cases (28.4%) were diagnosed as cancer, and blood diseases, and the other quarter (27.5%) referred as cardiovascular diseases. Musculoskeletal disorders constituted less than one fifth of the referred cases (19.6%). Gun shot injuries represent 9.8% of referred cases. The other referred

patients diagnosed with other diseases such as kidney, liver, gastrointestinal diseases, sinusitis, and burn constituted only 14.7%.

4.4 - Measurement of Patient Satisfaction

The researcher tried to measure the patient satisfaction at home hospitals, at abroad hospitals, and during treatment back trip.

1. Patient Satisfaction at Home Country Hospitals by Area of Residence

The underlying table (12) showed that 61.8% of referred patient were satisfied with the services provided by the home hospitals through which they were referred. Participants who are living in the villages were more satisfied with these services (88.9%).

Slightly more than half of the study population (52.9%) reflect their satisfaction and said the treated doctors were highly cooperative during the treatment and referral process. This is more prominent in patients who lived in village (88.9%).

Regarding services provided by nurses, (62.7%) of participants reported that they were satisfied; all participants living in the village said that the nurses were highly cooperative.

Satisfaction level on document processing by the treatment abroad unit was suitable for more than half of the participants (52%). The patients who were living in the cities were more satisfied with document processing by the treatment abroad unit.

The researcher discovered that 40.2% of referred patients have received an orientation on terms and conditions of the referral policy to the host hospital out side the country.

Table (12) Patient Satisfaction at Home Country Hospitals

Hospital	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
Agree	30	56.6	25	62.5	8	88.9	63	61.8
Hesitate	10	18.9	10	25	1	11.1	21	20.6
Disagree	13	24.5	5	12.5	0	0	18	17.7
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Doctors	No	%	No	%	No	%	No	%
Agree	27	50.9	19	47.5	8	88.9	54	52.9
Hesitate	10	18.9	12	30	1	11.1	23	22.5
Disagree	16	30.2	9	22.5	0	0	25	24.5
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Nurses	No	%	No	%	No	%	No	%
Agree	28	52.8	27	67.5	9	100	64	62.7
Hesitate	18	34	11	27.5	0	0	29	28.4
Disagree	7	13.2	2	5	0	0	9	8.8
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Orientation	No	%	No	%	No	%	No	%
Agree	22	41.5	15	37.5	4	44.4	41	40.2
Hesitate	9	17	8	20	2	22.2	19	18.6
Disagree	22	41.5	17	42.5	3	33.3	42	41.2
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Abroad unit	No	%	No	%	No	%	No	%
Agree	33	62.3	15	37.5	5	55.6	53	52
Hesitate	8	15.1	17	42.5	2	22.2	27	26.5
Disagree	12	22.6	8	20	2	22.2	22	21.6
Total	53	100	40	100	9	100	102	100
P = 0.05								

2. Satisfaction of Local Hospital by Gender

The underlying table (13) showed the relationship between patient gender and satisfaction of the local hospitals. It clarified 61.8% of referred patient were satisfied with the services provided by the home hospitals through which they were referred. Male participants were more satisfied with these services (65.1%) whereas 56.4% of females were satisfied.

More than half of the study population (52.9%) reflect their satisfaction and said the treated doctors were highly cooperative during the treatment and referral process. This is more prominent in male patients (54%).

Regarding services provided by nurses, (68.3%) of male participants reported that they were satisfied and 53.8% of females were satisfied.

Satisfaction level on document processing by the treatment abroad unit was suitable for more than half of the participants (52%). The male were more satisfied with document processing by the treatment abroad unit 55.6%.

The researcher discovered that 40.2% of referred patients have received an orientation on terms and conditions of the referral policy to the host hospital out side the country. The male participants are also more satisfied (41.3%).

Table (13) Satisfaction and Gender at Home Country Hospitals

Hospital	Male		Female		Total	
	No	%	No	%	No	%
Agree	41	65.1	22	56.4	63	61.8
Hesitate	12	19	9	23.1	21	20.6
Disagree	10	15.9	8	20.5	18	17.6
Total	63	100	39	100	102	100
P-value > 0.05						
Doctors	No	%	No	%	No	%
Agree	34	54	20	51.3	54	52.9
Hesitate	13	20.6	10	25.6	23	22.5
Disagree	16	25.4	9	23.1	25	24.5
Total	63	100	39	100	102	100
P-value > 0.05						
Nurses	No	%	No	%	No	%
Agree	43	68.3	21	53.8	64	62.7
Hesitate	14	22.2	15	38.5	29	28.4
Disagree	6	9.5	3	7.7	9	8.8
Total	63	100	39	100	102	100
P-value > 0.05						
Orientation	No	%	No	%	No	%
Agree	26	41.3	15	38.5	41	40.2
Hesitate	15	23.8	4	10.3	19	18.6
Disagree	22	34.9	20	51.3	42	41.2
Total	63	100	39	100	102	100
P-value > 0.05						
Abroad unit	No	%	No	%	No	%
Agree	35	55.6	18	46.2	53	52
Hesitate	16	25.4	11	28.2	27	26.5
Disagree	12	19	10	25.6	22	21.6
Total	63	100	39	100	102	100
P-value > 0.05						

3. Patient Satisfaction at Host Country Hospitals by Area of Residence

The underlying table (14) revealed patient satisfaction at host country hospitals, Egypt, Jordan, and Israel. More than two third of referred patients (69.6%) generally were satisfied with the services provide by the host hospital countries; among those 88.9% of patients who were referred to Jordan were satisfied for the services there. Level of satisfaction on patients who were referred to Israel was 76.9%, while Egypt was 60.3%. Slightly less than two third (63.7%) of the referred patients said, “We will advise the home country medical team to refer the patients for treatment abroad”. About 83.3% of patients who were treated in Jordan said that they will advice the medical team to refer the patients there, 76.9% of patients referred to Israel will advice the medical team to refer patients to Israel, whilst 51.7% of patients treated in Egypt said they will advice the medical team to refer the patients to Egypt. The differences between three host countries were statistically significant.

Table (14) Patient Satisfaction at Host Country Hospitals

Country services	Egypt		Jordan		Israel		Total	
	No	%	No	%	No	%	No	%
Agree	40.4	60.3	16	88.8	20	76.9	71	69.6
Hesitate	12	20.7	1	5.6	2	7.7	15	14.7
Disagree	11	19	1	5.6	4	15.4	16	15.7
Total	58	100	18	100	26	100	102	100
P-value > 0.05								
Advice ref.	No	%	No	%	No	%	No	%
Agree	30	51.8	15	83.3	20	77	65	63.7
Hesitate	14	24.1	3	16.7	3	11.5	20	19.6
Disagree	14	24.1	0	0	3	11.5	17	16.7
Total	58	100	18	100	26	100	102	100
P-value < 0.05								

4. Patient Satisfaction on Host Hospital Services by Gender

The underlying table (15) revealed the relationship between patient gender and satisfaction at host country hospitals. More than two third of referred patients (69.6%) generally were satisfied with the services provide by the host hospital countries; among those 71.8% of female patients were satisfied for the services there, and 68.3% of males were satisfied.

Slightly less than two third (63.7%) of the referred patients said, “We will advise the home country medical team to refer the patients for treatment abroad”. About 66.7% of male patients were satisfied and said that they will advice the medical team to refer the patients there.

Table (15) Patient Satisfaction at Host Country Hospitals

Country services	Male		Female		Total	
	No	%	No	%	No	%
Agree	43	68.3	28	71.8	71	69.6
Hesitate	8	12.7	7	17.9	15	14.7
Disagree	12	19	4	10.3	16	15.7
Total	63	100	39	100	102	100
P-value > 0.05						
Advice ref.	No	%	No	%	No	%
Agree	42	66.6	23	59	65	63.7
Hesitate	11	17.5	9	23.1	20	19.6
Disagree	10	15.9	7	17.9	17	16.7
Total	63	100	39	100	102	100

The underlying table (16) showed that the quality of medical management and nursing care were tested by the referred patients, 74.9% of them said they were satisfied with the services which were more prominent in Jordan (88.9%), Israel was 80.8%, and Egypt was 67.2%.

The medical team respect of the referred patients showed that 92.2% of patients reported that they have been respected by their medical teams in the host countries hospitals.

About 81.4% of study population agreed that the medical team at the host countries have good level of work experience

Table (16) Patient Satisfaction about Medical Team

Med. Manag	Egypt		Jordan		Israel		Total	
	No	%	No	%	No	%	No	%
Agree	39	67.2	16	88.9	21	80.8	76	74.5
Hesitate	13	22.4	2	11.1	3	11.5	18	17.6
Disagree	6	10.3	0	0	2	7.7	8	7.8
Total	58	100	18	100	26	100	102	100
P-value > 0.05								
Team respec	No	%	No	%	No	%	No	%
Agree	53	91.4	17	94.4	24	92.3	94	92.2
Hesitate	2	3.4	1	5.6	1	3.8	4	3.9
Disagree	3	5.2	0	0	1	3.8	4	3.9
Total	58	100	18	100	26	100	102	100
P-value > 0.05								
Dr.experienc	No	%	No	%	No	%	No	%
Agree	43	74.1	16	88.9	24	92.3	83	81.4
Hesitate	10	17.2	2	11.1	1	3.8	13	12.7
Disagree	5	8.6	0	0	1	3.8	6	5.9
Total	58	100	18	100	26	100	102	100
P-value > 0.05								

5. Satisfaction on Medical Team by Gender

The underlying table (17) showed that the quality of medical management and nursing care were tested by the referred patients, 74.5% of them said they were satisfied with the services which were more prominent among males (76.2%). The medical team respect of the referred patients showed that 92.2% of patients reported that they have been respected by their medical teams in the host countries hospitals. Approximately, both males and females are agreed equally, for the former 92.1% and for the latter 92.3%. About 81.4% of study population agreed that the medical team at the host countries have good level of work experience, 84.1% for males.

Table (17) Patient Satisfaction about Medical Team by Gender

Med. Manag	Male		Female		Total	
	No	%	No	%	No	%
Agree	48	76.2	28	71.8	76	74.5
Hesitate	10	15.9	8	20.5	18	17.6
Disagree	5	7.9	3	7.7	8	7.8
Total	63	100	39	100	102	100
P-value > 0.05						
Team respec	No	%	No	%	No	%
Agree	58	92.1	63	92.3	94	92.2
Hesitate	1	1.6	3	7.7	4	3.9
Disagree	4	6.3	0	0	4	3.9
Total	63	100	39	100	102	100
P-value > 0.05						
Dr. experien	No	%	No	%	No	%
Agree	53	84.1	30	76.9	83	81.4
Hesitate	7	11.1	6	15.4	13	12.7
Disagree	3	4.8	3	7.7	6	5.9
Total	63	100	39	100	102	100
P-value > 0.05						

6. Patient Satisfaction on Return Back Trip

Looking at the underlying table number (18) determined that the patients satisfaction on their return back trip. During patients coming back home 36.3% said the trip was comfortable. About 61.5 of Patients who were treated in Israel said the trip was comfortable, 27.6% of patients returned from Egypt agreed, and 27.8% of who returned from Jordan were agree.

The differences between the three host countries are statistically significant.

More than half of patients (53.3%) said the transportation was easy and comfortable and also this is more prominent from those who treated in Israel were 69.2% of them agreed, while 19% of patients who treated in Egypt said the transportation was easy and comfortable. The differences between the three countries were highly significant.

Regarding patients wait on the border or checkpoints for permission to cross, 8.8% of patients waited less than one week, however 3.4% of patients treated in Egypt waited less than one week. About 46.1% waited for one week, 15.7 waited for two weeks, and 29.4 waited more than three weeks. Patients who return back via Egypt were 39.7% of those who waited three weeks and more, while 11.5% of patients treated in Israel waited three weeks.

The differences statistically are highly significant.

Table (18) Patient Satisfaction on Return Back Trip

Comfort return trip	Egypt		Jordan		Israel		Total	
	No	%	No	%	No	%	No	%
Agree	16	27.6	5	27.8	16	61.5	37	36.3
Hesitate	14	24.1	9	50	5	19.2	28	27.5
Disagree	28	48.3	4	22.2	5	19.2	37	36.3
Total	58	100	18	100	26	100	102	100
P-value = 0.003								
transportation	No	%	No	%	No	%	No	%
Agree	11	19	5	27.8	18	69.2	34	53.3
Hesitate	11	19	4	22.2	4	15.4	19	18.6
Disagree	36	62.1	9	50	4	15.4	49	48
Total	58	100	18	100	26	100	102	100
P-value < 0.001								
Wait, border	No	%	No	%	No	%	No	%
< one week	2	3.4	1	5.6	6	23.1	9	8.8
One week	21	36.2	9	50	17	65.4	47	46.1
Two weeks	12	20.7	4	22.2	0	0	16	15.7
> 3 weeks	23	39.7	4	22.2	3	11.5	30	29.4
Total	58	100	18	100	26	100	102	100
P-value < 0.001								

7. Patient Satisfaction on Return Back Trip and Gender

Looking at the underlying table number (19) determined that the patients satisfaction on their return back trip. During patients coming back home 36.3% said the trip was comfortable. About 38.5 of referred patients were females.

More than one third of patients (33.3%) said the transportation was easy and comfortable and also this is more prominent among females (35.9%).

Regarding patients wait on the border or checkpoints for permission to cross, 8.8% of patients waited less than one week, and more males (9.5%) waited more than females (7.7%).

About 46.1% waited for one week, more females (48.7%) waited than males (44.4%).

About 15.7% of patients waited for two weeks, both males and females nearly equal, for the former (15.9%) and the latter (15.4%). In addition, 29.4% of participants waited more than three weeks, more male patients waited (30.2%).

Table (19) Patient Satisfaction on Return Back Trip by Gender

Comfort return trip	Male		Female		Total	
	No	%	No	%	No	%
Agree	22	34.9	15	38.5	37	36.3
Hesitate	20	31.7	8	20.5	28	27.5
Disagree	21	33.3	16	41	37	36.3
Total	63	100	39	100	102	100
P-value > 0.05						
Transportation	No	%	No	%	No	%
Agree	20	31.7	14	35.9	34	33.3
Hesitate	11	17.5	8	20.5	19	18.6
Disagree	32	50.8	17	43.6	49	48
Total	63	100	39	100	102	100
P-value > 0.05						
Wait, border	No	%	No	%	No	%
One week	28	44.4	19	48.7	47	46.1
Two weeks	10	15.9	6	15.4	16	15.7
3 weeks & >	19	30.2	11	28.2	30	29.4
At time	6	9.5	3	7.7	9	8.8
Total	63	100	39	100	102	100

8. Satisfaction on Follow up and Coordination between Host and Home Medical Teams

The underlying table (20) clarifies the patient's satisfaction on follow up medical treatment, and the coordination between the national and host country medical teams.

The study shows 64.7% were satisfied on follow up medical treatment at home country, the majority of these cases 80.8% were treated in Israel.

The level of satisfaction on communication and coordination between the medical teams at home and host countries was 27.5%, Israel was 38.5%, and Jordan 22.2%, while Egypt 24.1. The differences were statistically significant.

Table (20) Patient Satisfaction on Follow up and Coordination between host and home medical teams.

Follow up	Egypt		Jordan		Israel		Total	
	No	%	No	%	No	%	No	%
Agree	33	56.9	12	66.7	21	80.8	66	64.7
Hesitate	13	22.4	4	22.2	2	7.7	19	18.6
Disagree	12	20.7	2	11.1	3	11.5	17	16.7
Total	58	100	18	100	26	100	102	100
P-value > 0.05								
Coordination	No	%	No	%	No	%	No	%
Agree	14	24.1	4	22.2	10	38.5	28	27.5
Hesitate	7	12.1	1	5.6	5	19.2	13	12.7
Disagree	37	63.8	13	72.2	11	42.3	61	59.8
Total	58	100	18	100	26	100	102	100
P-value = 0.05								

9. Satisfaction on Follow up and Coordination between host and home medical teams by Gender

The underlying table (21) clarifies the patient's satisfaction on follow up medical treatment, and the coordination between the national and host country medical teams.

The study showed 64.7% were satisfied on follow up medical treatment at home country, more males were more satisfied (66.7%).

The level of satisfaction on communication and coordination between the medical teams at home and host countries was 27.5%, males were more satisfied (28.6%).

Table (21) Patient Satisfaction on Follow up and coordination host and home medical teams

Follow up	Male		Female		Total	
	No	%	No	%	No	%
Agree	42	66.7	24	61.5	66	64.7
Hesitate	11	17.5	8	20.5	19	18.6
Disagree	10	15.9	7	17.9	17	16.7
Total	63	100	39	100	102	100
P-value > 0.05						
Coordination	No	%	No	%	No	%
Agree	18	28.6	10	25.6	28	27.5
Hesitate	7	11.1	6	15.4	13	12.7
Disagree	38	60.3	23	59	61	59.8
Total	63	100	39	100	102	100
P-value > 0.05						

The underlying table number (22) shows whether the patients preferred to be treated abroad or in home country.

About 43.1% of the study population preferred to be treated abroad rather than treated at home country, while 38.2% were disagree to be treated abroad.

Table (22) Patient Preference to be Treated in Country.

Prefer abroad	No	%	No	%	No	%	No	%
Agree	27	46.6	6	33.3	11	42.3	44	43.1
Hesitate	11	19	3	16.7	5	19.2	19	18.6
Disagree	20	34.5	9	50	10	38.5	39	38.2
Total	58	100	18	100	26	100	102	100
P-value > 0.05								

The underlying table number (23) shows whether the patients preferred to be treated abroad or in home country.

About 43.1% of the study population preferred to be treated abroad rather than treated at home country; while 38.2% were disagree to be treated abroad. More males were preferred to be treated abroad (49.2%).

Table (23) Patient Preference of Treatment Abroad

Prefer abroad	Male		Female		Total	
	No	%	No	%	No	%
Agree	31	49.2	13	33.3	44	43.1
Hesitate	10	15.9	9	23.1	19	18.6
Disagree	22	34.9	17	43.6	39	38.2
Total	63	100	39	100	102	100
P-value > 0.05						

4.5 - Finance and Treatment Abroad

The current study estimated the financial coverage of the patients' treatment by the ministry of health, personal expenses, travel expenses, and the financial aid by different governmental and non-governmental organization.

The study revealed that the participant's monthly income meet their expenses in 48% of the study population while 52% didn't (table 24).

Table (24) Monthly Income

Income	No	%	No	%	No	%	No	%
Sufficient	25	47.2	21	52.5	3	33.3	49	48
Insufficient	28	52.8	19	47.5	6	66.7	53	52
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

4.5.1 - Health Insurance:

Having approval letters for treatment abroad, all the study population has health insurance. The underlying table (25) determines that The study revealed that all of the referred patients had health insurance, 44.1% had obligatory insurance, 26.5% of them had optional insurance, 17.6% had labor union health insurance, and 11.8% had police health insurance.

Table (25) Health Insurance

Type	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
Optional	12	22.6	11	27.5	4	44.4	27	26.5
Obligatory	26	49.1	16	40	3	33.3	45	44.1
Military Medical Services	7	15.2	4	10	1	11.1	12	11.8
Labor union	8	15.1	9	22.5	1	11.1	18	17.6
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

4.5.2 - Sources of Financial Aid for Patients

Some patients received financial aid to cover part of their treatment and logistics such as transportation and housing during treatment in the host country which is not covered by the ministry of health.

Looking at table (26) revealed that only 42.2% of the study population received financial aid, this is in addition to what they have received from the Ministry of Health. The president's office was the main provider that gave 15.7%, and Charity organization gave 13.7%, and the security departments gave 12.7%. The patient living in the cities got 52.8%. The patients who came from villages were the least 22.2%.

Table (26) Sources of Financial Aid for Patients

Type	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
Charity org.	10	18.9	4	10	0	0	14	13.7
Security Dpt.	6	11.3	6	15	1	11.1	13	12.7
President office	12	22.6	3	7.5	1	11.1	16	15.7
Not received	25	47.2	27	67.5	7	77.8	59	57.8
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

4.5.3 - Referral letter Financial Coverage

Approximately two thirds of patients (60.8%) had referral letter with 100% coverage. Looking at the underlying table (27) revealed that 81.4% of the study population received more than 75% treatment coverage, and 60.8% received 100% full coverage, and only 2% received less than 25% coverage. The study shows there were 15.7% were satisfied with the coverage percentage. Those who lived in the cities were more satisfied.

Table (27) Referral letter Financial Coverage

Coverage (MOH)	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
0-25	0	0	2	5	0	0	2	2
26-50	3	5.7	2	5	0	0	5	4.9
51-75	7	13.2	5	12.5	0	0	12	11.8
76-100	43	81.1	31	77.5	9	100	83	81.4
Total	53	100	40	100	9	100	102	100
P-value > 0.05								
Patient resp.	No	%	No	%	No	%	No	%
Agree	11	20.8	4	10	1	11.1	16	15.7
Hesitate	10	18.9	5	12.5	0	0	15	14.7
Disagree	32	60.4	31	77.5	8	88.9	71	69.6
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

4.5.4 - Additional Patient Expenses during the Treatment

In addition to the Ministry of Health coverage and the financial aid from other organizations, the patient's families paid additional personal expenses, the least case paid NIS 1,000, and the highest was NIS 65,000, the mean was 4,465.69 with SD 66,20.752.

The underlying table number (28) shows 41.2 % paid less than NIS 2,500, 38.2% paid NIS 2,501-5,000, 7.8% paid NIS 5,001-7,500, and 12.8% paid NIS7,501 10,000 (table 28).

Table (28) Additional Patient Expenses during the Treatment

Coverage (MOH)	City		Camp		Village		Total	
	No	%	No	%	No	%	No	%
< 2,500	20	37.7	19	47.5	3	33.3	42	41.2
2,501-5,000	19	35.8	17	42.5	3	33.3	39	38.2
5,001-7500	5	9.4	1	2.5	2	22.2	8	7.8
7501-10,000	6	11.3	0	0	1	11.1	7	6.9
> 10,000	3	5.7	3	7.5	0	0	6	5.9
Total	53	100	40	100	9	100	102	100
P-value > 0.05								

To estimate the financial expenses of the referred patients by the MOH was done by using focus group interview with experts and key persons who worked in the treatment abroad unit. Collection and analysis of data was done and showed that in year of 1996 the number of referred cases for treatment abroad was 6,176 in comparison with 8,521 in year of 1998, 9,593 in year 1999, and 31,721 in year of 2005. In Palestine the total number of patients referred for hospitalization is increased from 8,123 in 2000 to 10,764 in year 2001 to 12,086 in year 2002, with an increasing percentage of 48.8% in comparison of 2002. In West bank it increase from 5390 patients in year 2000 to 6283 patient in 2001 to 6483 in 2002 with an increasing percentage of 20.3% in comparison with year 2000. In Gaza strip it increased from 2733 patients in year 2000 to 4481 patients in 2001 to 5603 in year 2002 with an increasing percentage of 105% in comparison with 2000. This increase may be explained by the current situation which is revealed in Palestine. In addition there is quit good hospital in were available for West Bankers to go to be treated in Jerusalem.

Concerning the cost expenses, in year 2001 treatment abroad took up 10.6% of the total MOH budget of approximately USD 80,000,000. For Year 2003 the treatment abroad represented 33.8% of the actual expenditure. This is an indication that treatment abroad continued to be an important expenditure category in the MOH budget. Comparing the number of referred cases in 2003 and 2004 it was found that the referred cases increased by 57.93% and the cost increased by 80.6% in one year only.

The number of referred cases by the treatment abroad unit in year 2000 was 8123 cases, and the cost was USD 6,200,000 (Six Million

and Two Hundred Thousand USD), and 31,721 cases were referred in the year of 2005, and their cost was 59,565,339 (Fifty Nine Million, and Five Hundred Sixty Five, and Three Hundred Thirty Nine USD) which represent increase the percentage of 412% since year of 2000.

The top 10 main medical procedures according to the number, the average cost and the treatment place:

- 1- Jordan Hospitals, the average cost per procedure is the highest for Oncological management, Ophthalmic Management and Radiotherapy.
- 2- Israel Hospitals, the average cost per procedure is the highest for the Cardiac Catheterization, Rehabilitation, Orthopedic management, and Neurosurgical management.
- 3- Egypt Hospitals, The average cost per procedure is the highest for Artisan Myopic Implantation and Intra Vaginal Fertilization (IVF).

Main Hypotheses:

1- Preparation stage before travel for treatment abroad.

Sub-hypothesis

1.1- There is an insignificant difference between the preparation stage before treatment due to age groups and the level of education at 0.05 level of significant.

The average of satisfaction during the prep stage before treatment was 1.2654 (63%) with standard deviation with .5257

Kruskal-Wallis test was used to testify the hypothesis:

Table (29)

Characteristic	Chi-square	Degree of Freedom	Sig(P-Value).
Age	.691	3	.875
Education	7.228	5	.204

To test this Sub-Hypothesis, the researcher used Kruskal-Wallis Test to measure the mean difference for treated cases in the pre treatment stage at 0.05 level of significant. Table (29) shows that Chi-Square values .691 and 7.228, with the degrees of freedom 3 and 5, while the sig (P-Value) equal .875 and .204 respectively which are more than 0.05 which means there is insufficient evidence to conclude that there is significant difference between the preparation stage before treatment due to age groups and the level of education .

1.2- There is an insignificant difference between the preparation stages before treatment due to gender at 0.05 level of significant.

Table (30)

Gender	Sample size	Minimum	Maximum	Mean	Standard Deviation (SD)
Male	63	.14	2.00	1.3345	.4782
Female	39	.14	2.00	1.770	.5815

Table (31), Mann-Whitney Test to testify the hypothesis:

Characteristic	Mann-Whitney	Sig(P-Value).
Gender	-1.352	.176

To test this Sub-Hypothesis, the researcher used **Mann-Whitney Test** to measure the mean difference for treated cases in the pre treatment stage at 0.05 level of significant. Table (31) shows that sig (P-Value) equal .176 which is more than 0.05 which means there is insufficient evidence to conclude that there is significant difference between the preparation stages before treatment due to gender.

2. Host country * How long did you wait the border or the permit

Cross-tabulation

Table (32), Chi-Square Test to testify the hypothesis:

Chi-Square	Df	Sig(P-Value).
15.076	4	.005

Table (32) presents the chi-square result. Since Sig. = 0.005 is smaller than the level of significance ($\alpha = 0.05$), then there is significant relationship between the wait on the border and permits and the country that the patient is going for treatment.

2. Host country * the wait period time was Cross- tabulation

Table (33), the researcher used Chi-Square Test to testify the hypothesis:

Chi-Square	Df	Sig(P-Value).
23.009	6	.001

Table (33) presents the chi-square result. Since Sig. = 0.001 is smaller than the level of significance ($\alpha = 0.05$), then there is significant relationship between the place of treatment and coordination and follow up treatment between Medical teams.

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3. Relationship between the place of treatment at host country and the preference of treatment in country.

Host country * I prefer treatment in country rather than abroad Cross-tabulation

Table (34), Chi-Square Test to testify the hypothesis:

Chi-Square	Df	Sig(P-Value).
1.530	4	.821

Table (34) presents the chi-square result. Since Sig. = 0.821 is greater than the level of significance ($\alpha = 0.05$), then there is insignificant relationship between the place of treatment at host country and the preference of treatment in country.

3. The relationship between the place of treatment at host country and the coordination between the medical teams and follow up treatment.

Host country * There were coordination between medical teams in and out country Cross-tabulation.

Table (35), Chi-Square Test to testify the hypothesis:

Chi-Square	Df	Sig(P-Value).
4.843	4	.304

Table (35) presents the chi-square result. Since Sig. = 0.304 is greater than the level of significance ($\alpha = 0.05$), then there is insignificant relationship between the place of treatment at host country and the coordination between the medical teams and follow up treatment.

Chapter V

Discussion

Chapter V

5.1 - Discussion of Expenses and Level of Satisfaction of Referred Patients Abroad.

Ministry of Health in Palestine is the main health provider in West Bank and Gaza. Patients care is a service/product introduced by the Ministry of Health to their customers (patients). Customer services and customer (patient) satisfaction should be given more attention in order to improve the quality of such services/products. Palestinian Authority is a recipient entity in terms of funding, and most of its resources coming from donations. It is not logic to stay dependent on the foreign. When the funding is available and the border is open we can send our patients to be treated abroad, and when there is a closure and travel restrictions we can't treat our patient abroad!

Most research in Palestine were interested to measure program impact of changes in health or prevalence of disease, but fewer research studies measure patient satisfaction or identify referral expenses on treatment abroad. This is due to the fact that the Palestinian health system has a unique character (MOH, Military services, and UNRWA), and the level of satisfaction and trust between the Palestinian people and their health authorities is unsatisfactory and complicated .

To the best of the researcher knowledge, this is the first study to identify expenses, and the level of satisfaction of referred patients abroad.

It is worth reminding the reader that the presented information is based on 102 cases.

Interview questionnaire were the key instrument in the study on identification expenses, and the level of patient satisfaction that were transferred for treatment abroad by the Palestinian MOH. The response rate was high and all interviewed patients gave consent to be interviewed.

This chapter presents discussion of the study population characteristics, patient medical history, cases of patient referral, measurement of patient (customer) satisfaction, and finance of treatment abroad.

5.1.1 - Study Population Characteristics

The interviewed study population covered all age groups, the youngest was one year old, and the oldest was 70 years. More than one third of referred cases (36.8%) were above 50 years. Although the general population this age group consist of 8.4%. It is known that this age group is more susceptible to get the chronic diseases as (Heart Diseases, Diabetic) and degenerative diseases, and need close medical observation.

There is no big difference between the referred patients above 50 years by the Ministry of Health and the current study, in the former it was 33.9% and in the later 36.8% (MOH, 2006).

The male constituted 50.66% of the Palestinian society and male represented 58.7% of the referred cases in year 2005 (MOH, 2006).

Referred males in the current study (61.8%) nearly coincide with referred males by Ministry of Health. The referred males more than the females because they likely to be subjective to stress induced disease, in addition they are more subjected to trauma and emergency incidents.

Due to financial constrains and the current unstable situation, the unemployment rate in the Gaza Strip was 35.4% (MOH 2005). While in the current study population the unemployment rate is 45.1%.

The unemployment rate in the current study was underestimated because there were number of young and old ages that are not working. The illiteracy rate among study population was 4.1% while the adult (15 years and above) illiteracy rate in Palestine is 9%. The 9% is includes West Bank and Gaza, however the illiteracy rate in Gaza is less than the West Bank, and the study population includes young ages less than 15 years old.

5.1.2 - Patient Medical History

The interviewed referred patients were asked about their medical history that includes, CVD, Lung diseases, Gastrointestinal and liver diseases, Kidney diseases, and Diabetics.

About 27.5% of referred patients gave history of CVD (ischemic Heart Diseases, Rheumatic Heart Diseases, Hypertensive Diseases, and others). This figure is apparently higher than the general population because all the study population is patients looking for medical treatment.

The prevalence rate of Diabetics in Palestine is 9% and in Egypt is the same percentage (MOH 2005). However the prevalence rate of Diabetic history in the current study is 27.5%.

5.1.3 - Causes of Patient Referral

Most of the referred patients needed tertiary care could not find it locally in Gaza, patients with Neoplastic diseases occupied the top of the list (28.4%) of referred cases. While the percentage of Cancer cases who were referred in 2005 was 16%. In 2004 the referred cancer cases were 13%. This shows the number of Cancer cases is increasing since 2004, and the population sample is small comparing to the number of patients who were referred by the Ministry.

The second cause of referrals was Cardio Vascular Diseases (Cardiac Catheterization, Cardiac surgery and others). The patients who were referred for Cardiac Catheterization was 14% of the total referred cases by the MOH, however 27.5% of referred patients of the current study were CVD. It is worth here to mention that the Ministry statistics covers the Catheterization cases only while the current study covered all kind of CVD including the surgery.

The third cause of referrals was Orthopedics, 19.6%. In year 2005 MOH referred 9%, while in the current study the percentage of referred cases was 19.6%, this is due to increase incidents in Gaza and the sample of study population was small.

5.2 - Patient Satisfaction

5.2.1 - Patient satisfaction at home country, Hospitals, Doctors, Nurses, Orientation, and Treatment Abroad Unit

Patients who are living in villages showed high level of satisfaction in comparison with the patients who are living in city and camp. This reflects the type of villagers who are very simple and appreciate the simple services and courtesy offered by any level of the staff in the MOH.

5.2.2 - Patients satisfaction at Host country Hospitals including services and advice.

Patients showed high level of satisfaction in Jordan hospital (88.9%), in comparison with Israel (76.9%), and Egypt (60.3%). This might interpret the closer relationship in terms of demography, environmental, and social habits between Palestine and Jordan that made the patients feel more comfortable and fell like home. In the other hand the quality of Nursing care in Jordan which include physical, mental, social, and environmental better than the quality in Egypt.

5.2.3 - Patients satisfaction on Medical Team, including Medical Management, Team Respect, and Doctors Experience.

Patients show high level of satisfaction concerning Medical Management, and Team Respect in Jordan in comparison with Israel and Egypt except Doctors experience show high level of satisfaction among patients who treated in Israel In comparison with Jordan and Egypt. Concerning Medical Management and Team respect because of the same culture, habits, language which make good and easy communication. But it showed high level of satisfaction concerning doctor experiences in comparison with Jordan and Egypt hospital because of less complication and good prognoses.

5.2.4 - Patient satisfaction on return back trip, including comfort return trip, transportation, and wait on the border.

Patients showed high level of satisfaction on return back trip from Israel in comparison with Jordan and Egypt. This is logical because of the near distant between Gaza and Israeli hospitals, and Erez crossing point is less traffic and permit issues can be processed in different way.

5.2.5 - Patient satisfaction on follow up and coordination between Host and Medical Teams.

Patient showed high level of satisfaction in Israel more than Egypt and Jordan. Travel restrictions, and continuous closures on Gaza strip made the movement between Gaza and the Egyptian border very complicated. In the other hand Israel is closed too, however communication over telephones and faxes is much easier with the

Doctors in Israel which make it easy for follow up when the local doctors need an assistant.

5.2.6 - Finance, and expenditures on treatment abroad

Despite of lack of funding and natural resources at the PA, it is known that most of the funding for the MOH is coming from the donor countries. This source of funding is not guaranteed and it has its own conditions and commitments in terms of political commitments (Political Fund). It is worth here to mention that the referred cases were increase 390.5% between years 2000 – 2005, however the increase of treatment abroad cost was 960.6% in the same period.

I was very surprised to discover that the MOH has no alternative policy to alleviate the suffering on the patients who are in need for treatment, to reduce the expenditure on treatment abroad unit which represent almost 50% of the Ministry total budget.

Chapter VI

*Conclusions
And Recommendations*

Chapter VI

6.1 - Conclusions

This study was conducted to identify the expenses and the level of satisfaction of referred patient abroad by assess and estimate the financial expenses of the referred patients by Palestinian Ministry of Health, to identify the main reasons to transfer patients abroad for treatment, to recognize the demographic characteristics of referred patients and improvement of data base to help decision makers.

This study carried out at the out patient departments in the governmental hospitals, primary health care centers, treatment abroad unit and home visits. The response rate was 100% because the interviewed patients selected with convenient sample, all cases seen and asked to participate where positively response for study participation. Face to face interview for data collection with questionnaire completed.

The result revealed that the mean age of respondents was 39.54 years with standard deviation of 16.83, and nearly 56% were from 15 – 49 years of age group. Most of the cases or respondents living in Gaza which represent 35% of study respondents and 28% from middle areas, 61% from northern areas, and the rest from Rafah and Khanyounis governorates. Also most of them completed the Bachelor degree with 34.7%, 29.6% from the respondents were high school, 21.4% from the respondents were primary school, and only 4.1% from the respondents were illiterate, 46.9% of the cases were unemployed. About provisional and occupation, only 22.4% of clients were office business, 13.3% technical, and 17.3% not skillful labor.

Nearly 16.8% of respondents were male, 38.2% were female. Concerning the diagnosis, 28.4% of the respondents were diagnosed as Newplastic and Blood diseases, 27.5 were Cardio Vascular diseases, 19.6% were Musculoskeletal diseases, and 24.5% other diseases.

About 56.9% of the participants were referred to Egypt, 25.5% were referred to Israel, and 17.6% were referred to Jordan.

Regarding income, about 52% said that the income is not enough for living expenses.

6.1.1 - Study Finding,

The study findings revealed that the financial expenses of the referred patient by the Palestinian Ministry of Health during 2005 in West Bank and Gaza are about USD 59,565.339 million, which represents 42.7% of the actual running expenditure. The average treatment for each patient cost the Ministry of Health was \$1,877 USD. In addition to the mean of personal expenses was NIS 4,465 that was paid by the families of the patients.

The result showed that the main reasons to transfer patients abroad for treatment were New plastic/blood diseases, cardiovascular diseases, and Musculoskeletal diseases.

The skills and the level of experience of the local Doctors can treat many of referred cases out of Palestine. Mistrust the local doctors became as stereotype stories and most of the patients became interested to be treated out side of Palestine regardless of the level of treatment abroad they will receive there. Also the Doctors are not interested to take responsibility on any failure fear from the results as

the families might be aggressive, and the law doesn't protect Doctors because of no security in Gaza during the preparation of this research.

The study finding revealed that, the patient's level of satisfaction that was treated in Jordan was the highest, and Egypt was the lowest rank. Israel was in the second rank.

The study showed that more than 69% were satisfied by the services that were given by the host country hospitals. On the other hand about 61% were satisfied from the services provided at home country hospitals.

There were many weak areas for treatment abroad, these were according to priorities:

- 1- About 84.3% of participants who were treated abroad hesitate and not agree of the referral covers travel and company expenses.
- 2- About 78% of participants who were treated abroad said that housing in the host country and travel cost them lots of money.
- 3- There were about 72% between hesitate and not agree about the coordination between medical teams in the host and home country.
- 4- Regarding services for patient company, about 71% didn't agree on the services mentioned above.
- 5- About 67% did not agree on the way of transportation during the treatment trip.

6- About one third wait more than three weeks before travel on the border.

Regarding the patient socio-demographic characteristic there are some differences in participants satisfaction, the results showed that there were differences between patient's residency, gender, and age patient satisfaction.

In general patient who were lived in villages were more satisfied about treatment abroad in comparison with the camps and cities.

The age group satisfaction showed that, the highest mean was between 16-30 years old (mean 1.34 with SD .477). Kruskal-Wallis test showed that there was no statistical significant between the age group and the level of satisfaction of treatment abroad.

In regards to gender, female showed more satisfied concerning treatment abroad (mean 1.77) in comparison with male (mean 1.33). Man-Whitney test showed no statistical differences between gender and level of satisfaction.

6.2 - Recommendations

The Health services provided by the Palestinian Ministry of Health should respond to the clients' level of satisfactions regarding the services provided by the home and host countries in order to enhance and improve clients/customers satisfactions. Therefore, recommendations based on the study findings which might help health care providers, managers, and decision makers to set priorities, quality improvement plan and methods for effective problem solving. Based on the results of the study we recommend that:

Short term recommendations:

- 1- Accommodate specialist doctors in the fields of Cancer, Cardiovascular, and Musculoskeletal diseases to treat our patients in our local hospitals. The benefit of that is to decrease the number of referrals abroad and consequently will reduce the morbidity and mortality rate due to long wait on the borders. In addition it will reduce the burden of the MOH budget and patients.
- 2- Evaluate Doctors performance and establish a discipline and reward system.
- 3- Immediate formative and summative evaluation of treatment abroad program, and put alternatives.

Long term recommendation:

1- Needs assessments for Human Resources (HR), and equipment, and put five year plan for implementation. This includes Doctors, and other health care providers to be qualified in the above mentioned fields.

2- Encourage local, regional, and international investors to establish private hospitals, diagnostic centers for subspecialties, and fine surgery in order to create state of competition and avoid monopoly policy for health provider institutions.

3- Public awareness campaigns in all health centers and hospitals to build trust and orient the patients and families on the skills of the local Doctors.

Other General Recommendations:

1- Train the employees at the treatment abroad unit on customer serves satisfaction, and document processing.

2- Patients' mobility and transportation should be suitable and comfortable based on his needs, especially during the crossing of the borders until he/she reach the host hospital.

3- Medical teams' coordination in the home and host country is crucial and critical for the patients care plan, and follow-up treatment, special coordination, and meetings over the video conference should be arranged to discuss the patients' conditions and treatment.

- 4- Special arrangement needs to be done for the transplantation organ patients in order to avoid the long waiting period of time in the host countries.

Further studies:

- Study should be done to know the reasons of increased number of referred cases for Treatment Abroad.
- Evaluation of cost benefit of Treatment Abroad.
- The same study should be applied in West Bank.

Interview was done with the Key persons at the Ministry of health

- 1- Dr. Mitgal Hssouna, Director of planning and follow-up at the Directorate General of Hospitals.
- 2- Dr. Esmat Abu Asaker, Member of the High Committee for Treatment Abroad on Pediatrics.
- 3- Mr. Munir Abu Dalal, Director of Nursing at the Directorate General of Hospitals.

Discussed Questions:

- 1- How did you interpret the increase of the number of referred cases and the cost around 10 folds since 1996?
- 2- What are the plans at the Ministry to reduce the numbers of referred cases out side of Palestine?
- 3- Was there any evaluation and review of the procedures done on the treatment abroad?

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Annexes

Consent Form

Alsalam Alikom, my name is_____I am conducting a research which is a part of my study at Faculty of Commerce, Islamic University in Gaza. The purpose of the study is to identify the main factors standing behind referring Palestinians patients abroad, estimating expenses, and finding less cost and more favorable alternatives.

Your participation might help in clarifying certain important points. The results and conclusions of this research might help decision-makers to take action towards finding alternatives for referral of patients, reducing suffering and minimizing cost.

Although your contribution in this research project will be kindly appreciated, your participation is optional; you can choose not to answer any question and/or all of questions also. Information you tell will be kept strictly confidential.

The study includes filling a questionnaire

You may spend 15 minutes to fill the questionnaire, and if you feel uncomfortable, you can stop the interview.

At this time, do you want to ask me any thing about the study?

May I begin the interview now?

Signature of Interviewer: ----- Date: / /

- Participant agrees to be interviewed
- Respondent does not agree to be interview

**Identify expenses, and the level of patient satisfaction
transferred for treatment abroad by the
Palestinian Ministry of Health**

Questioner

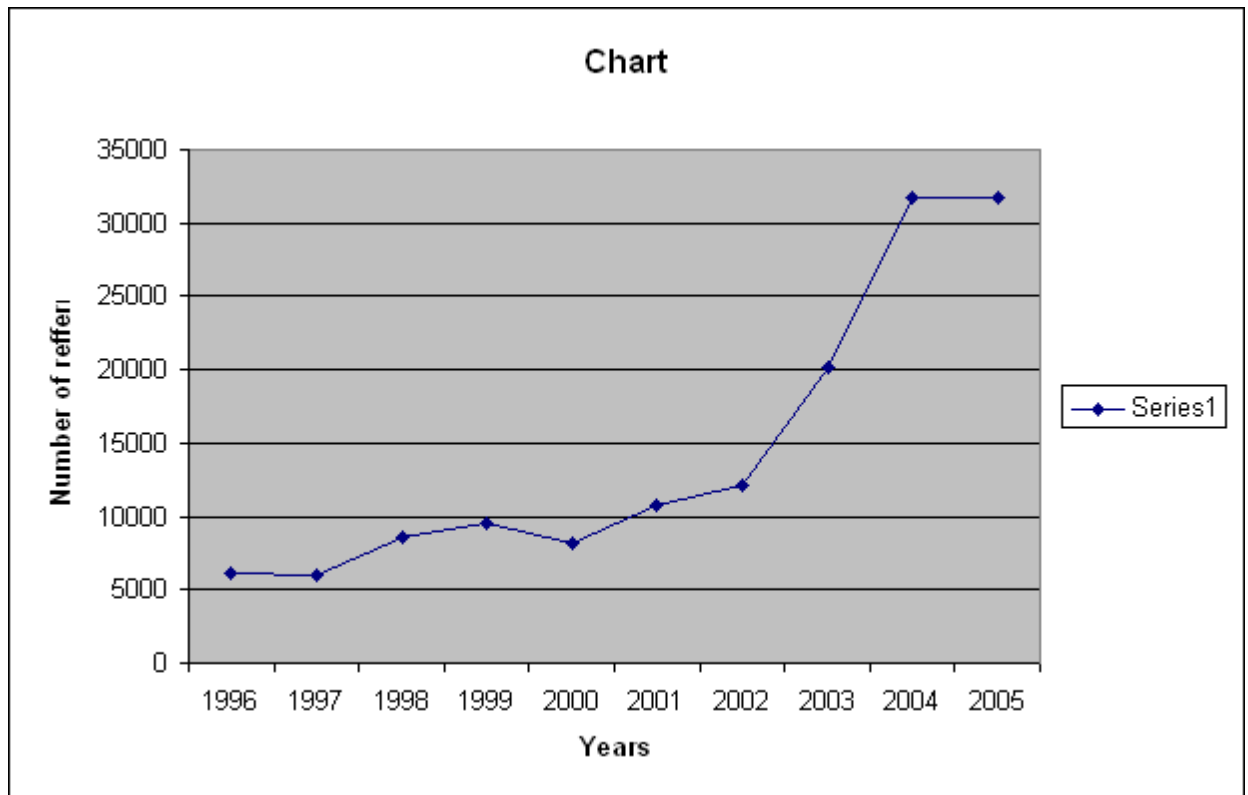
Serial No.....

Bio Data					
1. Age		2. Date of Birth: / /			
3. Sex	1. <input type="checkbox"/> Male	2. <input type="checkbox"/> Female			
4. Marital status	1. <input type="checkbox"/> Single	2. <input type="checkbox"/> Married	3. <input type="checkbox"/> Divorce	4. <input type="checkbox"/> Widow	5. <input type="checkbox"/> Separated
5. Governorate	1. <input type="checkbox"/> Rafah	2. <input type="checkbox"/> Khanonis	3. <input type="checkbox"/> Middle	4. <input type="checkbox"/> Gaza	5. <input type="checkbox"/> North
6. Place of living	1. <input type="checkbox"/> City	2. <input type="checkbox"/> Camp	3. <input type="checkbox"/> Village		
7. Education	1. <input type="checkbox"/> Illiterate	2. <input type="checkbox"/> Prim/Prep	3. <input type="checkbox"/> High S.	4. <input type="checkbox"/> Vocational	5. <input type="checkbox"/> University
8. Professional	1. <input type="checkbox"/> Office	2. <input type="checkbox"/> Vocational	3. <input type="checkbox"/> labor	4. <input type="checkbox"/> Unemployed	
9. Diagnosis					
10. Monthly income is enough		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
Medical Family History, any family member suffer from the followings:					
11. Diabetic		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
12. Hypertension, Heart Diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
13. Blood diseases, Tumors		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
14. Kidney diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
15. Liver diseases, Gastrointestinal Diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
16. Neurological disorders, surgeries		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
17. Other diseases, please specify					
The patient Medical History, did you suffer from the following diseases?					
18. Cardio Vascular Diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
19. Respiratory tract diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
20. Liver and Gastrointestinal diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
21. Kidney diseases		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
22. Neurological disorders of surgeries		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		

23. Diabetic		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
24. Other diseases, please specify			
Preparation stage for treatment abroad			
25. Do you have health insurance?		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
26. Insurance classification		1. <input type="checkbox"/> Optional	2. <input type="checkbox"/> Obligatory
		3. <input type="checkbox"/> Police	4. <input type="checkbox"/> Labor Union
27. Referral type		1. <input type="checkbox"/> Urgent	2. <input type="checkbox"/> Normal
28. Country of treatment abroad		1. <input type="checkbox"/> Egypt	2. <input type="checkbox"/> Jordan
		3. <input type="checkbox"/> Israel	
29. Referee hospital in home country			
30. Hospital referred to at host country			
31. Did you have labs and X rays investigations before travel?		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
32. Any Family member companies you during the treatment trip?		1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
33. Did you get the medical referral by:			
1. <input type="checkbox"/> Physician at the Hospital			
2. <input type="checkbox"/> Exceptional by the Director General			
3. <input type="checkbox"/> Exceptional by the Minster			
Patient satisfaction on local measures at home country 1. Agree 2.Hesitate 3.Disagree			
34. In general are you satisfied by the local hospital?		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
35. I am satisfied on the medical staff during diagnosis at local hospitals		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
36. I am satisfied on the nursing care at local hospital		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
37. Are you satisfied on the treatment abroad unit at the MOH		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
38. Document process time by the treatment abroad unit was suitable		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
39. Treatment abroad unit gave me enough information on referral		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
40. I am satisfy on travel logistics by the MOH		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
41. I had wait the border		1 <input type="checkbox"/> One week	2. <input type="checkbox"/> Two weeks
		3 <input type="checkbox"/> Three weeks or more	
Satisfaction on Treatment abroad phase			
42. I arrived to the host country hospital smoothly with no difficulties		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
43. In general I am satisfied on the services by the host country		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
44. I will advice the medical team and patients to be treated there		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	
45. I will not advice the medical team to transfer any patient there		1. <input type="checkbox"/>	2. <input type="checkbox"/>
		3. <input type="checkbox"/>	

46. I am satisfy on the way that the admin staff dealt with me	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
47. I am satisfied on the diagnostic tests done by Drs and Nurses	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
48. I am satisfied on the level of experience of medical providers there	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
49. The medical team dealt with me in respected way	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
50. The language of communication was understandable	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
51. The staff was very responsive	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
52. The team and staff were always ready to listen to me	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
54. The place of residence was accessible	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
55. The residence and the travel expenses were not high	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
56. The referral covered the travel and companion expenses	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
57. I received financial aid from: 1. <input type="checkbox"/> Charitable org. 2. <input type="checkbox"/> Security dpt. 3. <input type="checkbox"/> President 4. <input type="checkbox"/> Non			
58. The referral coverage was 100% 1. <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree, if disagree please answer Q.59			
59. What was the coverage percentage?			
The return back trip, and follow-up stage			
60. How much was the total personal expenses since you left home and return back?			
61. The return back trip was comfortable for my case	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
62. They provide me a suitable transporter for my case	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
63. Wait on the border was 1. <input type="checkbox"/> Oone week 2. <input type="checkbox"/> Two weeks 3. <input type="checkbox"/> three weeks or more			
64. They gave me enough information on follow up at home	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
65. I am satisfy on continuing an follow-up treatment at home country	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
66. I prefer to be treated in country rather out side my country	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
67. I got good advices from the medical team at home country	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
68. Was there any communication/coordination between medical teams? 1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	
69. I got enough teaching on how to use my new medicine	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
70. Open Question, Any Comment			

Year	Number of Referrals
1996	6176
1997	6052
1998	8521
1999	9593
2000	8123
2001	10764
2002	12086
2003	20100
2004	31744
2005	31721



Number of referred cases since 1996 - 2005

الموافقة على الاشتراك في دراسة

أخي/أختي الفاضل/ة

السلام عليكم ورحمة الله وبركاته

نحن بصدد اجراء دراسه بحث تخرج الماجستير لكلية التجارة و إدارة العمال في الجامعة الإسلامية. الهدف الرئيس من الدراسه هو التعرف على أسباب تحويل المرضى للعلاج بالخارج. مشاركتك في هذه الدراسه ستساعدنا في كشف بعض هذه الأسباب. وأيضا نتائج هذه الدراسة سيكون لها دور في وضع سياسات صحيه سليمة. مشاركتك سيكون لها بالغ الأثر والتقدير علما بأن هذه المشاركة إختياريه. الحفاظ على المعلومات وسريتها من واجبنا.

التاريخ / /

التعرف على النفقات ومستوى رضا المرضى اللذين تم تحويلهم للعلاج بالخارج بواسطة
وزارة الصحة الفلسطينية

استبانة

رقم مسلسل-----

المعلومات الشخصية:											
											الاسم
سنة											1. العمر أثناء التحويل
2. تاريخ الميلاد: / /											3. الجنس
2. أنثى											1. ذكر <input type="checkbox"/>
5. منفصل <input type="checkbox"/>											4. الحالة الاجتماعية
4. أرمل/ة <input type="checkbox"/>											1. أعزب <input type="checkbox"/>
3. مطلق/ة <input type="checkbox"/>											2. متزوج <input type="checkbox"/>
5. الشمال <input type="checkbox"/>											5. المحافظة
4. غزة <input type="checkbox"/>											1. رفح <input type="checkbox"/>
3. قرية أو ريف <input type="checkbox"/>											2. خانينوس <input type="checkbox"/>
											6. مكان السكن
											1. مدينة <input type="checkbox"/>
											2. مخيم <input type="checkbox"/>
											عنوان السكن
											7. تليفون رقم
											8. جوال رقم
6. دراسات عليا <input type="checkbox"/>											8. المستوى التعليمي
5. جامعي <input type="checkbox"/>											1. أمي <input type="checkbox"/>
4. مهني <input type="checkbox"/>											2. ابتدائي/إعدادي <input type="checkbox"/>
3. ثانوي <input type="checkbox"/>											3. فني/حرفي <input type="checkbox"/>
4. عاطل عن العمل <input type="checkbox"/>											9. نوع العمل
											1. مكتبي <input type="checkbox"/>
											3. عامل <input type="checkbox"/>
											10. تشخيص المرضي
											11. هل كان معك مرافقين أثناء العلاج
2. لا <input type="checkbox"/>											1. نعم <input type="checkbox"/>
معلومات اجتماعية											
2. ايجار											1. ملك
12. المنزل:											13. عدد الغرف في المنزل:
14 15											معدل الازدحام: عدد الأشخاص:
2. لا											16. هل دخل الأسره يكفي للمصروف
1. نعم											2. لا
تاريخ الأسرة المرضي: هل عانى احد من أفراد الأسرة من الأمراض الأتية											
17. السكر											2. لا
1. نعم											18. ارتفاع ضغط الدم وأمراض القلب
2. لا											1. نعم
19. الأورام وأمراض الدم											2. لا
1. نعم											2. لا

20. أمراض الكلى	1. نعم	2. لا
21. أمراض الكبد والجهاز الهضمي	1. نعم	2. لا
22. جراحة وأمراض الأعصاب	1. نعم	2. لا
23. أخرى.....حدد/ي.....		
تاريخ المريض الطبي: هل عانيت/ي في الماضي من الأمراض الأتية		
24. أمراض القلب والأوعية الدموية	1. نعم	2. لا
25. أمراض الجهاز التنفسي	1. نعم	2. لا
26. أمراض الكبد والجهاز الهضمي	1. نعم	2. لا
27. أمراض الكلى	1. نعم	2. لا
28. جراحة وأمراض الأعصاب	1. نعم	2. لا
29. السكر	1. نعم	2. لا
30. أخرى.....حدد/ي.....		
مرحلة التحضير للتحويل للخارج		
31. مكان العلاج بالخارج	<input type="checkbox"/>	1. مصر <input type="checkbox"/>
	<input type="checkbox"/>	2. الأردن <input type="checkbox"/>
	<input type="checkbox"/>	3. إسرائيل <input type="checkbox"/>
32. المستشفى المحول منه		
33. المستشفى المحول إليه		
34. تشخيص المرضي		
35. هل كان معك مرافقين أثناء العلاج	<input type="checkbox"/>	1. نعم <input type="checkbox"/>
2. لا <input type="checkbox"/>		
36. ما هي طريقة التحويل؟		
1. من المستشفى وبتوصيه من الأخصائي المعالج 2. بصفه استثنائية من مدير عام الوزارة 3. بصفة استثنائية من الوزير 4. أخرى حدد/ي.....		
37. بصورة عامة هل أنت راضي/ة عن خدمة و معاملة المستشفى الذي تم تحويلك من خلاله	1. أوافق	2. لا أوافق
38. أنا راضي عن معاملة الأطباء و طاقم التمريض أثناء التشخيص داخل الوطن.	1. أوافق	2. متردد
39. بصورة عامة هل أنت راضي/ة عن خدمة و معاملة وحدة العلاج بالخارج.	1. أوافق	2. متردد
40. إنجاز المعاملات من قبل وحدة العلاج بالخارج و الانتظار حتى موعد السفر كان مناسباً.	1. أوافق	2. متردد
41. تم إعطائي معلومات كافية من قبل وحدة العلاج بالخارج عن الترتيبات اللوجستية قبل السفر.	1. أوافق	2. متردد
42. أنا راضي عن ترتيبات السفر من قبل وزارة الصحة.	1. أوافق	2. متردد
43. مدة انتظار العبور / التصريح.	1. أسبوع	2. أسبوعين
3. شهر		
مرحلة العلاج بالخارج		

44. وصلت المستشفى المحول إليه دون عناء أو تعب.	1. أوافق	2. متردد	3. لا أوافق
45. بصورة عامة أنا راضي عن الخدمات التي قدمتها لي الدولة المضيفة.	1. أوافق	2. متردد	3. لا أوافق
46. سوف أنصح الأطباء و المرضى بالتحويل هناك.	1. أوافق	2. متردد	3. لا أوافق
47. سوف أنصح الأطباء و المرضى بعدم التحويل هناك.	1. أوافق	2. متردد	3. لا أوافق
48. أنا راضي عن الطريقة التي تعامل فيها الطاقم الإداري في المستشفى.	1. أوافق	2. متردد	3. لا أوافق
49. أنا راضي عن معاينة الأطباء و طاقم التمريض هناك.	1. أوافق	2. متردد	3. لا أوافق
50. أنا راضي عن مستوى الخبرة التي يتمتع بها مقدمو الخدمات الصحية في هذه الدولة.	1. أوافق	2. متردد	3. لا أوافق
51. الطاقم الطبي تعامل معي باحترام.	1. أوافق	2. متردد	3. لا أوافق
52. اللغة التي يخاطبني بها الطاقم واضحة و مفهومة.	1. أوافق	2. متردد	3. لا أوافق
53. الموظف يستجيب لي إذا تم استدعاؤه.	1. أوافق	2. متردد	3. لا أوافق
54. الطاقم الطبي كان دائما يبدي استعدادا للاستماع لي.	1. أوافق	2. متردد	3. لا أوافق
55. كانت الرعاية تشمل خدمة للمرافقين.	1. أوافق	2. متردد	3. لا أوافق
56. مكان المركز كان ملائم لنا (مثل المواصلات العامة و المسافة و السكن).	1. أوافق	2. متردد	3. لا أوافق
57. الإقامة و السفر كانت غير مكلفة مادياً.	1. أوافق	2. متردد	3. لا أوافق
58. التحويل كان يغطي مصاريف السفر و المرافقين.	1. أوافق	2. متردد	3. لا أوافق
59. هل كانت نسبة التغطية العلاجية 100%.	1. أوافق	2. لا أوافق	3. اذا كانت الاجابة بلا اجب عن السؤال رقم 60
60. ماهي نسبة التغطية العلاجية:			
العودة			
61. كم اجمالي المصاريف بالشيفل من بداية السفر لحين العودة الى البيت:			
62. كانت طريقة العودة مريحة و مناسبة لحالتي المرضية.	1. أوافق	2. متردد	3. لا أوافق
63. تم توفير وسيلة نقل مناسبة لحالتي المرضية.	1. أوافق	2. متردد	3. لا أوافق
64. كان الانتظار على المعبر / الحاجز مناسب.	1. أسبوع	2. أسبوعين	3. ثلاثة أسابيع أو شهر
65. تم إعطائي معلومات كافية لمتابعة حالتي الصحية داخل الوطن.	1. أوافق	2. متردد	3. لا أوافق
66. أنا راضي عن إكمال العلاج و متابعة حالتي الصحية داخل الوطن.	1. أوافق	2. متردد	3. لا أوافق
67. أفضل العلاج في الوطن عنه بالخارج.	1. أوافق	2. متردد	3. لا أوافق
68. حصلت على نصائح و إرشادات مفيدة من قبل الطاقم الطبي داخل الوطن.	1. أوافق	2. متردد	3. لا أوافق
69. هل كان هناك تنسيق بين الأطباء بالداخل و الأطباء بالخارج لمتابعة حالتك الصحية.	1. أوافق	2. متردد	3. لا أوافق
70. حصلت على إرشادات عن الأدوية و كيفية صرفها.	1. أوافق	2. متردد	3. لا أوافق

الرسالة الموجهة للمحكمين

/ حفظه الله

/ السيد

السلام عليكم ورحمة الله وبركاته وبعد،،

يقوم الباحث بإجراء دراسة ميدانية بهدف التعرف على تكاليف ومدى رضى المرضى عن خدمات العلاج بالخارج المقدمة من وزارة الصحة وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة الأعمال من كلية التجارة بالجامعة الإسلامية بغزة. وبهدف إعداد وتطوير الاسبانه فقد استند الباحث في فقراتها على دراسة استطلاعية للفئة المستهدفة وإلى أدبيات الدراسة والمقاييس التي توفرت من الدراسات السابقة إضافة إلى الخبرة الشخصية للباحث.

إن خبرتكم الطويلة في هذا المجال وثقة الباحث بكم جعلته يضع اسبانه الدراسة المرفقة بين أيديكم للوقوف على صحة وصدق فقراتها ، وكذلك مدى صلاحيتها وملاءمتها وتهدف الاسبانه إلى : التعرف على آراء ومدى رضى المستفيدين من العلاج بالخارج ، حيث يتطلع الباحث إلى ملاحظتكم وآرائكم النيرة بدرجة بالغة الأهمية في إعادة صياغة الاسبانه لتخرج بشكل يتسم بالمنهجية العلمية وتحقيق الاهداف المروجة منها ، وذلك بإجراء تعديلات أو إضافة ترونها مناسبة تثري هذه الاسبانه .

ملاحظة / مرفق طيه فرضيات الدراسة .

شاكريه حسن تعاونكم ولكم جزيل الشكر والتقدير .

الباحث



بسم الله الرحمن الرحيم

الجامعة الإسلامية - غزة THE ISLAMIC UNIVERSITY OF GAZA

Faculty of Commerce

كلية التجارة

ج ص غ / 62

الرقم: 23 ذو القعدة 1427 هـ

التاريخ: 13 كانون الأول 2006 م

معالي / وزير الصحة حفظه الله

السلام عليكم ورحمة الله وبركاته ...

الموضوع / معلومات لغرض البحث

تهديكم كلية التجارة بالجامعة الإسلامية تحياتها، وترجو التكرم بمساعدة الطالب أنيس محمد أبو هاشم، ورقمه الجامعي 2001/5218 والملتحق في الدراسات العليا بكلية التجارة (برنامج ماجستير إدارة الأعمال) من أجل الحصول على المعلومات التي تساعد في عمل رسالة الماجستير وهي بعنوان: "دراسة تحليلية لتكاليف العلاج في الخارج في وزارة الصحة الفلسطينية".

وفي ذلك خدمة للبحث العلمي.

وتفضلوا بقبول وافر التحية والاحترام،،،

عميد كلية التجارة

الدكتور / علاء الدين الرفاتي



صورة إلى :-

• الحفظ في الملف .



د. عبد الرحمن
د. عبد الرحمن
د. عبد الرحمن

الجهاز المركزي للإحصاء

السلطة الفلسطينية

PALESTINIAN CENTRAL BUREAU OF STATISTICS

فلسطين
PALESTINE



