Hebron University

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Quality Assessment of Hospital Services in the Southern West Bank

By

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This thesis is submitted in partial fulfillment of the requirement for the master degree in business administration program, faculty of graduate studies, Hebron university, Hebron, Palestine.

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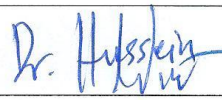
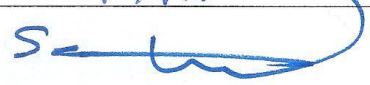
1. Dr. Hussein Jabareen / Supervisor	
2. Dr. Sameer Abu Znaid / Internal examiner	
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DEDICATION

To My Family,

For their abundant support,

For their patience and understanding,

And for their love

My parents

My brothers and sisters,

My wife,

And my friends.

Robin Shweiki

ACKNOWLEDGEMENT

First of all, thanks to Almighty Allah for granting me the power and determination in conducting this research, despite all difficulties.

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I express my sincere gratitude to all of the hospital's employees and patients for their help in the collection of the required research data.

Finally, thanks and regards to all those who supported me in any respect during the completion of this work.

الإقرار

أنا الموقع اسمي أدنا مقدم الرسالة التي تحمل العنوان:

Quality Assessment of Hospital Services in the Southern West Bank

تقييم جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية

أقر بأن ما اشتملت عليه هذه الرسالة إنما هو نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، و أن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل أي درجة علمية أو بحث علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

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

Student Name:		اسم الطالب:
Signature:		التوقيع:
Date:		التاريخ:

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LIST OF ABBREVIATIONS

PRCS	Palestinian Red Crescent Society
BASR	Bethlehem Arab Society for Rehabilitation
SPSS	Statistical Package for Social Science
NGO's	Non Governmental Organizations
ICU	Intensive Care Unit
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization
WB	West Bank
ANOVA	Onaway Analysis Of Variance
MOH	Ministry Of Health
SERVQUAL	Service Quality
ILO	International Labor Organization
FLE	Front Line Employee
SERVPERF	Service Performance
PCBS	Palestinian Central Bureau of Statistics
SQ	Service Quality
OCHA	Office for the Coordination of Humanitarian Affairs

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D. Hussein Jabareen

ABSTRACT

Background: Providing services to patients according to their expectations and needs is necessary for the success of any institution in order to remain in the competitive market. Recognizing these needs and expectations is an important step in offering the highest quality of services. This study was designed to determine the expected and perceived *service quality gap* found in hospitals throughout the Southern West Bank/ Palestine.

Objective: To identify the extent of healthcare services in the Southern West Bank/ Palestine. This is achieved through evaluations given by the hospital's patients and employees. Using the dimensions of health services quality in Southern West Bank/ Palestine hospitals as perceived by its (patients and employees) as compared to their expectations, and to identify the degree of variability in the evaluation of health services which is attributed to demographic variables of patients and employees.

Design - Methodology/ Sampling technique: A sample of 347 patients and 317 employees from Southern West Bank hospitals participated in the questionnaire survey. The researcher has used a universal adopted methodology known as SERVQUAL to measure service quality, and employ (descriptive, independent and paired sample T-test, ANOVA, and correlation statistical techniques) to measure the statistical significance of the gaps between perceptions and expectations of participants and for testing the hypothesis of the study.

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Results: the results showed that there are significant differences between the quality of services received by the hospital's patients in Palestine. This means that the services offered by Palestinian hospitals as perceived don't meet customers' and employees' expectations. All five dimensions of service quality have negative SERVQUAL scores, since none of the quality dimensions has exceeded patients' and employees expectations.

The largest gaps between patients' perceptions and expectations were in the categories labeled as: quality of responsiveness, reliability, assurance, and empathy. Meanwhile, the smallest gap was in the category labeled: quality of tangibility. The largest gaps between employees' perceptions and expectations were in the categories labeled as: qualities of empathy, assurance, reliability, responsiveness. Meanwhile, the smallest gap was in the category of: quality of tangibility.

Recommendations: Based on the results of the study it was recommended that: hospital administration directly communicate with patients and staff to learn about the needs and desires of their staff and patients. Furthermore, hospital administration must make efforts to effectively meet them in a way that meet the patient's and employee's expectations. This would contribute to the further enhancement of the hospitals commitment toward providing high quality services and use of appropriate means to measure the needs and expectations of patients and employees. This would effectively bridge the gaps between their expectations about quality of service and the actual service provided to them.

تقييم جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية

إعداد

روبين جمال الشويكي

إشراف

د. حسين جبارين

الملخص

مقدمة: تقديم الخدمات للمرضى وفقا لتوقعاتهم واحتياجاتهم ضروري لنجاح أي مؤسسة من أجل البقاء في السوق التنافسية. التعرف على هذه الاحتياجات والتوقعات خطوة هامة في تقديم خدمات ذات جودة عالية. وقد صممت هذه الدراسة لتحديد الثغرات بين جودة الخدمة المدركة والمتوقعة في مستشفيات جنوب الضفة الغربية – فلسطين.

هدف الدراسة: تهدف هذه الدراسة إلى قياس أبعاد جودة الخدمات الطبية المقدمة في المستشفيات الفلسطينية جنوب الضفة الغربية من وجهة نظر المرضى والموظفين بالمقارنة مع توقعاتهم، والتعرف على درجة التباين في تقييم الخدمات الصحية التي تعزى للمتغيرات الديموغرافية للمرضى و الموظفين.

تصميم ومنهجية البحث: شارك في تعبئة الاستبيان عينة من 347 مريضا و 317 موظفا من مستشفيات جنوب الضفة الغربية . وقد استخدم الباحث منهج معتمد عالميا لقياس جودة الخدمات المعروف باسم SERVQUAL واستخدم الباحث (فحص (ت) و تحليل التباين الأحادي أنوفا وأساليب الارتباط الإحصائية) لاختبار فرضيات الدراسة ولقياس الدلالة الإحصائية للفجوات بين المدرك و المتوقع من وجهة نظر عينة الدراسة .

نتائج الدراسة: وقد توصلت الدراسة للعديد من النتائج أهمها: أن هناك فروقا ذات دلالة إحصائية بين المستشفيات الفلسطينية في جودة الخدمات التي تقدمها. وهذا يعني أن الخدمات التي تقدمها المستشفيات الفلسطينية لا تلبي توقعات المرضى والموظفين.

جميع أبعاد جودة الخدمة الخمسة لديها نتيجة سلبية، لأن أي من أبعاد الجودة لم تتجاوز توقعات المرضى والموظفين. و أظهرت النتائج أن هناك فروق ذات دلالة إحصائية بين أبعاد جودة الخدمة، وكانت أكبر فجوة من وجهة نظر المرضى في بُعد الاستجابة ثم الاعتمادية ثم الأمان ثم التعاطف في حين كانت أصغر فجوة في بُعد الملموسية. وكانت أكبر فجوة من وجهة نظر الموظفين في بُعد التعاطف ثم الأمان ثم الاعتمادية ثم الاستجابة في حين أن أصغر فجوة في بُعد الملموسية.

التوصيات: وفي ضوء نتائج الدراسة فان الباحث يوصي بكثير من الأمور المرتبطة بمؤشرات أبعاد الجودة أهمها: تواصل إدارة المستشفى بشكل مباشر مع المرضى و الموظفين للتعرف على احتياجاتهم و رغباتهم وبذل الجهود لتلبيتها بالشكل الذي يفوق توقعاتهم، و الالتزام بتقديم خدمات ذات جودة عالية و استخدام الوسائل المناسبة لقياس احتياجات و توقعات المرضى وسد الفجوة بين توقعاتهم عن جودة الخدمة و الخدمة المقدمة لهم فعلا.

CHAPTER ONE

Introduction to the study

1.1 Introduction

The notion of service quality is becoming increasingly important for today's business sectors, particularly in industries which demand high-customer involvement, such as healthcare and financial services. It could be considered as an imperative strategy that helps a company to attain a competitive advantage, in turn increasing long-term profitability. Service quality is a crucial direction for enhancing business performance, which underlies the widespread adoption of quality improvement initiatives in many service industries (Newman, 2001).

Health care is one of the fastest growing sectors in the service economy which has gained much attention from researchers and practitioners worldwide (Andaleeb, 2001). Healthcare delivery systems in developing countries spend more resources than other countries in the healthcare sector, so it is important that developing countries develop an efficient management system to increase its effectiveness. However, the reality is that in developing countries, the resources available do not meet existing demands placed on services in healthcare institutions.

Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. When tangible goods are produced, it enables an quantitative measure of quality, since they can be sampled and tested for quality throughout the production process and in later use. However, it is not the same with healthcare services. Healthcare service quality depends on the service process and the customer and service provider interactions (McLaughlin etal, 2006).

Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. This makes quality control difficult because the customer cannot judge 'quality' prior to purchase and consumption. Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed (Ladhari, 2009).

Healthcare organizations in Middle Eastern countries are undergoing pressure from their governments and the general public to improve quality and compete effectively with their counterparts in the private sector. Healthcare organizations today are not unique in pursuing consumer evaluations of their services (O'Connor *et al.*,2000).

The focus of this research is to measure the service quality "gap" between expectations and perceptions in the health care industry related to service quality delivered in southern Palestine health sector. There are four major healthcare providers in Palestine; Governmental, Non-Governmental, UNRWA, and Private Organizations (Palestine population and demography, 2014). The UNRWA and the governmental sector could be considered as public as they both provide free health services for different sectors of the population. Meanwhile, the private and the nongovernmental organizations are providing paid and semi-paid health services. The main concern of this thesis is to investigate the quality of the services provided in hospitals by the above mentioned organizations (UNRWA has just one hospital in the north of Palestine-Qalqelia) from the perspectives of patients and employees.

Moreover, there is a demand among hospital managers, staff and patients to raise the quality of medical services that are provided in hospitals. So, another important aspect of this study is to measure the dimensions of quality found within the medical services provided. These include the following dimensions: tangibility, reliability, responsiveness, assurance, and empathy) provided in Palestinian hospitals from both staff and patients point-of-view.

The subject of health service quality has received substantial attention in terms of research, whether it be from individuals or large institutions. The enormous amount of research within this field has aimed to clarify the concepts and theories, which are discussed within this study.

Thus, the importance of this study is to clarify the concept of quality in the health service sector, to comprehend the dimensions used in the provision of medical services, and clarify the reasons for possible obstacles found in the provision of high-leveled medical services. In addition, this study seeks to provide appropriate recommendations that will help raise the level of application of quality in health service dimensions. Furthermore, despite the large amount of studies regarding this field, there is a very limited amount which use the SERVQUAL method in this

area in Palestine. So, our study implements the SEVQUAL quality dimensions of health services provided in southern Palestine hospitals from the perspectives of patients and employees.

The *quality of service* is a difficult concept to measure since it consists of ambiguous construct and can have numerous intangible or qualitative specifications. In addition, expectations of customers from services can vary considerably based on a range of factors such as prior experience, personal needs, and what other people may have told them.

Perceptions of the quality of service result from a comparison of the expectations of consumers with the performance of actual services. Evaluation of the quality of service is not made solely on the outcome of a service; rather it also involves an evaluation of the process of service-delivery. Certain criteria that measure the quality of service should first be identified, and then an analysis of those identified criteria would provide a reasonable systematic assessment of the quality of service (Siddiqui, 2007). As a way of trying to measure service quality, the researcher has used a universally adopted methodology known as SERVQUAL (a perceived service quality questionnaire survey methodology).

Lynda (1998), identified SERVQUAL as a survey instrument that purports to measure the quality of service rendered by an institution along five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Furrer, 2000).

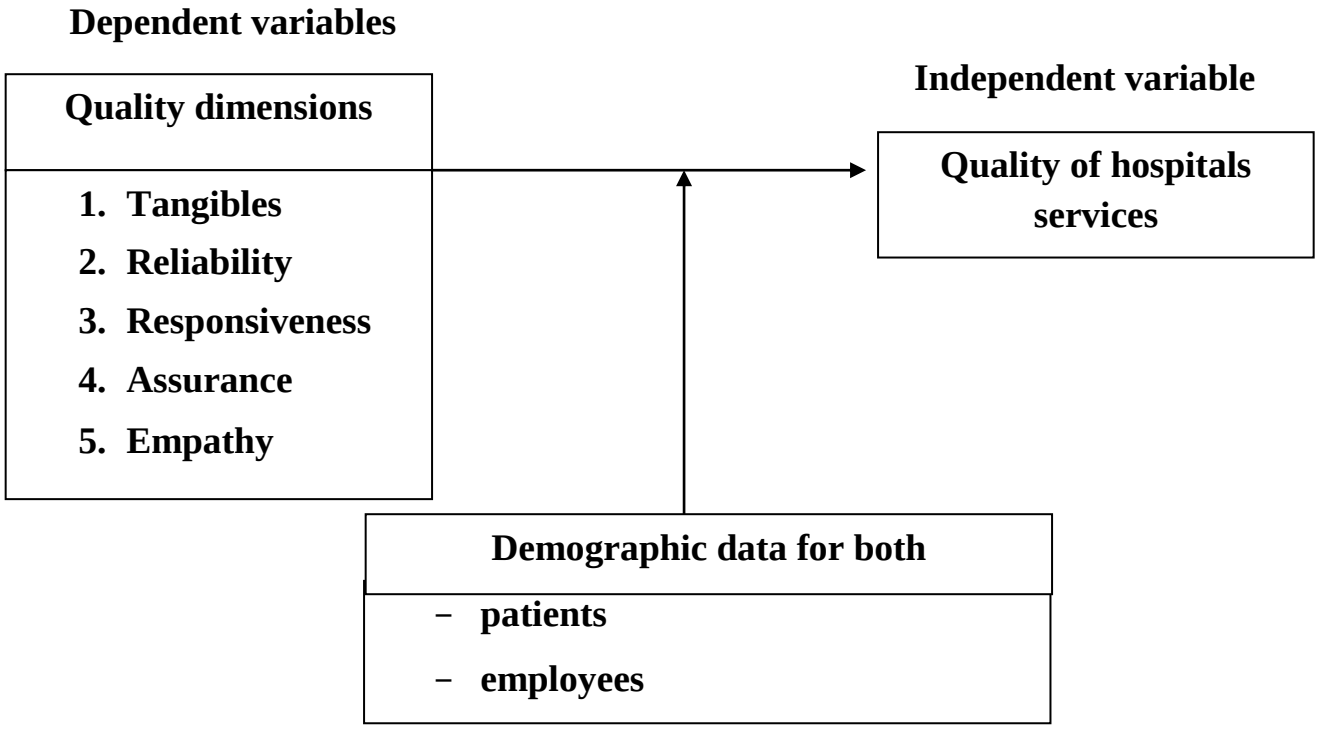
Parasuraman, *et al.*, (1998) identified these five principle dimensions that customers use to judge service quality:-

- **Tangibility**: the physical facilities, equipment and the appearance of staff.
- **Reliability**: Ability to perform the promised service dependably and accurately.
- **Responsiveness**: Willingness to help customers and provide prompt service.
- **Assurance**: Knowledge and courtesy of employees and their ability to promote an atmosphere of trust and safety to the client.
- **Empathy**: Caring and individualized attention the firm provides for its customers.

1.2 The Paradigm of the Study

The major dependent variable is (quality of hospitals' services) which will be measured through 5 dimensions (tangibility; reliability; responsiveness; assurance; empathy) from the perspective of patients and employees.

Figure (1.1): Conceptual framework



The conceptual framework of the study consists of one major independent variable (quality that has five dimensions), which will affect the dependent variable (quality of hospitals services). The five quality dimensions are (tangibility, reliability, responsiveness, assurance, empathy. In addition, there are ten moderator variables for both employees and patients (age, sex, education level, marital status, living place, territory, hospital type, department in hospital, income, and whether recieved treatment or worked outside Palestine) that will affect the strength of the relationship between the dependent and independent variables.

1.3 Problem Statement

Within the current political and socioeconomic status of the newly established Palestinian state, it seems as a challenging aim of levering the level of hospital services. Within the current situation, it is crucial to improve the level of the hospital's services through administrative and managerial adjustments. This would contribute to an overall improvement in hospital services, without burdening the overwhelmed Palestinian healthcare budget that is currently suffering serious budget cuts in the annual expenditure.

Additionally, it would be a chance to learn from the evident success of the private and non-governmental (NGO) healthcare providers in terms of quality assurance and managerial hierarchy. These two sectors contain the areas of administration and management, which the governmental (public) healthcare sector is facing difficulty within.

Evidently, it can been seen that within Palestinian hospital's there is a knowledge gap regarding the difference between perceptions and expectations found among patients and employees regarding the quality of service found within the hospitals.

Furthermore, there is no actual published data about the status of the different aspects of quality of service among the Palestinian hospitals. At the same time, little information was found regarding the differences between expected and actual quality of services from the point of view of the employees as compared with the patients, and in between public and private hospitals in Palestine. Also, according to the researcher's knowledge there is no published data about the factors affecting the perceived quality of health services offered in those hospitals.

1.4 Objectives of the Study

This study aims to accomplish the following objectives:

1) To identify the extent of using the dimensions of healthcare service quality within southern Palestinian hospitals as perceived by its patients as compared to their expectations.

2) To identify the degree of variability in the evaluation of health service. This is attributed to demographic variables of patients.
3) To identify the extent of using the dimensions of healthcare quality services within the southern Palestinian hospitals as perceived by its employees as compared to their expectations.
4) To identify the degree of variability in the evaluation of health services. This is attributed to demographic variables of employees.
5) To examine the differences in assessing quality of service dimensions from the perspective of employees and patients.

The study has used a descriptive cross-sectional design since it suits the objectives of this research. It is based on measurements obtained at a single point of time with no follow-up. This contributes to allow greater access to large and diverse groups of participants, simultaneously, it has the advantage of being relatively quick in data collection and analysis.

1.5 Research Questions

This research is aims to answer the following questions:

1. What is the difference between the Palestinian hospitals in terms of quality of services offered as perceived by its customers compared to their expectations?
2. What are the contributing factors that lead to the differences found in the level of the quality of service as perceived by the patients of those hospitals?
3. What is the difference between the Palestinian hospitals in terms of quality of services offered as perceived by its employees as compared to their expectations?
4. What contributing factors lead to the differences discovered in the level of service quality as perceived by the employees of those hospitals?
5. Is there a difference in assessing quality of service dimensions from the perspective of employees and patients?

1.6 Hypothesis

Based on the problem statement, the research hypotheses for this study are as follows:

1. **H0** = There is no significant difference between the southern Palestinian hospitals in terms of the quality of healthcare services offered as perceived by its patients as compared to their expectations.
2. **H0** = There is no significant relationship between the idea that demographic factors are contributing to differences in the level of service quality as perceived by the patients of those hospitals?
3. **H0** = There is no significant difference between the Palestinian hospitals in terms of quality of services offered as perceived by its employees as compared to their expectations.
4. **H0** = There are no significant relationships that the demographic factors are contributing to differences in the level of service quality as perceived by the employees of those hospitals.
5. **H0** = There are no differences in assessing quality of service dimensions from the perspective of employees and patients.

1.7 Significance of the Study

The quality of healthcare services has received considerable attention from individuals and health institutions in terms of studies that seek to clarify the concepts and all the theoretical aspects of healthcare service quality.

The notion of *quality* is fundamental in all areas of work, but they are especially important in the field of healthcare, as it pertains to human beings, and it touches the most important and most sensitive aspects of a human's life. Thus, it requires a lot from the decision-makers in order to provide the best possible level of healthcare, the safest and most efficient ways. This is all in

order to ensure the patient's safety and obtain the goal which is to ensure that the needs of citizens and society are met (Niaz, 2007).

Over the past decades, there has been a lot of research, information and experiences accumulated worldwide in order to ensure the quality of healthcare provided in all over of the world. However, in spite of that, the problem faced by decisions-makers is to figure out what types of strategies can be integrated with existing initiatives. And which strategies can have the most significant impact on healthcare outcomes provided by healthcare systems. Hospitals are increasingly realizing the need to focus on service quality as a measure to improve their competitive position in today's highly competitive environment (Isik etal, 2011).

The researcher desires to use the results of this thesis to construct a guideline to improve the level of healthcare services in Palestinian hospitals, through the identification of the barriers that disable high quality services. As well, the researcher desires to provide guidelines which can be followed in order to enhance the public healthcare sector and increase its potential related to managerial and administrative efficiency.

So, the importance of this study was also to find out the concept of the quality of healthcare services, and know the dimensions used in the provision of healthcare services. Additionally, to clarify the reasons that may be a barrier to the provision of a good level of healthcare services as well as to make appropriate recommendations that will help to raise the level of application of healthcare services.

Given the limited research in this area of Palestine, this study intends to measure the quality dimensions of healthcare services provided in southern Palestinian hospitals from both patients and staff point of view. So the importance of this study is the following:

- The need for rationalizing the use of resources that should cover the largest possible proportion of the population.
- The need to identify the problem or determine the current situation by knowing the reasons for the gaps (between "actual" and "expected" service delivery) and how to avoid them.
- Improve the quality of healthcare services in order to achieve satisfaction of recipients and providers for healthcare service, and to help the decision-makers to select the right service designs and deliver healthcare services to the highest standards. To advise the decision-makers about the weaknesses found in hospitals services in order to help them in managing their resources that could improve the hospitals' services quality.
- This research provides an outline for researchers who are interested in the development of hospitals services.

1.8 Scope and Limitation of the Study

- The time scope: the time of the research was from June to September 2015.

- The place scope: The research included all Palestinian hospitals in the southern part of West Bank (Hebron and Bethlehem).

- The human scope: The population that was used for the research consists of all inpatients and employees of all the Palestinian hospitals in the southern part of West Bank who are present during data collection time.

1.9 Weakness and strength of the study

Strength:

- The study evaluated the quality of healthcare services from the recipients' and providers' point of views. This provides a clear vision of healthcare services in hospitals located in the Southern West Bank.

Weaknesses:

Regardless of the contribution to the topic of service quality, the present study suffers some limitations:

- First, convenience sampling technique was mainly used to select the study participants. This procedure restricts the representation of all patients in the healthcare industry in southern Palestine, and thus will affect the generalization of findings of the study.
- Second, the respondents from patients were made up of only inpatients, thus, views of outpatients could not be captured which may affect the result to some extent. Therefore future studies could consider outpatients.
- Third, the findings of this study are limited to the southern West Bank hospitals. It should be replicated in other parts of Palestine including the northern West Bank and Gaza strip .

1.10 Study Structure

The current study consisted from five chapters as follows:

Chapter I: Contains a general framework for the study, and consists of: Introduction, paradigm of the study, problem statement, hypothesis, the significance of the study, study objectives, scope and limitation of the study.

Chapter II: The present study includes theoretical framework, review of Arab and foreign literature related to the subject of the study, and gives a background of Palestinian hospitals.

Chapter III: Contains methodology and procedures that includes: methodology, research design, population, selection of respondents, sample size and characteristics, questionnaire design, pilot study, data collection, validity and reliability, statistical analysis and ethical issue.

Chapter IV: Includes the results of the statistical analysis of patients and employees questionnaire.

Chapter V: Discussion of the main findings, extract conclusions, and recommendations made according to the research findings.

CHAPTER TWO

The Theoretical Background of the Study

2.1 Introduction

The aim of this chapter is to review and summarize literature regarding the subject of the quality of healthcare service. It will examine the basic concepts and philosophical positions concerning this topic and how is it related to healthcare services in Palestine. In addition, it will identify some healthcare quality indicators related to healthcare services. It will conclude with a review of previous studies related to the topic of study.

2.2 Basic concepts and philosophy of quality

2.2.1 Meaning of Service Quality

The concept of quality has become an important competitive weapon for any institution in the face of contemporary challenges posed by the rise of globalization (Berry, *et al.,* 1998). Whether this institution is a production company or service organization or even a non-profit organization, it must care about quality and put it within the institution's priorities so that it can stand against global competition which increases day by day (Adel, 2013).

Some authors believe that the concept of quality is not the result of the industrial era and the Industrial Revolution, but rather that its roots developed initially in the eighth century BC. However, despite how long the concept of quality has existed, today there is no holistic agreement around a unified concept of quality. In fact, there are multiple concepts that cover the idea of quality, all which depend upon which sector of quality on is concerned with. So, in order to understand what the meaning of quality is, it is necessary to know what is quality and analyze it's multiple concepts to get a clear definition of quality and its dimensions.

Many definitions of service are available but all contain a common theme of intangibility and simultaneous consumption (Fitzsimmons and Fitzsimmons, 2001) as illustrated in the following definitions:

Service concept: service is defined as "activity or benefit provided by one party to another and are basically intangible (not entailing of any ownership) and its production might be associated or not with a material commodity" (Kotler etal, 2015).

Quality concepts: quality means excellence, clear standards and higher performance. Quality factors can be measured, and the role of quality is to achieve a competitive advantage for the concerned institution. Quality of healthcare service is applied by medical science and technology in a manner to achieve the fullest possible public health without increasing risk, thus quality is determined by the best possible balance between risks and benefits (Niaz, 2007).

The importance of quality which is the core of the healthcare system is increasing; the quality which makes the healthcare sector able to improve and promote health that directly affects and enhances patients' satisfaction. Thus quality demands optimizing material inputs and practitioner skill to produce health (Zeithhaml, 2003)

As the institution of medicine in Washington (2001) defined it, quality of health is "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".

Perceived Versus Expected Service Quality:

Perceived service quality is a concept that measures the discrepancy between customers' expectations and their perceptions regarding a certain service. Expectations are reflected in the desires of the consumers which they believe a service provider should offer. Once formed, expectations will help the consumer make a comparison between what he/she anticipated and what he/she actually received.

In contrast, perceptions refer to the consumers' evaluation of the service provided, being seen as a combination between what is delivered and how is delivered (Lim and Tang, 2000; Lovelock and Wright, 2002).

2.2.2 Quality types

The healthcare service can be broken down into two quality dimensions: technical quality and functional quality. Gronroos (2001) identified the following quality types:

1) **Technical Quality**

A service that is received by the client as a result of a process of interaction with the institutions providing the service or, in other words, is the final benefit accruing to the recipient of the service and expressed in the question of what has been submitted.

2) **Functional Quality**

This describes a method or way, in which the output is transferred to the beneficiary from the service. It is expressed in the question of how the service is submitted. (Lam, 2007)

3) **Mental Impression of the Organization**

This explains the perception of the organization or institution in the mind of the customer or the customer's impression of what a service organization is. This dimension is the inevitable outcome of the technical and functional dimensions of quality and evaluation of clients (Gronroos, 2001).

In other words, technical quality is about what the customers get, functional quality is about how they get it. Research has shown that technical quality falls short of being a truly useful measure for describing how patients evaluate the quality of a medical service encounter (Bowers et al., 1994).

Ware and Snyder (1995) state that although technical quality has high priority with patients, most patients do not have the knowledge to evaluate effectively the quality of the diagnostic and therapeutic intervention process or information necessary for such evaluation is not shared with the patients. Thus, patients base their evaluation of quality on interpersonal and environmental factors, which medical professionals have always regarded as less important (Ware and Snyder, 1995).

2.2.3 Definition of quality in the health field

The Quality of Healthcare Service: A healthcare service that meets the needs and wishes of patients and provides them gently in time and eliminates symptoms (Washington, 2001).

In the healthcare sector, the importance of healthcare services and their relation with human life, quality assurance and quality promotion have increasingly caught the attention of tax payers. They have increased their expectations from hospitals and other health providing organizations. Because of the importance of healthcare services, improving their quality is becoming more and more substantial and the demand for quality control and quality management is increasing (Kazemi, 2013).

Quality is a familiar term that is used in many settings. Compatibility between the service and what the customer needs and expects is the most common definition. Quality is achieved when the service meets customer's needs and expectations. Any attention to the service, without counting on customers' opinion will not improve quality in an appropriate way. Accordingly, inquiring customer's opinion for adapting the services is important (Sadigh, 2003).

(Parasuraman, *et al.*, 1998, P.41-56) identified these five principle dimensions that customer's use to judge service quality:-

1. **Tangibles (*physical evidence)***: the physical facilities, equipment and the appearance of staff. For example, an examination room in the hospital should be neat and tidy, employees appropriately dressed, and so on.

   Service providers will still want to make sure that their employees appearance, uniforms, equipment, and work areas on-site (closets, service offices, etc.) look well kept. The danger is for providers to make everything look sharp, and then fall short on reliability or responsiveness.

2. **Reliability (*just do it)***: the firm's ability to deliver a promised service dependably and accurately. An example of this is if a has doctor diagnosed patient correctly and prescribes an efficient and safe medicine. (Do what you say you're going to do when you said you were going to do it). Customers want to count on their providers. They value that reliability.

   It's three times more important to be reliable than have shiny new equipment or flashy uniforms. However, it doesn't mean that clinicians can have ragged uniforms and only be reliable. Service providers have to do both. But the provider's first and best efforts are better spent making service reliable (Chris, 2008).

3. **Responsiveness (*do it now)***: refers to the service provider's willingness to help customers and provide prompt service. For example, the dentist should be accessible, there should be no waiting and staff should be willing to listen.
   Respond quickly, promptly, rapidly, immediately, instantly.
   Whether it's 30 minutes, 4 hours, or 24 hours, it's important customers feel providers are responsive to their requests. Not just emergencies, but everyday responses too.
   Even if customers are chronically slow in getting back to providers, responsiveness is more than 1/5th of their service quality assessment (Chris, 2008).

4. **Assurance (*know what you are doing)***: Knowledge and politeness from service providers and their ability to promote an atmosphere of trust and safety for the client. For example, a doctor is knowledgeable, skilled, qualified and has a good reputation.

   Service providers are expected to be the experts of the service they are delivering.
   Chris's SERVQUAL research shows that it is important to communicate their expertise on the service to the customers. If a service provider is highly skilled, but customers don't see that, their confidence in that provider will be lower. Thus, their assessment of that provider's service quality will be low (Chris, 2008).
   Service providers must communicate their expertise and competencies – before they do the work. This can be done in many ways that are repeatedly seen by customers, such as:

- Display industry certifications on patches, badges or buttons worn by employees.
- Include certification logos on emails, letters and reports.
- Put certifications on posters, newsletters and handouts.

5. **Empathy (*care about customers and put yourself in the customers' shoes)***: demonstrated by giving caring, individualised attention to customers.
   Services can be performed completely to specifications. Yet, customers may not feel provider employees care about them during delivery. This hurts customers' assessments of providers' service quality.

   For example, a nurse efficiently takes the vital signs of a patient. However, during the procedure, the nurse doesn't smile, make eye contact, or ask the patient if there is anything else they could do for them. In this incident the provider's service was performed fully, but the patient didn't feel the provider employee cared. It's not necessarily the employees fault. They may not know how they are being judged. They may be overwhelmed, inadequately trained, or disinterested.

   Customers' assessments include expectations and perceptions across all five SERVQUAL dimensions. Service providers need to work on all five, but emphasize them in order of importance. If sacrifices must be made, these dimensions can be used as a guide for which ones to rework. Also, providers can use SERVQUAL dimensions in determining specific customer and site needs. By asking questions around these dimensions, providers can learn how they play out at a particular location/bid opportunity.

2.2.4 SERVQUAL

Service Quality Instrument (SERVQUAL) aims to understand how customers perceive the quality of a service. This instrument has been widely used in many service industries, including hotels, dentistry, travel, higher education, real estate, accountancy, architecture, hospitals and construction services (Padma, 2010).

The SERVQUAL instrument is a popular instrument to measure service quality applied in the healthcare industry extensively. Five dimensions (i.e., assurance, empathy, reliability, responsiveness, and tangibles) are proposed and the magnitude of the differences between customer perceptions and expectations are implemented for measuring perceived service quality (Parasuraman et al., 1998).

An exploratory research conducted in 1985 showed that clients judge service quality by using the same general criteria, regardless of the type of service. Parasuraman *et al.* (1998) captured these criteria using a scale composed of 22 items (statements) designed to load on five dimensions reflecting service quality as defined by its authors. Each item is used twice: firstly to determine customers' expectations about firms in general, within the service category being investigated; secondly to measure perceptions of performance of a particular firm (LLosa, *et al.*, 1998).

SERVQUAL is still widely used as there are no other well-established alternatives. Parasuraman *et al.*, (1988; 1991; 1993) claim that the instrument is applicable to a wide variety of service industries although it may be necessary to reword and/or augment some of the items.

2.2.5 Dimensions of Service Quality (SERVQUAL scale)

An exploratory research by Parasuraman, Zeithaml, and Berry (1995) revealed that the criteria used by consumers in assessing service quality fit 10 potentially overlapping dimensions. These dimensions were tangibility, reliability, responsiveness, communication, credibility, security, competence, courtesy, understanding/knowing the customer, and access. These 10 dimensions and their descriptions served as the basic structure of the service-quality domain from which five

items was derived for the current SERVQUAL scale. Various statistical analyses conducted in constructing SERVQUAL, revealed considerable correlation among items representing several of the original ten dimensions. In particular, the correlations suggested consolidation of the last seven dimensions into two broader dimensions labeled assurance and empathy

(See Figure 2.1) The remaining dimensions – tangibles, reliability, and responsiveness – remained intact throughout the scale development

Original ten dimensions for evaluating service quality	**Tangible**	**Reliability**	**Responsive -ness**	**Assurance**	**empathy**
1. Tangible					
2. Reliability					
3. Responsiveness					
4. Competence 5. Courtesy 6. Credibility 7. Security					
8. Access 9. Communication 10. Understanding the Customer					

Figure (2.1): Correspondence between SERVQUAL Dimensions and Original Ten Dimensions for Evaluating Service Quality (Zeithaml, et al., 1990)

2.2.6 Criticisms of SERVQUAL

The SERVQUAL instrument for measuring service quality has been subjected to a number of criticisms.

- Tabibi (2001) argued that it confuses outcome, process and expectation. Chen *et al.* (1994) stated that it neglects the price factor, and suffers from multi co linearity due to the averaging of measured gaps.
- Cronin and Taylor (1992) have developed their own performance-based measure, the SERVPERF. In fact, the SERVPERF scale is the unweighted perceptions components of SERVQUAL, which consists of 22 perception items thus excluding any consideration of expectations. In their empirical work in four industries, Cronin and Taylor (1992) found that unweighted SERVPERF measure (performance-only) performs better that any other measure of service quality, and that it has the ability to provide more accurate service quality score than SERVQUAL. They argue that current performance best reflects a customer's perception of service quality, and that expectations are not part of this concept.
- Brown *et al.* (1993) reported psychometric problems with the use of the difference scores and suggested that the five dimensions may in fact represent a uni-dimensional construct. Another matter suggests that the model should not be limited to the five dimensions proposed (Parasuraman, et al, 1998).

Despite the criticisms, SERVQUAL has been used to measure service quality in a variety of contexts; this instrument has been widely used in many service industries,
Including hotels, dentistry, travel, higher education, real estate, accountancy, architecture,
hospitals and construction services (Padma, 2010). The wide array of application of such an instrument as SERVQUAL spells confidence in its utilization as a technique for measuring service quality in various business sectors and service industries. However, Parasuraman *et al.* (1991) cautioned that the addition/deletion of items and/or dimensions may result in the loss of the scale's integrity.

2.2.7 Sources of Customer Expectations

Given the importance of understanding customer expectations in order to deliver service quality, it is also clearly important to find out what customers expect is essential for providing service quality (Zeithaml etal, 2003).

Customer expectations are beliefs about service delivery that serve as standards or reference points against which performance is judged. Because customers compare their perceptions of performance with these reference points when evaluating service quality, thorough knowledge about customer expectations is critical to the marketing of the services. Knowing what the customer expects is the first and possibly most critical step in delivering good quality service. Being wrong about what customers want can mean losing a customer's business when another company hits the target. To come to the wrong conclusion can also mean spending money, time and other resources on things that do not count to the customer. Being wrong can even mean not surviving in a fiercely competitive market (Zeithaml etal, 2003).

So the sources of customer expectations according to (Kotler etal, 2015) is*:*

1. Word of mouth.
2. Personal needs.
3. Past experiences.
4. Competitor's promises and/ or performance.
5. External communications.
6. Social factors.

1. **Word of Mouth**

Are personal and sometimes non-personal statements made by parties other than the organization which convey to customers what the service will be like and influence both predicted and desired service. Word-of-mouth communication carries particular weight as an information source because it is perceived as unbiased. Word of mouth tends to be very important in services that are difficult to evaluate before purchase and before direct experience of them. Experts (including consumer reports, friends and family) are also word-of-mouth sources that can affect the levels of desired and predicted service (Davis et al, 1999).

2. **Personal Needs**

They are states or conditions essential to the physical or psychological well-being of the customer, are pivotal factors that shape what customers desire in service. Personal needs can fall into many categories, including physical, social, psychological and functional.

3. **Past Experiences**

Customers anticipate experiences based on past purchases. This occurs if they purchase the same product or service from your firm or a completely different one. Regardless of what they're buying, the purchase is with the same company, so consistency is anticipated.

4. **Competitor's promises and/or performance**

If a competitor promises or does something beyond the experiences your company delivers, your customers and prospects will expect your company to either match or exceed the performance. Even if the firm does not believe there is an "apples to apples" comparison, the customers may not understand or necessarily care.

5. **External Communications**

This influencing factor can be divided into two sub-categories: Explicit external communication and implicit external communication.

1. Explicit Communication – relates to statements about the service made by the service itself. Such statements may come from service staff or from the service in form of leaflets, publicity and marketing material.
2. Implicit Communication – Because services are intangible, clients will look for some other clues as to the potential quality of the service. They look at the physical evidence provided by the professional service provider and the price they will be charged for services (Kotler etal, 2015).

   In general, the higher the price and the more impressive the tangibles, the more a customer will expect from the service. For example a customer who stays at a five-star hotel is likely to desire and predict a higher standard of service than from a hotel with less impressive facilities.

6. Social factors

It includes groups (reference groups and membership groups), family, roles and status. This explains the outside influences of others on our purchase decisions either directly or indirectly. Social factors are among the factors influencing consumer behavior significantly. They fall into three categories: reference groups, family and social roles and status. (Pinki,2014)

- Reference groups and membership groups**:** The membership groups of an individual are social groups to which he/she belongs and which will influence him/her. The membership groups are usually related to its social origin, age, place of residence, work, hobbies, leisure, etc. Reference groups have potential in forming a person's attitude or behavior. The impact of reference groups varies across products and brands.
- Social roles and status**:** The position of an individual within his/her family, his/her work, his/her country club and his group of friends etc. All this can be defined in terms of role and social status. A social role is a set of attitudes and activities that an individual is supposed to have and do according to his profession and his position at work, his position in the family, his gender, etc. and expectations of the people around him. (Pinki,2014)

2.2.8 Gaps in Service Quality

The central focus of the gaps model is the customer gap, i.e. the difference between customer's expectations and perceptions. Expectations are the reference point that customers have coming in to a service experience; perceptions reflect the service as it is actually received. The idea is that businesses will want to close this gap – between what is expected and what is received – to satisfy their customers and build long-term relationships with them. To close this all-important customer gap, the model suggests that four other gaps – the provider gaps – need to be closed. The provider gaps are the underlying cause behind the customer gap:

Gap 1 – Not knowing what customers expect.

Gap 2 – Not selecting the right service designs and standards.

Gap 3 – Not delivering service to standards.

Gap 4 – Not matching performance to promises.

(Fitzsimmons and Fitzsimmons, 2001)

The customer gap **(Gap 5)** is the focal point of this thesis. Empirical data obtained from consumers' and employees' results of SERVQUAL will be used to look at the relationship between the five dimensions those customers' and employees' use to form their expectations and perceptions of the service and to identify the key areas of strength and weakness in the service quality delivery process of the Palestinian hospitals.

2.3 Healthcare services in Palestine

It is necessary to recognize the reality of the Palestinian healthcare situation through addressing related numbers and statistics that show some of the health sector problems and potentials, and to identify some health indicators.

2.3.1 Demographic variables

The number of Palestinian inhabitants according to statistics mid-2014 is a total of 4,550,368 million people. Distribution of the population shows that 61.3% live in the West Bank, and 38.7% in Gaza Strip. Distribution of the population by sex shows that 50.8% of the population is male and 49.2% female. See table (2.1).

Table (2.1): Palestine population distribution (2014)

Variable				
Total population in the Palestinian territories	**4,550,368**			
	West Bank		**Gaza**	
Population in west bank & Gaza	2.79 million	61.3%	1.76 million	38.7%
	Male		**Female**	
Male & Female population	2.31 million		2.24 million	

Source: Annual report of the Palestinian Ministry of Health in 2014.

According to the 2014 annual report of the Palestinian Ministry of Health (Palestine population and demography, 2014) the largest population in the West Bank in terms of population is Hebron as its population reaches 15% of the total population of Palestine. This is followed by the province of Gaza with 13.4%, followed by the province of Jerusalem with 9.1%.

2.3.2 Healthcare service problems in Palestine

Four main providers are responsible for primary, secondary, and tertiary healthcare in Palestine territory: Palestinian Ministry of Health, Palestinian non-governmental organizations, the UN relief and works agency, and the private sector (Palestine population and demography, 2014).

Complementarity between the four main providers of health care in the occupied Palestinian territory has not developed from an attempt to establish a rational and efficient division of labor but has mainly arisen because of the political and economic situation. Closures, segregation, strikes, and impoverishment lead many transfers of patients from one provider to another.
Restrictions on movement imposed by multiple checkpoints, barriers to movement, and the Separation Wall prevent access for patients and medical staff (Mataria etal, 2007).

Healthcare services in Palestine are financed through a mixture of taxes, health insurance premiums and co-payments, out-of-pocket payments, local community financial and in-kind donations, and loans and grants from the international community (including UNRWA) (National Palestinian strategic health plan, 2014).

Palestinians are undergoing a rapid epidemiological transition. Non-communicable diseases, such as cardiovascular diseases, hypertension, diabetes, and cancer, have overtaken communicable diseases as the main causes of morbidity and mortality. The prevalence of HIV/AIDS is very low, and the population is deemed free of poliomyelitis, as judged by WHO criteria. Communicable diseases of childhood have already been mostly controlled with effective immunization programs. Many Palestinians have lost satisfactory access to clean water and sanitation. 66% are not connected to sewage network. Palestine has a very high rate of malnutrition, affected 16% of the population. About 10% of the population suffers from at least one diagnosed chronic disease.

Life styles in Palestine are generally unhealthy, with a large number of people who smoke tobacco, little physical activity and have unhealthy diets. (Hanan, 2009)

Quality of life in the occupied Palestinian territories proved lower than that in almost all other countries. Mental health problems are higher in Palestine than the rest of the Middle East, passivity, sadness and feeling of fear and anxiety are very common. Research states that 51% of children do not want to participate in any physical activity, fear affects 61% and sadness 96% of the whole population (Shouly, 2011).

Furthermore, Palestinians have high levels of threats to personal safety, safety of their families, and their ability to support their families and fear about their future and the future of their families (Mataria etal, 2009).

Direct threats to human security in Palestine reflected by aerial bombings of civilian areas and use of gunfire by Israeli military, in addition to fighting between Palestinian factions, constitute severe and pervasive threats to life. A further source of physical and psychological insecurity for Palestinians is the threat of demolition to their homes that are built on unregistered land (OCHA, 2009).

Indirect threats to human security in Palestine have their origins in an interlocking web of checkpoints, barriers, border closures, curfews, and the permit system imposed by Israel. These restrictions affect every aspect of Palestinian life, such as the ability to travel, work, marry, study, worship, and spend time with family. Indirect threats compromise the social determinants of health by increasing social exclusion, unemployment, and creating barriers to food, social support, and transport. Construction of the Separation Wall, beginning in 2002, has severely restricted movement in the West Bank. A similar barrier has closed off the Gaza Strip from the outside world (Shubita, 2007).

Gaza strip and West Bank have independent healthcare systems, causing duplication of services and increased costs (Looklex Encyclopedia, 2010). Funding from international organizations like the World Health Organization, the United Nations, the Palestinian Ministry of Health, and the World Bank Education have contributed to the current state of affairs within the healthcare segment of the Palestinian territories. However, while many efforts at enhancing the state of health affairs within the Palestinian territories have shown improvement, there are still efforts to

be made. Continued efforts to recognize and address the geopolitical barriers will be necessary in order to continue to have significant success in this field **(**Barghouti, 2013**).**

Health services in the Gaza Strip have deteriorated rapidly since the political impasse between the Palestinian National Liberation Movement (known as Fatah) and the Islamic Resistance Movement (known as Hamas), and the Israeli and international boycott of Hamas, beginning in mid-2006 after the movement's election victory. Secondary and tertiary care in the Gaza Strip are provided mainly by the Palestinian Ministry of Health, which is the only provider able to cope with the many cases and injuries related to the conflict, indicating the burden of the deteriorating Palestinian National Authority health sector in the Gaza Strip (Batniji etal, 2009).

2.3.3 Major sources of health care and health expenditure in the Palestinian territories

There are different sources that deliver health services inside the Palestinian territories, namely they are public sector (MOH), private sector, UNERWA sector, NGOs sector, and Israel.

1. **The public sector**

Through Palestinian Ministry of Health, the Palestinian Authority provides health services to Palestinians under its jurisdiction in accordance with the Constitution and the Public Health Law. Since the ascendancy of the Hamas government in Gaza, the MOH no longer serves a governmental function in Gaza healthcare, having been replaced by Hamas authority. The majority of funding for MOH services emanates from foreign aid and taxes. Public sector spending represents about 32% of health care expenditure in the Palestinian territories (Hamdan, 2003).

2. **The private sector**

The private healthcare sector has grown in recent years with the advent of privately held hospitals, pharmacies, laboratories, and rehabilitation centers. A nascent pharmaceutical industry has also developed, which is able to supply about one half of total Palestinian demand for

prescription medicine. Some private health insurance programs have been established, though with limited popularity. Many Palestinians with means self-pay for health services not available to them through other avenues and private expenditure comprises roughly 37% of all spending on health care in Gaza and the West Bank (Vitullo, 2012).

3. UNRWA sector

Since its inception in 1948, UNRWA has had jurisdiction over the social services of Palestinian refugees living in Lebanon, Jordan and Syria. However, the organization does have money in its budget (which is determined by the UN) to provide free health services to eligible Palestinians living in the West Bank and in Gaza provided that they are registered as refugees. The UNRWA finances about 24% of all health care spending in Palestine (UNERWA, 2013).

4. NGOs sector

Palestinian Non-Governmental Organizations (NGOs) bankrolled by private benefactors encompass a sizable portion of the healthcare economy in the Palestinian authority. There are fewer NGOs operating in Gaza than in the West Bank and that Gaza residents are more likely to be classified as refugees and therefore have access to services provided by UNRWA. Palestinians are most likely to visit NGOs when they require mental health counseling, physical therapy and rehabilitation, and medical training. They are least likely to use NGOs for emergency care, routine check-ups, and maternity and pediatric needs.

5. Israel

Under the Oslo accords, responsibility for healthcare was transferred from Israel to the Palestinian Authority. Nonetheless, every year over 160,000 Palestinians receive medical treatment in Israel (Vityllo, 2012).

2.3.4 Hospitals in the south of West Bank

The Southern West Bank consists of two districts: Hebron and Bethlehem. The following table demonstrates a comparison between hospitals at both districts according to (hospital type, number of hospitals, number of beds)

Table (2.2): Comparison of (governmental, NGO's, private) hospitals working in Bethlehem and Hebron governance

Governance	Governmental hospitals		NGO's hospitals		Private hospitals	
	No of hospitals	No of Beds	No of hospitals	No of Beds	No of hospitals	No of beds
Bethlehem	2	311	4	236	2	29
Hebron	2	309	2	202	4	94
Total						
	No of hospitals		No of beds		Hospital per 100,000	
Bethlehem	8		576		3.8	
Hebron	8		605		1.2	

Source: Annual report of the Palestinian Ministry of Health in 2014

From table (2.2) although Hebron governance is bigger in area and has more inhabitants than Bethlehem, we notice that the number of hospitals is equal in both districts (Hebron and Bethlehem). According to the researcher, this could be attributed to the Christian NGO's that are concentrated within the area of Bethlehem.

2.4 Previous Studies

International libraries are rich with studies and researches about the concept of *Quality* in many areas, and it is not easy to review all what has been written on this subject, and if we focus on the area of healthcare, most of what has been written is for foreign students and researchers.
Below the researcher has mentioned the most important of these studies which were obtained:

2.4.1 Regional and Arab Studies

Tailakh (2012) conducted a comparative study about the impact of health service quality on patients' satisfaction over private and public hospitals in Jordan. A random sample of inpatients in Jordanian hospitals was chosen to conduct this study. A special measure called "SERVPERF" which was designed specially to measure the quality of service. Results showed that there is an impact on the quality of healthcare service dependent on patient's satisfaction and a significant statistical difference on the impact of the quality of healthcare service on patient's satisfaction between Hospitals in the public and private sector., specifically, the impact of healthcare service quality on patient's satisfaction in private hospitals sector is better than that in public hospitals sector. The dimension of healthcare responsiveness quality has the lowest mean out of other service quality dimensions in public and private sectors (Tailakh, 2012).

Gary (2007) conducted a study titled "assessment of the service quality expectations and perceptions of the patients of Awali hospital in the kingdom of Bahrain ". The study aimed to determine if there is an empirical significance between the perceived quality of service offered by Awali Hospital to the general public in Bahrain compared to their patients' expectations. SERVQUAL instrument was used. In total 750 paper questionnaires were distributed to the patients in the hospital, 300 English and 300 Arabic. Another 150 electronic questionnaires via emails were sent to refinery workers. Results showed that Perception scores were significantly different at the $p < 0.05$ level from expectation scores and all the service quality differences were negatively scored. This indicated that patients were not satisfied in all five dimensions of services offered by the hospital. Most significant differences were between groups, "patient types" and

"types of visit", which showed differences between private patients and refinery workers and patients who used the hospital only as an outpatient and patients who used services as an inpatient. Results also showed that responsiveness had the largest difference with assurance and reliability (Gary, 2007).

Jazaere etal (2008) aimed in their study to measure health service quality in al-Faiha general hospital – Iraq/ Basrah . SERVQUAL scale used, 107 questionnaires were distributed to the patients and employees in al Faiha hospital. The results showed that there is a clear weakness in the level of quality concerning the healthcare service, which was provided to patients (Jazaere etal, 2008).

Another similar study done by Thyab (2012) in which she measures quality dimensions of government hospital medical services in Jordan from the perspective of its staff and patients. To fulfill the goals of this study patients and staff were sampled randomly selected from three governmental hospitals in northern, central and southern Jordan, (300) questionnaires were distributed to patients and (250) to staff. Results highlighted that government hospitals apply medical service dimensions of reliability, tangibility, empathy, and safety taking into account that application varies among the five dimensions, from the perspectives of staff. The patients' assessment of the same dimensions is equally matched with regard to all dimensions except responsiveness and empathy. And also the results showed that there are no differences in the dimensions of quality attributed to any of the demographic variables (Thyab, 2012).

Misleh (2010) aimed in his study to identify the quality level of the actual services perceived by staff and patients in hospitals operating in the city of Qalqilya/ Palestine, and to identify differences in their responses depending on the following variables: hospital, respondent, gender, marital status, age, educational qualification, and function. To carry out the study SERVPERF scale to measure the quality of perceived and actual service. Sample included 126 staff and 420 outpatients in both Darwish Nazzal governmental hospitals, and UNRWA hospital in the city of Qalqilya. Results revealed that the responses from the participants in the study towards actual and perceived quality of services, from staff and patients were high on all fields of study and on the

total score. They also found that there were significant differences in the following areas: power response, safety, trust, and empathy due to the variable of gender were in favor of males (Misleh, 2010).

Another study done by Koni et al (2013) identified the assessment of the service quality of higher education in Palestine. This study utilized the SERVQUAL gaps model, an instrument for measuring students' satisfaction and behavioral intentions. The aim of this study was to present an assessment of the services quality at two universities in the West Bank/Palestine and to uncover which service constructs are the most important and thus desired by Palestinian university students. The sample of the study was 375 students who studied in two universities in the West Bank/Palestine. The findings of the study are summarized as follows:

- "Service quality" in Palestinian universities is slightly unsatisfactory to the students and needs further attention.
- The students considered all service constructs very important to them.
- The most important service constructs to the students are "Library Facilities" followed by "Computer Facilities"
- The majority of the students in West Bank/Palestine universities are completely loyal to their universities (Koni et al, 2013).

In his research Kahloot (2004) identified the factors that affect sustainability of total quality management activities in the Palestinian Ministry of Health hospitals in the Gaza Strip. The study sample included 149 employees working in departments at hospitals that have implemented improved quality activities in Gaza strip, Shifa hospital, Victory children's hospital eyes in Gaza, and Nasser hospital in Khan Younis, all of which belong to the ministry of health. The methods used in the study include, both the descriptive analytical and the inductive method through a questionnaire and personal interviews. The major findings of the research were low level of scientific method used to measure the improvement of quality indicators. And low level of commitment of senior management especially in improvement and development operations, generally in total quality activities. The researcher recommended to adopt a comprehensive strategic action plan which aims to spread the culture and philosophy and concepts of total

quality in all its institutions. And to reconsider the incentives systems used in institutions and work hard to increase it (quality and quantity) and continuously developing it based on scientific backgrounds. Also the researcher recommends that they focus on patients and their needs and focus on employees and training them continuously (Kahloot, 2004).

2.4.2 Foreign Studies

Siddiqui et al (2007) in their research compare the quality of healthcare services by different types of institutions, i.e. public and private hospitals, from the perspective of Bangladeshi patients to identify the relevant areas for development. About 400 exit-interviews were conducted using SERQUAL questionnaire. The study sample consisted of in-patients in public or private hospitals in Dhaka city or in hospitals abroad within the last one year. The results of this study showed that the quality of service in private hospitals scored higher than that in public hospitals for nursing care, tangible hospital matters, i.e. cleanliness, supply of utilities, and availability of drugs (Siddiqui et al, 2007). And the overall quality of service was better in the foreign hospitals compared to that in the private hospitals in Bangladesh in all factors.

Aghamolaei (2014) in his research aimed to determine the service quality gap of the main hospital of Hormozgan province in southern Iran with SERVQUAL technique. Study sample consisted of 96 patients from Shahid Mohammadi Hospital in the south of Iran. Results showed that service quality gaps were seen in all five service quality dimensions and the overall quality of service. The highest perception was in assurance dimension and the highest expectation was in responsiveness and assurance dimensions. And the lowest perception was in the responsiveness dimension and the lowest expectation was concerning empathy (Aghamolaei, 2014).

Another study by Figen and Ebru (2010) was done where they tested the dimensionality of the SERVQUAL instrument in the Northern Cyprus health care industry, to assess the service quality provided in public and private hospitals in Northern Cyprus and to identify the service quality dimensions that play an important role on patient satisfaction. The sample size of this study consisted of 806 systematically selected people above the age of eighteen from the citizens of

Cyprus. It discovered that private hospitals have smaller gaps than public hospitals in all three service quality dimensions. Reliability, empathy and tangibility are somewhat influential on patient satisfaction. And in public hospitals tangibles dimension seems to exert no significant influence on satisfaction (Figen etal, 2010).

Punnakitikashem et al (2012) measure service quality of the hospital implementing Lean management in a hospital in Thailand. This paper assesses patients' expectation and satisfaction pertaining to hospital service quality. The study used the SERVQUAL model, the sample of the study was 450 patients. The results of the study revealed the following:

- Overall service quality score was positive
- There was no significantly different between overall patients' perception and expectation
- The service quality level of the hospital implementing lean was moderate.
- The hospital is able to deliver service as expected.
- The largest positive gap between patients' perception and expectation was in terms of tangibility.
- The largest negative gap is with respect to assurance (Punnakitikashem, 2012).

Munhurrunet et al (2010) conducted a study about service quality in the public service in Mauritius, India. The purpose of the study was to obtain a better understanding of the extent to which service quality is delivered within the Mauritian public service by drawing on front-line employees (FLE) and customer perceptions of service quality. SERVQUAL is used to measure service quality amongst FLE and customers in a major public sector department in Mauritius. Results showed that there was a significant shortfall in meeting customer expectations; the FLE appears to have a good understanding of what these expectations actually are. And all the service provider gaps were found to be negative and they were statistically significant at 5%. The results indicated that FLE believed they were not doing a good job in meeting the customers' expectations. While customers rated the importance of the attributes as reliability, assurance, responsiveness, tangibles and empathy, while the FLE ranked the importance of the attributes as assurance, tangibles, empathy, reliability and responsiveness. The results also showed that the

largest gap was observed for the "reliability", followed by the 'responsiveness" dimension (Munhurrunet et al, 2010).

Bakar et al (2008) examine in their study the role of expectations in patient assessments of hospital care as an example from a university hospital network in Turkey. In which the SERVQUAL scale was used to evaluate hospital services, conducting a preliminary assessment of patient attitudes regarding the important aspects of service dimensions. The study sample consisted of 550 randomly chosen patients who received treatment as inpatients or outpatients at Baskent university hospitals network in Baskent/ Turkey. Results showed that the perceived scores of the patients were higher than expected for an ordinary hospital but lower than expected for a high-quality hospital. And the highest difference between the perceived service score and the expected service score was found at the Alanya application and research center in Alanya, Turkey (Bakar et al, 2008).

Awuah et al (2014) aimed in their study to assess patients' satisfaction using SERVQUAL model at Sunyani regional hospital in Ghana. The sample size consisted of 214 patients. Results highlighted the negative gaps for four of the service quality dimensions out of six used in the study, these dimensions were reliability, communication/interpersonal relationship, assurance, and responsiveness. Overall satisfaction of patients concerning the service quality of the hospital was good. Also, results showed positive scores for tangibility and empathy dimensions which affirms patients' impression about the service (Awuah et al, 2014).

Purcarea et al (2013) conducted a study about the Assessment of perceived service quality of Public Health Care Services in Romania Using the SERVQUAL Scale. The objective of the study was to explore the application of the original SERVQUAL scale in the context of public health care services in Romania. And to uncover whether SERQUAL scale fits as the original version or adjustments should be done and to define the demographic profiles of healthcare consumers who use public services in Romania. The sample size consisted of 263 women from a list of gynecological health care forum members. Results indicated that the biggest gap score was

registered by the tangibles dimension followed by responsiveness dimension and reliability dimension (Purcarea et al, 2013).

Another similar study done by Brahmahatt et al (2011) in which they recognize the adapting the SERVQUAL scale to hospital services. "an empirical investigation of patients' perceptions of service quality". This study aimed to explore the concept of service quality in a healthcare setting based on Parasuraman‘s Modified SERVQUAL, and to identify the effects of each variable to satisfaction. To fulfill the goals of this study, the sample was chosen from people living in Ahmedabad and Gandhinagar area who were above the age of eighteen. The sample size consisted of 246 patients. The results of the study revealed that the customers' perceptions did not exceed their expectations, as they were dissatisfied with the level of healthcare services rendered by both public and private sector hospitals (Brahmahatt et al, 2011).

Butt et al (2009) in their research examine the private healthcare quality in Malaysia by applying a SERVQUAL model. This study aimed to develop and to test the SERVQUAL model scale for measuring Malaysian private health service quality. The study sample consisted of 340 randomly selected participants visiting a private healthcare facility during a three-month data collection period. Results highlighted a moderate-negative quality gap for overall Malaysian private healthcare service quality. Also, found a moderate-negative quality gap on each service quality scale dimension (Butt et al, 2009).

CHAPTER THREE

Methodology and Procedures of the Research

This chapter discusses the population, sample size, sampling methods and techniques used in the research. It also identifies the research tools, describes the questionnaire that is used, and then concludes by presenting the statistical tools used in order to get the results.

3.1 Population and Sample

3.1.1 Population

All the 1460 employees and inpatients of 16 hospitals in the southern part of the West Bank are the population of this study during the data collection period (from June 2015 to September 2015).

All needed information about these hospitals in the southern part of West Bank were obtained from the 2014 annual report of the Palestinian Ministry of Health, in addition to data collected by the researcher himself.

The table (3.1) illustrates the names of all hospitals in the southern West Bank (Bethlehem and Hebron) which is 16 hospitals according to the Annual report from the Palestinian Ministry of Health in 2014:

Table (3.1): distribution of hospitals in the southern West Bank according to (owner, governorate, No of bed, No of employees)

No	Hospital name	owner	Governorate	No of beds	No of employees
1	Yatta governmental hospital	Governmental	Hebron	34	153
2	Hebron governmental hospital	Governmental	Hebron	275	481
3	Al Ahli hospital	NGO	Hebron	162	430
4	Al Mezan hospital	Private	Hebron	60	198
5	Bani Naim hospital for maternity and surgery	Private	Hebron	10	30
6	Shahera hospital for women and maternity	Private	Hebron	10	20
7	Nasser Hospital for general surgery and maternity (Yata)	Private	Hebron	16	25
8	Red crescent hospital for children and maternity	NGO	Hebron	40	40
9	Bethlehem Mental hospital	Governmental	Bethlehem	180	133
10	Yamama Hospital	Private	Bethlehem	17	23
11	Bet Jala governmental hospital	Governmental	Bethlehem	131	345
12	Holy Family Hospital	NGO	Bethlehem	60	150
13	Caritas Hospital	NGO	Bethlehem	82	218
14	Shepherds Field Hospital	NGO	Bethlehem	15	25
15	Al Dibs hospital for surgery and maternity	Private	Bethlehem	10	20
16	Bethlehem Arab society for Rehabilitation hospital	NGO	Bethlehem	79	140

Source: Annual report of the Palestinian Ministry of Health in 2014.

3.1.2 Sample size

The sample was drawn from the employees and in-patients in southern Palestinian hospitals. The sample size of the study was determined as 374 patients and 317 employees.

Table (3.2) shows the sample size, which consisted of 374 patients and 317 employees. 63.1% of the patients were from Hebron and 30.5% of patients were from Bethlehem. While 62.5% of the employees were from Hebron and 37.5% were from Bethlehem.

Table (3.2): Study sample distribution according to place of living, number of employees, number of patients

Governorate	Patients		Employees	
	No	**%**	**No**	**%**
Hebron	242	64.7%	198	62.5
Bethlehem	132	34.3%	119	37.5
TOTAL	**374**	100%	**317**	100%

3.1.3 Sampling method

According to the annual report of MOH (2014); there are 16 hospitals working in southern West Bank.

Letters and information sheets were written and sent to the administration of those 16 hospitals asking their permission to allow the researcher to distribute the study questionnaire to the employees and patients.

Only 10 out of the 16 hospitals participated in this study.

Five hospitals refused to participate in the research and Bethlehem mental governmental hospital was excluded because their clients can't answer the questionnaire questions because most of them have low cognitive abilities. Table (3.3) contains the names of hospitals that participated in the research.

Table (3.3): The Southern West Bank hospitals which participated in the research

No	Hospital name	hospital address
Governmental Hospitals		
1	Yatta governmental hospital	Hebron
2	Hebron governmental hospital	Hebron
3	Bet Jala governmental hospital	Bethlehem
Non Governmental Hospitals		
4	Al Ahli hospital	Hebron
5	Red crescent hospital for children and maternity	Hebron
6	Caritas Hospital	Bethlehem
7	Holy Family Hospital	Bethlehem
8	Bethlehem arab society for rehabilitation hospital	Bethlehem
Private Hospitals		
9	Al Mezan hospital	Hebron
10	Yamama Hospital	Bethlehem

Table (3.3) illustrates the names of the ten hospitals working in southern Palestine that participated in this study.

3.1.4 Selection of respondents and data collection

Two methods of sampling were adopted to satisfy the declared objectives of the study. The first method was a stratified sampling technique which was used to access our targeted population represented by hospitals working in the southern part of the West Bank (Bethlehem, Bet Jala and Hebron directorate). The second sampling procedure was within the strata, a convenient sampling technique was used to reach the patients and employees, where the researcher targeted the available patients and employees who were available during data collection.

The data collection was collected by the researcher himself. Permission was granted from the Palestinian Ministry of Health and the hospital's administration helped to facilitate in the data-collection process. Ten hospitals participated in the study. Two days spend in the data collection for each hospital.

The number of questionnaires that were distributed equaled to 20% of the total number of employees in each hospital, and all inpatient customers available (from June to September 2015) and who accepted to participate in filling out the questionnaire. Within each hospital, the researcher started with the available administration employees and then to the professional employees in the different departments. After that, the questionnaire was distributed to all inpatients available in the hospitals at the time of data collection visit.

3.1.5 Inclusion and Exclusion criteria

Inclusion criteria for patients' sample:

1. Patients' age should be more than 15 years (in the children departments; the mothers filled out the questionnaire instead of their children)
2. The participants from patients should be inpatients not outpatients (at least stayed one night in the hospital.
3. Inpatients in any department in the hospital are targeted in data collection

Exclusion criteria for patients' sample :

1. Mentally deficient patients.
2. Unconscious patients.
3. Patients who have contracted contagious diseases.

Inclusion criteria for employees' sample:

1. Employees' age should be more than 15 years.
2. Employees working in any department in the hospital are targeted in data collection

**Note: no exclusion criteria for employees

3.2 Research design

A descriptive cross-sectional study was adopted in this research as it suites the objectives of this research, as it is based on measurements obtained at a single point in time, with no follow-up, in a way that allows greater access to a large and diverse group of participants, and at the same time has the privilege of relatively quick data collection and analysis.

3.3 Research tool:

As a way of trying to measure service quality, the researcher has used a universal adopted methodology known as SERVQUAL – a perceived service quality questionnaire survey methodology. SERVQUAL examines five dimensions of service quality:

- Tangible
- Reliability
- Responsiveness
- Assurance
- Empathy

Thus the purpose of this research is to use empirical data, obtained by Parasuraman, Zeithaml and Berry's SERVQUAL tool, in order to explore the standard of service quality offered by southern Palestinian hospitals. This SERVQUAL tool is considered the most widely used and tested service quality survey instrument (Bennington and Cummane, 1998).

3.4 Questionnaire Description

A preliminary questionnaire was quoted from international adopted questionnaire (SREVQUAL) in English language. This was translated into Arabic at the final stage and some demographic characteristics questions added at the beginning of the questionnaire.

The 7-point interval scales were used in the structured format with verbal statements, such as 'strongly disagree' and 'strongly agree', anchored to the numerals of 1 to 7.

SERVQUAL measures service quality in five dimensions; reliability, tangibles, responsiveness, assurance, and empathy by 22 items. Each item is written twice; first to determine (customer's and employees) expectations from service providers in the service category being investigated, second to measure perceptions of performance of a particular firm (Llosa et al., 1998).

Data gathered through a SERVQUAL survey can be used for a variety of purposes (Zeithaml and Bitner, 2003)

- To determine the average gap score (between customers' perceptions and expectations) for each service attribute.
- To assess a hospital's service quality along each of the five SERQUAL dimensions.
- To track customers' expectations and perceptions (on individual service attributes and/or on the SERVQUAL dimensions) over time.
- To compare a hospital's SERVQUAL scores against those of competitors.
- To identify and examine customer segments that differs significantly in their assessments of a hospital's service performance.
- To assess internal service quality (that is, the quality of service rendered by one department or division of a hospital to others within the same hospital).

The final result was two questionnaires, one for the employees and one for the patients, each of them has the same items regarding the SERVQUAL questionnaire but the difference was in the first paper, which included personal data about patients and employees.

The researcher validated the questionnaire through 3 scientifically adopted arbitrators (one statistician and two management assistant professors), to assess the questionnaire.

3.5 Computing the SERVQUAL scores

The SERVQUAL statements (in both the expectations and perceptions sections) are grouped into five dimensions, each with its range of pertinent statements as follows:

1. Tangibility (Statements 1-4)
2. Reliability (Statements 5-9)
3. Responsiveness (Statements 10-13)
4. Assurance (Statements 14-17)
5. Empathy (Statements 18-22)

3.6 Instrument reliability and validity

3.6.1 Reliability:

The Reliability scale (Alpha Cronbach) of the two questionnaires (Employees and Patients) were computed for each Element of the Quality of Services scale, we found that its total values are 0.93 for the Employees' Expectations and 0.97 for the Employees' Perceptions. We also found that its total values are 0.96 for the Patients' Expectations and 0.97 for the Patients' Perceptions. These values and the other subtotal values of reliability scale shown below indicate that there exist acceptable reliability for the two questionnaires, and from 93% to 97% of all data can be reproduced in the case of repeating this research using the same questionnaires.

Table (3.4): The Reliability scales (Alpha Cronbach) of the two questionnaires (employees and patients)

Respondents	**Employees**		**Patients**	
Quality of Services Elements	**Expectations**	**Perceptions**	**Expectations**	**Perceptions**
Quality of **Tangibility**	0.79	0.85	0.74	0.83
Quality of **Reliability**	0.83	0.93	0.90	0.89
Quality of **Responsiveness**	0.77	0.91	0.82	0.89
Quality of **Assurance**	0.85	0.92	0.91	0.91
Quality of **Empathy**	0.88	0.92	0.92	0.92
Total Quality of Services	0.93	0.97	0.96	0.97

3.6.2 Validity:

The correlation coefficients were computed between the quality of services elements and its total degree for both questionnaires (employees and patients). The following table shows the results:

Table (3.5): Pearson correlation coefficients: significant levels between the quality of services elements and total degree for both questionnaires (employees and patients)**.**

Respondents	**Employees**		**Patients**	
Quality of Services Elements	Pears on Correlation Coefficient (R)	Sig.	Pears on Correlation Coefficient (R)	Sig.
Quality of **Tangibility**	0.77	0.001	0.68	0.001
Quality of **Reliability**	0.86	0.001	0.80	0.001
Quality of **Responsiveness**	0.80	0.001	0.77	0.001
Quality of **Assurance**	0.83	0.001	0.78	0.001
Quality of **Empathy**	0.80	0.001	0.77	0.001

From the table (3.5), it is clear that all elements have significant values of correlation coefficients with the total degree of the Quality of Services for both questionnaires (employees and Patients), so we conclude that we have high validity of the two questionnaires so both of them have been able to achieve the goals highly.

3.7 Statistical analysis :

After collecting questionnaires, the researcher entered them into SPSS program (Statistical Package for Social Science) by recoding answers to numeric values. 6-7 degrees given for response "agree", 3-5 degrees given for the response "neutral", 1-2 degrees given for the response "disagree", then the total degrees were computed by the gaps between the perceptions and the expectations to measure service quality using SERVQUAL method.

The statistical methods used in the analysis of the research are :

1. Frequencies and percentages to describe personal and demographic variables.
2. Means (averages) and standard deviations to measure perceptions and expectations of respondents.
3. Paired samples T-test to measure the statistical significance of the gaps between perceptions and expectations.
4. The Independent samples T-test and one way analysis of variance (ANOVA) test for testing the hypothesis of differences according to personal and demographic variables.
5. Pearson correlation coefficients for validity.
6. Alpha (Cronbach) scales for reliability.

3.8 Pilot study

In order to identify potential problems related to the study and to modify the methods and logistic of data collection before starting the actual field work a pilot study was carried out in the Palestinian Red Crescent Society (PRCS) hospital/ Hebron branch. The sample consisted of 15 patients and 15 employees from PRCS hospital, who had been selected randomly and interviewed in the pilot study. Please note that the 30 pilot questionnaires were excluded later from the total number of questionnaires, and they were also excluded from the data analysis procedures.

From the pilot test, some questions in the questionnaire have been revised to make it easier to understand by the study participants.

3.9 Ethical issue:

As per internationally-accepted ethical practice, the questionnaire mentioned that the survey would not require respondents to provide their personal details and that data provided by respondents would be dealt with confidentially.

Participants from employees and patients were informed about the purpose of the study before filling in the questionnaire and were told that their participation will be voluntary, anonymous and confidential. And the data will be used for the purpose of the research only.

Permission to conduct this study was obtained from Palestinian Ministry of Health (MOH), in addition to administration of all governmental, private and nongovernmental hospitals.

CHAPTER FOUR

Data Analysis and Results

4.1 Introduction

In this chapter the researcher will present, analyze, and discuss the results of the research according to research questions and hypotheses presented in chapter one.

The chapter is divided into four sections:

1. Data analysis of **patients'** sample (patient's characteristics) and discussion of patients sample related hypothesis.
2. Data analysis of **employees'** sample (Employee's characteristics) and discussion of employees sample related hypothesis.
3. Comparison between the results of both (**patients & employees**) questionnaire results.
4. Discussion of results.

Data analysis

The SERVQUAL method was used to assess the service quality. This involved computing the difference between the ratings in which the patients/employees assigned to expectation statements and to perception statements. For each pair of statements, the SERVQUAL score was computed as follows:-

Service quality (Q) = Perception (P) – Expectation (E).

South Palestinian hospital's quality of service is assessed along each of the five dimensions by averaging the SERVQUAL scores on the statements making up the dimensions, through the following two steps:-

1. For each (patient /employee), the SERVQUAL scores on the statements pertaining to the dimension is added and divided by the sum of the number of statements making up the dimension.
2. The quantities obtained in step 1 for all (patients/ employees) is then totaled and divided by the number of (patients/employees).

4.2 Data analysis of Patients' sample

The first section of chapter four is concerned with presenting the patients demographic data analysis and the analysis and discussion of hypothesis one and two.

4.2.1 Describing Demographic data of patients' sample:

The number of participants who were patients was 374 in-patients. The group consisted of 140 males and 234 females. The demographic characteristics of patients are described in table (4.1), table (4.2) and table (4.3).

Table (4.1) shows frequencies and percentages of the demographic variables (gender, age, marital status, education level) of patients' sample.

According to table (4.1), we found that 37.4% of the patients in the sample were males, and 62.6% were females. Classification according to age shows that 43.3% were 15-25 years, 26.2% were 26-35 years, 12.8% were 36-45 years, 17.7% were more than 45 years. Demographic data analysis for the marital status of patients shows that the majority of them were married with a percentage of 77%, while 16% of them were single, 7% were divorced and widows.

The distribution of the sample for patients according to their level of education is as follows: 31.6% finished secondary school, 22.4% finished only the primary and intermediate school, 8% not educated, 31.6% have BA degree, 1.6% have master degree or higher.

Table (4.1): The frequencies and percentages given to the demographic variables of the patients. "N=374"

Variable	Category	Frequency	Percent
Gender	Male	140	37.4
	Female	234	62.6
	Total	**374**	**100.0**
Age	15-25	162	43.3
	26-35	98	26.2
	36-45	48	12.8
	46-65	32	8.6
	more than 65	34	9.1
	Total	**374**	**100.0**
Marital status	Single	60	16
	Married	288	77.0
	Divorced	4	1.1
	Widow	22	5.9
	Total	**374**	**100.0**
education level	NA	30	8
	Primary School	18	4.8
	Intermediate	66	17.6
	Secondary School	118	31.6
	Diploma	18	4.8
	B.A	118	31.6
	M.A or high	6	1.6
	Total	**374**	**100.0**

Interestingly, more than 43.3 % of patients were young (15-25) years old, the fact that that was not expected before by the researcher since it usual that a hospital is thought to have older categories of patients. This factor may affect the overall results, in terms of age influence on the perceptions of both the expected and the performed services. At the same time, the researcher noticed that a proper percentage of education, as more than 40% were also educated with diploma or higher, and it is well expected that the degree of knowledge may pose different expectations from the level of services provided, based on the level of education.

Table (4.2) shows frequencies and percentages of the demographic variables (governorate, hospital type, name, division) of patients' sample.

Table (4.2) shows that 242 of patients live in Hebron governorate, while 132 live in Bethlehem. Distribution of patients according to hospital type shows that 50.3% of them existed at NGO's hospitals, 38.5% existed at governmental hospitals, and 11.2% of at private hospitals. Most of the patient sample questionnaire collected from pediatric department with a percentage of 38.5% from the total questionnaires, 21.9% from surgical department, 18.7% were from internal medicine department, 17.6% from the gynecology department, and 3.2% from other departments such as heart and ICU departments.

Table (4.2): The frequencies and percentages given to the demographic variables of patients. "N=374"

Variable	Category	Frequency	Percent
Governorate	Hebron	242	64.7%
	Bethlehem	132	34.3%
	Total	**374**	**100.0**
Hospital type	Public	144	38.5
	NGO's	188	50.3
	Private	42	11.2
	Total	**374**	**100.0**
Hospital name	Hebron governmental Hos.	64	17.1
	al Ahli Hos.	50	13.4
	al Mezan Hos.	34	9.1
	BASR Hos.	38	10.2
	Beit Jala governmental Hos.	58	15.5
	al Yamama Hos.	8	2.1
	Holy Family Hos.	18	4.8
	Caritas Hos.	24	6.4
	PRCS Hos.	58	15.5
	Yatta Governmental Hos.	22	5.9
	Total	**374**	**100.0**
Department	Internal Medicine	70	18.7
	Surgical	82	21.9
	Children	144	38.5
	Gynecology	66	17.6
	Other	12	3.2
	Total	**374**	**100.0**

Out of the 374 patients, 63% were from Hebron which is not surprising as Hebron governorate population is roughly 700,000 inhabitants (CBS 2014), as compared to Bethlehem which is roughly 30,000 inhabitants (CBS 2014). Although the study covered 5 hospitals in Hebron and 5 hospitals in Bethlehem, but hospitals in Hebron are larger than hospitals in Bethlehem.

Table (4.3) showing frequencies and percentages of the demographic characteristics of the participated patients: (family income, if they received treatment outside Palestine, number of days spent in hospital, number of times entering hospital for treatment during previous year) of patients' sample

From table (4.3), the researcher found that 70% of patient's income was less than 2500 NIS monthly, while 18.2% have monthly income of 2500-4000 NIS, and 11.7% have income higher than 4000 NIS monthly.

When the researcher asked the patients (through the questionnaire) if they have received treatment outside Palestine; 71.1% of them indicated that they never have received treatment outside Palestine, 6.4% of them have received treatment abroad, 9.1% of them have received treatment inside Israel, and 13.4% didn't answer the question might because they were asked to mention all names of hospitals that they already had treatment in it whether in Palestine or outside.

Regarding number of hospitalization days, 75.9% of patients stayed within a range of 1 day-1 week, 16% ranged from 8-15 days, and 7% stayed in hospitals 16 days or more.

Table (4.3): The frequencies and percentages of the demographic characteristics of the patients "N=374"

Variable	Category	Frequency	Percent
Family income	less than 1500	122	32.6
	1500-2500	140	37.4
	2501-4000	68	18.2
	4001-5500	20	5.3
	5501-7000	10	2.7
	more than 7000	14	3.7
	Total	**374**	**100.0**
Get treatment outside Palestine	Never	266	71.1
	outside Palestine	24	6.4
	inside Israel	34	9.1
	Missing	50	13.4
	Total	**374**	**100.0**
No. of days Stayed in the hospital ranged from	1day – 1 week	284	75.9
	8days-15days	60	16.0
	16 days and more	26	7.0
	Missing	4	1.1
	Total	**374**	**100.0**
No. of times entering the hospital for treatment during the previous year	Never	22	5.9
	Once	182	48.7
	Twice	46	12.3
	three times	48	12.8
	more than three times	66	17.6
	Missing	10	2.7
	Total	**374**	**100.0**

4.2.2 Analyzing the results of patients' related hypotheses

In this section the researcher will analyze and test the results of the research hypotheses pertaining to patients.

4.2.2.1 Analyzing hypothesis number one

There are no significant differences between the southern Palestinian Hospitals in quality of services offered, as perceived by its customers compared to their expectations. (This means that the services offered by Palestinian Hospitals as perceived do meet customers' expectations).

To test the hypothesis the researcher used perceptions means, expectations means, differences and P-value of the paired samples T-test for 374 questionnaires. Responses of patients grouped into five dimensions as presented in (table 4.4).

Table (4.4) presents the assessment of service quality using SERVQUAL that involved computing the difference between the rating which patients assign to expectation statements and to perception statements.

Table (4.4): Perceptions and expectations means, differences and P-value of the paired samples T-test for the responses of patients**.**

	Statement	Perceptions Means	Expectations Means	Difference	P-value
1	The hospital/clinic has modern-looking equipment.	5.27	5.31	-0.04	0.684
2	The physical facilities in the hospital/ clinic are visually appealing.	4.42	5.43	-1.01	0.001*
3	Personnel in the hospital/clinic are neat in appearance.	5.45	6.14	-0.69	0.001*
4	Materials associated with the service (such as pamphlets or statements) are visually appealing.	4.91	5.36	-0.45	0.001*
	Tangible	**5.01**	**5.56**	**-0.55**	**0.001***
5	When the hospital/clinic promises to do something by a certain time it does so.	5.26	5.97	-0.72	0.001*
6	When you have a problem, the hospitals/clinic shows a sincere interest in solving it.	5.40	6.15	-0.75	0.001*
7	The hospital/clinic gets things right the first time.	5.15	6.10	-0.95	0.001*
8	The hospital/clinic provides its services at the time it promises to do so.	5.42	6.15	-0.73	0.001*
9	The hospital/clinic insists on error-free records.	5.70	6.27	-0.56	0.001*
	Reliability	**5.39**	**6.13**	**-0.74**	**0.001***
10	The personnel in the hospital/clinic tell you exactly when services will be performed.	5.33	6.06	-0.74	0.001*
11	Personnel in the hospital/clinic give you prompt service.	5.42	6.23	-0.81	0.001*
12	Personnel in the hospital/clinic are always willing to help you.	5.35	6.09	-0.74	0.001*
13	Personnel in the hospital/clinic are never being too busy to respond to your requests.	5.23	5.78	-0.54	0.001*
	Responsiveness	**5.33**	**6.04**	**-0.71**	**0.001***
14	The behavior of personnel in the hospital/ clinic instills confidence in you	5.40	6.14	-0.74	0.001*
15	You feel safe in your dealings with the hospital/clinic.	5.49	6.28	-0.78	0.001*
16	Personnel in the hospital/clinic are consistently courteous with you.	5.45	6.26	-0.82	0.001*
17	Personnel in the hospital/clinic have the knowledge to answer your questions.	5.34	6.15	-0.80	0.001*
	Assurance	**5.42**	**6.21**	**-0.79**	**0.001***
18	The hospital/clinic gives you individual attention.	5.62	6.18	-0.56	0.001*
19	The hospital/clinic has operating hours convenient to all its patients.	5.46	6.07	-0.61	0.001*
20	The hospital/clinic has personnel who give you personal attention.	5.42	6.10	-0.67	0.001*
21	The hospital/clinic has your best interests at heart.	5.53	6.26	-0.73	0.001*
22	The personnel of the hospital/clinic understand your specific needs	5.48	6.09	-0.60	0.001*
	Empathy	**5.50**	**6.14**	**-0.64**	**0.001***

*significant at 0.05 level.

Table (4.4.) shows that perceptions of patients of the quality of the provided services are less than their expectations and there are differences between perceptions and expectations of patients regarding service quality represented by Tangibility, Reliability, Responsiveness, Assurance and Empathy offered by Palestinian Hospitals. The P-values of the Paired T-test for the differences between perceptions' means and expectations' means are less than 0.05; this means that we can reject the hypothesis H0, so we conclude that the quality of services offered by Palestinian Hospitals as perceived by patients do not meet customers' expectations.

The largest gaps between perceptions and expectations of patients were measured by the following statements:

1	The physical facilities in the hospital/ clinic are visually appealing	(-1.01)
2	The hospital/clinic gets things right the first time),	(-0.95)
3	Personnel in the hospital/clinic are consistently courteous with you	(-0.82)
4	Personnel in the hospital/clinic give you prompt service	(-0.81)
5	Personnel in the hospital/clinic have the knowledge to answer your questions	(-0.80)
6	You feel safe in your dealings with the hospital/clinic	(-0.78)
7	When you have a problem, the hospitals/clinic shows a sincere interest in solving it	(-0.75)
8	The personnel in the hospital/clinic tell you exactly when services will be performed	(-0.74)
9	Personnel in the hospital/clinic are always willing to help you	(-0.74)
10	The behavior of personnel in the hospital/ clinic instills confidence in you	(-0.74)

What is indicated by the largest differences

- The researcher observed that the largest differences between expectation and perception were in the responsiveness, reliability, and assurance dimensions. It appears, from the differences, that Palestinian hospitals have placed a large amount of focus on the empathy and tangible dimensions of service quality and neglected other key dimensions.
- The largest difference was in the statement (Q 2: The physical facilities in the hospital/ clinic are visually appealing) under the tangibility dimension, so patients are disillusioned with the hospitals regarding neatness and cleanness of physical facilities.
- The second largest difference was in the statement (Q 7: The hospital/clinic gets things right the first time) under the reliability dimension. This result indicates that the hospitals did not assess by the right diagnosis of the disease from the first time and this could indicate that the hospitals lack of highly qualified employees.
- The third largest difference was in the statement (Q 16: Personnel in the hospital/clinic are consistently courteous with you), under the responsiveness dimension. This could indicate that patients should be treated with a warm and caring attitude and the employees should have training courses in communication skills with patients.

Analyzing the gaps of the five dimensions after computing the differences between the rating in which patients assign to expectation statements and to perception statements was performed. southern Palestinian hospital's quality of service is assessed along each of the five dimensions by averaging the SERVQUAL scores on the statements making up the dimensions, through the following two steps:-

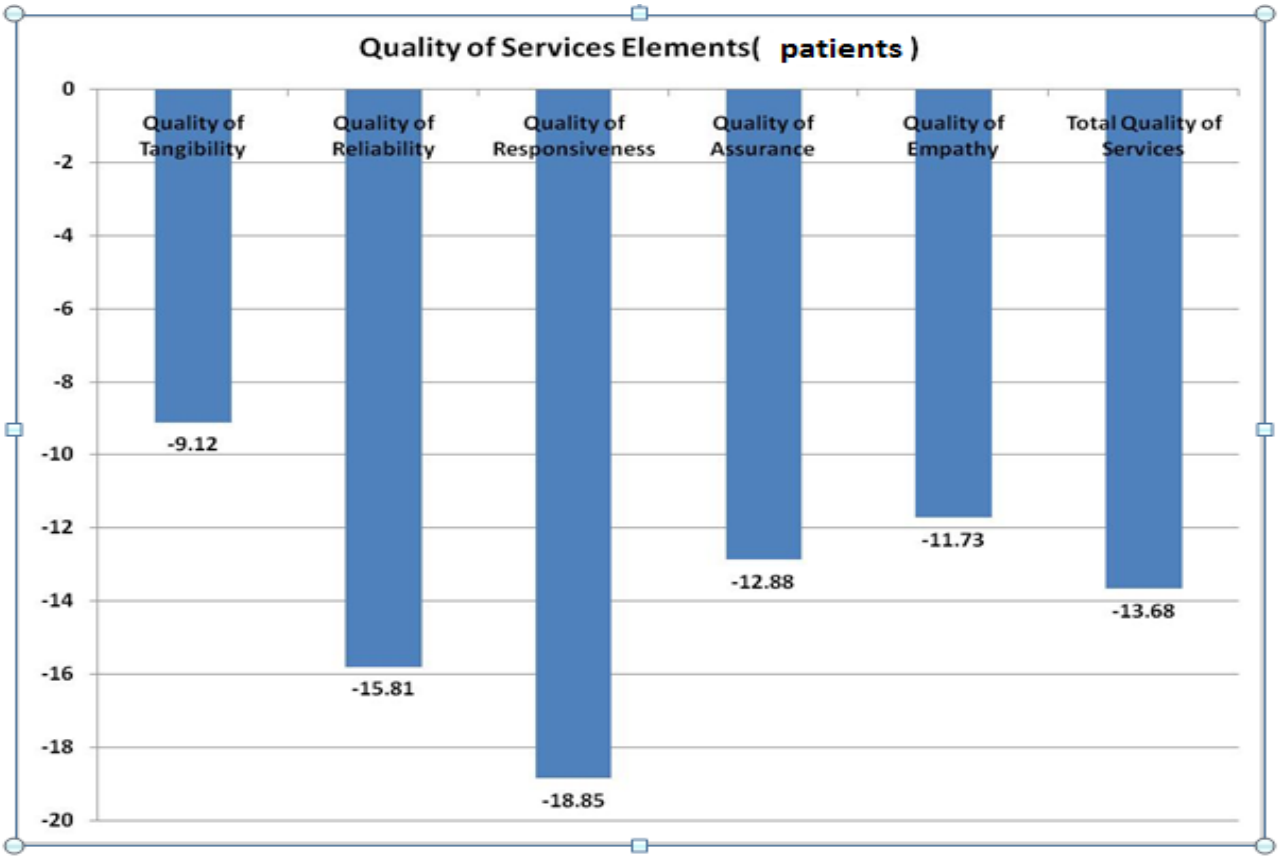
1. For each (patient /employee), the SERVQUAL scores on the statements pertaining to the dimension is added and divided by the sum of the number of statements making up the dimension.
2. The quantities obtained in step 1 for all (patients/ employees) is then totaled and divided by the number of (patients/employees).

The following table (4.5) and figure (4.1) show the order of the gaps in southern Palestinian hospital quality related to specifications and materials adaptation, represented in a figure allocating the gap differences.

Table (4.5): Weighted Gap Means and Standard Deviations for 374 questionnaires responses of patients grouped into five dimensions**.**

Quality of Services Elements	N	Mean	Std. Deviation
Quality of **Tangibility**	374	-9.12	28.40
Quality of **Reliability**	374	-15.81	30.46
Quality of **Responsiveness**	374	-18.85	49.50
Quality of **Assurance**	374	-12.88	22.59
Quality of **Empathy**	374	-11.73	25.58
Total Quality of Services	374	-13.68	23.81

Figure (4.1): Weighted Gap Means for patients.



The findings show that the highest gap between patients' perceptions and expectations was in Quality of Responsiveness (-18.85), then in Quality of Reliability (-15.81), then in Quality of Assurance (-12.88), then in Quality of Empathy (-11.73) and the smallest gap was in Quality of Tangibility (-9.12).

The one-way repeated measures ANOVA compared the means to confirm H1 and reject H0 by showing a significant difference between the SERVQUAL dimensions.

So how well do Palestinian hospitals perform along the SERVQUAL dimensions from the perspective of their patients? The main and most important finding is that all five dimensions have negative SERVQUAL scores, which implies that none exceeded patients' expectations. A major problem area in service quality in Palestinian hospitals was that the largest negative dimension of service, which was responsiveness with significant differences in all SERVQUAL dimensions.

4.2.2.2 Analyzing hypothesis number two:

There are no significant differences in the level of perceived service quality due to the personal and demographic variables of patients.

Table (4.6) shows Means, Standard Deviations, T or F test statistics and P-values of the independent samples T-test or ANOVA tests of differences in the level of service quality due to the personal and demographic variables of patients. It shows if there is a significant relationship between service quality and the demographic variables.

Table (4.6): Independent samples T-test or ANOVA tests of differences in the level of perceived and expected service quality due to the personal and demographic variables of patients.

Variable	Category	N	Mean	Std. Deviation	test statistic(T or F)	P-value
Gender	Male	134	-12.46	22.30	0.842	0.400
	Female	234	-14.64	24.81		
Age	15-25	156	-12.74	22.05	0.639	0.635
	26-35	98	-11.72	20.95		
	36-45	48	-14.79	23.75		
	46-65	32	-16.61	16.65		
	more than 65	34	-17.53	33.87		
marital status	Single	54	-20.44	25.56	8.743	**0.001***
	Married	288	-10.64	20.37		
	Divorced	4	-6.13	16.77		
	Widow	22	-32.56	36.53		
education level	NA	22	-25.02	38.57	3.397	**0.003***
	Primary School	18	-24.33	21.98		
	Intermediate	66	-15.97	26.92		
	Secondary School	118	-13.70	19.75		
	Diploma	18	-7.70	13.95		
	B.A	118	-8.03	19.32		
	M.A or high	6	-25.97	34.18		

place of residence	City	176	-18.02	25.85	7.100	**0.001***
	Village	160	-8.53	21.23		
	Camp	26	-17.46	21.81		
Variable	**Category**	**N**	**Mean**	**Std. Deviation**	**test statistic(T or F)**	**P-value**
Governorate	Hebron	236	-12.17	24.69	1.413	0.239
	Bethlehem	114	-15.40	22.71		
	Jerusalem	2	-38.50	0.00		
	Gaza	16	-18.06	19.25		
Hospital type	Public	144	-20.62	28.77	11.441	**0.001***
	NGO's	188	-8.34	18.56		
	Private	42	-13.77	20.00		
Department	Internal Medicine	70	-15.22	26.69	2.781	**0.027***
	Surgery	82	-13.16	21.13		
	Children	144	-16.56	26.52		
	Gynecology	66	-5.45	13.80		
	Other	12	-18.93	25.37		
No of times entering the hospital for treatment during the previous year	Never	22	-5.32	8.24	2.902	**0.022***
	Once	182	-11.26	21.38		
	Twice	46	-17.08	26.28		
	three times	48	-21.60	30.52		
	more than three times	66	-12.46	22.11		
Stay in the hospital ranged from	1day – 1 week	284	-14.64	23.68	1.013	0.364
	8days-15days	60	-9.80	27.00		
	16 days and more	26	-13.64	18.08		
Monthly salary	less than 1500	122	-16.50	25.58	1.178	0.319
	1500-2500	140	-11.11	22.32		
	2501-4000	68	-12.77	21.78		
	4001-5500	20	-18.05	33.24		
	5501-7000	10	-20.87	25.51		
	more than 7000	14	-7.81	9.33		
Treatment inside or outside Palestine	Never	266	-13.52	24.61	0.165	0.848
	outside Palestine	24	-13.05	19.78		
	inside Israel	34	-15.93	19.12		

*significant at 0.05 level.

Table (4.6) shows that there are significant differences in the level of perceived and expected service quality due to marital status, education level, place of residence, hospital type, department, number of times entering the hospital for treatment during the previous year (the P-values≤0.05 for these variables) so we can reject the hypothesis that there are no significant differences in the level of service quality due to the personal and demographic variables of customers (marital status, education level, place of residence, hospital type, division, number of times entering the hospital for treatment during the previous year).

According to the marital status: the widows (-32.56) have gaps between their perceptions and expectations more than single (-20.44), Married (-10.64) and divorced (-6.13) categories. Also the singles have gaps between their perceptions and expectations more than patients who were married.

According to the education level: the non-educational level group (-25.02) have gaps between their perceptions and expectations more than Secondary School (-13.70), Diploma (-7.70) and B.A categories (-8.03, also Primary School group (-24.33) have gaps between their perceptions and expectations more than the Diploma and B.A, and also the intermediate group (-15.97) have gaps between their perceptions and expectations more than the B.A group.

According to the place of residence: the city (-18.02) and the camp (-17.46) groups have gaps between their perceptions and expectations more than the village category (-8.53).

According to the hospital type: the public hospitals (-20.62) have gaps between their perceptions and expectations more than the NGO's category (-8.34) and private hospitals (-13.77).

According to the department: the Internal Medicine (-15.22), Surgery (-13.16) and Children (-16.56) divisions) have gaps between their perceptions and expectations more than the Gynecology department (-5.45).

Finally, according to the number of times entering the hospital for treatment during the previous year: the category (three times (-21.6) have gaps between their perceptions and expectations more than the categories never (-5.32), once (-11.26), more than three times (-12.46), also the category twice (-17.08) have gaps between their perceptions and expectations more than the category never (-5.32). According to the researcher's opinion, this result could be attributed to that the

patients expect to see improvement on the services associated who have an increasing number of times of admission into the hospitals because they have become more aware to their needs.

4.3 Data analysis of employees' sample

The second section of this chapter is concerned with presenting employees demographic data analysis and analysis of hypothesis three and four.

4.3.1 Describing demographic data of employees' sample

Table (4.7) shows frequencies and percentages of the demographic variables (gender, age, marital status, and education level) of the employee's sample.
Table (4.7) shows that 46.4% of the employees in the sample were males, 53.6% were females.

Classification according to age shows that 33.4% of participant's between the ages of 15-25 years, 36.3% between the ages of 26-35 years, 22.7% between the ages of 36-45 years, 7.6% whose age is more than 45 years.

Demographic data analysis for the marital status of employee's shows that the majority of the employees were married with a percentage of 61.8%, while 36.9% of them were single, 1.2% divorced and widowed.

The distribution of the employee's sample according to their level of education shows that 30.6 only have a diploma certification, 57.4 have B.A. degree, 4.1 higher diploma certification, and 7.7 have M.A. degree and higher.

Table (4.7): Frequencies and Percentages of the demographic variables of employees**. "N=374"**

Variable	Category	Frequency	Percent
Gender	Male	147	46.4
	Female	170	53.6
	Total	**317**	**100.0**
Age	18-25	106	33.4
	26-35	115	36.3
	36-45	72	22.7
	46-55	17	5.4
	more than 55	7	2.2
	Total	**317**	**100.0**
Marital status	Single	117	36.9
	Married	196	61.8
	Divorced	2	0.6
	Widow	2	0.6
	Total	**317**	**100.0**
Education Level	Diploma	97	30.6
	B.A	182	57.4
	High Diploma	13	4.1
	M.A or high	23	7.3
	Other	2	0.6
	Total	**317**	**100.0**

Table (4.8) shows the distribution of the employee's sample with respects to governorate, hospital type, name, and department.

There were 198 employees from the sample living in Hebron governorate, and 119 employees live in Bethlehem. Distribution of the employee's sample according to hospital type shows that 49.8% of them work in NGO's hospitals, 28.1% worked in governmental hospitals, and 22.1% worked in private hospitals.

Sample distribution according to which department in the hospital the employees were working in; most of the employee sample questionnaires collected from administration department with a percentage 19.6% from all the employees questionnaires, 12.6% worked in internal medicine department, 18% worked in surgical department, 10% in children department, 14.2% in gynecology department,10,1% in rehabilitation department, while 15.2% from the employees sample worked in other departments (laboratory, x-ray…).

Table (4.8): Frequencies and percentages of the demographic variables of employees**. " N=317 "**

Variable	Category	Frequency	Percent
Governorate	Hebron	198	62.5
	Bethlehem	119	37.5
	Total	**317**	**100.0**
Hospital type	Public	89	28.1
	NGO's	158	49.8
	Private	70	22.1
	Total	**317**	**100.0**
Hospital name	Alia governmental Hos.	44	13.9
	al Ahli Hos.	33	10.4
	al Mezan Hos.	48	15.1
	BASR Hos.	37	11.7
	Beit Jala governmental Hos.	13	4.1
	al Yamama Hos.	22	6.9
	Holy Family Hos.	27	8.5
	Caritas Hos.	25	7.9
	PRCS Hos.	36	11.4
	Yatta Governmental Hos.	32	10.1
	Total	**317**	**100.0**
Department	Administration	62	19.6
	Internal Medicine	40	12.6
	Surgery	57	18.0
	Children	33	10.4
	Gynecology	45	14.2
	Rehabilitation	32	10.1
	Laboratory	12	3.8
	X ray	14	4.4
	Pharmacy	10	3.2
	ICU	8	2.5
	Missing	4	1.3
	Total	**317**	**100.0**

Table (4.9) shows distribution of the employees sample with respect to job title, country of study, years of experience, monthly salary, if they have worked outside Palestine, and average working hours.

It is noticed that the highest percentage of employees working as nurses, who consist about 40.7% of participants, second in order the managerial employees they consist 24.9%, doctors 13.9%. And most of employees studied in Palestinian universities and colleagues with a percentage of 78.9%.

Regarding years of experience, 50.5% from employees have working experience less than 5 years, while 17.7% have 6-10 experience years, 18.6% have 11-15 experience years, and 13.2% have working experience more than 16 years. And the average working hours for hospitals health workers is 41.89 hours in the week.

Table (4.9): Frequencies and percentages of the demographic variables of employees**.** "N=317"

Variable	Category	Frequency	Percent
Job Title	Pharmacist	10	3.2
	Nurse	129	40.7
	Radiologist	15	4.7
	administrative employee	79	24.9
	Doctor	44	13.9
	lab specialist	14	4.4
	Physiotherapist	5	1.6
	social researcher	4	1.3
	Speech therapist	6	1.9
	Engineer	6	1.9
	Missing	5	1.6
	Total	**317**	**100.0**
Study country	Palestine	250	78.9
	Outside Palestine	61	19.2
	Missing	6	1.9
	Total	**317**	**100.0**
Years of experience	1-5	160	50.5
	6-10	56	17.7
	11-15	59	18.6
	16 or more	42	13.2
	Total	**317**	**100.0**
Monthly salary	less than 1500	21	6.6
	1500-2500	75	23.7
	2501-4000	149	47.0
	4001-5500	47	14.8
	5501-7000	9	2.8
	more than 7000	6	1.9
	Missing	10	3.2
	Total	**317**	**100.0**
Working inside or outside Palestine	Never	157	49.5
	outside Palestine	22	6.9
	inside Israel	21	6.6
	Missing	117	36.9
	Total	**317**	**100.0**
Weakly average work ours	**Mean**	**Std. Deviation**	**MAX-MIN**
	41.89	15.31	110-6

4.3.2 Analyzing results of employees' related hypotheses

In this section the researcher will analyze and test the results of the research hypotheses related to the employees.

4.3.2.1 Analyzing hypothesis number three:

There are no significant differences between the Palestinian Hospitals in quality of services that they offer, as perceived by its employees compared to their expectations. (This means that the services offered by Palestinian Hospitals as perceived do meet employees' expectations).

To test this hypothesis the researcher used perceptions means, expectations means, differences and P-value of the paired samples T-test for 374 questionnaires for employees responses grouped into five dimensions**,** as presented in (table 4.10).

Table (4.10): Perceptions and expectations means, differences and P-value of the paired samples T-test for employee's responses.

	Statement	Perceptions Means	Expectations Means	Difference	P-value
1	The hospital/clinic has modern-looking equipment.	5.31	5.41	-0.10	0.362
2	The physical facilities in the hospital/ clinic are visually appealing.	4.67	5.57	-0.90	0.001*
3	Personnel in the hospital/clinic are neat in appearance.	5.46	6.27	-0.81	0.001*
4	Materials associated with the service (such as pamphlets or statements) are visually appealing.	4.99	5.35	-0.36	0.004*
	Tangibility	**5.11**	**5.65**	**-0.54**	**0.001***
5	When the hospital/clinic promises to do something by a certain time it does so.	5.34	6.14	-0.79	0.001*
6	When you have a problem, the hospitals/clinic shows a sincere interest in solving it.	5.52	6.07	-0.55	0.001*
7	The hospital/clinic gets things right the first time.	5.34	5.85	-0.51	0.001*
8	The hospital/clinic provides its services at the time it promises to do so.	5.52	6.20	-0.67	0.001*
9	The hospital/clinic insists on error-free records.	5.74	6.15	-0.41	0.001*
	Reliability	**5.49**	**6.08**	**-0.59**	**0.001***
10	The personnel in the hospital/clinic tell you exactly when services will be performed.	5.49	6.11	-0.62	0.001*
11	Personnel in the hospital/clinic give you prompt service.	5.50	6.04	-0.54	0.001*
12	Personnel in the hospital/clinic are always willing to help you.	5.61	6.23	-0.62	0.001*
13	Personnel in the hospital/clinic are never being too busy to respond to your requests.	5.52	5.78	-0.26	0.009*
	Responsiveness	**5.53**	**6.04**	**-0.51**	**0.001***
14	The behavior of personnel in the hospital/ clinic instills confidence in you	5.48	6.19	-0.71	0.001*
15	You feel safe in your dealings with the hospital/clinic.	5.63	6.27	-0.65	0.001*
16	Personnel in the hospital/clinic are consistently courteous with you.	5.57	6.30	-0.74	0.001*
17	Personnel in the hospital/clinic have the knowledge to answer your questions.	5.67	6.13	-0.45	0.001*
	Assurance	**5.58**	**6.22**	**-0.64**	**0.001***
18	The hospital/clinic gives you individual attention.	5.71	6.28	-0.57	0.001*
19	The hospital/clinic has operating hours convenient to all its patients.	5.43	6.03	-0.60	0.001*
20	The hospital/clinic has personnel who give you personal attention.	5.54	5.97	-0.43	0.001*
21	The hospital/clinic has your best interests at heart.	5.72	6.20	-0.48	0.001*
22	The personnel of the hospital/clinic understand your specific needs	5.61	5.98	-0.37	0.001*
	Empathy	**5.60**	**6.09**	**-0.49**	**0.001***

*significant at 0.05 level.

Table (4.10) shows that perceptions of employees are less than their expectations and there are differences between perceptions and expectations of employees regarding service quality represented by Tangibility, Reliability, Responsiveness, Assurance and Empathy offered by Palestinian Hospitals. The P-values of the Paired T-test for the differences between perceptions' means and expectations' means are less than 0.05. This means that we can reject the hypothesis H0 so we conclude that **the services offered by Palestinian Hospitals as perceived do not meet employees' expectations**.

The largest gaps between perceptions and expectations of employees were involved by the following statements: the physical facilities in the hospital/ clinic are visually appealing (-0.90), personnel in the hospital/clinic are neat in appearance (-0.81), when the hospital/clinic promises to do something by a certain time it does so (-0.79), personnel in the hospital/clinic are consistently courteous with you (-0.74), the behavior of personnel in the hospital/ clinic instills confidence in you (-0.71).

What the largest differences indicate?

- The largest difference was statement (Q 2: The physical facilities in the hospital/ clinic are visually appealing) which was under the tangibility dimension. This finding from employees questionnaire is consistent with patients questionnaire findings, which indicates that many patients and employees are not satisfied with the hospitals regarding neatness and cleanness of physical facilities.
- The second largest difference was statement (Q 5: Personnel in the hospital/clinic are neat in appearance) which was under the tangibility dimension. This result indicates that the staff in Palestinian hospitals should take care more about their look and personal hygiene.
- The third largest difference was statement (Q 7: When the hospital/clinic promises to do something by a certain time it does so) which was under the reliability dimension.) This result indicates that the employees are not satisfied with the timing of delivering the service and timing for implementing the promises of the hospital's managers.
- The fourth largest difference was statement (Q 16: Personnel in the hospital/clinic are consistently courteous with you) which was under the responsiveness dimension. This question also gets high difference result in analyzing patient's questionnaires, this

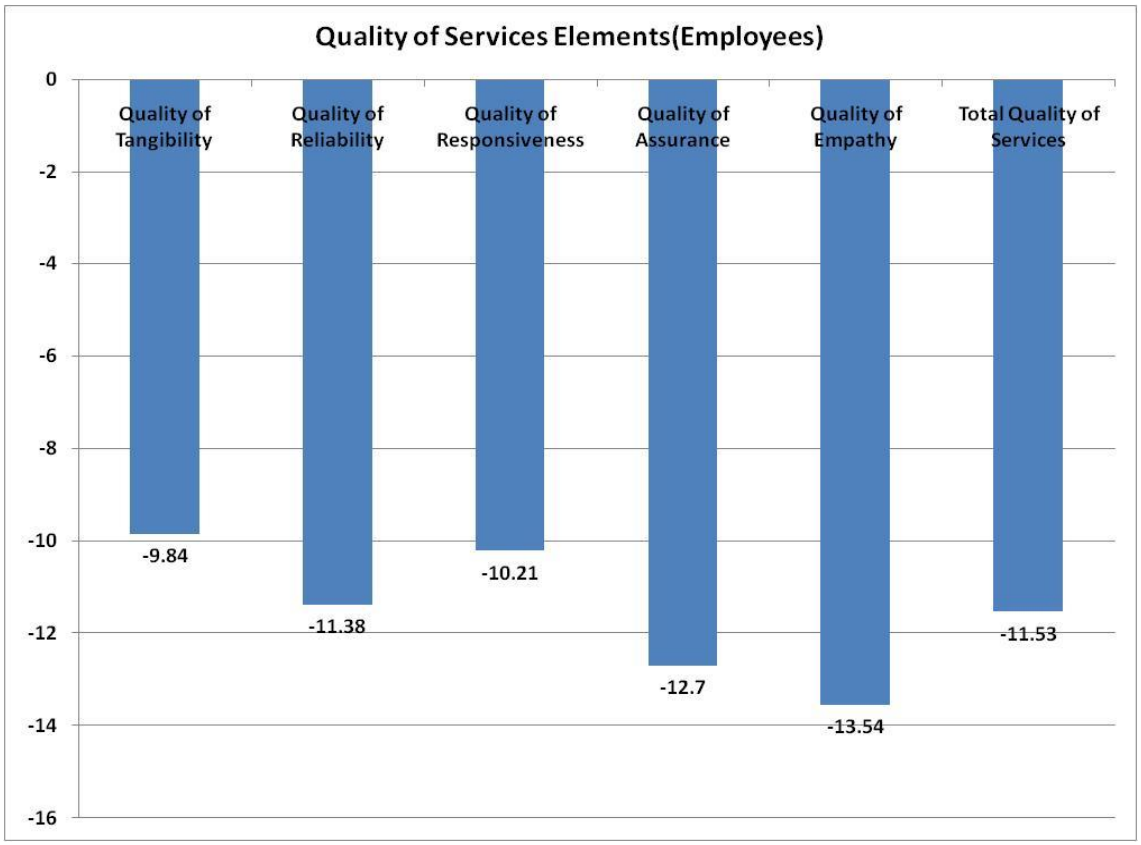
indicates the employees know that they did not treat patients in a warm and caring attitude and they need to have training courses in communication skills with patients.

The following table (4.11) and figure (4.2) show the order of the gaps in southern Palestinian hospital quality, which are also represented in a figure illustrating the gap differences.

Table (4.11): Weighted gap means and standard deviations for 317 questionnaires responses of employees grouped into five dimensions.

Quality of Services Elements	**N**	**Mean**	**Std. Deviation**
Quality of **Tangibility**	317	-9.84	35.43
Quality of **Reliability**	317	-11.38	32.66
Quality of **Responsiveness**	317	-10.21	26.17
Quality of **Assurance**	317	-12.70	26.62
Quality of **Empathy**	317	-13.54	33.64
Total Quality of Services	317	-11.53	25.03

Figure (4.2): Weighted gaps means for employees.



Results show that the highest gap between employees' perceptions and expectations was in Quality of Empathy (-13.54), then in Quality of Assurance (-12.70), then in Quality of Reliability (-11.38), then in Quality of Responsiveness (-10.21) and the smallest gap was in Quality of Tangibility (-9.84).

So how well do Palestinian hospitals perform along the SERVQUAL dimensions from the perspective of employees? The main important finding is that all five dimensions have negative SERVQUAL scores, which implies that none exceeded patients' and employees' expectations. A major problem area in service quality within Palestinian hospitals, according to employee's point of view, was that the largest negative dimension of service was empathy with significant differences in all SERVQUAL dimensions.

4.3.2.2 Analyzing hypothesis number four:

There are no significant differences in the level of perceived service quality due to the personal and demographic variables of employees.

To test this hypothesis the researcher used Perception Means, Standard Deviations, T or F test statistics and P-values of the independent samples T-test or ANOVA tests. These are used in order to discover differences in the level of service quality due to the personal and demographic variables of employees. As presented in (table 4.12).

Table (4.12): Independent samples T-test or ANOVA tests of differences in the level of perceived service quality due to the personal and demographic variables of employees**.**

Variable	Category	N	Mean	Std. Deviation	test statistic(T or F)	P-value
Gender	Male	147	-11.20	26.95	0.220	0.826
	Female	170	-11.82	23.32		
Study country	Palestine	250	-11.19	25.38	0.887	0.376
	Outside Palestine	61	-14.38	24.41		
Education Level	Diploma	97	-9.72	22.76	0.476	0.753
	B.A	182	-12.55	27.46		
	High Diploma	13	-8.29	17.01		
	M.A or high	23	-14.25	17.93		
	Other	2	2.40	0.00		
Job Title	Pharmacist	10	-36.03	22.63	2.278	**0.018***
	Nurse	129	-10.48	24.20		
	Radiologist	15	-2.81	14.39		
	administrative employee	79	-8.65	27.71		
	Doctor	44	-13.95	17.25		
	lab specialist	14	-16.04	34.29		
	Physiotherapist	5	-23.89	45.60		
	social worker	4	-38.58	21.35		
	Speech therapist	6	-3.91	21.02		
	Engineer	6	-11.38	19.88		

Variable	Category	N	Mean	Std. Deviation	test statistic(T or F)	P-value
Department	Administration	62	-8.30	29.60	3.969	**0.001***
	Internal Medicine	40	-25.12	24.70		
	Surgical	57	-6.87	18.72		
	Children	33	-3.94	10.05		
	Gynecology	45	-8.04	19.54		
	rehabilitation	32	-19.93	32.82		
	Laboratory	12	-13.29	36.49		
	Radiology	14	-7.52	19.04		
	Pharmacy	10	-36.03	22.63		
	ICU	8	-4.05	12.02		
Age	18-25	106	-11.58	25.13	0.201	0.938
	26-35	115	-12.37	26.51		
	36-45	72	-9.46	21.87		
	46-55	17	-14.15	32.06		
	more than 55	7	-12.19	10.36		
Marital status	Single	117	-13.91	25.13	1.536	0.205
	Married	196	-9.72	24.88		
	Divorced	2	-35.45	34.01		
	Widow	2	-26.05	0.00		
Place of residence	City	192	-10.06	25.36	1.053	0.350
	Village	114	-14.25	24.60		
	Camp	11	-9.18	23.45		
Governorate	Hebron	198	-15.48	28.42	-3.691	**0.001***
	Bethlehem	119	-4.97	16.13		
Hospital type	Public	89	-22.58	23.05	22.731	**0.001***
	NGO's	158	-2.83	18.40		
	Private	70	-17.15	32.53		
Years of experience	1-5	160	-12.32	27.12	0.335	0.800
	6-10	56	-9.96	17.92		
	11-15	59	-12.81	24.14		
	16 or more	4	-8.85	26.59		
Monthly salary	less than 1500	21	-19.92	24.16	1.038	0.395
	1500-2500	75	-9.71	31.25		
	2501-4000	149	-10.65	21.45		
	4001-5500	47	-16.84	28.78		
	5501-7000	9	-8.96	16.30		
	more than 7000	6	-6.60	15.08		
Working inside or outside Palestine	Never	157	-14.11	27.53	0.031	0.969
	outside Palestine	22	-15.63	30.87		
	inside Israel	21	-14.05	18.67		

*significant at 0.05 level.

Table (4.12) shows that there are significant differences in the level of quality of service due to Job Title, Department, Governorate and hospital type (the P-values≤0.05 for these variables), so we can reject the hypothesis **H0: There are no significant differences in the level of service quality due to the personal and demographic variables of employees (Job Title, Department, Governorate, and Hospital Type).**

According to job title: pharmacists (-36.03) and social workers (-38.58) categories have gaps between their perceptions and expectations more than nurses (-10.48), radiologists (-2.81), administrative employees (-8.65), doctors (-13.95) and speech therapist (-3.91).

According to department: the Internal Medicine (-25.12), rehabilitation (-19.93) and pharmacy (-36.03) categories have gaps between their perceptions and expectations more than intensive care (-4.05), surgical (-6.87), pediatric (-3.94), gynecology (-8.04), laboratory (-13.29), X ray (-7.52) and administration (-8.30) departments.

According to hospital type: it's clear that private (-17.15) and public (-22.58) hospitals have gaps between their perceptions and expectations more than NGO's hospitals (-2.83).

Finally, results show that Hebron governorate employees (-15.48) have gaps between their perceptions and expectations more than Bethlehem governorate employees (-4.97).

4.4 Comparison between patients' and employees' data

The third section of this chapter is concerned with showing and interpreting results of comparison in assessing quality of service dimensions between employees and patients, In addition, to analysis for the fifth hypothesis.

4.4.1 Analyzing hypothesis number five

There are no differences in assessing quality of service dimensions from the perspective of employees and patients.

Table (4.13) and figure (4.3) show the results of quality assessment of service dimensions for both employees and patients.

Table (4.13): Comparisons between Employees and the Patients in the level of service quality and its elements using independent samples T-test.

Quality of Services Elements	Respondent type	N	Mean	Std. Deviation	T	P-value
Quality of Tangibility	Employee	317	-9.84	35.43	-0.30	0.77
	Patient	374	-9.12	28.40		
Quality of Reliability	Employee	317	-11.38	32.66	1.84	0.07
	Patient	374	-15.81	30.46		
Quality of Responsiveness	Employee	317	-10.21	26.17	2.80	**0.01***
	Patient	374	-18.85	49.50		
Quality of Assurance	Employee	317	-12.70	26.62	0.09	0.93
	Patient	374	-12.88	22.59		
Quality of Empathy	Employee	317	-13.54	33.64	-0.80	0.42
	Patient	374	-11.73	25.58		
Total Quality of Services	Employee	317	-11.53	25.03	1.15	0.25
	Patient	374	-13.68	23.81		

*significant at 0.05 level.

Figure (4.3): Comparisons between employees and patients in the level of service quality and its elements using independent samples T-test.

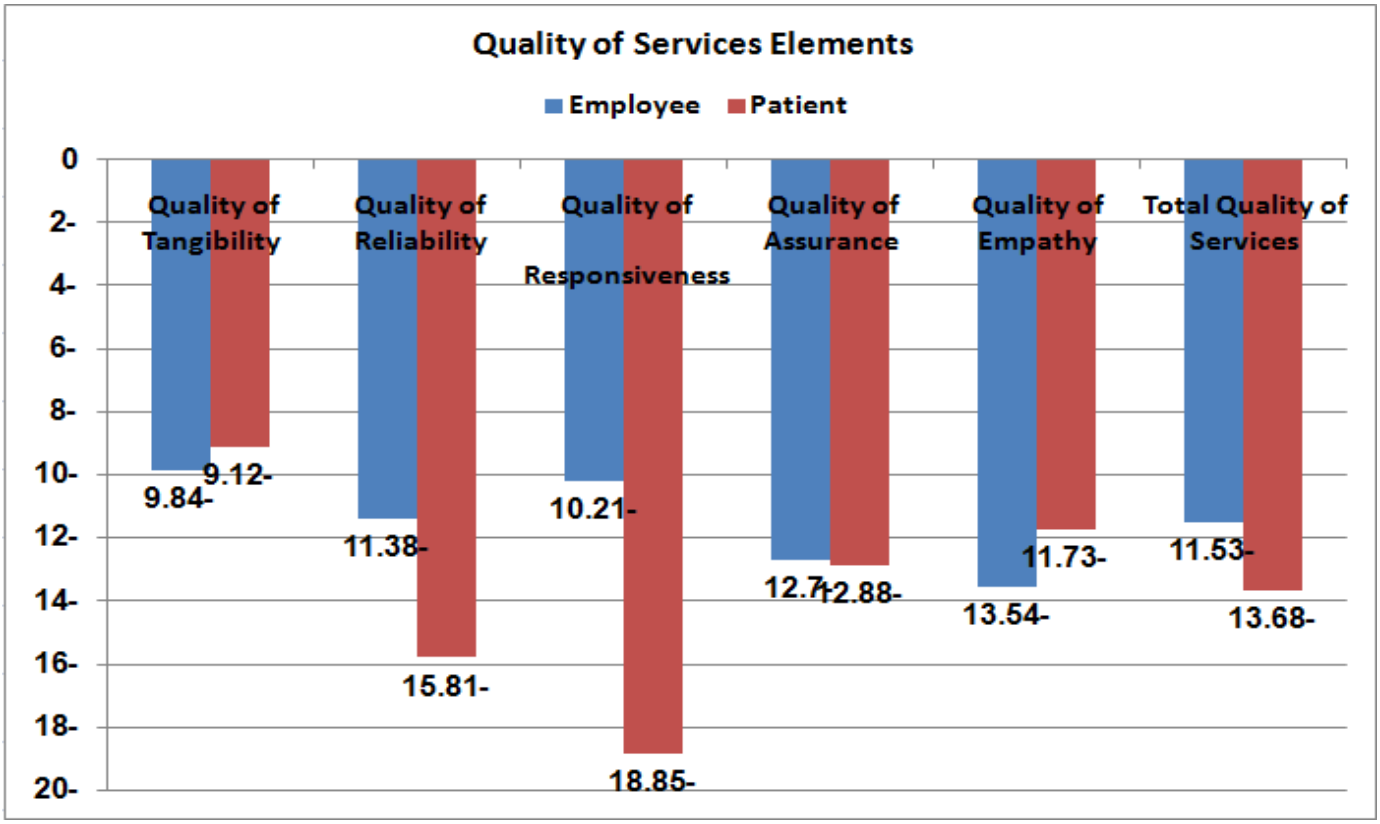


Table (4.13) and figure (4.3) exhibit that there are significant differences between the employees and the patients in the Quality of Responsiveness only, the p-value =0.01≤0.05, the average gap between perceptions and expectations for employees (-10.21) is less than that for patients (-18.85), so we can conclude that the Quality of Responsiveness relative to employees is better than that relative to patients.

Chapter Five

Discussion and Conclusions

Chapter Five

Discussion, Conclusions and Recommendations

While health services continue to play a major role in the life of Palestinians; the current study sheds light on the current quality of healthcare service in southern Palestinian hospitals. The study focused on several service quality aspects in hospitals which are considered a priority by the patients who are the prime customer of these services, by the employees who are the internal customers of hospitals, and the factor which the patients would build their impressions on when they recall their treatment journey.

This chapter is divided into three sections:

1. Discussion.
2. Conclusions.
3. Recommendations.

5.1 Discussion

In this chapter, the researcher will discuss the main study results. The discussion will be grouped into five parts according to study hypothesis.

1) **Hypothesis 1: There are no significant differences between southern Palestinian Hospitals in quality of services offered, as perceived by its <u>customers</u> compared to their expectations.**

As shown in table (4.4) there is a significant difference between expected and perceived assessment of quality from the patients point of view ($p < .05$) in all dimensions of service quality which means that the null hypothesis has been rejected so the services offered by Palestinian hospitals as perceived do not meet customers' expectations.

This result is consistent with Gary (2007) study which measures the expectations and perceptions of patients at Awali hospital in the kingdom of Bahrain, and is also consistent with Jazaere et al, (2008) study which assessed health service quality application in Al-Faiha general hospital – Iraq /Basrah. In addition, Gary (2007) study also showed that there is a significant difference between expected and perceived assessment of quality from the point of view of patients and employees.

These results may direct the future development (horizontally and vertically) of Palestinian hospitals in means of creating more rooms, more modern equipments, new medical and surgical service etc.

Now, in terms of quality of service, from the patient's opinion, it still has a shortage and the quality is not parallel to the required development, the quality itself depends on more than logistics and infrastructure expansion. This could also be attributed to several other reasons.
For instance, 40% of our sample as shown in table (4.1) is educated which may be a factor for imposing a higher expectation for Palestinian hospital service quality, this higher expectation is not parallel with improvement in the quality of services at least from the view of patients in this study.

Furthermore, several variables may have been the reason behind this decrease in quality which may include factors related solely to the hospital, such as financial constrains that naturally lead to the hiring of less qualified staff due to a deduction in annual expenses. This affects quality, especially within private and NGO's institutions.

On the other hand, the tremendous amount of work in governmental and sometimes in NGO hospitals may affect the quality of service provided due to high patients- staff ratio.

Another reason that may affect the quality in the NGO and governmental hospitals might have to do with the scarcity of resources that affect the quality of services starting from the meals provided, to renovations needed within hospital facilities to update equipment, hiring more stuff, giving more incentives, building new rooms to meet the demand of the growing population. All of these are variables that might affect the quality and increase the gap between the expected and the actual healthcare service provided.

The effect of each potential variable mentioned above on the quality of services was beyond the capacity of this research and the researcher recommends further research to highlight the level of effect of this multi-factorial package on the quality of service.

This gap between expected and actual performance should be discussed and examined as much as possible so that the trust of patients is regained in our national healthcare system. This will help in decreasing the degree of patient's outsourcing their medical services to Jordan, Israel or abroad. This is the factor that is affecting our national economy and poses an ever more burden on our national hospitals to cope with the inflations associated with their budget gaps due to the loss of those potential patients getting their treatment abroad.

One of the most important implications that come from this result is the importance of creating local units in our hospitals for quality assurance. These quality assurance units would take into consideration the five domains of SERVQUAL quality dimensions. At the same time, it is necessary to run a continuous satisfaction appraisal of quality of services from the patients' and employees' point of view that would guide hospitals administration and lead to the improvement of their quality of services.

Our findings contradict with findings of Punnakitikashem et al (2012) who conducted their study in Thailand. They found that there are no differences between expected and actual performance of quality of services. This difference has to do with differences between their governmental and society rights associations and governmental legislations that guarantee high quality of medical services for all population which may justify the gap difference between those countries and the findings of this research in Palestine.

In terms of dimensions of the total score, the maximum gap observed in responsiveness with gap mean was (-18.85) and the minimum gap observed in tangibility dimension with gap mean was (-9.12). After responsiveness, maximum gap exists in reliability and assurance then empathy. We noticed that hospitals performance in tangibility and empathy were more appropriate than others. This is consistent with the findings of Kazemi *et al* (2013) and Gary (2007).

The biggest gap was in responsiveness (The service provider’s willingness to help customers and provide prompt service). This item has been identified with the biggest gap between expected and actual quality of services. This confirms the previous author's research about some variable that

had contributed to the total score of the general items. These variables included; overload of patients, less qualified professionals that may affect the willingness in the availability of the medical staff to meet the high expectations of patients. This has been translated to the fact that this sub-item occupied the highest rank in terms of elements that had the highest score between expected and the actual quality of service.

Patients were also dissatisfied in the dimension of responsiveness. In the opinion of the researcher, this is due to the low willingness of workers to continue working. Hospital employees were not willing to help especially when they didn't have enough time to respond to patient's request promptly, and they didn't attend to patients when it was necessary. It is suggested that hospital managers should pay more attention to issues related to human resources. For employees, they should increase their interpersonal and communication skills and devote more time to meet patients' needs.

By the above reasoning, it seems that the gap between the expected and the actual quality had been expanded for the reliability dimension. We should also take into consideration that if reliability of services is about the outcome of the proper assessment and treatment, then the evaluation of this gap is so much biased from the opinion of the patient's, based on their health status, which is not a fair judgment on the medical staff. However, if the ultimate goal of the medical staff is to treat difficult cases, then it is beyond the capabilities of medicine in general. This justifies the gap that might be related to the medical knowledge of patients in terms of medical service they received.

This also displays that the gap has been levered by these two main domains, while tangibility and assurance are affected by different expectations. For tangibility, most of the patients knew before and have been patients previously in those hospitals though it was significant. But the previous knowledge and experience about the characteristics of those medical facilities could be the main reason why this element (tangibility) was in the base of the pyramids within the dimensions gaps.

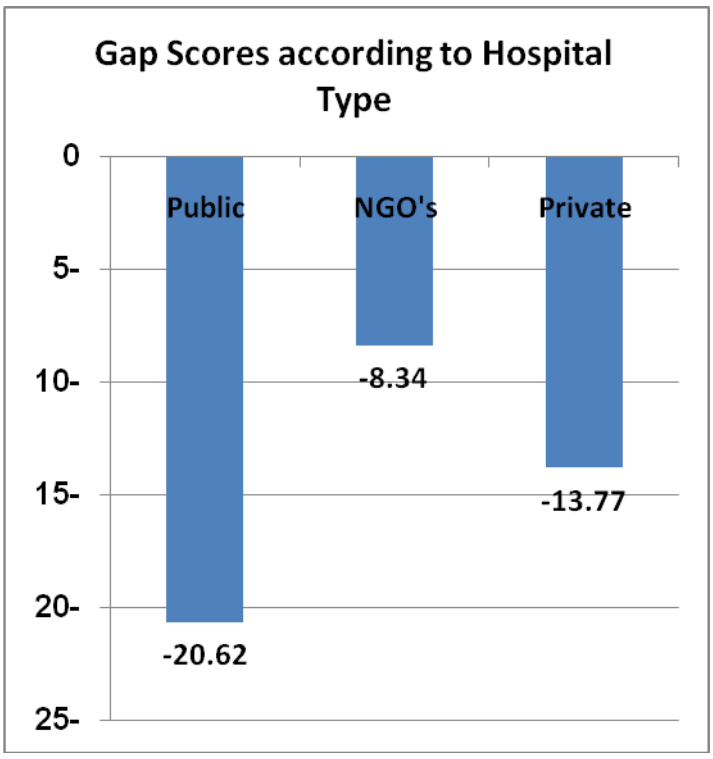
2) **Hypothesis 2: There are no significant differences in the level of perceived service quality due to the personal and demographic variables of patients.**

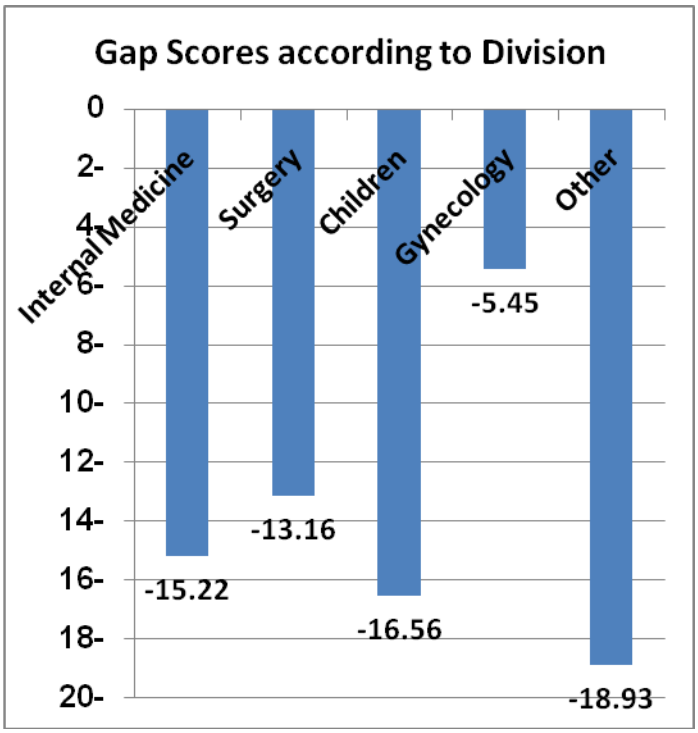
Results of hospitals service quality questionnaires from the perspective of patients show that there was no difference in patients assessment of the quality dimensions due to the following demographic factors (sex, age, salary, if get treatment outside Palestine).

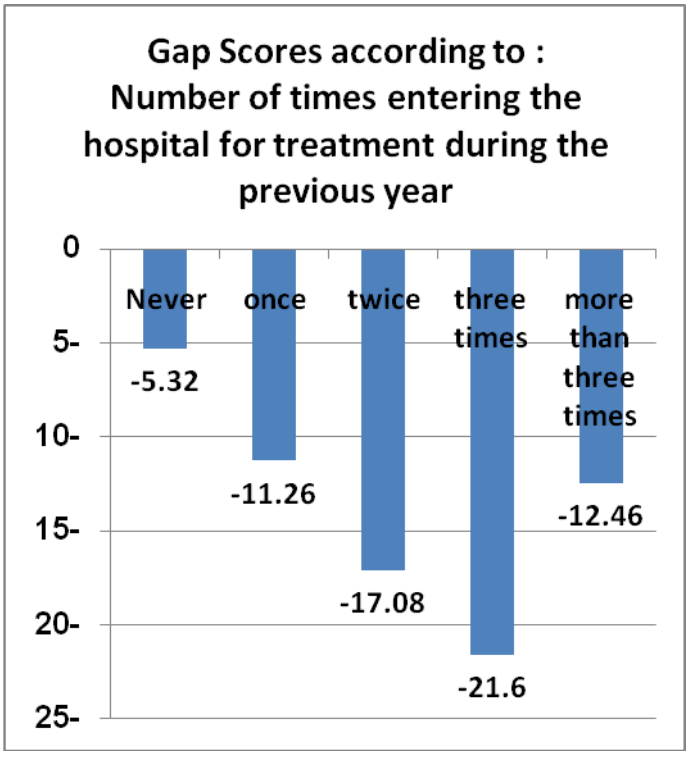
Furthermore, it was observed that the results of employees and patients are consistent regarding those factors. These results were consistent to a large extent with the study of Thyab (2012) which found that there are no differences in the quality assessment of employees and patients in Jordanian hospitals (Thyab, 2012).

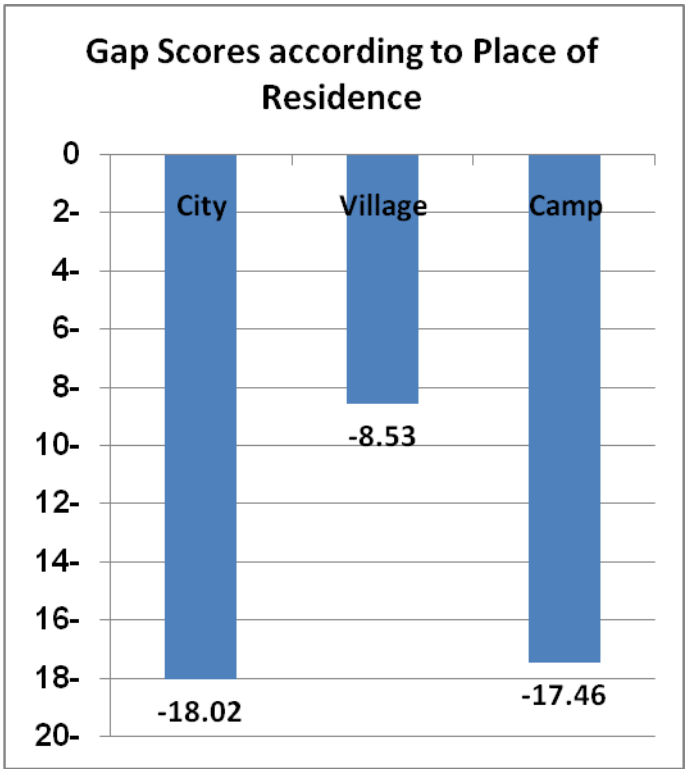
But there are significant differences in the level of service quality due to (marital status, education level, place of residence, hospital type, department, and number of times entering the hospital for treatment during the previous year), as it is illustrated in the following graphs.

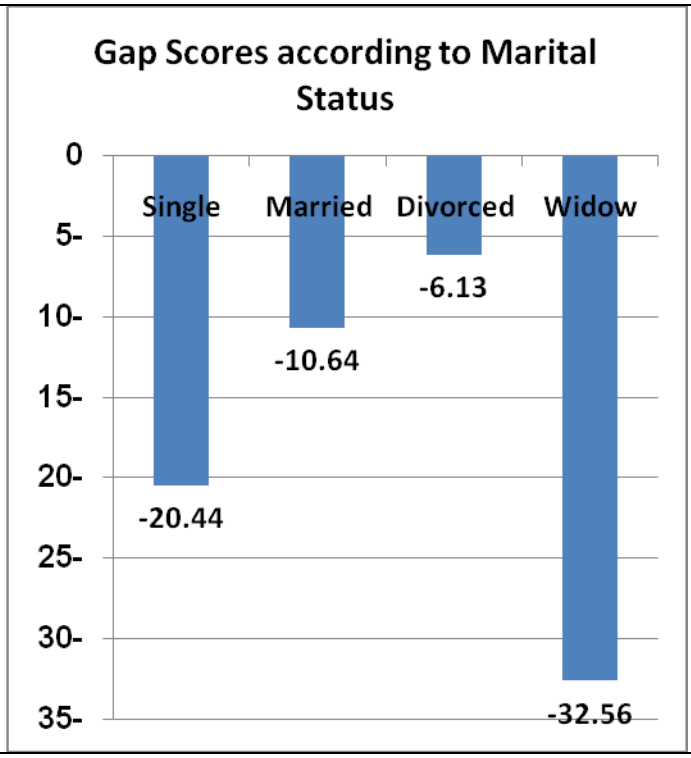
Figure (5.1): Differences in the level of service quality as perceived by patients according to demographic variables**.**

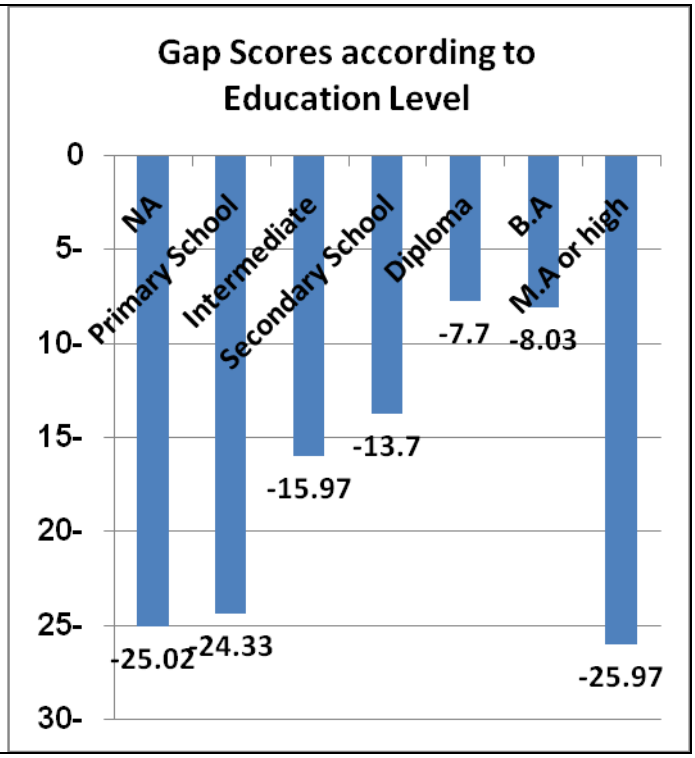

Gap Scores according to Hospital Type
0
5-
10-
15-
20-
25-
Public
NGO's
Private
-20.62
-8.34
-13.77


Gap Scores according to Division
0
2-
4-
6-
8-
10-
12-
14-
16-
18-
20-
Internal Medicine
Surgery
Children
Gynecology
Other
-15.22
-13.16
-16.56
-5.45
-18.93


Gap Scores according to : Number of times entering the hospital for treatment during the previous year
0
5-
10-
15-
20-
25-
Never
once
twice
three times
more than three times
-5.32
-11.26
-17.08
-21.6
-12.46


Gap Scores according to Place of Residence
0
2-
4-
6-
8-
10-
12-
14-
16-
18-
20-
City
Village
Camp
-18.02
-8.53
-17.46





Based on figure (5.1) the factors that contribute to expected-perceived gap, one of these variables was the number of times entering the hospitals. Since it increase the slope of the gap between the first time and the third time which may have to do with the re-admission to hospitals which may reflected because of poor prognosis or recurrence of disease which may in term disappoint the patients and increased the gap .

One of the paradoxical notes about the trend of the slope that those who entered more than three times seem to have mediated this gap through experience, where the slope decreased by possibly less expectations of performance towards a closer point to the actual quality of service.

The department in which the patient was hospitalized in was significantly associated with the gap between perceived and actual quality of service with more of a gap in the internal medicine department, which usually admit chronic patients which could be associated with the fact that patients may evaluate the quality of service based on quality of service not on service outcome.

Master level and higher education degrees seem to have the highest gap between the actual and perceived quality of hospital services as their expectations could be affected by their higher knowledge and that could have also contributed to being critical for any service being received.

The final and most predicted element of the contributed factor to gap was the type of hospitals, where governmental hospitals suffered the highest gap, followed by the private hospitals, and then the NGO's hospitals. For the governmental hospitals, low services quality was also reflected in lack of resources and the overload of work on employees. Also governmental hospitals usually have high numbers of trainees, since these hospitals are overloaded, trainees carry out tasks that are supposed to be performed by qualified practitioners, which could be another factor that could explain this gap found in governmental hospitals.

The second type of hospitals that have high expected-perceived gap in services quality is the private sector. We know that these hospitals have luxury hotel services but do not necessarily invest in the quality and qualifications of staff, especially when it comes to non-medical professionals (for example: nurses). These hospitals recruit good and famous surgeons and specialized doctors, but this will not eliminate the lack of quality of overall services, in addition to the reality that patients usually have higher expectations from private hospitals. So this study recommends the importance of investing in professionals as a method of assuring higher quality service that will lead to a better profit in these hospitals.

3) **Hypothesis 3: There are no significant differences between the Palestinian hospitals in quality of services that they offer, as perceived by its employees compared to their expectations.**

By surveying hospital service quality questionnaires from the perspective of employees, the data analysis in Table (4.10) showed a statistically significant difference between the expectations and perceptions from the employee's point of view along each of the five SERVQUAL dimensions. This results in the null hypothesis being rejected so the services offered by Palestinian Hospitals as perceived do not meet employees' expectations.

The maximum gap observed in empathy dimension with a mean of (-13.54), while the minimum gap observed in Tangibility with a mean (-9.84). After empathy, the maximum gap exists in assurance, reliability, and responsiveness respectively.

A hospital's quality in regards to tangibility was better than others. This result is the same in the analysis of employees' and patients' samples. O'Connor et al (2000) who found in their study that all groups working within the health clinic (employees, administrators, and physicians) overestimated their patients' expectations for tangible dimension which is consistent with the results of this study. But all underestimated their patients' expectations of service reliability, assurance, responsiveness, and empathy (O'Connor et al, 2000). It can be attributed to the fact that southern Palestinian hospitals have placed a large amount of focus on the tangible dimension of service quality and neglected other key dimensions.

This results in the rejection of the null hypothesis H0 that states there is no difference between the Palestinian hospitals in terms of quality of services offered as perceived by its employees as compared to their expectations.

In this field, the researcher believes according to his opinion, that professional employees are different than the patients in two aspects:

First, they have been subjected during their education to the highest quality standard in terms of services, evidence based practices, and different hospitals working experience during their practical placement. This has given them the opportunity to see possible different quality standards. Second, according to their positions within the hospitals, it enables them to be oriented to all the gaps – malpractices, negativity of the system and shortages of the service in their work place which may allow them to be more reliable in evaluation towards lower scores of the quality based on their available knowledge.

Regarding the results of both elements (responsiveness and reliability) gaps between actual and perceived quality of services; the researcher notices that (responsiveness & reliability) had been decreased in hierarchy from having the first and second order of patient's evaluation, to the third

and forth order in employees' evaluation. This gap is because employees are evaluating their own performance which there is less tendency to self criticize such important domains like responsiveness and reliability that points directly and indirectly from the researcher's point of view to their attitude and knowledge.

In terms of assurance and empathy, the employee's answers could have reflected the critical reviews about their colleague's performance, which if they look at critically and relate it to what they have learned during their studies and relate it to what they have experienced in their daily work hours, it reflects a bigger gap between what they see and they have learned as best standards of service quality.

Based on these results, the researcher also recommends to use these practical elements (assurance, empathy) as a plan for intervention within hospital administrations for improving quality of services.

According to the hospital type from the employee's perspectives; governmental hospitals seem to have the highest gap between the actual and perceived quality of hospital services. The researcher believes that this can be attributed to the lack of interest from the Ministry of Health to its hospitals, and therefore the absence of commitment for those hospitals to apply the dimension of quality of health services. These results are similar to a certain extent to what Mtarad (1999) discovered in the study which found low levels of quality in the dimensions of health services in Egyptian governmental hospitals (Mtarad, 1999).

When it comes to private hospitals, the higher expectation of the quality of services is what may possibly lead to a bigger gap between the perceived and actual quality. As mentioned earlier, the employees know all the gaps in the hospital and they recognize the low profile of many paramedical professionals (nurses).

4) **Hypothesis 4: There are no significant differences in the level of perceived service quality due to the personal and demographic variables of employees.**

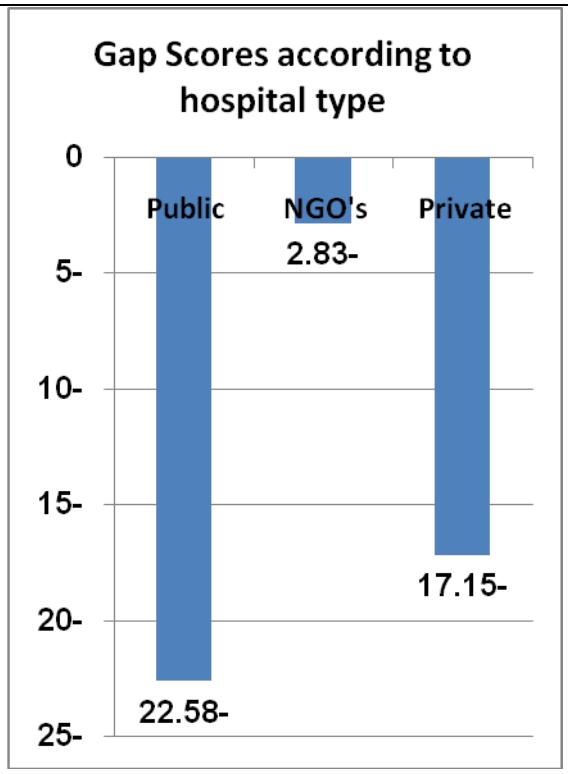
The researcher used analysis of variation statistics (ANOVA) to look at different employee demographics against the total expectation, total perception and total differences to determine if different segments score the overall evaluation significantly different at p=0.05 level. In the previous hypothesis, the results showed that there was a significant difference at p=0.05 level between expectations and perceptions. Now, individually we are looking at the different gender, age, salary, marital status, education level, the hospital type etc. in southern West Bank hospitals and evaluating their expectations, perceptions and service quality differences scores to determine if employees segments view aspects of service quality differently.

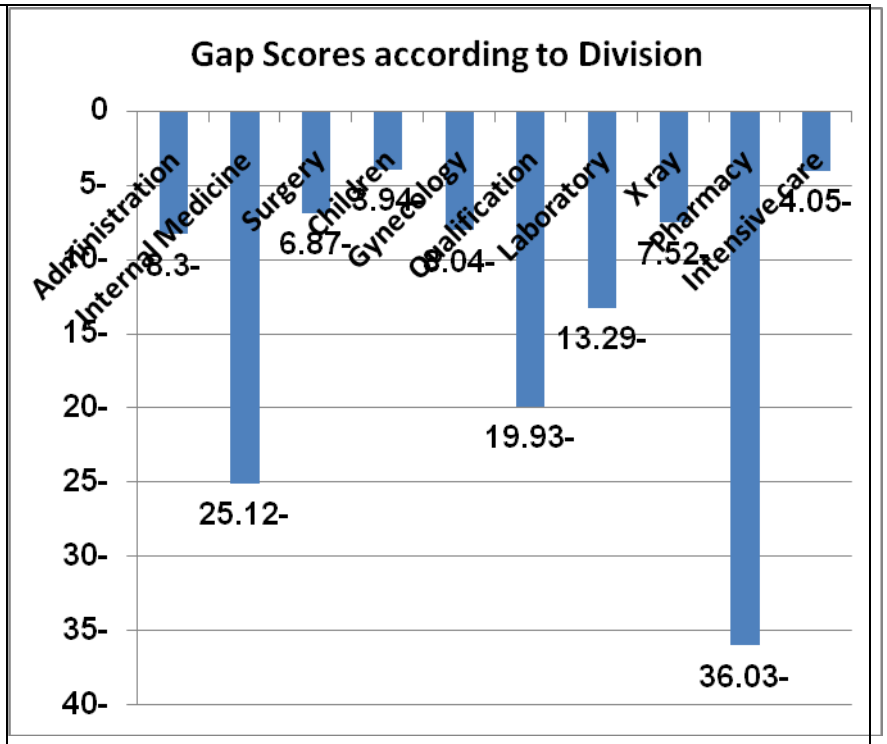
The results of the study show that there was no difference in employees assessment of the quality dimensions of health services due to the following demographic factors (sex, age, salary, and if they studied outside of Palestine).

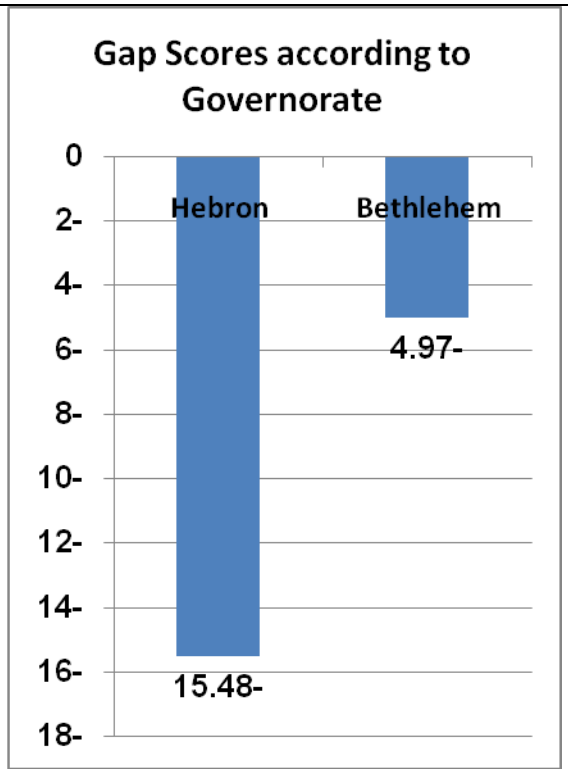
It was found that the results of employees and the patients are consistent regarding those factors
In the opinion of the researcher it is because the need for healthcare services within the five dimensions are equal for all people regardless of any demographic variables.
Those are consistent to a large extent with the study of (Thyab, 2012) which showed that no differences in employee evaluations for provided health services due to sex, marital status, or education level in Jordanian hospitals (Thyab, 2012).

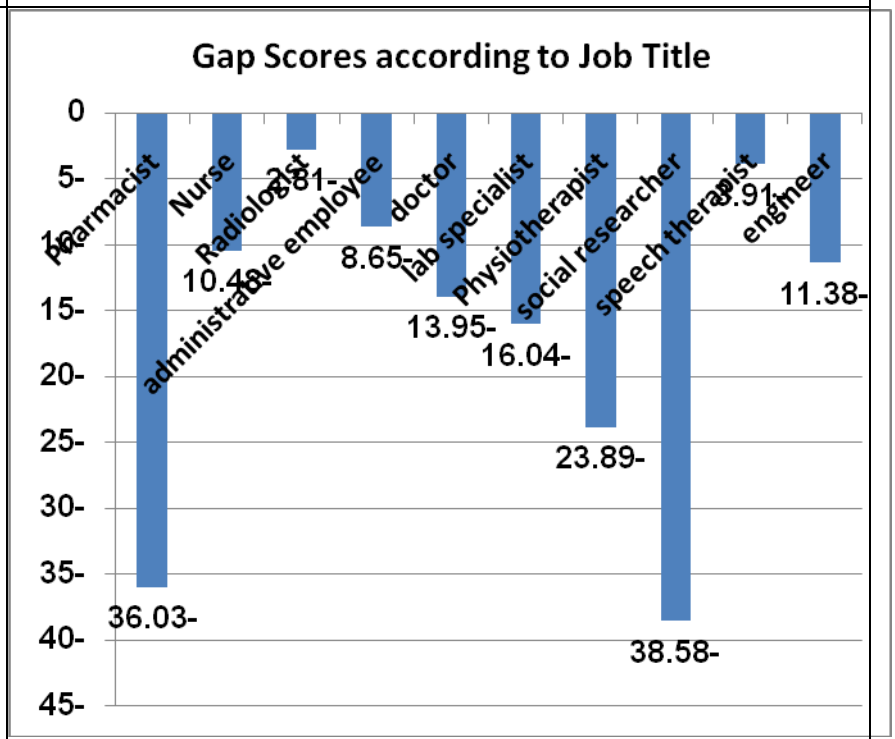
In addition, results showed that there are no differences in employees evaluation for provided health services due to (marital status, education level, place of residence, and years of experience). But there is a significant difference in the level of service quality due to (hospital type, division, job title, and governorate). The researcher found that the results of employees and the patients are consistent regarding those factors.

Figure (5.2): Differences in the level of service quality as perceived by employees according to demographic variables**.**









According to job title, pharmacists seems to have the highest gap between expected and actual quality of service, the researcher believes that several elements could have contributed to this result. One of these factors could be that the pharmacists' knowledge about the efficacy of certain type of medication has no control on the prescription ordered by the doctor, which may be reflected by a gap between the level of expected and actual quality. For example, in Palestinian governmental hospitals (which represented the highest gap scores) medications in the pharmacies in those hospitals are limited to certain types of medications that are donated by international donors, thus resulting in pharmacists having to substitute the prescribed medication with the available equivalent.

According to specific departments within the hospital, there is a significant relationship between the department in the hospital and the gap in quality of service offered in hospitals. Rehabilitation and laboratory departments show the highest gaps in evaluating quality of service. It's well known that most of the time, professionals within those two departments are more aware of the availability of modern technologies in their field of work than what's available in their department. In addition, it is well known that there is an overload in work in those departments. For example, the rehabilitation department has long waiting lists, shorter sessions, and a shortage of staff, which was clearly translated in a bigger gap for what they know as expected service and what they do as actual practice.

5) **Hypothesis 5: There are no differences in assessing quality of service dimensions from the perspective of employees and patients**

From the point of view of patients, the order of the quality dimensions of health services in southern West Bank hospitals is as follows: (responsiveness, reliability, assurance, empathy and finally, tangibility). While the order of quality dimensions of health services from the perspective of hospitals staff is as follows: (empathy, assurance, reliability, responsiveness and finally the tangibility). From table (4.13) we see that there is significant difference between the employees and the patients in the quality of responsiveness only.

By comparing the results of each of them, we find that there is a difference in the order of responsiveness and reliability.

The researcher noticed that the dimensions: responsiveness & reliability, had been decreased in hierarchy from having the first and second order in patients' evaluation to the third and forth order in employees' evaluation. According to the researcher, this gap can be to the difference between the receiver and provider, where the provider has a tendency of over evaluation of his performance (quality), compared to the receiver who represented dissatisfaction for the service.

5.2 Conclusions

Service quality is the value in health services that achieve customer satisfaction. So, for hospitals to achieve distinction they should pay attention to patient's and employee's perceptions of service quality and consider it as priority, because the quality of services impacts significantly the customer satisfaction, profitability, productivity, market share, and low costs. Siddiqui (2007) said that the quality of services is a result of the comparison of expectations of customers with the performance of the actual services (Siddiqui, 2007).

This study measures service quality of southern West Bank hospitals by using the SERVQUAL model. The 691 questionnaires survey was conducted (374 patient questionnaires + 317 employee questionnaires).

The results of this study revealed that service quality level at those hospitals do not meet customer and employee expectations. There is a clear difference between what patients expected and what they perceived. Overall, patients' and employees' perceptions are lower than their expectations. The gaps between perception and expectation are significantly different.

The questionnaire did highlight service quality weaknesses as perceived by patients' and employees' poor perception scores for services they received when using the hospital. Out of the five dimension of service quality, the highest negative gap from the patients perspective shown is responsiveness dimension. While, The highest negative gap of service quality dimensions of employees is empathy. This is consistent with the findings of Kazemi et al (2013) who conduct his study in Iran about "Measuring hospital service quality and its influence on patient satisfaction" (Kazemi et al, 2013) .

In summary, through reviewing findings of previous studies, the researcher can say that there is similarities between the findings of this study compared with findings of previous studies, with regards to demographic variables and measures of quality of services. However, with respect to the dimensions of quality within the provided services there is some consensus with some studies

and contrast with other studies, so the researcher believe that it could be attributed to variation in conditions and variables of each study.

The above mentioned discussion answers the research questions in chapter 1 and could be used as a base for future quality of service improvement plan. It has been built on both the recipients and providers point of view, which makes it a reliable research that could be depended on for prioritizing the elements of quality improvement plans.

The findings of this study reflect the following managerial implications:

- First, systematic assessment of patients' and employees' perception of service quality and their satisfaction is an important element to design the marketing strategy for health care services over time. Such processes will enable the managers and employees of a given hospital to identify the points of strength and weakness relative to competitors, and consequently investing the available resources in the dimensions that improve the quality of service delivery and patient satisfaction.
- Second, managers of southern West bank hospitals should work together to enhance their responses to patient’s requests and enquiries, treat patients with higher attention and kindness, and improve tangible assets of the hospitals. By doing so, the hospital will make the patients satisfied with its services, and in turn improve their willingness to recommend the hospitals' services to others.
- Third, managers should build cultural values, renew the administration system and recruit qualified managerial and clinical staff to offer an excellent and constant level of service quality over time.
- Forth, hospital administrations need to gather systematic feedback from their patients and to establish visible and transparent complaint procedures so that patients' complaints can be addressed effectively and efficiently.

5.3 Recommendations

Through the findings of the study the researcher can make the following recommendations to decision-makers who can use them in order to improve the quality level of health services in their hospitals :

- Hospital administration should directly communicate with patients and staff to learn about their needs and desires and to make efforts to meet them in a way that exceeds their expectations.

- To run a continuous satisfaction appraisal of quality of services from the patients' and employees' point of view that guide the hospitals administration to improve their quality of services.

- Conduct continuous evaluations of services quality. This could be achieved through various means, such as online surveys of the service level through hospitals internal network, suggestion boxes at all service encounters, and frequent monitoring and benchmarking the service constructs. Modern electronic technologies enable these evaluations easily and could be conducted at very low costs. The evaluation must be continuous and not temporary to identify the elements that could lead to dissatisfaction and to target them in the potential continuous quality assurance program.

- Provide a sufficient number of qualified health personnel to fit the number of patients in particular doctors in some specialties, as well as providing trained and experienced nurses.
- Investment in all professionals as a method of assuring higher quality service that will lead to a better profit in these hospitals.

- Hospital managers should pay more attention to issues concerning human resources. For employees, they should increase their interpersonal and communication skills and devote more time to meet patients’ needs.

- Hospitals should invest in employees through establishing comprehensive empowering plans which enhance their skills and abilities, as well as a management system which help them overcome their shortfalls.

- Increase personal care and the individual attention of patients by the hospital management through training and skills development.

- Implement training courses for workers in the hospital in the area of health services quality dimensions, to deepen this concept and work to achieve these dimensions in the field.

- Further studies should be conducted on the factors affecting the quality of health services dimensions, and to include other hospitals in other areas in Palestine including the north and the middle of the West Bank as well as in the Gaza Strip in order to form a more precise opinion of the service quality status in Palestine. The researcher recommends further research to highlight the level of effect of this multi-factorial package on the quality of service.

- To provide hospitals with financial funds to develop their medical devices and equipment, while also providing adequate training for workers in their respective fields in order to improve the quality of health services offered to the patients.

- Create desire among workers to help patients permanently and increase their responsiveness to immediate requests of patients. And provide services on efficiently and accurately.

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Appendices

Appendices 1: English Survey Questionnaire

بسم الله الرحمن الرحيم

Questionnaire

College of Graduate Studies /College of Business Administration

Dear Sir,

The researcher is going to conduct a research about " **Quality assessment of hospital services at the south of West Bank hospitals from the perspective of patients, employees** " supervised by Dr. Hussein al Jabareen, For the master degree in business Administration in Hebron university.

To achieve this goal I designed this questionnaire to collect the required data, so I hope that you can help by fill it precisely and objectively. And I would like you to know that the information you provide will be treated in the strictest manner and will be used for the research purpose only.

Thank you for your cooperation

The researcher: Robin Shweiki

The supervisor: Dr Hussein Jabareen

Patient Questionnaire

General information

Sex : □ male □female

Age: □15-25 years □26-35 years □36-45 years
□46-65 years □ above 65 years

Marital status: □single □married □divorced □widow

Education level: □none □primary □secondary □tawjehe □Diploma
□Bachelor □master □other\determine:-

living place: □city □village □camp

territory : □Hebron □Bethlehem □other\determine:-

type of hospital:- □governmental □NGO □private

Department : □Internal Medicine □Surgery □children □maternity □other\determine:-

Number of times admitted to the hospital for treatment during the previous year:
□Once □twice □ three □other/determine:-

Stay in the hospital ranged from: □1day – 1 week □8days-15days
□16 days and more

How many family members living in the same house with you:.....

Family Monthly income: □less than 1500 nis □1500-2500 nis
□2501-4000 nis □4001-5500 nis
□5501-7000 nis □more than 7000

please mention all the names of hospitals that you already had treatment in it whether in Palestine or outside: -

1. ……
2. ……
3. ……
4. ……...

Employee Questionnaire

General information

Sex : □ male □female

Education level: □Diploma □Bachelor □higher diploma □master □other\determine

Job title: ……..

Specialty: ……

Country of study: ……..

Department : □ administration □ Internal Medicine □ Surgery □ pediatric □maternity □other\determine:-

Age: □15-25 years □26-35 years □36-45 years □46-65 years □ above 65 years

Marital status: □single □married □divorced □widow

living place:- □city □village □camp

territory : □Hebron □Bethlehem □other\determine:-

type of hospital:- □governmental □NGO □private

Number experience years : □1-5 years □6-10years □ 11-15years □ more than 16 years

The average number of working hours per week: …….

Family Monthly income: □less than 1500 nis □1500-2500 nis □2501-4000 nis □4001-5500 nis □5501-7000 nis □more than 7000

please mention all the names of hospitals that you already had worked in it whether in Palestine or outside: -

1. ……
2. ……
3. ……
4. …….

Below are list of points describing <u>EXPECTED</u> hospital services, on a 1 to 7 scale, with "1" being strongly disagree and "7" being strongly agree, how do you rate hospital services on the following attributes??							
Statement	**Strongly disagree**		**neutral**				**strongly agree**
Tangibles statements							
Excellent hospitals companies will have modern looking equipment.	1	2	3	4	5	6	7
The physical facilities at excellent hospitals will be visually appealing.	1	2	3	4	5	6	7
Employees at excellent hospitals will be neat appearing.	1	2	3	4	5	6	7
Materials associated with the service (such as pamphlets or statements) will be visually appealing at an excellent hospitals.	1	2	3	4	5	6	7
Reliability statements							
When excellent hospitals promise to do something by a certain time, they do.	1	2	3	4	5	6	7
When a customer has a problem, excellent hospitals will show a sincere interest in solving it.	1	2	3	4	5	6	7
Excellent hospitals will perform the service right from the first time.	1	2	3	4	5	6	7
Excellent hospitals will provide the service at the time they promise to do so.	1	2	3	4	5	6	7
Excellent hospitals will insist on error free records	1	2	3	4	5	6	7
Responsiveness statements							
Employees of excellent hospitals will tell customers exactly when services will be performed.	1	2	3	4	5	6	7
Employees of excellent hospitals will give prompt service to customers.	1	2	3	4	5	6	7
Employees of excellent hospitals will always be willing to help customers.	1	2	3	4	5	6	7
Employees of excellent hospitals will never be too busy to respond to customers' requests.	1	2	3	4	5	6	7
Assurance statements							
The behavior of employees in excellent hospitals will instill confidence in customers.	1	2	3	4	5	6	7
Customers of excellent hospitals will feel safe in transactions.	1	2	3	4	5	6	7
Employees of excellent hospitals will be consistently courteous with customers.	1	2	3	4	5	6	7
Employees of excellent hospitals will have the knowledge to answer customers' questions.	1	2	3	4	5	6	7
Empathy statements							
Excellent hospitals will give customers individual attention.	1	2	3	4	5	6	7
Excellent hospitals will have operating hours convenient to all their customers.	1	2	3	4	5	6	7
Excellent hospitals will have employees who give customers personal attention.	1	2	3	4	5	6	7
Excellent hospitals will have their customer's best interests at heart.	1	2	3	4	5	6	7
The employees of excellent hospitals will understand the specific needs of their customers.	1	2	3	4	5	6	7

Below are list of points describing <u>PERCEPTIONS</u> of hospital services provision, on a 1 to 7 scale, with "1" being strongly disagree and "7" being strongly agree, how do you rate hospital services on the following attributes??							
Statement	**Strongly Dis-agree**		**neutral**			**Strongly agree**	
Tangibles statements							
This hospital has modern looking equipment.	1	2	3	4	5	6	7
This hospital physical facilities are visually appealing.	1	2	3	4	5	6	7
This hospital employees are neat appearing.	1	2	3	4	5	6	7
Materials associated with the service (such as pamphlets or statements) are visually appealing at this hospital.	1	2	3	4	5	6	7
Reliability statements							
When This hospital promises to do something by a certain time, it does so.	1	2	3	4	5	6	7
When you have a problem, This hospital shows a sincere interest in solving it.	1	2	3	4	5	6	7
This hospital performs the service right the first time.	1	2	3	4	5	6	7
This hospital provides its service at the time it promises to do so.	1	2	3	4	5	6	7
This hospital insists on error free records.	1	2	3	4	5	6	7
Responsiveness statements							
Employees in This hospital tell you exactly when services will be performed.	1	2	3	4	5	6	7
Employees in This hospital give you prompt service.	1	2	3	4	5	6	7
Employees in This hospital are always willing to help you.	1	2	3	4	5	6	7
Employees in This hospital are never too busy to respond to your request.	1	2	3	4	5	6	7
Assurance statements							
The behavior of employees in This hospital instills confidence in you.	1	2	3	4	5	6	7
You feel safe in your transactions with This hospital.	1	2	3	4	5	6	7
Employees in This hospital area consistently courteous with you.	1	2	3	4	5	6	7
Employees in This hospital have the knowledge to answer your questions.	1	2	3	4	5	6	7
Empathy statements							
This hospital gives you individual attention.	1	2	3	4	5	6	7
This hospital has operating hours convenient to all its customers.	1	2	3	4	5	6	7
This hospital has employees who give you personal attention.	1	2	3	4	5	6	7
This hospital has your best interest at heart.	1	2	3	4	5	6	7
The employees of This hospital understand your specific needs.	1	2	3	4	5	6	7

SERVQUAL IMPORTANCE WEIGHTS

Listed below are five features pertaining to hospitals and the services they offer. We would like to know how much each of these features is important to the customer. Please allocate 100 points among the five features according to how important it is to you. Make sure the points add up to 100.

1) The appearance of the hospitals physical facilities, equipment, personnel, and communication materials. _____ points

2) The hospitals ability to perform the promised service dependably and accurately. _____ points

3) The hospital's willingness to help customers and provide prompt service. _____ points

4) The knowledge and courtesy of the hospital's employees and their ability to convey trust and confidence. _____ points

5) The caring, individual attention that the hospital provides to its customers. _____points

Total: **100 points**

Which one feature of the above five is most important to you? _____
(please enter the feature's number)

Which feature is second important to you? _____

Which feature is least important to you? _____

What are the most important actions that you proposed in order to raise the quality of services of this hospital?

	Action
1	
2	
3	
4	
5	

Please write any comment you want to add to us: -

……

……

……

……

Thank you very much for your participation in filling this questionnaire

APPENDIX 2: Arabic Survey Questionnaire

بسم الله الرحمن الرحيم

استبانة المرضى و الموظفين

كلية الدراسات العليا/ كلية إدارة الأعمال

أخي الكريم / أختي الكريمة

السلام عليكم و رحمة الله و بركاته و بعد:-

يقوم الباحث بإجراء دراسة حول " **واقع جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية**"، بإشراف الدكتور حسين الجبارين. و ذلك استكمالا لمتطلبات الحصول على درجة الماجستير في إدارة الأعمال من جامعة الخليل.

و لتحقيق هذا الهدف صممت هذه الاستبانة لجمع البيانات اللازمة ، لذا أرجو من حضرتكم المساعدة في انجاز هذه الدراسة عن طريق تعبئة الاستبانة بدقة و موضوعية. علما بان البيانات لن تستخدم إلا لأغراض البحث العلمي و ستعامل بسرية تامة.

و لكم جزيل الشكر و التقدير

الباحث : روبين جمال الشويكي

المشرف: د.حسين الجبارين

استبانه المرضى

المعلومـــــات الشخصية

الجنس : □ ذكر □ أنثى

العمر : □ 15- 25سنة □26- 35 سنة □ 36- 45 سنة
□ 46- 65 سنة □ 65 سنة فأعلى

الحالة الاجتماعية : □ أعزب □ متزوج □ مطلق □ أرمل

المستوى التعليمي : □ بلا □ ابتدائي □ إعدادي □ ثانوي
□دبلوم متوسط □بكالوريوس □ماجستير فأعلى
□غير ذلك، حدد/ي.....

مكان السكن : □ مدينة □ قرية □ مخيم

المحافظة: □ الخليل □ بيت لحم □غير ذلك، حدد/ي: .....

نوع المستشفى: □ مؤسسة حكومية □ مؤسسة غير حكومية □ مستشفى قطاع خاص

القسم : □ الباطني □ الجراحة □ الأطفال □ النسائية والتوليد
□غير ذلك /حدد/ي:..... ....

عدد مرات دخول المستشفى للعلاج خلال العام السابق: □ مرة واحدة □مرتين
□ ثلاثة □غير ذلك،حدد/ي.....

مدة إقامتك في المستشفى تراوحت ما بين : □ 1 يوم –أسبوع □ 8 أيام-15 يوم
□ 16 يوم فأكثر

كم عدد أفراد الأسرة الذين يعيشون معك في نفس المنزل: .....

الدخل الشهري للأسرة: □أقل من 1500 شيكل □ 1500-2500 شيكل
□ 2500 -4000 شيكل □4000-5500 شيكل
□ 5500- 7000 شيكل □ أعلى من 7000 شيكل

أرجو أن تذكر أسماء جميع المستشفيات التي سبق و أن تعالجت بها سواء في فلسطين أو خارجها:-

1) .....
2) .....
3) .....
4) .....

استبانة الموظفين

المعلومـــــات الشخصية

الجنس : □ ذكر □ أنثى

المستوى التعليمي : □ دبلوم متوسط □ بكالوريوس □ دبلوم عالي متخصص
□ ماجستير فأعلى □ غير ذلك،حدد/ي.....

المسمى الوظيفي : .....

التخصص : .....

بلد الدراسة : .....

القسم : □ الإدارة □ الباطني □ الجراحة □ الأطفال
□ النسائية والتوليد □غير ذلك حدد/ي:.....

العمر: □ 18- 25سنة □26- 35 سنة □ 36- 45 سنة
□ 46- 55 سنة □ 55 سنة فأعلى

الحالة الاجتماعية: □ أعزب □ متزوج □ مطلق □ أرمل

مكان السكن : □ مدينة □ قرية □ مخي

المحافظة: □ الخليل □ بيت لحم □غير ذلك، حدد/ي: .....

نوع المستشفى: □مؤسسة حكومية □مؤسسة أهلية غير حكومية □مستشفى قطاع خاص

عدد سنوات الخبرة: □ 1-5 سنوات □ 6-10سنوات □11 -15 سنة
□16سنة فما فوق.

معدل عدد ساعات العمل أسبوعيا: .....

الراتب الشهري: □أقل من 1500 شيكل □ 1500-2500 شيكل
□ 2500 -4000 شيكل □4000-5500 شيكل
□ 5500- 7000 شيكل □ أعلى من 7000 شيكل

أذكر جميع المستشفيات التي سبق و أن عملت بها سواء في فلسطين أو خارجها:

1. .....
2. .....
3. .....
4. .....

العبارات التالية مهمة لقياس جودة الخدمات المتوقعة من المستشفيات الممتازة

حيث يشير الرقم "1" إلى عدم الموافقة، بينما يشير الرقم "7" إلى الموافقة، أرجو الإجابة عليها بما يناسبك

العبارات	غير موافق بشدة	غير موافق	غير موافق إلى حد ما	محايد	موافق إلى حد ما	موافق	وافق بشدة
المظهر الخارجي							
المستشفى الممتاز هو الذي يحتوي على معدات و تجهيزات مظهرها حديث	1	2	3	4	5	6	7
يجب ان يحتوي المستشفى الممتاز على مرافق و قاعات جميلة و جذابة	1	2	3	4	5	6	7
يجب أن يظهر العاملون في المستشفى الممتاز بلباس جميل و نظيف	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي تكون في وثائق المرضى و الكتيبات جميلة التصميم و جذابة	1	2	3	4	5	6	7
المصداقية في التعامل							
المستشفى الممتاز هو الذي يلتزم بتنفيذ المهام و الأعمال في الأوقات المحددة والتي تم الوعد بها	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يتعاطف فيه العاملون مع المرضى ويهتمون بمشاكلهم	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يحصل فيه المريض على العلاج الصحيح من أول زيارة أو من بداية المبيت	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يقدم الخدمات في المواعيد المحددة	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يحتوي على أنظمة توثيق و سجلات دقيقة و خالية من الأخطاء	1	2	3	4	5	6	7
سرعة الاستجابة							
المستشفى الممتاز هو الذي يخبر فيه العاملين المرضى بالمواعيد الدقيقة لتقديم العلاج أو الخدمات الصحية	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يقوم العاملين فيه بتقديم العلاج أو الخدمة الصحية للمرضى بشكل فوري	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يرغب فيه الموظفين بمساعدة المرضى دائما	1	2	3	4	5	6	7
يجب ان لا يكون العاملين في المستشفى الممتاز مشغولين كثيرا إلى الحد الذي يمنعهم من الاستجابة لطلبات المرضى	1	2	3	4	5	6	7
الثقة في التعامل							
المستشفى الممتاز هو الذي يؤدي سلوك العاملين فيه إلى زرع الثقة في نفوس المرضى	1	2	3	4	5	6	7
يجب أن يشعر المرضى في المستشفى الممتاز بالأمان	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يتصرف فيه العاملون بلباقة مع المرضى	1	2	3	4	5	6	7
يجب أن يمتلك العاملون في المستشفى الممتاز المعرفة الكافية للإجابة على أسئلة المرضى	1	2	3	4	5	6	7
الاهتمام بالمرضى							
المستشفى الممتاز هو الذي يهتم بكل مريض حسب حالته الصحية الخاصة	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي تكون فيه ساعات العمل مناسبة لجميع المرضى	1	2	3	4	5	6	7
يجب أن يقدم العاملين في المستشفى الممتاز رعاية شخصية لكل مريض حسب حاجته	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يعطي الأولوية لمصلحة المريض	1	2	3	4	5	6	7
المستشفى الممتاز هو الذي يدرك موظفوه الاحتياجات الفردية لكل مريض	1	2	3	4	5	6	7

العبارات التالية مهمة لقياس جودة الخدمات المقدمة في هذا المستشفى، حيث يشير الرقم "1" إلى عدم الموافقة، بينما يشير الرقم "7" إلى الموافقة، أرجو الإجابة عليها بما يناسبك							
العبارات	غير موافق بشدة	غير موافق	غير موافق إلى حد ما	محايد	موافق إلى حد ما	موافق	موافق بشدة
المظهر الخارجي							
يتوفر لدى هذا المستشفى تجهيزات و معدات و أجهزة تقنية متطورة	1	2	3	4	5	6	7
يحتوي هذا المستشفى على مرافق و قاعات جميلة و جذابة	1	2	3	4	5	6	7
يظهر العاملون في هذا المستشفى بلباس جميل و نظيف	1	2	3	4	5	6	7
وثائق المرضى و الكتيبات في هذا المستشفى جميلة التصميم و جذابة	1	2	3	4	5	6	7
التعامل في المصداقية							
تلتزم إدارة هذا المستشفى بوعودها للمرضى في مجال تقديم الخدمات الصحية و العلاجية	1	2	3	4	5	6	7
يعمل هذا المستشفى بجدية على حل مشاكل المريض	1	2	3	4	5	6	7
يحصل المريض في هذا المستشفى على العلاج الصحيح من أول زيارة أو من بداية المبيت	1	2	3	4	5	6	7
يوفر هذا المستشفى الخدمات الصحية و العلاج حسب المواعيد المحددة	1	2	3	4	5	6	7
تهتم إدارة هذا المستشفى في تدوين المعلومات عن المرضى وحالتهم الصحية في السجلات والحاسوب بشكل دقيق	1	2	3	4	5	6	7
سرعة الاستجابة							
يتم إخبار المرضى في هذا المستشفى بالمواعيد الدقيقة لتقديم العلاج لهم	1	2	3	4	5	6	7
يقوم العاملون في هذا المستشفى بتقديم العلاج أو الخدمة الصحية للمرضى بشكل فوري	1	2	3	4	5	6	7
يرغب العاملون في هذا المستشفى بمساعدة المرضى بشكل دائم	1	2	3	4	5	6	7
رغم انشغال الموظفين في هذا المستشفى بتقديم الخدمات إلا أنهم يتجاوبون مع طلبات المرضى فورا	1	2	3	4	5	6	7
الثقة في التعامل							
يؤدي سلوك العاملين في هذا المستشفى إلى زرع الثقة في نفوس المرضى	1	2	3	4	5	6	7
يشعر المرضى بأنهم بأيدي أمينة عند التعامل مع العاملين في هذا المستشفى	1	2	3	4	5	6	7
يتصرف العاملون في هذا المستشفى بلباقة مع المرضى	1	2	3	4	5	6	7
يمتلك العاملون في هذا المستشفى العلم و المعرفة للإجابة على أسئلة المرضى	1	2	3	4	5	6	7
الاهتمام بالمرضى							
يهتم هذا المستشفى بكل مريض حسب حالته الصحية الخاصة	1	2	3	4	5	6	7
المرضى لجميع في هذا المستشفى ملائمة العمل ساعات	1	2	3	4	5	6	7
العاملين في هذا المستشفى لديهم القدرة على تقديم رعاية شخصية لكل مريض حسب حاجته	1	2	3	4	5	6	7
يعطي هذا المستشفى الأولوية لمصلحة المريض	1	2	3	4	5	6	7
يدرك العاملون في هذا المستشفى الاحتياجات الفردية لكل مريض	1	2	3	4	5	6	7

مدرجة أدنا 5 ميزات تتعلق بالمستشفيات و الخدمات التي تقدمها، نود أن نعرف مدى أهمية كل من هذه الميزات بالنسبة لك، الرجاء وضع 100 علامة موزعة على الصفات الخمسة حسب أهمية كل منها بالنسبة لك.
تأكد بأن المجموع يساوي 100.

المظهر (مرافق، قاعات، أدوات وأجهزة، عاملين، ووسائل الاتصال) ----- علامة

المصداقية في التعامل (قدرة المستشفى على تنفيذ المهام و الأعمال التي تم الوعد بها بدقة وبثقة) ----- علامة

سرعة الاستجابة (استعداد المستشفى لمساعدة المرضى، و تقديم الخدمة السريعة) ----- علامة

الثقة في التعامل (المعرفة و اللباقة لدى العاملين في المستشفى وقدرتهم على غرس الثقة) ----- علامة

الاهتمام بالمرضى (الرعاية و الاهتمام الشخصي اللذان يقدمهما المستشفى لمرضاه) ----- علامة

المجموع **100 علامة**

أي من الميزات المذكورة أعلاه الأكثر أهمية بالنسبة لك ؟ (اكتب رقم الميزة 1-5). --------

أي من الميزات تأتي بالدرجة الثانية من الأهمية بالنسبة لك؟ --------

أي ميزة هي الأقل أهمية بالنسبة لك؟ --------

ما هي أهم الإجراءات التي تقترحها من أجل رفع جودة خدمات هذا المستشفى؟

	الإجراء
1	
2	
3	
4	
5	

الرجاء كتابة أي تعليق تود إضافته لنا:-

.....

.....

.....

و لكم جزيل الشكر لمشاركتكم في تعبئة هذا الاستبيان

APPENDIX 3: Correspondence with institutions

Hebron University
College of Graduate Studies

جامعة الخليل
كلية الدراسات العليا

التاريخ : 28 / 12 / 2014

حضرة الدكتورة أمل أبو عوض المحترمة
ق. أ. مدير عام التعليم الصحي – وزارة الصحة الفلسطينية

الموضوع: تسهيل مهمة باحث

تحية طيبة و بعد،،،

تهديكم كلية الدراسات العليا في جامعة الخليل أطيب التحيات و نشكر لكم حسن تعاونكم معنا كما و نرجو من حضرتكم التكرم بالموافقة والإيعاز لتسهيل مهمة الطالب روبين جمال الشويكي والذي يقوم بعمل دراسة استكمالا لمتطلبات الحصول على درجة الماجستير في إدارة الأعمال تحت عنوان : "واقع جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية من وجهة نظر المرضى و الموظفين و الإداريين".
ويتطلب اتمام هذه الدراسة أن يقوم بتوزيع الاستبانة المرفقة و ذلك في الفترة الواقعة ما بين 1-1-2015 إلى 31-3-2015.
مع العلم أن كامل المعلومات ستستخدم لأغراض البحث العلمي و ستعامل بطريقة سرية، كما هو موضح في وصف الدراسة المرفق مع هذا الكتاب.

كما أود إعلامكم أن مجلس كلية الدراسات العليا في جامعة الخليل قد أجاز في جلسته (رقم: 2014/12) و الذي عقدت يوم الاثنين بتاريخ 2014/12/22 للطالب روبين جمال الشويكي القيام ببحثه (بعنوان: واقع جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية من وجهة نظر المرضى و الموظفين) الواردة تفاصيله في الوثائق المرفقة، وذلك بعد اطلاعه على مقترح مشروع البحث وأدوات جمع معلوماته (الاستبانة) ووجد أنها قابلة للعمل ومفيدة لتطوير الخدمات الصحية الفلسطينية، ولا تتعارض و أخلاقيات البحث العلمي الصحي.

لا يرى مجلس كلية الدراسات العليا في جامعة الخليل أنه سيكون هنالك أي تأثير أو ردة فعل سلبية يسببها الاشتراك في هذه الدراسة، حيث أنها لا تعتمد على تقديم نوع جديد من العلاج أو أنها من الأبحاث المعتمدة على التجربة، بل هي محاولة باستخدام المنهج الوصفي للبحث في سبل تحسين مستوى الخدمات الصحية، وبذلك لن تؤدي المشاركة في هذه الدراسة إلى إلحاق أي ضرر أو خطر بالمشاركين أو أماكن عملهم. كما ونتوقع أن المشاركة في هذه الدراسة سوف تعطيهم الفرصة لإبلاغ صناع القرار الصحي الفلسطيني بقضايا الخدمات الصحية وتحسين جودتها.

لقد تم التأكد من إتباع الطالب لقوانين كلية الدراسات العليا في جامعة الخليل بالمراعاة في تصميم البحث أن تبقى هوية المشاركين مجهولة، لذلك فانه من غير المطلوب كتابة الاسم، العنوان، اسم المؤسسة التي يتواجدون فيها، أو أيه معلومات تدل على شخصيتهم. وانه في حال الموافقة على المشاركة في هذه الدراسة، ستبقى آرائهم طي الكتمان. ولن يكون لأي شخص، ما لم ينص القانون على ذلك، حقا لاطلاع على محتوى الاستبانات الخاصة بالمشاركين في البحث باستثناء الدكتور المشرف على هذا البحث والطالب صاحب البحث ولجان الأخلاق المهنية المستقلة من إدارة جامعة الخليل. و تنص قوانين جامعة الخليل على حفظ كافة الاستبانات الورقية و الالكترونية حتى تسليم تقرير البحث في مكان مغلق و آمن لدى المشرف داخل الكلية لمدة فصل دراسي واحد ليتم إتلافها بمحضر رسمي و حسب الأصول المعمول بها في جامعة الخليل.

وبناءً على ما تقدم، فأرجو من حضرتكم التكرم بالسماح للطالب الوارد اسمه القيام بجمع معلوماته البحثية في الفترة الواقعة ما بين 2015/1/1- 2015/3/31 من المؤسسات الصحية التالية:

1. مستشفى الخليل الحكومي
2. مستشفى يطا الحكومي
3. مستشفى بيت جالا الحكومي

علماً أن هذه المعلومات سوف تستخدم فقط لأغراض البحث العلمي تحت إشراف الدكتور حسين جبارين ليتسنى للطالب استكمال متطلبات التخرج للحصول على درجة الماجستير من كلية الدراسات العليا. كما سيتم ترتيب وصول الطالب لهذه المؤسسات ضمن جدول زمني مناسب لتجنب أي ضغط او إرباك للعاملين في هذه المؤسسات.

د. حسين جبارين
مشرف الدراسة
عميد كلية التمريض

مرفق طيه:

- ورقة معلومات عن البحث متضمنة ملخص واهداف الدراسة ونموذج موافقة المشاركين.
- استبانة البحث الخاصة بالعاملين الصحيين
- استبانة البحث الخاصة بالمرضى
- ملخص خطة مشروع البحث.

APPENDIX 4: An information sheet about the study in Arabic

ورقة معلومات حول الدراسة

عنوان البحث:

واقع جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية، من وجهة نظر المرضى و الموظفين.

نحن مهتمون في معرفة وجهات نظر (المرضى و الموظفين) بشأن الخدمات المقدمة في مستشفيات جنوب الضفة الغربية ، كجزء من دراسة لاستكمال الحصول على درجة الماجستير في إدارة الاعتمال من جامعة الخليل. و يقوم بعمل هذه الدراسة الباحث روبين الشويكي، من طلبة كلية الدراسات العليا في جامعة الخليل.

لقد تم اختيار الاستبيان المرفق وهو أداة عالمية لقياس جودة الخدمات و تم ترجمته للغة العربية تحت إشراف الدكتور حسين الجبارين. سنكون ممتنين جدا إذا تكرمت بإعطاء بعض الوقت لتعبئة هذا الاستبيان . نعتقد أن تعبئة الاستبيان لا يحتاج إلى أكثر من 10 دقائق لإكماله. بإمكانك طلب إيضاحات أو معلومات إضافية عن أي شيء مذكور في هذه الاستمارة أو عن هذه الدراسة ككل من الباحث.

يتم توزيع هذا الاستبيان على عينة عشوائية في المستشفيات الحكومية و غير الحكومية ولن يكون بإمكاننا الوصول إلى اسم أو هوية المشاركين في الدراسة، لذلك فان مصدر المعلومات وردودكم ستكون مجهولة لنا بالكامل.

لأفراد العينة كامل الحرية في قرار اختيار المشاركة أو عدم المشاركة .في حال قررت المشاركة، الرجاء إعادة الاستبيان بعد الانتهاء منه بدون كتابة اسمك، عنوانك، اسم مكان عملك، أو أي معلومة تدل على هويتك .وبذلك فإننا نفترض أنك موافق على المشاركة في هذا البحث وهذا ما هو معروف باسم **الموافقة الضمنية** .وفي حال قرارك بعدم المشاركة، فان ذلك لن يؤثر عليك في أي شكل من الأشكال.

نحن لا نعتقد أنه سيكون هنالك أي تأثير او ردة فعل سلبية يسببها الاشتراك في هذه الدراسة، حيث أنها لا تعتمد على تقديم نوع جديد من العلاج أو أنها من الأبحاث المعتمدة على التجربة، بل هي محاولة للبحث في سبل تحسين مستوى الخدمات الصحية، لذلك لن تؤدي المشاركة في هذه الدراسة إلى إلحاق أي ضرر أو خطر بكم .ونتوقع أن المشاركة في هذه الدراسة سوف تعطيكم الفرصة لإبلاغ صناع القرار الفلسطيني بقضايا تهتم برفع مستوى جودة الخدمات المقدمة في المستشفيات.

لقد تم الأخذ بالحسبان في تصميم البحث أن تبقى هوية المشارك مجهولة، لذلك فانه من غير المطلوب كتابة اسمك، عنوانك، اسم المؤسسة التي تتواجد بها، أو أية معلومات تدل على شخصكم الكريم .وفي حال وافقت على المشاركة في هذه الدراسة، ستبقى آرائك طي الكتمان .لن يكون لأي شخص، ما لم ينص القانون على ذلك، حق الاطلاع على الاستبانة الخاصة بالمشارك بالبحث باستثناء الدكتور الباحث المسؤول عن الدراسة ومعاونيه ولجان الأخلاق المهنية المستقلة من إدارة جامعة الخليل.

عند الانتهاء من عمل هذا البحث، سوف يتم كتابته في رسالة ماجستير وستعرض نتائجه ضمن مشروع التخرج من كلية الدراسات العليا في جامعة الخليل، وسيتم دعوة جميع المؤسسات الصحية المشاركة لحضور حلقة النقاش.

إذا كنت ترغب في معرفة المزيد من المعلومات عن هذه الدراسة، يمكنك الاتصال ب:

اسم الباحث : روبين الشويكي - رقم الهاتف : 0599277902

البريد الإلكتروني sh_robin@yahoo.com

وبدلا من ذلك، يمكنك الاتصال بالمشرف عن الدراسة و هو:

الدكتور حسين جبارين، عميد كلية التمريض، جامعة الخليل، ص ب40 ، الضفة الغربية، فلسطين

رقم تلفون المكتب 0995 222-02-0097 : - تحويلة 121 : السكرتيرة 127:

رقم المحمول 773 949 0598 - 0097 : البريد الإلكتروني hjabareen2000@yahoo.com

وتفضلوا بقبول فائق الاحترام،

روبين الشويكي ، والدكتور حسين جبارين

شكرا جزيلا لأخذ الوقت الكافي لقراءة هذا الرسالة.

موافقة المشترك :لقد قرأت استمارة القبول هذه وفهمت مضمونها، وتم الإجابة على جميع أسئلتي . وبناء عليه فإنني، حرا مختاراً، أجيز إجراء هذا البحث و أوافق على الاشتراك فيه واني اعلم أن الباحث وزملاءه ومعاونيه أو مساعديه سيكونون مستعدين للإجابة على أسئلتي، وانه باستطاعتي الاتصال بهم إذا شعرت لاحقا أن الأجوبة تحتاج إلى مزيد من الإيضاح، كما اعرف تمام المعرفة بأنني حر في الانسحاب من هذا لبحث متى شئت حتى بعد إعطاء الموافقة على الاشتراك دون ان يؤثر ذلك سلبا علي بأي شكل من الأشكال.

عناية د. حسين جبارين المحترم

State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health

دولة فلسطين
وزارة الصحة- نابلس
الإدارة العامة للتعليم الصحي

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

الرقم: ٢٠١٤/١٨١٥/١٦٢
التاريخ: ٢٠١٤/١٢/٢٨

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،

تحية واحترام،،

الموضوع: تسهيل مهمة طلاب – جامعة الخليل

تماشياً مع سياسة وزارة الصحة المتعلقة بتعزيز التعاون مع الجامعات والمؤسسات الأكاديمية بإتاحة فرص التدريب أمام الطلبة والخريجين والباحثين في المؤسسات الوطنية وإسهاماً في تنمية قدراتهم.

يرجى تسهيل مهمة الطالب **روبين جمال الشويكي– ماجستير ادارة أعمال / جامعة الخليل، في عمل بحث بعنوان:" واقع جودة الخدمات المقدمة في مستشفيات جنوب الضفة الغربية من وجهة نظر المرضى والموظفين والاداريين"**، وذلك من خلال السماح للطالب بجمع معلومات من خلال استبانة، وذلك تحت اشراف د. حسين جبارين. علما بانه سيتم الالتزام بمعايير البحث العلمي والحفاظ على سرية المعلومات. وذلك في **مستشفى الخليل الحكومي – مستشفى يطا – مستشفى بيت جالا. وذلك في** الفترة ما بين: **2015/1/1 و 2015/3/31.**

مع ضرورة تزويدنا بنسخة من البحث.

مع الاحترام،،،

د. أمل أبو عوض
ق. أ. مدير عام التعليم الصحي

نسخة: عميد كلية التمريض المحترم/ جامعة الخليل

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