An-Najah National University

Faculty of Graduate Studies

EFFECTIVENESS OF QUALITY HEALTHCARE SERVICES FROM A PATIENT PERSPECTIVE: A HOSPITAL BASED CASE STUDY

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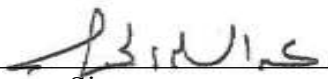
Dr. Abdulsalam Khayyat	
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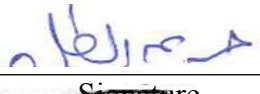
Dr. Maryam Altal	
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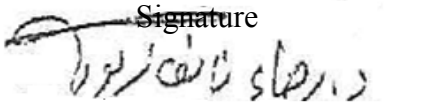
Dr. Raja zyoud	
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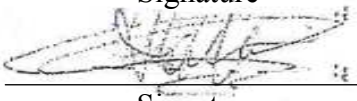
Dr. Hala Allabadi	
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Dedication

To the one whom God created me in and from her.. my dear mother

To my support and the straightness of my back...my dear father

To my beloved and companion, my wife

To the balm of my soul... my child Sarah

To those who shared with me the good and bad of life...my sisters

To those who extended a helping hand to me... my friends

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” He who does not thank the creature does not thank the Creator“.

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Declaration

I, the undersigned, declare that I submitted the thesis entitled:

EFFECTIVENESS OF QUALITY HEALTHCARE SERVICES FROM A PATIENT PERSPECTIVE: A HOSPITAL BASED CASE STUDY

I declare that 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 or qualification.

Student's Name Ahmad Nidal rashed

Signature Ahmad rashed

Date 13/2/2023

Table of Contents

List of Tables

List of Appendices

EFFECTIVENESS OF QUALITY HEALTHCARE SERVICES FROM A PATIENT PERSPECTIVE: A HOSPITAL BASED CASE STUDY

By
Ahmad Nidal Ahmad Rashid
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Abstract

This study aims to identify the effectiveness of quality healthcare services from a patient perspective: a hospital based case-study. To achieve the objectives of the study and answer its hypotheses the researcher used the descriptive analytical approach which is based on the study of the problem, a method that does not stop at collecting information.

The research instrument used to collect data was the questionnaire: The sample of the study consists of (365) patients in governmental hospitals (Rafidia Hospital and the Ittihad Hospital) and private (Arab Specialist Hospital and Nablus Specialist Hospital) in Nablus Governorate.

Results show that the degree of tangibility factor practice, that 80% of the participants have agreed on considering it as one of the factors of the effectiveness of healthcare services quality from patient perspective to the extent that its degree has been very high. Hence, 67.9% of the participants agreed on considering the degree of reliability factor practice as one of effectiveness healthcare services quality factors from patient perspective that its degree has been "high".

Also, 65.6% of the participants have agreed on considering the degree of empathy factor practice as one of effectiveness healthcare services quality factors from patient perspective that its degree has been "high". Furthermore, 72% of the participant considered the degree of responsiveness factor practice as one of effectiveness healthcare services quality factors from patient perspective that its degree reaches "high". Thus, 66.4% of the participants have agreed that the degree of assurance factor practice as one of effectiveness healthcare services quality factors from patient perspective reaching "high" degree.

Finally, 70.8% of the participants have agreed that the degree of doctor's skills from patient perspective indicating a "high" degree. In addition, the results of Pearson correlation test of the hypotheses shows that doctors skills in dealing with patients is jointly affected quality healthcare services factors including tangibility, reliability, empathy, responsiveness, and assurance.

Based on the results of the previous study, the researcher recommends a set of recommendations, which focus on developing assessment tool for patients to detect the healthcare services quality, arranging training courses for doctors to train them to help patients during their treatment in hospitals, and providing a fully organized structure that illustrate the main criteria for healthcare services quality.

Keywords: Effectiveness; Hospitals; Nablus city; Patients; Quality healthcare services

Chapter One

Introduction and Theoretical Background

1.1 Overview

Many hospitals seek to improve their services by using a variety of strategies as well their performance, whereas providing healthcare evokes decisions makers to find an objectives tools to evaluate healthcare institutions. In most countries, the quality of patient's care provided through the healthcare delivery system has become the center of attention. Since quality of care is a crucial factor in healthcare, initiatives to address quality of healthcare have become a worldwide phenomenon.

Quality in healthcare has been defined as meeting the needs and exceeding the expectations of those we serve by delivering all and only the healthcare that the patient and family needs. Important of these strategies is the orientation towards quality in hospitals, and then work on measurement to ensure that the services reach the degree of excellence.

The attention to quality is not a new issue, the new issue lies in the process of using scientific methods and statistical techniques to examine the quality of healthcare services, so policy makers can achieve improvement the potential criteria, assess the provided services, then be able to manage the high level of management by following fully organized administrative programs.

The main purpose for this study to illustrate the effectives of quality healthcare services depending on the doctors skills in dealing with patients in the Nablus Governorate hospitals. Distinctively, it examines the link between the quality healthcare services and doctor's skills in dealing with patients in the hospitals. In addition, this study is focus on measurement and assessment quality of healthcare services in Palestinian hospitals from the perceptions of patients using a non-experimental descriptive survey.

1.2 Quality in healthcare services

Healthcare has received a lot of attention recently, as it is the most rapidly growing service industry in the world. The consideration for patient safety and quality has increased, particularly in terms of allocated budget, health reform, and attention to malpractice (Lee et al., 2013). Evidence has already shown that both doctors and

patients give priority to the availability of healthcare services options offered in an environment that is secure and safe, clean, relaxed, calm and convenient to perform and receive healthcare (Lee, 2015).

Healthcare systems have recently undergone major changes around the world, including many quality improvement companies aiming to improve the quality of patient healthcare delivery. The medicine institution (IOM) defines healthcare quality as the level of achieving the best healthcare quality for patients and people to increase responsibility for emerging health problems and is consistent with current knowledge (Institute of Medicine, IOM, 2001).

Attempts to quantify quality healthcare services definition involve describing main characteristics of quality. According to Tunçalp et al. (2015), quality healthcare is that which is safe, effective, timely, equitable, efficient, and patient and family-centered. Healthcare systems experts also conclude that the provision of high-quality healthcare relies on the correct preparation of the healthcare system or services which, if implemented, should have an effect on the satisfaction of the client from improved healthcare.

Actually, healthcare quality measures have classically been segmented into three disciplines healthcare structure or input, healthcare care process or content, and issues of healthcare (World Health Organization, 2010). Each domain has its negative and positive input measures which are a necessary base for healthcare, on the other hand, they aren't enough to determine their components, measuring process are directly associated to the quality of healthcare system, but they are delicate to measure the outcomes of healthcare system, also to represent other things outside the healthcare program (O'Neill et al. 2013).

1.3 The Palestinian healthcare services system

The Palestinian Ministry of Health (MOH), the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), military health services, charities and non-governmental organizations (NGOs), and the private sector provide primary, secondary, and tertiary health services. In Palestine, there are 743 primary health centers (583 centers in the West Bank and 160 in the Gaza Strip) and 81 hospitals (51 hospitals in the West Bank, including East Jerusalem and 30 in the Gaza Strip

(MOH, 2017). According to MOH statistics from 2017, the number of primary health care centers (PHCs) operated by NGOs is 182 centers which makes up 24.9% of all primary healthcare services available in Palestine, while the number of UNRWA centers are 65 and there are 17 military medical centers.

Healthcare in hospitals is essential for operation and control of spread conditions, good preventative and acceptable care may lower the prevalence and help farther complications and co morbidities. Although covering quality healthcare is crucial matter for individuals and healthcare administrators, it's necessary for evaluating the level of guideline preparation in healthcare. In fact, there is a lack of standard pointers in many countries in the world (International Diabetes Federation 2014).

1.4 Problem Statement

1.4.1 Problem of the Study

It was increased in the last days in Palestinian multimedia the discussions about poor healthcare services in the governmental and private hospitals additional to the patients complaints. The Researcher was noticed while visiting some of the governmental and private hospitals in Nablus Governorate that most of these hospitals were experiencing issues that were related to the healthcare hospitals itself, concerning the lack of human and material resources and poor sense of responsibilities among the employees. Other experienced issues are due to circumstance including the lack of financial allocation, poor public health awareness and abandonment of scientific minds, which reduces the level of services quality provided in these hospitals. For that purpose, this research was conducted.

1.4.2 Research Questions

The study aims to answer the following questions:

1. What is the level of the effectiveness of quality healthcare services dimensions (tangibility, reliability, empathy, responsiveness, and assurance) from a patient perspective in Nablus Governorate hospitals?
2. What is the relationship between the quality of healthcare services dimension (tangibility, reliability, empathy, responsiveness, and assurance) and the doctors

skills in dealing with patients from the perceptions of patients in Nablus Governorate hospitals?

3. Are there statistically significant differences in the effectiveness of quality healthcare services depending on the doctors skills in dealing with patients from the perceptions of patients in Nablus Governorate hospitals?

1.4.3 Research Hypotheses

Depending on the research questions described above this research aims to test the following hypotheses.

H: The effectiveness of quality healthcare services dimensions (tangibility, reliability, empathy, responsiveness, and assurance) from a patient perspective in Nablus Governorate hospitals is high.

H: There is no relationship between the effectiveness of quality healthcare services dimension (tangibility, reliability, empathy, responsiveness, and assurance) and the doctors skills in dealing with patients from the perceptions of patients.

H: There is no statistically significant differences at the level of significance ($\alpha = 0.05$), in the effectiveness of quality healthcare services depending on the doctors skills in dealing with patients from the perceptions of patients depending on (gender, age, level of educational, place, hospital type) variables.

1.4.5 Research Objectives

The study aims to fulfill the following goals:

1. Explains the effectiveness of quality healthcare services dimensions (tangibility, reliability, empathy, responsiveness, and assurance) from a patient perspective in Nablus Governorate hospitals.
2. Study the effectiveness of quality healthcare services from a patient perspective depending on (gender, age, level of educational, place, hospital type) variables.
3. Study the relationship between the effectiveness of quality healthcare services dimension (tangibility, reliability, empathy, responsiveness, and assurance) and the doctors skills from a patient perspective.

1.5 Significance of Research

Most of the research on effectiveness of quality healthcare services is conducted in developed countries; little evidence of it has been in emerging countries. Hence, this study conducts in Nablus Governorate to add new knowledge and exceeds other typical studies, and represents the importance of effectiveness of quality healthcare services dimensions (tangibility, reliability, empathy, responsiveness, and assurance) and its relationship with the doctors skills in dealing with patients.

According to the importance of the study which focusing on quality healthcare services depending on the doctors skills in dealing with patients, it divided into two sections which are the practical section and scientific section.

- Applied Significance: Refers to those causes that will make a usefulness for the hospitals that should rising the doctors skills in dealing with patients. Therefore, the results of the study will be very important to managers and healthcare providers to lead to a good performance, which will improve the quality healthcare services.
- Theoretical Significance: Depending on the previous studies, there is a clear importance of the selected variables in this research such as quality healthcare services as a dependent variable, the doctors skills in dealing with patients as an independent variable. Moreover, continuously there is a lack of studies investigate the association of the selected variables.

1.6 Methodology and Research Design

1.6.1 Study Population and Sample

To test research hypotheses, data will be collected from Nablus Governorate hospitals. The study focused on four hospitals include two of government hospitals (Rafidia Hospital and Ittihad hospital) and tow of private hospitals (Arab Specialist Hospital and Nablus Specialist Hospital).

1.6.2 Data Collection

Based on the hypotheses of this research, required primary data will be collected as follows:

1. Questionnaire will be designed.The design will consider dependent, independent, and demographic variables. Patients who have slept in the hospital for one night or more will fill up the questionnaire after the consent form is filled out.
2. Field compliances is a variant of field exploration that attempts to observe a targeted person or a group of targeted persons in their terrain in order to gain perceptivity into geste, conditioning and processes. It's used in multitudinous fields similar as psychology, educational wisdom or sociology. Field observation will be used in order to determine the effectiveness of quality healthcare services, situations of croakers capacity application and stress at the hospitals, and estimate the trouble needed to carry out services, through interviews with cases in the Palestinian hospitals in order to conduct a clearer picture about the effectiveness of quality healthcare services to make a follow up analysis of the statistical data got out of SPSS.
3. Documentary analysis for doctors performance evaluation reports, quality healthcare services performance level. We can use it in order to prove the validity of the results.

1.6.3 Analysis of Results

After completing the data collection, filled questionnaires will be checked precisely to count invalid bones and also will be enciphered and fitted into the SPSS. Descriptive statistics will be employed to identify population characteristics while using logical statistics for exploration suppositions testing.

1.7 Research Limitation

- Locative limitation: The study covers Nablus Governorate hospitals.
- Temporal limitation: The study is carried in the first and second semester of the scholastic year 2020-2012.
- Human Limitation: this study will be limited to patients in governmental hospitals (Rafidia Hospital and the Ittihad Hospital) and private (Arab Specialist Hospital and Nablus Specialist Hospital) in Nablus Governorate.

- Topical limitation: The study examines the effectiveness of quality healthcare services depending on the doctors skills in dealing with patients in Nablus Governorate hospitals.

1.8. Research Structure

The research consists of five mains chapters as follows:

- Chapter one (Introduction): is the introduction to this research, and includes general information about the research, research questions, research hypotheses, research objectives, and the significance of research.
- Chapter two (Literature Review): the second part draws the theoretical framework to the effectiveness of quality healthcare services depending on the doctors skills in dealing with patients in Palestinian hospitals.
- Chapter three (Methodology): this part discusses research questionnaires building and data analysis procedures in more depth.
- Chapter four (Data Analysis and Discussion): the fourth part analyzes and discusses the empirical results of research.
- Chapter five (Conclusion and Recommendations): this part rounds out this research by concluding and providing recommendations for coming research.

Chapter Two

Theoretical background and Literature Review

2.1 Introduction

This chapter presents a theoretical background and related studies to the study topic associated with the effectives of quality healthcare services depending on the doctor's skills in dealing with patients. This chapter has two main parts: the first one illustrates the measurement and dimensions of healthcare quality, the second one demonstrates the effectiveness of providing healthcare.

2.2 Theoretical background

Health care services aims at improving people health case. The scope of health services sector reflects the extent of the improvement of communities worldwide, which gives a great importance to the health care sectors due to the different type of services they provide. They are generally services related to human health and life, which makes them important at all levels. That is why development programs are usually concerned with the medical sector and seek to develop, support and improve its services. One of the most prominent features of good health services is that they are tangible, quick to respond, provide assurance, empathy, and enjoy reliability, and then they can meet the expectations of community members regarding the quality and required level of health services. Given the importance of quality services, its topic was of interest to various health care institutions in their public and private sectors in various countries, especially in the field of health care industry, and this in turn created global competition in light of patients' concerns about the quality of health care services (Kumari, et. al, 2009).

Since 1990, many initiatives aimed at ensuring quality have emerged in order to achieve continuous development and improvement in the quality of services. The health sector was among the sectors that received great attention in terms of developing services. Quality assurance methods allow health program managers to set key directions and identify other important needs in order to measure actual performance and compare them with performance standards for improving health programs and ensure their effectiveness. Currently, quality management have a significance part in enabling health managers to apply systematic methods that contribute to discovering problems and developing appropriate solutions to raise them (Ahmed and Ibrahim, 2017).

2.3 Health Care Services

Natural of Health Care Services

The definition of health service quality is "programs that monitor the quality level of health services in terms of staff effectiveness, patient treatment, or facility attractiveness." In order to improve the quality of health services and guarantee that patients' requirements are addressed, health care institutions must be able to achieve patient satisfaction from an overall quality perspective (Li, X., 2020).

The quality of service is of great importance to organizations because it is one of the most important elements that guarantee them to maintain their competitive position. Moreover, health services have a major role in the lives of individuals and society and are witnessing an increasing and continuous demand despite their complexity, risks and extreme accuracy due to their direct relationship to human life. The health service is constantly witnessing more development, expansion and widening the horizon of competition, and work is always done to provide a health service that enjoys high quality and responds to patients' requirements. This in particular plays an influential role in building a good reputation for the health organization (Fateh, 2018).

The concept of quality is one of the topics that aroused the interest of various researchers. Quality has been defined as meeting customer requirements and expectations. It is also known as a systematic philosophy for managing organizations that includes a framework of principles, procedures, and tools that contribute to providing a guiding framework for all issues in the organization. The philosophy extends its roots to the entrance to human relations in Management considers the organization as an open system, based on the support of participatory management, and is based on strategic planning and seeks a strong commitment to customer satisfaction, and continuity in control and control.

The importance of the health service quality defined by (tangible, guarantee, empathy, reliability and speed of response) in achieving the required level in a way that meets and satisfies the desires and expectations of community members, and the quality of health service obtained by community members is an important factor in achieving the satisfaction of beneficiaries (Al-Khrabsheh et al, 2017).

The interaction between the patient and the healthcare provider in a positive environment is what determines the quality of care, and personal factors of the service provider and recipient as well as factors related to the healthcare organization, the healthcare system, and the general environment all have an impact on the quality of healthcare services. Improving the quality of healthcare is one of the most crucial factors that can be done. Good vision, suitable planning, education and training, availability of resources, efficient administration of human resources and operations, and collaboration between service providers are all characteristics of supportive leadership in the healthcare sector. (Mosadeghrad, 2014).

The goals of high-quality healthcare are to ensure the beneficiaries' bodily and mental well-being, as well as to deliver high-quality medical services that satisfy the beneficiary (the patient) and strengthen his allegiance to the medical facility. In addition to increasing efficiency, administrative research, health care planning, and policy development all place a premium on determining how satisfied people are with their health services. An key objective for implementing quality health care is to provide beneficiaries (patients) with the necessary degree of care (Kang, 2020).

Quality in Health Care Services

Healthcare has received a lot of attention recently, as it is the most rapidly growing service industry in the world. The consideration for patient safety and quality has increased, particularly in terms of allocated budget, health reform, and attention to malpractice (Lee et al., 2013). Evidence has already shown that both doctors and patients give priority to the availability of healthcare services options offered in an environment that is secure and safe, clean, relaxed, calm and convenient to perform and receive healthcare (Lee, 2015).

The systems related to health care sectors have recently attended major conversion in all the word countries, thorough many quality refinement initiatives that aim at improving the quality of healthcare services. The US Institute of Medicine (IOM) defines the quality of healthcare as the level of given healthcare services for individuals to enhance the probability of desired healthcare results (Institute of Medicine, IOM, 2001).

As for the concept of the quality of health services, there are many specific definitions. There is no agreement between specialists, as each of them looks at this concept from a

certain angle according to his point of view, as the more attention is paid to training service providers in hospitals and health organizations, this leads to a significant increase in their knowledge. It directly and favorably impacts the concept's depth and, as a result, raises the standard of the services rendered. The application of medical sciences and technology to provide the finest healthcare services to people without increasing exposure to risks is another definition of the quality of health services, and as a result, the degree of quality is decided by the optimal balance between risks and benefits (Mardani, A., 2019).

Attempts to quantify quality healthcare services definition involve describing main characteristics of quality. According to Tunçalp et al. (2015), quality healthcare is that which is safe, effective, timely, equitable, efficient, and patient and family-centered. Healthcare systems experts also conclude that the provision of high-quality healthcare relies on the correct preparation of the healthcare system or services which, if implemented, should have an effect on the satisfaction of the client from improved healthcare.

Actually, healthcare quality measures have classically been segmented into three domains: healthcare structure or input, healthcare care process or content, and results of healthcare (World Health Organization, 2010). Each aspect has benefits and weak points: input measures are the desired organization for health care services, but are not adequate to characterize their effects and content; process measures are directly connected to the health care quality but are difficult to collect; and outcome measures and determine the final target of the health care systems but also explain other factors outside the health care system itself (O'Neill et al. 2013).

The health care sector is among the most important strategic sectors that help advance economic development in many countries, and the state attaches great importance to this sector as the final product, and health as an investment commodity that helps the workforce to continue production and then achieve prosperity by influencing national production. Therefore, hospitals seek to improve and develop the quality of their services in order to win their customers, and to maintain their continuity in the active competitive environment. Hospital management must be fully prepared to meet patients' expectations for service quality, and therefore must work efficiently and effectively, communicate effectively with patients, and know their needs, and striving to

provide all the necessary capabilities that require raising the level of services provided, and this will, therefore, be reflected on the satisfaction of patients and beneficiaries of health services

Measurement of Health Care Services Quality

The quality of health care services is one of the most important issues in the marketing of health care services, as it is one of the most important areas of interest for hospital administrations, recipients of health care services, doctors, and the bodies that finance this service as well, so that it can achieve its goals and desired interests. Over the past decades, government spending on providing health services that satisfies the beneficiaries has increased, as modern technologies and technological means have been used to expand health coverage; Raising professional competence and competence to improve and develop health systems (Pantouvakis, 2013)

Many of healthcare organizations use the principles of quality management used in industrial organizations in their quality assessment. Quality is one of the methods adopted by health institutions to verify the good mastery of the work performed in its various aspects, and then take all necessary measures and procedures to advance it on an ongoing basis within the framework of meeting the wishes of the beneficiaries in a manner that matches their expectations and achieves their full satisfaction with the services provided to them. Appropriate treatment and care for various disease states, knowing patients' opinions and measuring their level of satisfaction with the healthcare services they receive is crucial for health care planning, building relationships, and enhancing and improving channels of communication between patients, service providers, and healthcare institutions. This helps everyone work more productively and efficiently. The necessary standard of medical care given to patients (Eiriz & Figueiredo, 2005).

The request to measure the health care quality degree offered by health care providers and managers have been a basic point of health service managers for a major period of time. When expectations are met, quality care is perceived as satisfactory. When expectations are exceeded, quality care is perceived to be more than satisfactory (Singh, 2019), to describe the health care services quality the researchers define the following factors (Tatekeet et al., 2012):

- **Tangibles**

This dimension refers to the physical depiction of the service, which increases the demand of the beneficiaries among patients and hospital visitors, for the material facilities, supplies, people, and communication materials, and a perception of the customer about the service and their return to the same health service provider, especially the new customer who will use it in assessing the quality and includes the services of restaurants, hotels, banks, hospitals and others. They include the exterior of the building and amenities and entertainment such as medical educational programs using educational projectors. Means, books, the physical appearance of health facilities and their cleanliness, modernity of equipment, devices, medical tools, health laboratories, nursing x-rays, etc., cleanliness and proper care of workers, appearance of furniture and decoration, the institution's attractiveness, design and internal organization (Tatekeet et al., 2012):

Tangibility represents capabilities, physical facilities, equipment, personnel and communication equipment, and this dimension (16%) is of relative importance compared to other dimensions, specifically, it is related to observing hygiene in health care facilities, using clean tools and standardized processes in facilities, and finally a list that is easy for patients to understand. As it includes a number of facts and actual data of the service, such as the facilities for financial payment and the facilities that are used by patients (Pantouvakis, 2013).

- **Responsiveness**

The concept of responsiveness refers to the desire to help, the presence of the will to help patients and provide immediate services to them, all patients of any origin, status and history will receive immediate assistance from the staff at the health care institute (hospital). With good care and cooperation, waiting for an appropriate time as well as a quick initiative to help beneficiaries (patients) of health care services and respond quickly to all their questions and complaints, as well as quickly dealing with health services and providing them when needed (Singh, 2019).

In the field of health services, response refers to the degree of capability, amenability, and amenability of the service provider to provide the service to the service recipient on a sustainable basis. Response represents the service provider's ability and response to

respond to the inquiries of the service philanthropist, if they need it, and the response in the health care system indicates that all patients, regardless of Regardless of their origin, condition and medical history, they receive immediate care from hospital staff with good treatment and cooperation as well as an adequate waiting time (Tatekeet et al., 2012).

Response means real assistance in providing service to the patient. This dimension (22%) is of relative importance to quality compared to other dimensions, and one of the criteria for assessing the response dimension is the provision of immediate remedial services, in response to external emergency calls, and working around the clock. It can be said that after the response in the field of the quality of health services, hospital workers respond quickly at all times to sick cases and provide assistance to patients on all their inquiries and complaints, as well as the speedy completion and provision of health services to them when they need them (Endeshaw, 2020).

- **Assurance**

It is the creation of trust and gaining the patient's feeling of kindness, civility, comfort and reassurance when dealing with the health institution and its various medical cadres. It is considered a guarantee in the quality of health services, and it includes a set of variables: such as a feeling of safety in dealing, good manners and politeness among workers, the skill and specialized knowledge of doctors, and confidentiality of patient information. Management support and endorsement for employees to perform their jobs accurately and efficiently, in addition to constantly following up on patients' condition. This dimension is intended to provide the service in a safe and risk-free environment as much as possible. It is noted that the laws and regulations in the countries of the world are keen to provide safe services (Singh, 2019).

It means the information and courteousness of those in charge of providing the service, and their abilities to answer patients' questions with confidence, as the patient's trust or approval of the medical staff inside the hospital is the guarantor in the areas of health service, as this dimension and according to Al Bakri's opinion represents (19%) from The relative importance of quality given and compared to the second dimensions. Criteria for assessing this include the hospital's faith and dignity, the knowledge and experience of service providers, personal qualities of staff, good treatment, spreading

loyalty and honesty, and communication between providers and patients (Tatekeet et al., 2012).

- **Empathy**

Empathy represents the relationship and commerce between the public and members of the health, specialized, operation, and counting publics of the health care system, as well as their actuality. Trust, respect, tactfulness, liberality, benevolence, confidentiality, understanding, harkening and communication between health care providers and heirs(cases), because a good relationship between the two contributes to the well- being of health services and response. Where the case is interested in harkening to him and meeting his requirements with all kindness and politeness (Tatekeet et al., 2012).

This dimension includes the personal attention of the hospital staff to patients, their understanding of the patient's needs and the correspondence between the hospital and the patient's times, and Empathy refers to the level of patient care, caring in particular, attention to his concerns, and striving to find high-human solutions to them. This dimension also covers the scope of service supply in terms of time and place. Communication and expressing a spirit of friendship and concern for the patient's interests. Sympathy means the level of personal care and concern for the beneficiary (the patient), and this dimension (16%) is of relative importance in quality in relation to the other dimensions. One of the evaluation criteria for this dimension is personal attention to the patient, full listening to the patient's complaints and meeting his needs well. Hospital staff must be kind and courteous, take personal care of the patient, provide personal care to the patient, and respect the patient's customs and traditions (Endeshaw, 2020).

Furthermore, the most important dimensions of health care quality presenting in six specific quality objectives, which are (IOM, 2001):

- Safe: Avoiding complications to patient from the care of people providing the healthcare service.
- Effective: To provide services to all who can get benefit from them

- Patient-centered care: Delivering care that respects and responds to each patient's unique interests, needs, and values, and upholds the idea that all clinical judgments are influenced by patient values.
- Timely: Minimizing stays and occasionally damaging delays for both patients and healthcare professionals.
- Efficient: Use of tools, materials, concepts, and energy does not waste anything.
- Equitable: The patient's gender, race, locality, or socioeconomic status have no bearing on the standard of care received.

2.4 Patient's Satisfaction

Patient satisfaction is defined as the association between patients' needs and the level of received healthcare. Patients usually build their own expectations on healthcare services in accordance to their needs and previous experiences of them and of others. Obviously, there is a common thinking that believes raising patients' expectations towards private or non-governmental hospital rather than their expectations towards governmental ones. (Tateke et al., 2012).

The word patient-centeredness refers to a special way of treatment that physicians must follow to deal with patients. This term points to the best interaction between patients and healthcare system stuff, which in its turn evokes the need for physician to make a comfortable atmosphere for patients to act and express their illness freely. (Setlhare et al., 2014).

The health care service sector has illustrated its process to clarify the rights and needs of patients and steering the medical employees towards their responsibilities and tasks, also this provides the patents the chance for complaining about the level of health services. Therefore, patients become active and play an important role in healthcare instead of being just a passive individuals. As a results patients know their rights so they can easily express what they want, and health care system know the role of patients' attitudes. (Phaswana-Mafuya, 2011).

Measurement of patient's satisfaction

In fact, patients' opinions help healthcare sector employees' to recognize what the level of services that achieve patients' satisfaction, where surveys that are directed towards patients satisfaction shed the light towards improving different aspect of medical care,

to conduct ones that saves time, effort and have better influence and quality. Therefore, healthcare sector become able to set strategies for providing better service by determining good and bad sides for the current ones. This leads to achieve making the best decisions instead of being distracted. It is important to be mentioned that healthcare system must depend on moderate strategies that save times and efforts not complicated ones. (Andaleeb, 2001).

Furthermore, the significance of survey has been arisen recently according to it effect in determining patients' satisfaction. The main factor that make patients avoid giving their responses to survey of patients' satisfaction is feeling embarrassed to make any negative responses, so there will be no honesty in the results of survey and it became as a matter of 'courtesy bias' (Lindelow & Wagstaff, 2003).

The realization of deficient services in healthcare sector in the developing countries is very important to evoke the policy makers to keep monitoring and modifying the quality of healthcare services'. In fact, surveys are used to gauge patients satisfactions based on the level of provided services in order to improve them to meet client satisfaction. (Lindelow & Wagstaff, 2003).

2.5 Patient's Satisfaction

There are many challenges that face medical and healthcare sectors nowadays, which is more complex than before especially after the huge changes in all domains worldwide. Countries face a very complex task in managing the cost, quality and time of the health services. These challenges represent in being up to date with technological improvements and finding the suitable labor and medical stuff. (Osbourne, 2011).

Most of obstacles that face management and leaders derives from the policies of government, that are challenging, hard to be achieved and leads to many other problems. In fact, medical institutions locate in an environment that face many political and social obstacles. (Loo & Thorpe, 2004). These challenges and obstacles are as the following as Smith & Walshe (2011) mentioned:

- Financial obstacles and the productivity of hospitals: hospitals are the second institutions that consume energy. These financial obstacles in this competitive world

where all domains of life are increasing their expenses, add many extra challenges to the medical system.

- Protecting safety of patients: many patients die every year as a result to medical negligence and infection in the hospitals. So decreasing these risks are very challenging task for healthcare centers.
- Regulatory standards and emerging energy mandates: non commitment with international criteria lead to cancel many operations and weaken the quality of services
- The security of Hospital: medical centers are available for all patients and individuals all the time, where they are exposed to face many threatens, so healthcare administrators have to protect them, which in its turn can be considered as another challenge
- The satisfaction of patients: patients'' satisfaction highly affect the hospital level, especially if it is not high, whereas this will conduct an obstacle to the medical system.

On the other hands, the influence of Sanitarium is determined according to the accomplishment goals, either clinical or executive (Ettorchi, 2012). Eventually, there are many tools for measuring healthcare process and. Traditional goals of sanitarium, similar as opinion, treatment, care and recuperation as well as to tutoring and exploration. (Healy, 2002). Health care achievement may therefore include factors of individual and people health. These confines of sanitarium performance have been anatomized in the European environment. Dimension is the main conception of quality enhancement (Qvretveit, 2001).

2.6 Related Studies

This part discusses the previous studies related to the effectives of quality healthcare services, and other studies related to doctor's skills in dealing with patients.

A study by Simão et al. (2017): This study evaluates the effectiveness of diabetes treatment recommendations in southeast Brazil. At 14 healthcare facilities, the researcher used a completely structured questionnaire. The study's findings indicated that 53.8 of the PHCUs have a professional shortage. Results for glycated hemoglobin were available in 50% of the PHCU's medical records. A modest percentage of patients

had satisfactory glycemic control as well. The study came to the conclusion that the major flaws in the PHCUs' structures and procedures were put up with regard to incorrect diabetes care issues. Still, no connection was made between structure, procedure, and problems.

Another study by Badawi, Saleh, Natafgi, Mourad, and Behbehani (2015) describes the effectiveness of T2DM care in primary healthcare facilities in Kuwait using a diabetes quality index set (DQIS). The dimensions of blood glucose situations, cholesterol situations, blood pressure dimensions, order function testing, and smoking status checks were chosen as the five critical care disciplines measures. The sample comprised Kuwait's four largest primary healthcare facilities with the heaviest caseloads. The study comprised (,241 instances) from 2012 and (,211 cases) from 2010. Results showed that, with the exception of the smoking sector, many of the primary healthcare facilities made great progress in the treatment of diabetes between 2010 and 2012.

Kuijpers et al. (2015) conducted a study in the Netherlands to investigate the relationship between general performance indicators of nursing groups and quality management at the nursing group level. In order to improve the quality of diabetes care in the Netherlands, so-called care groups of 3 to 250 general practitioners were formed to organize and coordinate diabetes care. This means that a new level of quality management is introduced, in addition to that of individual GP practices. We hypothesize that this new level of quality management may be related to aggregated patient-level performance measures. Therefore, we wanted to examine the relationship between quality management at the care group level and its composite performance indicators. After adjustment for multiple testing, the management strategy domain was significantly associated with the percentage of patients with HbA1c < 53 mmol/mol (β 0.28 (0.09, 0.46) p=0.01)..

Other study summarized Schmittdiel, Gopalan, Lin, Banerjee, Chau, & Adams (2017): This study illustrates the rationale for diabetes healthcare in today's healthcare environment. Findings show how public health strategies use complaint registries and electronic health records to triage diabetes cases, and use multidisciplinary care teams, informed provider feedback, and decision support tools to cover and monitor cases at risk of serious problems. The research rationale suggests that these strategies will improve health care quality and potentially reduce racial and ethnic disparities in access

to health care. However, the authors caution that those cut off from the health care system may find these methods less effective. The findings of the study suggest that as population care grows, the unborn approach will find ways to adapt population care to individual case needs by enabling advanced health information systems and perpetual care for optimal management. (Schmittdiel, etal., 2017).

In 2017, Reichert et al. Ontario-wide efforts in access to care, diabetes treatment, and Internet for colon cancer are estimated to lead to quality improvements and collaboration in development. One croaker per train (n = 34) and control (n = 34) was signed for inspection. Appropriate maps were studied for predetermined clinical course and growth data at birth, during surgery (range 15-17.5 months) and after surgery. Study goals and the percentage of patients with regular butt testing will be measured by primary growth. Secondary growth interventions included diabetic sedation, education, and ankylotic surgical intervention. This also includes problems and surgeries related to blood sugar, high blood pressure and cholesterol, screening for diabetes-related complications, medical applications and diabetes screening. Other cases in the study group showed improvements in statistical significance associated with lipid testing and eye exams further neuropathy examinations, and body mass index.

In a cohort study performed between 1993–2007 in Catalonia Mata-Cases et al. (2012 evaluated the quality the evolution of quality indicators in primary care centers Process and outgrowth pointers in arbitrary. The sample of the study was cases that were collected from each center, which was 64 participants. According to the study's findings, 501 instances' clinical records were estimated. A significant improvement was seen in several final outgrowths and in the determination of some periodic process pointers.

The goal of El Nahhal's study from 2020 was to determine patient satisfaction with the medical care given to patients in Rafah, in the southern Gaza Strip, by the al-Helal al-Emairati maternity facility. The descriptive and analytical approaches were used by the researcher. Alhelal Al-Emairati Maternity Hospital in Rafah's in-patients participated in the study through a questionnaire. Public satisfaction with the health services received was (85.6%), public satisfaction with the way they were received was (91.7%), public satisfaction with patient communication was (89.5%), public satisfaction with patient safety and infection control was (79.6%), and maternal and child care was (81.8%).

Patients' satisfaction with the surgical procedures they received was (90.9%), and patients' satisfaction with the level of healing was (81.8%).

Bahar (2019) the impact of health services quality on patients' satisfaction in non-governmental hospitals of Gaza Governorates: In Gaza Governorates, this study looked into the role that health services played in ensuring patient satisfaction in non-government hospitals. Patients who visit non-governmental hospitals made up the study's sample (35453). The study's sample was selected at random, so (480). The researcher employed a questionnaire as part of their descriptive strategy. The study's findings demonstrated a strong correlation between the aspects of health service quality and those dimensions. The study recommended that patients receive significant attention from health services in both of its parts, physical and psychological therapy.

Radwan (2021) effect of the skills of dealing with patients on the quality of health service: In this study, the impact of patient care skills (verbal communication, nonverbal communication, listening, and persuasion) on healthcare service quality (responsiveness, reliability, empathy, tangibility, and safety) was examined. The study sample consisted of (264) patients attending the Menoufia University Hospital. The main tool of the study was a questionnaire to ensure the reliability and validity of the measurements used in the study based on factor analysis and Cranach's Alfa. The study concluded that in the hospitals studied, all patient handling skills (except non-verbal communication) had a positive and significant impact on the quality of healthcare delivery, ranked by effect: verbal communication, listening and finally persuasion. The findings also showed that the dimension of patient interaction (verbal communication, persuasion), which is one of the dimensions of health service quality, had a positive and significant impact on the dimension of response. The results showed that all dimensions of patient care skills (except nonverbal communication) had a positive and significant effect on the reliability dimension and the empathy dimension on the healthcare quality dimension. and also positively significant impact on communication skills (whether verbal or non-verbal) on the tangible dimension of the health service quality dimension, the final results show a positive effect on all dimensions of skills In dealing with patients, the safety dimension is the health service One of the dimensions of quality, the order of these dimensions is the effect: listening, then verbal communication, then persuasion.

Alharthi (2019) The reality of TQM in the quality of health services from the point of view of patients in government hospitals) Study applied by King Khalid Hospital in Majmaa. Modern and developed societies are very concerned with health services, quality and care as they are closely linked to human life and health. These concerns have been reflected in the creation of health service institutions and in places where there are large numbers of communities in various forms, in order to provide them with health services when they need them (Gouda, 2002). The researchers were keen to study this field to determine the dimensions of quality in the quality of quality health services, which are indicators measured by the quality of health services. This concern has been reflected in the quality of health services in all health institutions in all their forms. (Imam, 2003) The aim of the economic development plans is to develop the levels of health services in all countries of the world, which has contributed significantly to changing the views of hospitals and replacing them from a place that deals only with the doctor and the practice of medical specialization, to a more comprehensive view, describing how to provide these health services to each of the deals (Medical, nursing, service and administrative staff) or from outside (patients and reviewers). The concept of quality and control is one of the most important topics that are concerned and are more widely circulated by researchers and administrators and those who finance and consume these services. The hospital is keen to gain patient satisfaction by providing high quality of service, and working continuously to improve the quality of service provided to them

Ebraheem (2016) Perceived quality of health service and it effect on patient satisfaction: This study aimed to examine the level of quality healthcare services in private hospitals that are provided to patients in order to achieve the maximum satisfaction for them. The researcher has found that healthcare services in private hospitals actually fulfilled patients' satisfaction in the accordance to reliability, responsiveness, guarantee, and empathy. On the other hand, the researcher has revealed that patients showed dissatisfaction in distance of tangibility. So the study recommended to improve the healthcare services due to patients' needs by following modern technology.

Souad (2020) the level of quality of health services by public and private Algerian hospital institutions: This study aimed to gauge the level of quality of health services by public and private Algerian hospital institutions, and to identify the integrity of the

defect in the service provided based on the Seroquel model, which consists of five dimensions (tangibility, guarantee, empathy, responsiveness, reliability). In order to achieve this goal, many hypotheses and questions were developed and tested using the spss v20 program. An electronic questionnaire consisting of 35 questions on the five likert scale was used and distributed on a suitable sample of 124 patients. The study found that there is a low level of quality of health service in public hospital institutions compared to a high level of service quality in private clinics, and differences were also found in the quality of health service provided in public hospital institutions and private clinics.

Chapter Three

Methodology

3.1 Introduction

This chapter presents the methodology of the study, it shows study design, study setting, study population and sample, study sampling, data collection, validity and reliability, field of the study, ethical considerations and accessibility, and finally, it illustrates statistical methods and data analysis.

3.2 Study design

The researcher used a quantitative, analytic design to examine the effectives of quality healthcare services depending on the doctors skills in dealing with patients during the study period in the Nablus Governorate hospitals.

3.3 Setting of the study

This study was done at governments' hospitals (Rafidia Hospital and the National Hospital) and the private hospitals (Arab Specialist Hospital and Nablus Specialist Hospital) in Nablus Governorate.

3.4 Study population and sample

The research population consists of all patients who have slept in the hospital one night or more in Nablus city hospitals that numbered about 6500 people in the (March, April, May) month in 2021. The total number of patients who visit the private hospital was 2300, and 4200 patients in public hospital. The sample of the study is (365).

3.5 Data Collection

In this research, the primary data obtained from a structural questionnaire by the researcher, which conducted with patients who have slept in the hospital one night or more in the governmental hospitals (Rafidia Hospital and the National Hospital) or in the private hospitals (Arab Specialist Hospital and Nablus Specialist Hospital) in Nablus Governorate, the researchers used SPSS computer software for analyzing data and doing statistical analysis

The researcher prepared a questionnaire that is divided into two main parts for collecting data, it includes two languages (Arabic and English).

Before getting the final design, the research questionnaire was modified twice. The first time was in response to a supervisor's request, and the second time was in response to an expert's opinion, the final research tool consist of five main democratic variables (gender, age, place, qualification, hospital) to measure the difference between personal information. In addition, the research tool (questionnaire) contained of two main axes, the first one the effectives of quality healthcare services (tangibility, reliability, empathy, responsiveness, assurance), and the second one the degree of doctors skills. Moreover, the questionnaire designs to answer the research question and to test the research hypotheses.

In addition, the research tools (questionnaire) included 31 different paragraphs that were used to collect the answers of the study sample from the patients. It was formulated based on the study of (Lee, D., 2015) and (O'Neill, et. al., 2013).

3.6 Validity and Reliability

The researcher has reviewed many related literatures to form the questionnaire statement. Moreover, many statements have derived from the interviews. Finally, the many experts besides the study supervisor have checked the questionnaire statements.

Table 3.1

Cronbach alpha test

Num	Field	Num of statements	Value
1	Quality of health care services	25	0.782
	Tangible	4	0.751
	Credibility	6	0.723
	Sympathy	6	0.804
	Response	4	0.821
	Trust and guarantee	5	0.811
2	Doctors skills in dealing with patients	6	0.881

3.7 Pilot study

Patients who spent one or more nights in the hospital in the public hospitals (Rafidia Hospital and the National Hospital) were the subjects of a pilot study that was done on 5% of the sample size (n=19), and those participants were not included in the sample

size. It was done to gauge how clear the data collection tool was and how long it would take to collect the data.

To determine the validity of the scale, the Pearson Correlation Coefficients were computed, yielding an alpha Cronbach result of (0.86). These values show that the data gathering instrument is acceptably valid because of the correlation coefficient, which was (0.91).

3.8 Field work

Following MOH permission, many visits were made where the study's purpose and objectives were conveyed to the doctors patient-care techniques in the hospitals in the Nablus Governorate.

The data was collected within 3 months (March 2021 to May 2021) during the work days of MOH from Sunday to Thursday. Data was collected after the hospital administration gave permission for the patient to leave the hospital after spending one or more nights in the hospital.

3.9 Ethical considerations and accessibility

The study was given An-Najah National University's IRB permission. The MOH officials in the Nablus district gave permission for access to the facility.

After a thorough explanation of the study's confidentiality and the patients' freedom to join and withdraw from the study at any point during the study's duration, a permission form with a data collection instrument was utilized to ensure the patients' informed consent.

3.10 Statistical method s and Data analysis

The researcher collected the data, digitally coded it, and then used the Statistical Package for Social Science to perform statistical analysis on it (SPSS). By recoding the answers to numeric values, the participants' replies were transformed to the 5-Likert scale. The researcher applied the subsequent statistical techniques:

1. Frequency, percent, average, and standards Tables of deviations: This technique was used to describe the research sample.

2. Unrelated Samples T test: used to determine whether the means of two variables, such as gender, statistically differ from one another.
3. ANOVA-Test: used to determine whether there are statistically significant differences between the means of more than two variables, such as location and age.
4. Cronbach's Alpha: to assess the validity of the survey.
5. Pearson correlation**:** to test the correlation between research variables.

Chapter Four

Data Analysis

4.1 Introduction

Using the Statistical Package for Social Science (SPSS) software, this chapter presents the results of the data analysis and examines the hypotheses and questions in order to discover how well the quality of healthcare services is affected by the doctors patient-care abilities.

4.2 Descriptive Analysis

According to the questionnaire's design, respondents' personal information varies, and these variations cause respondents to respond differently to questions on how well healthcare services are effective at meeting patient needs. The results below demonstrate these variations.

First Part: Personal Information

The total number of participants is 365, which covered the research sample size, with response rate 91%; the following table present the characteristics of the participants.

Table 4.1

Distribution of percentage of participants according to their demographic data

Variable	Characteristics of the Variable	Frequencies	%
Gender	Male	197	54
	Female	168	46
Age	20- 30 year	51	14
	31- 40 year	88	24.1
	41- 50 year	98	26.9
	More than 51 year	128	35
Place	City	198	54.2
	Village	116	31.8
	Camp	51	14
Qualification	Tawjihi or less	88	24.1
	Diploma degree	93	25.5
	Bachelor's degree	127	34.8
	Master degree	51	14
	Doctoral degree	6	1.6
Hospital	Private	183	50.1
	Government	182	49.9
Total		**365**	**100**

The results of analysis personal information data illustrate that the percentage of males is more than females. In addition, the highest percentage of participants who have (More than 51 year) with35% of the respondents, then who have (41- 50 years) with 26.9%, then who have (31- 40 years) with 24.1%, and the least of them was (20- 30 years) whit 14% of the respondents. And according to place variable, the highest percentage of participants who lives in (city) with 54.2% of the respondents, then who lives in (village) with 31.8%, and the least of them was who lives in (camp) with 14% of the respondents. Moreover, the highest percentage of participants who have (bachelor's degree) with 34.8% of the respondents, then who have (diploma degree) with 25.5%, then who have (tawjihi degree or less) with 24.1%, then who have (master degree) with 14%, and the least of them was who have (doctoral degree) with 1.6% of the respondents.

4.3 Results of Research Questions

Degree of the effectives of quality healthcare services from a patient perspective.

The table (E.1) In Appendix (E) presents the answer of the participants about the quality healthcare services factors:

The results of the above table illustrate the following facts:

- **Tangibility**

1. The highest statement was statement number (1) which about "The hospital needs to update the medical devices, equipment and supplies used" with 86.6% degree.
2. The lowest statement was statement number (4) which about "The hospital provides material supplies that improve the quality of health services within its available capabilities" with 71.4% degree.
3. The total percentage of participants about the tangibility factor was very high with 80% degree.

- **Rreliability**

1. The highest statement was statement number (3) which about "The hospital administration is committed to solving patients' problems when they submit complaints" with 74.6% degree.

2. The lowest statement was statement number (4) which about "The hospital administration is concerned with providing services on time and accurately" with 64% degree.
3. The total percentage of participants about the reliability factor was high with 67.9% degree.

- **Empathy**

1. The highest statement was statement number (2) which about "Hospital staff are able to provide personalized care to patients" with 68.6% degree.
2. The lowest statement was statement number (5) which about "The hospital administration offers its best to the patients" with 63.4% degree.
3. The total percentage of participants about the empathy factor was high with 65.6% degree.

- **Responsiveness**

1. The highest statement was statement number (3) which about "The hospital staff is always helping patients" with 81.4% degree.
2. The lowest statement was statement number (2) which about "Patients are not expected to receive immediate service from hospital staff" with 66.7% degree.
3. The total percentage of participants about the responsiveness factor was high with 72% degree.

- **Assurance**

1. The highest statement was statement number (4) which about "Hospital employees have the merit in performing their work" with 72% degree.
2. The lowest statement was statement number (5) which about "The hospital administration provides support for workers to develop themselves" with 60% degree.
3. The total percentage of participants about the assurance factor was high with 66.4% degree.

- **The degree of doctors skills**

The following table presents the answer of the participants about the degree of doctors skills in dealing with patient:

Table 4.2

Distribution of mean and percentage of the participant answers as reported by them regarding doctors skills

No.	Statement	mean	SD	%	degree
1	Doctors treat patients well and kindly.	3.60	.940	%72	high
2	Doctors give patients the correct advice and appropriate treatment.	3.35	1.048	%67	high
3	Doctors cooperate with each other to provide patients with the best service.	3.70	.801	%74	high
4	Doctors respond very quickly to patients' needs and desires without getting bored.	3.70	.865	%74	high
5	Doctors take into account safety and security measures in dealing with patients.	3.80	.798	%76	high
6	Doctors care about patients' health and constantly monitor their health status.	3.10	.811	%62	high
	Total	**3.54**	**.877**	**%70.8**	**high**

The results of the above table illustrate the following facts:

1. The highest statement was statement number (5) which about "Doctors take into account safety and security measures in dealing with patients" with 76% degree.
2. The lowest statement was statement number (6) which about "Doctors care about patients' health and constantly monitor their health status" with 62% degree.
3. The total percentage of participants about the degree of doctors skills in dealing with patient was high with 70.8% degree.

In order to answer the main question of the study related to the extent to what is the differences between governmental and private hospitals according to the quality healthcare services depending on doctors skills in dealing with patients in the Nablus governorate hospitals, the arithmetic averages and standard deviations of the study axes were extracted, and the following is a statement of that:

Table 4.3

Descriptive of the effectives of quality healthcare services depending on the doctors skills in dealing with patients according to type of hospital

No.	Field	hospital	mean	SD	%	degree
1	Quality of health care services	private	3.68	1.19	73.6	high
		public	3.36	0.796	67.2	high
		total	3.52	.993	%70.4	high
-	Tangible	private	4.21	0.987	84.2	Very high
		public	3.79	0.867	75.8	high
		total	4.00	.927	%80	Very high
-	Reliability	private	3.51	0.99	70.2	high
		public	3.29	1.291	65.8	high
		total	3.4	1.14	%67.9	high
-	Empathy	private	3.41	1.025	68.2	high
		public	3.15	1.09	63	high
		total	3.28	1.05	%65.6	high
-	Responsiveness	private	3.67	1.01	73.4	high
		public	3.53	0.868	70.6	high
		total	3.60	.939	%72	high
-	Assurance	private	3.28	0.97	65.6	high
		public	3.36	0.854	67.2	high
		total	3.32	.912	%66.4	high
2	Doctors skills in dealing with patients	private	3.69	0.965	73.8	high
		public	3.39	0.789	67.8	high
		total	3.54	.877	%70.8	high
Total			**3.53**	**.935**	**%70.6**	**high**

The results in the previous table show the total degree of all the axes of the study related to the extent of the quality healthcare services depending on doctors skills in dealing with patients which was high, so the arithmetic averages of the paragraphs of the doctors skills in dealing with patients axis is the highest, which reaching (3.54) while the arithmetic mean of the quality of health care services reached (3.53). In addition the highest factors of the quality of health care was the tangible factors which reach (4.00), then the responsiveness factors which reach (3.60), then the reliability factors which reach (3.4), then the assurance factors which reach (3.32), and the lowest was the paragraphs of the empathy factors, where their arithmetic averages reached (3.28) and with regard to the total score, it was significant in terms of the arithmetic mean, which amounted to (3.53), and this result indicates that the effect of all study axes was significant for the study question and the items included in the questionnaire questions according to the answers of the study sample.

Table 4.4

Statistical differences among participants according to their gender using Independent Samples Test

Factors	Gender	N	Mean	Std. Deviation	t-test value P. value
Quality of health care services	Male	197	3.78	0.997	.217
	Female	168	3.26	0.989	
Tangible	Male	197	3.91	0.928	.606
	Female	168	4.09	0.926	
Reliability	Male	197	3.58	.586	.395
	Female	168	3.22	.509	
Empathy	Male	197	3.33	1.291	.365
	Female	168	3.23	0.989	
Responsiveness	Male	197	3.89	1.059	.998
	Female	168	3.31	.581	
Assurance	Male	197	3.23	1.11	.365
	Female	168	3.41	0.991	
Doctors skills in dealing with patients	Male	197	3.59	0.908	.737
	Female	168	3.49	0.916	
Total Score	Male	197	3.61	1.099	.576
	Female	168	3.45	0.773	

T-test shows that the hypothesis "there is no statistically significant differences among the viewpoint of Patients in the effectiveness of quality healthcare services depending on the doctors skills in dealing with patients due to the gender variable" accepted because the significant important more than.05 ($P > 0.05$).

4.4 Results related to research hypotheses

Statistical Differences According to Age

The following table shows full details about this result:

Table 4.5

Descriptive of statistical differences among participants according to their ages

Factors	Age	N	Mean	Std. Deviation	F	Sig.
Quality of health care services	20- 30 years	51	3.72	1.546	.804	.492
	31-40 years	88	3.82	.979		
	41- 50 years	98	3.90	.731		
	More than 51 years	128	3.70	.763		
Tangible	20- 30 years	51	3.97	.978	1.77	.153
	31-40 years	88	3.86	1.022		
	41- 50 years	98	3.74	.505		
	More than 51 years	128	4.03	.759		
Reliability	20- 30 years	51	4.10	.992	1.18	.318
	31-40 years	88	4.11	.515		
	41- 50 years	98	4.03	.939		
	More than 51 years	128	3.83	.777		
Empathy	20- 30 years	51	3.97	.994	1.57	.197
	31-40 years	88	4.02	.964		
	41- 50 years	98	3.92	1.039		
	More than 51 years	128	3.97	.935		
Responsiveness	20- 30 years	51	3.93	1.127	.275	.843
	31-40 years	88	3.91	.959		
	41- 50 years	98	3.92	.966		
	More than 51 years	128	4.05	.826		
Assurance	20- 30 years	51	3.00	.943	.126	.944
	31-40 years	88	4.89	.889		
	41- 50 years	98	3.98	1.002		
	More than 51 years	128	3.97	.807		
Doctors skills in dealing with patients	20- 30 years	51	4.22	1.112	.111	.954
	31-40 years	88	3.83	.982		
	41- 50 years	98	3.97	1.098		
	More than 51 years	128	3.99	.992		
Total Score	20- 30 years	51	3.77	1.471	.050	.985
	31-40 years	88	3.78	.838		
	41- 50 years	98	3.78	1.037		
	More than 51 years	128	3.82	.975		

ANOVA shows that the hypothesis "there is no statistically significant differences among the effectiveness of quality healthcare services from a patient perspective due to the age variable" accepted because the significant important more than.05 ($P > 0.05$).

Statistical Differences According to Place

One-way ANOVA test is also used to outline the statistical differences between participants according to their place. There are statistical differences as shown in the following tables.

Table 4.6

Descriptive of statistical differences among participants according to their place

Factors	Place	N	Mean	Std. Deviation	F	Sig.
Quality of health care services	City	198	4.09	.750	.804	.492
	village	116	3.67	.958		
	Camp	51	3.75	.744		
Tangible	City	198	4.70	.728	3.713	.006*
	village	116	3.77	.986		
	Camp	51	3.32	.909		
Reliability	City	198	3.95	.976	2.449	.051
	village	116	3.89	.958		
	Camp	51	4.09	1.059		
Empathy	City	198	4.09	.981	2.641	.052
	village	116	3.95	.747		
	Camp	51	4.02	.993		
Responsiveness	City	198	3.71	.992	2.685	.053
	village	116	3.73	.992		
	Camp	51	3.90	.781		
Assurance	City	198	3.97	1.974	.126	.944
	village	116	3.74	.917		
	Camp	51	3.67	.977		
Doctors skills in dealing with patients	City	198	3.86	1.056	4.468	.002*
	village	116	4.28	.757		
	Camp	51	3.50	.963		
Total Score	City	198	3.91	.922	.881	.476
	village	116	4.03	.992		
	Camp	51	3.72	1.509		

Table 4.7

LSD Test for place differences among participants (Tangible)

Factors	(I)	(J)	Mean Difference (I-J)	Sig.
Tangible	City	Village	.085	.639
		Camp	.322*	.001
	village	City	-.085	.639
		camp	-.283	.156
	Camp	City	-.322*	.001
		village	.406*	.019

Table 4.8

LSD Test for place differences among participants (Doctors skills in dealing with patients)

Factors	(I)	(J)	Mean Difference (I-J)	Sig.
Doctors skills in dealing with patients	City	village	.059	.659
		camp	.080	.649
	village	City	.284	.163
		camp	.343*	.018
	Camp	City	.322	.082
		village	-.343*	.018

Tangible**:** ANOVA test shows statistical differences between the participants according to their place (P <.05). Participant who live in city have the highest percentage toward tangible, but participant who live in camp have the lowest percentage toward tangible factor.

Doctors skills in dealing with patients: ANOVA test shows statistical differences between the participants according to their place (P <.05). Participant who live in village have the highest percentage toward doctors skills in dealing with patients, but participant who live in camp have the lowest percentage toward doctors skills in dealing with patients.

Statistical Differences According to Education

One-way ANOVA tests were also used to plot statistical differences between participants according to educational attainment and to identify correlations between participants' educational attainment and other dependent variables. Statistical differences between education categories showed no statistical difference between them (P > 0.05) taking all factors into account.

The following table shows full details about this result:

Table 4.9

Descriptive of statistical differences among participants according to their education

Factors	Education	N	Mean	Std. Deviation	F	Sig.
Quality of health care services	High school or less	88	3.72	1.546	.832	.409
	Diploma	93	3.82	.979		
	Bachelor	127	3.50	.731		
	Master	51	3.88	.763		
	Doctoral or above	6	3.70	.993		
Tangible	High school or less	88	3.97	.978	1.66	.144
	Diploma	93	3.86	1.022		
	Bachelor	127	3.74	.505		
	Master	51	4.43	.759		
	Doctoral or above	6	3.76	1.09		
Reliability	High school or less	88	4.10	.992	1.22	.327
	Diploma	93	4.11	.515		
	Bachelor	127	4.03	.939		
	Master	51	3.83	.777		
	Doctoral or above	6	3.77	.899		
Empathy	High school or less	88	3.97	.994	1.57	.189
	Diploma	93	3.22	.964		
	Bachelor	127	3.92	1.039		
	Master	51	3.97	.935		
	Doctoral or above	6	3.66	.899		
Responsiveness	High school or less	88	3.93	1.127	.566	.544
	Diploma	93	3.91	.959		
	Bachelor	127	3.92	.966		
	Master	51	4.05	.826		
	Doctoral or above	6	3.61	1.12		
Assurance	High school or less	88	3.00	.943	.117	.909
	Diploma	93	4.09	.889		
	Bachelor	127	3.28	1.002		
	Master	51	3.22	.807		
	Doctoral or above	6	3.81	.960		
Doctors skills in dealing with patients	High school or less	88	4.22	1.112	.151	.961
	Diploma	93	3.83	.982		
	Bachelor	127	3.97	1.098		
	Master	51	3.99	.992		
	Doctoral or above	6	3.64	.929		
Total Score	High school or less	88	3.77	1.471	.055	.902
	Diploma	93	3.68	.838		
	Bachelor	127	3.78	1.037		
	Master	51	3.82	.975		
	Doctoral or above	6	3.34	.977		

ANOVA shows that the hypothesis "there is no statistically significant differences among the effectiveness of quality healthcare services from a patient perspective due to the education variable" accepted because the significant important more than.05 (P > 0.05).

Statistical Differences According to Hospital

Both the commercial and public sectors of this study participated in the survey; as a result, this variable has two levels and the T-test method is utilized. As may be seen in the accompanying tables in Appendix (E), there are statistical discrepancies between government and private hospitals.

Tangible: T-test shows statistical differences between the participants according to their hospital (P <.05). Participant in private hospital have the highest percentage toward tangible.

Responsiveness: T-test shows statistical differences between the participants according to their place (P <.05). Participant in private hospital have the highest percentage toward responsiveness factor.

Assurance: T-test shows statistical differences between the participants according to their place (P <.05). Participant in government hospital have the highest percentage toward assurance factor.

Doctors skills in dealing with patients: T-test shows statistical differences between the participants according to their place (P <.05). Participant in private hospital have the highest percentage toward doctors skills in dealing with patients factor.

Moreover, Pearson Correlation was employed to test the research hypotheses. The Pearson Correlation Test is appropriate for use in research where one dependent practice is impacted by one independent hypothesis about the effectiveness of a quality component of healthcare services (tangibility, reliability, empathy, responsiveness, and assurance) and the doctors skills in dealing with patients from the perceptions of patients.

In this section the quality component and doctors interpersonal abilities were tested for statistical significance using Pearson correlation at the significant threshold of 0.05. The hypotheses and their findings are displayed in the following tables in appendix (E).

H: There is no relationship between the effectiveness of quality healthcare services dimension (tangibility, reliability, empathy, responsiveness, and assurance) and the doctors skills in dealing with patients from the perceptions of patients.

H1: There is no relationship between the tangibility factor and the doctors skills in dealing with patients from the perceptions of patients.

The results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected tangibility factor since the P-value are below (0.05) with values ($\rho = 0.177$).

H2: There is no relationship between the reliability factor and the doctors skills in dealing with patients from the perceptions of patients.

The results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected reliability factor since the P-value are below (0.05) with values ($\rho = 0.146$).

H3: There is no relationship between the empathy factor and the doctors skills in dealing with patients from the perceptions of patients.

The results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected empathy factor since the P-value are below (0.05) with values ($\rho = 0.175$).

H4: There is no relationship between the responsiveness factor and the doctors skills in dealing with patients from the perceptions of patients.

The results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected responsiveness factor since the P-value are below (0.05) with values ($\rho = 0.131$).

H5: There is no relationship between the assurance factor and the doctors skills in dealing with patients from the perceptions of patients.

The results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected assurance factor since the P-value are below (0.05) with values ($\rho = 0.162$).

Chapter Five

Discussion, Conclusions, Recommendations

5.1 Discussion

This chapter discusses the results of the study in accordance to some previous literature, then it shows the limitations of the study. Finally, it suggests some recommendations for the future researches.

To illustrate the effectives of quality healthcare services depending on the doctors skills in dealing with patients the following part include the details of each factors:

Tangibility

The result indicated that the degree of tangibility factor practice as one of effectiveness quality healthcare services factors from patient perspective was very high with 80% agree degree, the results show that the hospital needs to update the medical devices, equipment and supplies used, there is interest on the part of the hospital administration in the manner of worker clothes and the extent to which it fits with the nature of the service, and the nature of doctors and nurses work, waiting areas and hospital facilities are commensurate with patient service.

These results were in agreements with the study by (Bahar, 2019) which examine relationship between the dimensions of health services quality and the required performance level, and ranked the tangibility factors as the fifth variable that impact the patients' satisfaction. While, (Ghareeb, 2018) study results reveled that there are no significant differences between public hospitals and private hospitals regarding tangible dimensions of quality of health services, this did not agree with the results of the current stud, and (Ebraheem, 2012) study results proved that the patient is satisfied with the of tangibility dimensions.

Reliability

Result indicated that the degree of reliability factor practice as one of effectiveness quality healthcare services factors from patient perspective was high with 67.9% agree degree, the results show that the hospital administration is committed to solving patients' problems when they submit complaints, the hospital administration is

committed to its promises to patients to provide an appropriate healthy environment, and the hospital administration is interested in accurately recording information about patients and their health conditions in the records or computer.

These results were in agreements with the study by (Bahar, 2019) which examine relationship between the dimensions of health services quality and the required performance level, and ranked the tangibility factors as the fourth variable that impact the patients' satisfaction. In addition, (Ghareeb, 2018) study results reveled that there are significant differences between public hospitals and private hospitals regarding reliability dimensions of quality of health services, and (Ebraheem, 2012) study results proved that the patient is satisfied with the of reliability dimensions.

Empathy

The result show that the degree of empathy practiced by the hospital staff was perceived to be high by the patients, with a 65.6% agreement rate. This indicates that the patients felt that the hospital staff were able to provide personalized care, interacted with them in a respectful and courteous manner, and demonstrated awareness of their needs. A high degree of empathy in healthcare services is important as it contributes to patient satisfaction, trust, and overall quality of care. When healthcare providers show empathy, it helps create a positive and supportive patient-provider relationship, which can have a significant impact on patient outcomes and experiences.

These results are consistent with a study by (Bahar, 2019) that examined the relationship between dimensions of health service quality and desired service levels, listing tangible factors as the first variable influencing patient satisfaction. In addition, research results show (Ghareeb, 2018) that there is a significant difference between public hospitals and private hospitals in the empathy dimension of medical service quality, and (Ebraheem, 2012) research results show that patients are satisfied with the empathy dimension.

Responsiveness

The result show that the degree of responsiveness factor practice as one of effectiveness quality healthcare services factors from patient perspective was high with 72% agree degree, the results show that the hospital staff is always helping patients, staff provide

services to patients and respond to their requests promptly despite their preoccupation, and patients are informed of when the service is provided to them.

These results were in agreements with the study by (Bahar, 2019) which examine relationship between the dimensions of health services quality and the required performance level, and ranked the tangibility factors as the third variable that impact the patients' satisfaction. In addition, (Ghareeb, 2018) study results reveled that there are significant differences between public hospitals and private hospitals regarding responsiveness dimensions of quality of health services, and (Ebraheem, 2012) study results proved that the patient is satisfied with the of responsiveness dimensions.

Assurance

Result indicated that the degree of assurance factor practice as one of effectiveness quality healthcare services factors from patient perspective was high with 66.4% agree degree, the results show that hospital employees have the merit in performing their work, the patient is reassured that he is in safe hands with the hospital staff, and the patients have complete confidence in the hospital staff.

These results were in agreements with the study by (Bahar, 2019) which examine relationship between the dimensions of health services quality and the required performance level, and ranked the tangibility factors as the second variable that impact the patients' satisfaction. In addition, (Ghareeb, 2018) study results reveled that there are significant differences between public hospitals and private hospitals regarding assurance dimensions of quality of health services.

Furthermore, the results are consistent with the study of (Radwan, 2021), which concluded that all patient interaction skills (except non-verbal communication) have a significant impact on the quality of care and the placement of these skills in the hospitals studied. The findings also showed that the dimension of patient interaction (verbal communication, persuasion), which is one of the dimensions of health service quality, had a positive and significant impact on the dimension of response. The results showed that all dimensions of patient handling skills (except non-verbal communication) had positive and significant effects on the reliability dimension and the empathy dimension on the quality of care dimension. and also had a positive significant effect on communication skills (whether verbal or non-verbal) on the tangible

dimension of the health service quality dimension, with final results showing a positive effect on all dimensions of skills in dealing with patients, safety dimension as health One of the dimensions of service quality and the arrangement of these dimensions.

The degree of doctor's skills

The results show the degree of doctor's skills from patient perspective which was high with 70.8% agree degree, the results show that the doctors take into account safety and security measures in dealing with patients, doctors respond very quickly to patients' needs and desires without getting bored, and doctors cooperate with each other to provide patients with the best service.

These results were in agreements with the study by (Badawi, Saleh, Natafgi, Mourad, & Behbehani, 2015) which examine the performance of T2DM care by using a diabetes quality indicator set (DQIS) in primary health care centers in Kuwait.In addition to that another study by Campmans - Kuijpers, Baan, Lemmens, Klomp, Romeijnders, & Rutten., 2015, Cooper et al., 2009, indicated nearly similar results to this study that there have been substantial improvements in T2DM primary care in Norway that are potentially related to major improvements in health outcomes.

Moreover, (Bahar, 2019) study illustrated that the impact of that relationship's strength differed from one dimension to another, but maintained the positive status at all indicators. There was also a certain type of awareness and commitment among senior management and the working staff in reaching a quality level through achieving patients' satisfaction. This is also indicated by the results of the current study.

These results conflict with a study by Simo et al. from 2017 that described the quality of care indicators for diabetic patients in southeast Brazil and investigated the associations between these indicators. The results show that no associations between structure, process, and outcomes were discovered. Because our healthcare providers do not place a high priority on quality healthcare services and because there are no guidelines for teaching and counseling in the MOH and Palestinian hospital system, none of the previous studies examined the effectiveness of quality healthcare services or how to improve doctors' roles in patient care.

The result answer the main question of the study related to the extent to what is the differences between governmental and private hospitals according to the quality healthcare services depending on doctors skills in dealing with patients in the Nablus governorate hospitals, the results show the total degree of all the axes of the study related to the extent of the quality healthcare services depending on doctors skills in dealing with patients which was high, so the arithmetic averages of the paragraphs of the doctors skills in dealing with patients axis is the highest, which reaching (3.54) while the arithmetic mean of the quality of health care services reached (3.53). In addition the highest factors of the quality of health care was the tangible factors which reach (4.00), then the responsiveness factors which reach (3.60), then the reliability factors which reach (3.4), then the assurance factors which reach (3.32), and the lowest was the paragraphs of the empathy factors, where their arithmetic averages reached (3.28) and with regard to the total score, it was significant in terms of the arithmetic mean, which amounted to (3.53), and this result indicates that the effect of all study axes was significant for the study question and the items included in the questionnaire questions according to the answers of the study sample.

In addition, the researcher illustrates the differences of respondents demographic variables as the following:

Statistical Differences According to Gender

The outcome demonstrates that there are no statistically significant differences between boys and females in any factor when ($P > 0.05$) for all.

These results were in not agreements with the study by (Ghareeb, 2018) study results which showed a significant difference between males and females in terms of quality of health services provided.

Statistical Differences According to Age

The outcome indicates that there are no statistical differences between age intervals, with ($P > 0.05$) for all parameters indicating that there are no statistical differences between them..

These results were in agreements with the study by (Ghareeb, 2018) study results which showed no significant difference concerning age.

Statistical Differences According to Place

The outcome demonstrates that there are statistical variations in the observable component; the ANOVA test reveals statistical differences between participants based on location (P.05.) those who live in cities have a higher percentage of concrete factors in their lives than those who live in camps. The ANOVA test reveals significant differences between the participants based on their location (P.05), and there are statistical disparities in the doctor's abilities to interact with patients. The percentage of participants who live in a village who are skilled at treating patients is the highest, while the percentage of participants who live in a camp is the lowest..

Statistical Differences According to Education:

The result shows that were are no statistical differences between education categories shows that there are no statistical differences between them is recognizing in all factors where ($P > 0.05$) for all.

These results were in agreements with the study by (Ghareeb, 2018) study results which showed no significant difference concerning academic qualifications.

Statistical Differences According to Hospital:

The outcome demonstrates that participants' hospitals had a statistically significant impact on tangible factor variations between them (P.05. Private hospital participants have the highest percentage of tangible participants. Additionally, there are statistical disparities in each participant's responsiveness based on where they are (P.05). The percentage of participants in private hospitals is higher when it comes to responsiveness. Additionally, the assurance factor shows substantial variations between participants based on their location (P.05. Government hospital participants contribute the biggest percentage of the assurance factor. Additionally, there are statistical disparities in the participants' ability to treat patients according to their location (P.05). Private hospital participants rate doctors' ability to deal with patient factors at the highest level.

In addition, the results of Pearson correlation test of the hypotheses show that doctors skills in dealing with patients is jointly affected tangibility factor since the P-value are

below (0.05) with values (ρ = 0.177). And indicate that reliability factor related positively to doctors skills in dealing with patients (P-value 0.146).

The result indicate that empathy factor related positively to doctors skills in dealing with patients (P-value 0.175), and indicate that responsiveness factor related positively to doctors skills in dealing with patients (P-value 0.131). Moreover, result indicate that assurance factor related positively to doctors skills in dealing with patients (P-value 0.162).

The research by Mata-Cases et al. (2012) and Reichert et al. (2017) produced similar findings, with more patients in the study groups achieving statistically improved lipid testing, eye exams, peripheral neuropathy exams, and documented body mass index, respectively. Additionally, the findings did not align with those of (Ghareeb, 2018) study results, which demonstrated that the quality levels of healthcare services provided in private hospitals were superior to those provided in public hospitals, and (BuAbbas, 2010) study results, which demonstrated that Al Salam International Private Hospital's perceived healthcare quality and patient satisfaction were higher than those of Al-Amiri Government Hospital due to a significant statistical difference.. And (Souad, 2020) study found that there is a low level of quality of health service in public hospital institutions compared to a high level of service quality in private clinics, and differences were also found in the quality of health service provided in public hospital institutions and private clinics.

5.2 Conclusions

(70.8%) of patients participate in the study were classified as satisfied the doctors skills in dealing with patient, and they realize the importance of quality healthcare services factors (tangible, reliability, empathy responsiveness, and assurance).

The results show that doctors skills in dealing with patients is jointly affected tangibility factor since the P-value are below (0.05) with values (ρ = 0.177). And there is no relationship between the reliability factor and the doctor’s skills in dealing with patients from the perceptions of patients. And there is no relationship between the empathy factor and the doctor’s skills in dealing with patients from the perceptions of patients. And there is no relationship between the responsiveness factor and the doctor’s skills in dealing with patients from the perceptions of patients. And There is no relationship

between the assurance factor and the doctor's skills in dealing with patients from the perceptions of patients since the P-value are below (0.05) with values ($\rho = 0.162$)

5.3 Recommendations

1. Develop assessment tool for patients to detect the quality healthcare services through using new elements to assess patient satisfaction with the services provided in Palestinian hospitals.
2. Arrange training courses for doctors to train them to help patients during their treatment in hospitals.
3. Provide a fully organized structure that illustrate the main criteria for quality healthcare services in accordance to previous experiences and recommendations of other countries in the development and quality of health services.
4. Empower the role of health care administrators in the Palestinian hospital by developing tools and drugs that they can use to treat their patients and provide them with greater comfort.
5. More researches about the effectives of quality healthcare services depending on the doctor's skills in dealing with patients in more details and in different Palestinian hospitals.

5.4 limitations of the study

1. Shortage of time due to study sample size
2. Not receiving an approval from some private hospitals to collect data at the beginning of research to makes the comparison between private and public hospitals about health care services.

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Appendices

Appendix A

Distribution of population number according to clinics

Area	Rafidia Hospital	National Hospital	Arab Specialist Hospital	Nablus Specialist Hospital	Total
No. of patients	2700	1500	1250	1050	6500
Sample size	101	81	98	85	365

Appendix B

Questionnaire

Effectiveness of quality healthcare services from a patient perspective: a hospital based case-study

Dear Sir/ Mrs.

This research aims to investigate the effectives of quality healthcare services depending on the doctors skills in dealing with patients in the Nablus Governorate hospitals. Distinctively, it examines the link between the quality healthcare services and doctors skills in dealing with patients in the hospitals. In addition, this study is focus on measurement and assessment quality of healthcare services in Palestinian hospitals from the perceptions of patients using a non-experimental descriptive survey.

We believe that you are the best source to reach the required information, which serve our community and its development. We all hope to find cooperation from you through answering the questions contained in this survey. We pledge not to enclose the identity of participants, as well as only use this information in scientific research.

Best Regards,

The Researcher

Part One: Personal Information

Gender

( ) Male ( ) Female

Age

( ) 20- 30 years ( ) 31- 40 years

( ) 41 – 50 years ( ) More than 51 years

Place

( ) City ( ) Village

( ) Camp

Education

( ) High school or less ( ) Diploma

( ) Bachelor ( ) Master

( ) Doctoral or above

Work Place

( ) Private hospital ( ) Governmental hospital

Part Two: Please select the appropriate choice that best describe your perception

		Strongly Agree	Agree	Natural	Disagree	Strongly Disagree
Part 1:quality of healthcare services dimension						
Tangibility	The hospital needs to update the medical devices, equipment and supplies used.					
	The nature of doctors and nurses work, waiting areas and hospital facilities are commensurate with patient service.					
	There is interest on the part of the hospital administration in the manner of worker clothes and the extent to which it fits with the nature of the service.					
	The hospital provides material supplies that improve the quality of health services within its available capabilities.					
Reliability	The hospital administration is committed to its promises to patients in the field of providing health and curative services.					
	The hospital administration is committed to its promises to patients to provide an appropriate healthy environment.					
	The hospital administration is committed to solving patients' problems when they submit complaints.					
	The hospital administration is concerned with providing services on time and accurately.					
	Patients rely on the skills of the hospital's medical profession.					
	The hospital administration is interested in accurately recording information about patients and their health conditions in the records or computer.					

		Strongly Agree	Agree	Natural	Disagree	Strongly Disagree
Empathy	The hospital administration takes care of patients personally.					
	Hospital staff are able to provide personalized care to patients.					
	Hospital staff are aware of patients needs.					
	The medical staff and staff interact with patients and treat them with courtesy and courtesy.					
	The hospital administration offers its best to the patients.					
	The hospital administration works with working hours according to patients needs.					
Responsiveness	Patients are informed of when the service is provided to them.					
	Patients are not expected to receive immediate service from hospital staff.					
	The hospital staff is always helping patients.					
	Staff provide services to patients and respond to their requests promptly despite their preoccupation.					
Assurance	The patients have complete confidence in the hospital staff.					
	The patient is reassured that he is in safe hands with the hospital staff.					
	Hospital employees have credibility in doing their work.					
	Hospital employees have the merit in performing their work.					
	The hospital administration provides support for workers to develop themselves.					

		Strongly Agree	Agree	Natural	Disagree	Strongly Disagree
Part 2: doctors skills in dealing with patients						
Doctors skills	Doctors treat patients well and kindly.					
	Doctors have a great medical skill and scientific knowledge in treating patients and prescribing appropriate treatment for patients					
	Doctors request the medical tests and images that the patient needs to give him the appropriate treatment					
	Doctors cooperate with each other to provide patients with the best service.					
	Doctors respond very quickly to patients' needs and desires without getting bored.					
	Doctors take into account safety and security measures in dealing with patients.					
	Doctors care about patients' health and constantly monitor their health status.					
	Doctors give patients the correct advice and appropriate treatment.					

Appendix C

Patient Consent Form

نموذج موافقة المرضى

جامعة النجاح الوطنية

كلية الدراسات العليا

موافقة للاشتراك في البحث العلمي:

أخي/ أختي المشارك/ ة

أنا الباحث احمد راشد تخصص إدارة صحية / جامعة النجاح الوطنية، يسرني أن أدعوك للمشاركة في بحثنا المتعلق بدراسة **مدى فعالية جودة خدمات الرعاية الصحية اعتماداً على مهارات الأطباء في التعامل مع المرضى (دراسة حالة لمستشفيات مدينة نابلس) من وجهة نظر المرضى.**

لك كامل الحرية والإرادة في المشاركة في هذا البحث ولك الحق في اخذ الوقت الكافي للتفكير في المشاركة من عدمها وسؤال الباحث عما تراه مناسبا والتحدث لأي شخص أو جهة عن هذا البحث.

كما يمكنك الاستفسار عن أي جزء يتعلق في البحث الآن أو فيما بعد وإذا كانت هناك كلمات أو أجزاء غير مفهومة بإمكانك سؤال الباحث وستجد/ين الوقت والإجابة الكافيتين.

نؤكد بان كافة المعلومات التي سوف يتم جمعها منك سوف تستخدم فقط لأغراض البحث العلمي، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

إذا كان لديك أي أسئلة، مخاوف أو شكاوى، يرجى الاتصال بالباحث الرئيسي للدراسة على الرقم المدرج على الصفحة من هذه الموافقة.

الموافقة على المشاركة في الدراسة:

لقد قرأت الوصف أعلاه من هذه الدراسة.و قد تمت الإجابة على جميع أسئلتي. وأنا أعلم أنه يمكنني أن ارفض المشاركة في أو الانسحاب من الدراسة في أي وقت، وعلى ذلك أعطي موافقتي بحرية على المشاركة في هــذه الدراسة.

اسم المريض/ة: التاريخ:

التوقيع:

الباحث: احمد راشد

جوال رقم: 0569088086

Appendix D

The Questionnaire in Arabic

الاستبيان باللغة العربية

جامعة النجاح الوطنية

كلية الدراسات العليا

برنامج ماجستير الإدارة الصحية

الأخوة والأخوات المحترمين تحية طيبة وبعد:

سيقوم الباحث بدراسة عنوانها" **مدى فعالية جودة خدمات الرعاية الصحية اعتماداً على مهارات الأطباء في التعامل مع المرضى (دراسة حالة لمستشفيات مدينة نابلس) من وجهة نظر المرضى**" وذلك استكمالا لمتطلبات الحصول على درجة الماجستير في برنامج الإدارة الصحية في جامعة النجاح الوطنية. ويرجى من حضرتكم تعبئة هذه الاستبانة؛ لما لها من أهمية لإنجاز رسالة الماجستير، ويحيطكم الباحث علماً بأن هذه البيانات ستحاط بالسرية التامة، وستستخدم لأغراض البحث العلمي فقط.

مع جزيل الشكر والاحترام لتعاونكم

الباحث

أولا: المعلومات الشخصية:

القسم الأول: يرجى وضع إشارة (X) في المكان المناسب لرأيك:

الجنس:

( ) ذكر ( ) أنثى

العمر:

( ) 20- 30 سنة ( ) 31- 40 سنة

( ) 41- 50 سنة ( ) أكثر من 50 سنة

مكان السكن:

( ) مدينة ( ) قرية ( ) مخيم

المؤهل العلمي:

( ) ثانوية عامة فأقل ( ) دبلوم ( ) بكالوريوس

( ) ماجستير ( ) دكتوراه فأعلى

مكان العمل:

( ) مستشفى خاص ( ) مستشفى حكومي

القسم الثاني:

يرجى الإجابة عن أسئلة هذا القسم بوضع إشارة (X) في المكان المخصص الذي تراه مناسبا

الرقم	الفقرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
المحور الأول: جودة خدمات الرعاية الصحية						
المجال الأول: الممتلكات المادية (الملموسة)						
1	يحتاج المستشفى إلى تحديث الأجهزة والمعدات والمستلزمات الطبية المستخدمة.					
2	تتناسب طبيعة عمل الأطباء والممرضات ومناطق الانتظار ومرافق المستشفى مع الخدمات المقدمة المرضى.					
3	هناك اهتمام من جانب إدارة المستشفى بطريقة ملابس العمال ومدى تناسبها مع طبيعة الخدمة الصحية المقدمة للمرضى.					
4	يوفر المستشفى المستلزمات المادية التي تعمل على تحسين جودة الخدمات الصحية في حدود الإمكانات المتاحة.					
المجال الثاني: المصداقية						
5	تلتزم إدارة المستشفى بوعودها للمرضى في مجال تقديم الخدمات الصحية والعلاجية.					
6	تلتزم إدارة المستشفى بوعودها للمرضى بتوفير بيئة صحية مناسبة.					
7	تلتزم إدارة المستشفى بحل مشاكل المرضى عند تقديمهم للشكاوى.					
8	تهتم إدارة المستشفى بتقديم الخدمات في مواعيدها وبدقة.					
9	يعتمد المرضى على مهارات الأطباء والممرضين والكادر الطبي العام في المستشفى لتقديم خدمات الرعاية الصحية الأفضل.					
10	تهتم إدارة المستشفى بتسجيل المعلومات بدقة عن المرضى وحالتهم الصحية في السجلات أو الكمبيوتر.					

الرقم	الفقرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
المجال الثالث: التعاطف						
11	تهتم إدارة المستشفى بالمرضى بصورة شخصية.					
12	طاقم المستشفى قادر على تقديم رعاية شخصية للمرضى.					
13	يدرك الكادر الطبي بالمستشفى احتياجات المرضى.					
14	يتفاعل الطاقم الطبي والموظفون مع المرضى ويعاملونهم بلطف.					
15	تقدم إدارة المستشفى أفضل ما لديها للمرضى.					
16	**تحدد إدارة المستشفى ساعات العمل وحجم الطاقم الطبي العامل وفقاً لاحتياجات المرضى.**					
المجال الرابع: الاستجابة						
17	يتم إبلاغ المرضى بموعد تقديم خدمة الرعاية الصحية لهم.					
18	لا يتوقع أن يتلقى المرضى خدمة فورية من طاقم المستشفى.					
19	يساعد طاقم المستشفى المرضى دائماً.					
20	يقدم الموظفون الخدمات للمرضى ويستجيبون لطلباتهم على الفور بالرغم من انشغالهم.					
المجال الخامس: الثقة والضمان						
21	المرضى لديهم ثقة كاملة في طاقم المستشفى.					
22	يطمئن المريض إلى أنه في أيد أمينة مع طاقم المستشفى.					
23	يتمتع موظفو المستشفى بالمصداقية في أداء عملهم.					
24	موظفو المستشفى لديهم الجدارة في أداء عملهم.					
25	تقدم إدارة المستشفى الدعم للكادر الطبي والموظفين لتطوير أنفسهم ومهاراتهم.					
المحور الثاني: مهارات الأطباء في التعامل مع المرضى						
26	يعالج الأطباء المرضى بشكل جيد ولطيف.					
27	يقدم الأطباء للمرضى النصيحة الصحيحة والعلاج المناسب.					
28	يتعاون الأطباء مع بعضهم البعض لتقديم أفضل خدمة للمرضى.					

الرقم	الفقرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
29	يستجيب الأطباء بسرعة كبيرة لاحتياجات المرضى ورغباتهم دون الشعور بالملل.					
30	يأخذ الأطباء بعين الاعتبار إجراءات السلامة والأمن في التعامل مع المرضى.					
31	يهتم الأطباء بصحة المرضى ويراقبون حالتهم الصحية باستمرار.					

Appendix E

Tables

Table E.1

Distribution of mean of participants answers regarding quality healthcare services factors

	No.	Statement	mean	SD	%	degree
Tangibility	**1**	The hospital needs to update the medical devices, equipment and supplies used.	4.33	.661	%86.6	Very high
	2	The nature of doctors and nurses work, waiting areas and hospital facilities are commensurate with patient service.	4.03	.964	%80.6	Very high
	3	There is interest on the part of the hospital administration in the manner of worker clothes and the extent to which it fits with the nature of the service.	4.07	1.022	%81.4	Very high
	4	The hospital provides material supplies that improve the quality of health services within its available capabilities.	3.57	1.06	%71.4	high
		Total	**4.00**	**.927**	**%80**	**Very high**
Reliability	**1**	The hospital administration is committed to its promises to patients in the field of providing health and curative services.	3.33	1.124	%66.6	high
	2	The hospital administration is committed to its promises to patients to provide an appropriate healthy environment.	3.43	1.165	%68.6	high
	3	The hospital administration is committed to solving patients' problems when they submit complaints.	3.73	.907	%74.6	high
	4	The hospital administration is concerned with providing services on time and accurately.	3.20	1.064	%64	high
	5	Patients rely on the skills of the hospital's medical profession.	3.30	1.236	%66	high
	6	The hospital administration is interested in accurately recording information about patients and their health conditions in the records or computer.	3.37	1.377	%67.4	high
		Total	**3.4**	**1.14**	**%67.9**	**high**

No.		Statement	mean	SD	%	degree
Eempathy	**1**	The hospital administration takes care of patients personally.	3.18	1.001	%63.8	Very
	2	Hospital staff are able to provide personalized care to patients.	3.43	1.012	%68.6	high
	3	Hospital staff are aware of patients needs.	3.30	1.27	%66	high
	4	The medical staff and staff interact with patients and treat them with courtesy and courtesy.	3.37	1.03	%67.4	high
	5	The hospital administration offers its best to the patients.	3.17	.950	%63.4	high
	6	The hospital administration works with working hours according to patients needs.	3.21	1.01	%64	high
		Total	**3.28**	**1.05**	**%65.6**	**high**
Responsiveness	**1**	Patients are informed of when the service is provided to them.	3.44	.901	%68.6	high
	2	Patients are not expected to receive immediate service from hospital staff.	3.34	.733	%66.7	high
	3	The hospital staff is always helping patients.	4.06	1.06	%81.4	Very high
	4	Staff provide services to patients and respond to their requests promptly despite their preoccupation.	3.57	1.062	%71.4	high
		Total	**3.60**	**.939**	**%72**	**high**
Assurance	**1**	The patients have complete confidence in the hospital staff.	3.40	.814	%68	high
	2	The patient is reassured that he is in safe hands with the hospital staff.	3.45	.891	%69	high
	3	Hospital employees have credibility in doing their work.	3.15	.737	%63	high
	4	Hospital employees have the merit in performing their work.	3.60	1.088	%72	high
	5	The hospital administration provides support for workers to develop themselves.	3.00	1.03	%60	high
		Total	**3.32**	**.912**	**%66.4**	**high**

Table E.2

Statistical differences among participants according to their hospital

Factors	Hospital	N	Mean	Std. Deviation	t-test value P. value
Quality of health care services	Private	197	3.78	0.997	.217
	Government	168	3.26	0.989	
Tangible	Private	197	4.09	0.928	.000*
	Government	168	3.76	0.926	
Reliability	Private	197	3.58	.586	.395
	Government	168	3.22	.509	
Empathy	Private	197	3.33	1.291	.365
	Government	168	3.23	0.989	
Responsiveness	Private	197	3.89	1.059	.015*
	Government	168	3.31	.581	
Assurance	Private	197	3.23	1.11	.046*
	Government	168	3.41	0.991	
Doctors skills in dealing with patients	Private	197	3.59	0.908	.001*
	Government	168	3.49	0.916	
Total Score	Private	197	3.61	1.099	.576
	Government	168	3.45	0.773	

Table E.3

Pearson correlation Test.

Factor		Quality	Tangible	Reliability	Empathy	Responsiveness	Assurance	Doctors skills
Quality	Pearson Correlation	1	.549**	.615**	.438**	.510**	.631**	.138*
	Sig		.000	.000	.000	.000	.000	.017
Tangible	Pearson Correlation	.549**	1	.552**	.404**	.396**	.524**	.177**
	Sig.	.000		.000	.000	.000	.000	.002
Reliability	Pearson Correlation	.615**	.552**	1	.485**	.442**	.522**	.146*
	Sig	.000	.000		.000	.000	.000	.011
Empathy	Pearson Correlation	.438**	.404**	.485**	1	.269**	.526**	.175**
	Sig.	.000	.000	.000		.000	.000	.002
Responsiveness	Pearson Correlation	.510**	.396**	.442**	.269**	1	.521**	.131*
	Sig	.000	.000	.000	.000		.000	.024
Assurance	Pearson Correlation	.631**	.524**	.522**	.526**	.521**	1	.162**
	Sig.	.000	.000	.000	.000	.000		.005
Doctors skills	Pearson Correlation	.138*	.177**	.146*	.175**	.131*	.162**	1
	Sig.	.017	.002	.011	.002	.024	.005	

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

جامعة النَّجاح الوطنيَّة
كليَّة الدّراسات العليا

فعالية جودة خدمات الرعاية الصحية من وجهة نظر المرضى: دراسة حالة قائمة على المستشفى

إعداد
أحمد نضال أحمد راشد

إشراف
د. عبد السلام الخياط
د. مريم الطل

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة الصحة العامة،
بكلية الدراسات العليا في جامعة النجاح الوطنية في نابلس، فلسطين.

2023

فعالية جودة خدمات الرعاية الصحية من وجهة نظر المرضى: دراسة حالة قائمة على المستشفى

إعداد

أحمد نضال أحمد راشد

إشراف

د. عبد السلام الخياط

د. مريم الطل

الملخص

هدفت الدراسة إلى تحديد فعالية جودة خدمات الرعاية الصحية من وجهة نظر المرضى: واعتمدت المستشفيات في محافظة نابلس كدراسة حالة. ولتحقيق أهداف الدراسة والإجابة على فروضها، استخدم الباحث المنهج الوصفي التحليلي ، كما قام الباحث بإستخدام أداة البحث استبيان لجمع البيانات من خلال استطلاع عينة الدراسة التي تتكون من (365) مريضًا في المستشفيات الحكومية (مستشفى رفيديا ومستشفى الاتحاد) والمستشفيات الخاصة (المستشفى العربي التخصصي ومستشفى نابلس التخصصي) في محافظة نابلس.

أظهرت نتائج البحث أن درجة الملموسية كواحدة من عوامل جودة خدمات الرعاية الصحية من وجهة نظر المرضى كانت عالية جدًا بنسبة 80% موافقة، ودرجة ممارسة الموثوقية كواحدة من عوامل جودة خدمات الرعاية الصحية من وجهة نظر المرضى كانت عالية بنسبة 67.9% موافقة، ودرجة ممارسة التعاطف كواحدة من عوامل جودة خدمات الرعاية الصحية من وجهة نظر المرضى كانت عالية بنسبة 65.6% موافقة، ودرجة ممارسة الاستجابة كواحدة من عوامل جودة خدمات الرعاية الصحية من وجهة نظر المرضى كانت عالية بنسبة 72% موافقة، ودرجة ممارسة الضمان كواحدة من عوامل جودة خدمات الرعاية الصحية من وجهة نظر المرضى كانت عالية بنسبة 66.4% موافقة، وأظهرت النتائج أيضًا أن درجة مهارات الأطباء من وجهة نظر المرضى كانت عالية بنسبة 70.8% موافقة.

بالإضافة إلى ذلك، أظهرت ان هناك أثراً لمهارات الأطباء في التعامل مع المرضى على عوامل جودة خدمات الرعاية الصحية (الملموسية، الموثوقية، التعاطف، الاستجابة، والضمان).

بناءً على نتائج الدراسة السابقة، يوصي الباحث بمجموعة من التوصيات، التي تركز على تطـــوير أداة تقييم للمرضى لكشف جودة خدمات الرعاية الصحية، وتنظيم دورات تدريبية للأطباء لتـــدريبهم علـــى مساعدة المرضى خلال علاجهم في المستشفيات، وتوفير هيكلية مُنظّمـــة بالكامـــل توضـــح المعـــايير الأساسية لجودة خدمات الرعاية الصحية.

الكلمات المفتاحية: فعالية؛ جودة الخدمات الصحية؛ المرضى؛ المستشفيات؛ مدينة نابلس.