

THE RELEVANCE BETWEEN PATIENTS' SATISFACTION AND THE LEVEL OF SERVICE IN THE JORDANIAN HOSPITALS

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ABSTRACT

This investigation intended to gauge the effect of health service quality on patient's satisfaction in the hospitals of public and private areas in Jordan. To accomplish the point of this examination an irregular example of inpatients was picked to lead this investigation inside. The example comprised of 450 inpatients. To decide the effect of health service quality on patient's satisfaction the analyst utilized an extraordinary measure called "SERVPERF" which was planned exceptionally to gauge the quality of service in various Service areas the substance legitimacy of the measure directed by panel judges and all through the numerous utilization of this measure throughout the time. The dependability of the measure processed utilizing Cronbach alpha and the outcome demonstrated that the inward consistency of the measure was 90%. The result revealed that there is an Effect for the health service quality on patient's satisfaction, also there is a critical measurable distinction of the effect of health service quality on patient's satisfaction between hospitals of public and private area notwithstanding that the responsiveness reduction of health service quality has the most minimal mean out of other service quality decreases openly and private areas. This study finds out many recommendations that the hospital's administration in both public and private sector should to raise up the employee's qualifications to ward assimilation of the patients need and wants such as to tell them exactly when service will be performed, and to submit prompt service for the patients, and the employees should have the willing to help patients while the hospital's administrations should put mechanisms to keep in touch with patients after discharge to hear from them about their Hospitals service and the extent of their satisfactions because the patients after discharge feet freely to say and criticize.

Keywords: Patients' Satisfaction, Health Care, Hospitals, Level of Services

INTRODUCTION

The health area in Jordan portrayed by giving quality and productivity health services which made him an unmistakable territorial clinical focus (Abu-Rumman, 2021). There is a solid direction in clinical establishments to build up a game plan for the use of the quality idea, with the quantity of non-Jordanian patients treated with in Jordanian hospitals around 250,000 patients for 2008 where Jordan was positioned first among the Middle Easterner Worldwide in helpful the travel industry, where patients get a health service that meets the assumptions for the good service. The quality of health service and coherence to give accommodation to the patient are significant components of quality of service influencing the level of satisfaction among patients, which influences understanding patterns towards these foundations hence we find that Groonroos made the psychological picture of the customer one of the segments of quality of service (Groonroos, 2001) with a brisk look at the truth of the health services in Jordan, Jordan's populace arrived at 5.350.000 occupants, of whom 82% live in urban communities and the rest in rustic and desert territories, 38% of the complete populace moved in the capital Amman, as 73%

of the number of inhabitants in the Realm covered by health protection inclusion, including 31% who are dependent upon the common health protection, 26% are covered by military health protection, 8.5% are covered by UNRWA, 1.3% are dependent upon the College Emergency clinic and 6% were covered by private health protection (Al-Neyadi, 2018) .

Accordingly, the health services to residents are separated through 103 hospitals as the accompanying: (30) having a place with the Service of health hospitals (public), (60) private area hospitals, and (11) clinic clinical benefits following property (the military) and college hospitals where medical clinic includes around 11,000 beds just as clinical focuses, in excess of 671 focuses spread over pieces of the Realm from North to South at a pace of 1.2 health communities per 10,000 occupants and is in accordance with worldwide midpoints (Kansra, 2016).

Study Importance

The significance of this examination lies in the way that its managing the quality of health services in hospitals in the general population and private areas according to quiet satisfaction through the utilization of Service Execution (SERVPERF) arranged to gauge real service quality saw by patients and its impact on satisfaction. likewise the significance of this investigation lies in recognizing the contrast between the elements of quality of health service in open area hospitals comparative with private hospitals and their effect on patient satisfaction, analyst sees that this is a central point in the significance of exploration as it tends to be considered as a case that can be recognized from other such examinations as an indispensable and delicate subject tended to in the health services area.

Problem of the Study

The issue lies in deciding the effect of health service quality on the assent of the recipients out in the open and private hospitals in Jordan. To accomplish this objective, we should address the accompanying inquiries:

- What is the effect of health service quality given by open and private hospitals in Jordan on patient satisfaction?
- What is the effect of health service quality given by the public area hospitals on patient satisfaction?
- What is the effect of health service quality given by the private area hospitals on patient satisfaction?
- Is there a contrast between the quality of health service and patient satisfaction in private area hospitals versus public area hospitals?

The Study Hypotheses

To answer the inquiries above, the below study hypotheses were made:

- There was no measurable huge impact of the quality of health services given by hospitals on patient satisfaction.
- There was no measurable critical impact of the quality of health service given by open hospitals on patient satisfaction.
- There was no measurable huge impact of the quality of health service given by private hospitals on patient satisfaction

Study Model

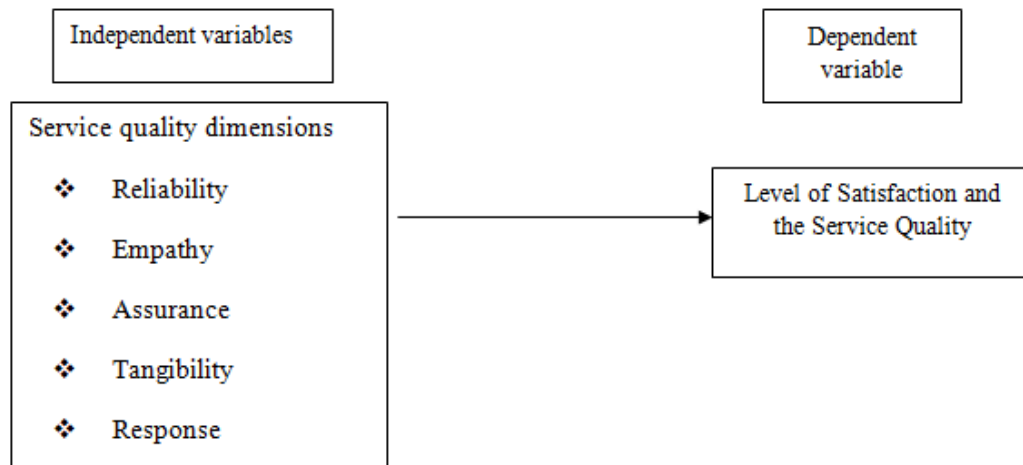


FIGURE 1
(DEPENDENT& INDEPENDENT VARIABLES)

Study Limitations

This examination was restricted to hospitals in the private and public areas kept to capital governorate for 2009 which offers far reaching health service and increment the quantity of its beds is more than 120, as it is the avoided particular hospitals that offer explicit assistance to patients as hospitals for labor, eye, mental problems, malignancy just as the military area and to security.

Conductive Definitions

The quality of health service:

A health service that addresses the issues and wishes of patients and gives them delicately as expected and kill indications (Tangibles)

The presence of accessible material articles by the patient, for example, clinical devices and hardware, clinic appearance, and outside laborers appearance (Reliability)

The degree of dependence on the service provider\'s capacity to convey service precisely and as guaranteed (Responsiveness)

The longing level of offering support to the patient with the essential speed and on-demand (Assurance)

Information and neighborliness of service suppliers and their capacity to advance an air of trust and wellbeing to the patient (Empathy)

Information and consideration of service suppliers and their capacity to advance a climate of trust and security to the patient (Satisfaction)

If the patient being satisfied or unsatisfied after receiving the health service.

THEORETICAL CONCEPT & PREVIOUS STUDIES

Service Concept

The service characterized as activity or advantage given by one group to another and are fundamentally immaterial (not involving of any proprietorship) and its creation may be related or not with a material product. (Bamfo, 2017) Properties and attributes of the service. Al-Allaq and Al-Tai distinguished (Al & Al-Alaq, 2009) traits and attributes of the service as follows:

Immaterialness

Implies that it doesn't have a material and unmistakable beneficiary can decide through their known feelings of smell or contact or taste, hearing and watching it before buy and see the outcome. Along these lines, some offer the service through an appealing equation that gives intangibility on the service.

Connection

Intends to deliver and burn-through the service simultaneously, a few services are considered for the customer a vital piece of the creation of the service, and thusly the buyer of the service should be in a similar area of the service creation.

This additionally applies to the health service, where its introduction requires a beneficiary in a similar spot of creation.

Changeability

Here it implies the powerlessness to deliver a similar service without fail, it is hard to homogenize specific services that depend on human, and consequently hard to keep a specific quality level. For instance, a medical procedure made on a patient has a triumph rate that shifts from a specialist to another and furthermore contrasts for a similar doctor from patient to another.

Perishability

The swaying issue of service demand, the interest for service is unpredictable, which offers the venture the chance to mastermind their ability and the size of the staff on this premise, yet there is popularity periods that require critical limit and staff, and there are times of low interest where the enormous staff turns into a costly weight on the Association, that the work interaction in hospitals is fluctuating *via* seasons, social and general states of individuals.

When work is feeble, you can't store non-occupied beds, impaired staff for top remaining burdens, consequently there is a lost benefit an open door in that period, and this requires great and touchy administration to adjust among high and low interest periods of service.

Through the abovementioned and dropping their service generally properties to health service we discover they likewise would in general be theoretical, which can't be recognized, for example, actual items and just decided by getting, and can't be possessed by them. Its creation is additionally simultaneously as being gotten, accordingly the patient should be in a similar area as

the presence service, it can't separate creation from utilization, and the beneficiary is an indispensable piece of their creation, they are heterogeneous with varying service supplier and collector, likewise it cannot be put away.

Quality Concepts

We note that the possibility of quality methods greatness, clear norms and better, quality factor can be estimated, and the job of quality come in accomplishing (Competitive Advantage) to the concerned organization, quality of health service is applied by clinical science and innovation in a way to accomplish the fullest conceivable general health without expanding hazard, subsequently quality is controlled by the most ideal harmony among dangers and advantages. (Ibrahim & Mohammed, 2019)

Quality Type

Gronroos determined (Gronroos, 2001) quality types as follows

Technical Quality

A service that is gotten by the customer because of a cycle of connection with the foundations offering the assistance or all in all, is the last advantage accumulating to the beneficiary of the service and communicated in the inquiry what has been submitted?

Functional Quality

A strategy or a method of how the yield is moved to the recipient from the service and communicated in the inquiry how is the service submitted?

Technical Quality

A service that is gotten by the customer because of a cycle of connection with the establishments offering the support or at the end of the day, is the last advantage building to the beneficiary of the service and communicated in the inquiry what has been submitted?

Mental Impact on the Association

The picture of the association or foundation in the brain of the client or the customer's impression of what is a service association and this measurement is the unavoidable result of the specialized and practical elements of quality and assessment of customers. (Gronroos, 2001) as on health service quality segments as follows:

The Technical Quality of the Health Service:

Means the exactness of indicative and treatment systems are hard to decide by the beneficiary of the service.

Functional Quality of Health Service:

The most effective method to give health service to patients, this part of service could be perceived and decided by the collectors on the quality of health service.

Service Quality Measurements

There are two strategies for estimating quality of service one ascribed to (Aljoudimi, 2015), and dependent on client assumptions for service level and comprehension of the degree of service previously gave, and afterward choosing the hole (or match) between these assumptions and insights utilizing quality of service five elements of which are elusiveness, dependability, responsiveness, sympathy, and sureness. This strategy for service quality estimation was called estimation hole or SERVQUAL scale, the highlight in service quality estimation model is the hole between the view of the real exhibition level of customer service and his assumptions regarding the quality of this service. However, this gap relies upon the idea of the gaps identified with configuration, market, and conveyance of the service. There are five principal gaps.

Gap No. (1)

Results from the distinction between client assumptions for the service level and the executive's comprehension of client assumptions, as such the administration's powerlessness to know the requirements and wishes of clients.

Gap No. (2)

It results from the contrast between service details previously conveyed and the view of client's assumptions, Implies that regardless of whether the client needs and wants are normal from the administration, it won't be converted into the normal determinations because of limitations concerning the assets of the association, or the powerlessness to accept the way of thinking of quality administration.

Gap No. (3)

It arises because the details of the service gave don't coordinate what the Division perceives regarding these determinations. This might be because of the low degree of gifted representatives capable of the service, which thus is because of the absence of limit and readiness of laborers.

Gap No. (4)

It results from lopsided association between the Association and its clients, as in the guarantees made by the Association fair and square of service through client contact (individual deals and other limited time endeavors) varies from the degree of service gave and its genuine determinations.

Gap No. (5)

Discernment and assumptions hold by clients, quality of service as seen by customers rely upon the sum and heading of this hole and that rely upon the idea of past holes where this measure has been applied to an assortment of services, including banking, air transportation, instruction, cheap food, health service, designing service, warning, cleaning service, and others.

The subsequent strategy to quantify the quality of service (Cronin & Taylor, 1992) centers around estimating the genuine presentation of the service gave to the client dependent on that the quality of service is communicated as a sort of patterns and this technique in estimating the quality of service is called real execution measure or SERVPERF. The new strategy didn't contrast in measurements utilized in the estimation of service quality of unmistakable perspectives, dependability, responsiveness, assurance, and sympathy. As seen by the originators of this scale it is unmistakable from prior by straightforwardness and convenience, just as a more serious level of validity and authenticity since it avoids deductions between client assumptions and his service-level discernments. (Zamil, Areiqat & Tailakh, 2012).

Customers Satisfaction Idea (Patients)

(Wongrukmit, 2017) Characterized satisfaction as the (assessment of clients on a service or item and does it satisfy their requirements, and assumptions).

(Wongrukmit, 2017) Recognized components affecting satisfaction:

- Service profiles and properties: satisfaction is affected by the degree to which client impression of service profiling and benchmarking.
- Customer feelings: individual enthusiastic elements influencing consumer loyalty, such factors as feelings and opinions of those customers which have been found to influence the satisfaction.
- Feeling of equality and equity: where the client will ordinarily pose a similar inquiry: would I say I was genuinely dealt with like different customers?
- Quality: clients' view of quality measurements influences satisfaction.
- Contingent elements: which the customer has no capacity to control, for example, climate and traffic and the qualities of the service supplier, for example, size of big business, the quantity of representatives and topographical area.
- Family members: the customer see is impacted by relatives, collaborators, and companions.

Satisfaction Measurement

Consumer loyalty can be estimated by numerous ways:

- 1- Client meet and particularly through salespersons and by being asked straightforwardly.
- 2- Intermittent reconnaissance: through the conveyance of surveys or by means of sites.
- 3- Secret customer: one of the individuals from the Organization to mask as a client and pose customer's inquiries on their satisfaction and recognizes the level of satisfaction.

Previous Studies

1. Study by (Abu Musa, 2000) entitled: "impact of service quality on consumer loyalty and benefit in Jordanian banks" (a near report between the Lodging Bank and Islamic Jordanian Bank). Pointed toward recognizing quality financial services really gave in every one of the Lodging Bank and the Jordan Islamic Bank, and furthermore expected to interface the connection between Bank service quality and benefit increment addressed at the pace of profit from venture, three surveys were

disseminated: one for customers, and another for staff, and another for chiefs, including an example of 112 Chiefs (148) from banks, (602) for banks' customers. Where the investigation finished up:

The requirement for every one of the Lodging Bank and the Jordan Islamic Bank to plan systems and strategies to improve the quality of the service really given by the Bank through the advancement of theoretical angles, showing revenue and individual information on clients, notwithstanding attempting to improve mental impression of quality financial service really gave, through heightened advancement of individual correspondence with clients and lead more statistical surveying to decide the reasons for the hole between the administration's view of banking service quality really gave and clients' impression of banking service quality.

2. (Khraisat, 2017) study entitled: "impact of saw quality on productivity and growth" (a near report between the areas of business banks and private hospitals in Jordan of applying the model of service and benefit arrangement) the point of this investigation is to test the effect of apparent quality on productivity and development in the Jordanian services establishments, where the examination depended on grouped inspecting of the investigation local area (1000) people from clients and (500) individual from staff. The investigation finished up: the need to build the premium of private emergency clinic divisions and business banks to give an open to workplace to staff and improve different parts of the Inside quality specifically concerning admiration and enthusiasm for staff, building up their abilities, expanding the degree of cooperation, raise spirit, increment the confirmation on analyzing the requirements of clients and pinpoint, increment thoughtfulness regarding the forefront staff in the services associations and update their abilities and capacities in managing clients.
3. (Alloubani, 2019) study entitled "identifying saw service quality health in Palestinian hospitals" study intended to investigate the chance of applying quality administration in health care framework through the recognizable proof of the all-around pertinent and saw service level in Nablus public, private and magnanimous hospitals. A survey has been based on an example of workers and patients. Absolute example size was (650) surveys, (150) circulated on patients and (500) on staff and divisions of the hospitals. The examination inferred that most of Nablus hospitals didn't have a functional framework that distinguishes a wide range of activities forced toward this path, this investigation showed various patterns and contrasts *via* care and service beneficiaries to add to comprehension and recognizing the get interaction for the service and the examination demonstrates an immediate relationship altogether hospitals between service strategies and patient satisfaction. Additionally, staff mentalities and qualities relate to persistent satisfaction, yet straightforwardly affect all the exercises of the clinic.
4. (Kansara, 2016) Study entitled: "Servqaul and Model of Services Quality Gaps" this examination occurred in Iran in some food organizations and the investigation test comprised of 52 client from the clients of these organizations where the investigation was intended to utilize SERVQUAL scale for estimating quality of service through recognizing holes between client assumptions and genuine service delivered to him additionally it means to help oversee and improve quality in distinguishing significant components of quality and recognize needs in improving quality and lessening the hole, The examination showed that the proportion of SERVQUAL is broadly utilized in outside service quality estimation of the outer customer and this standard can likewise be framed to quantify the quality of the Inside quality between the segments and units inside the foundation.

What Distinguishes this Study from Earlier Studies?

Through a survey of past examinations, this investigation can be recognized from others that it will consider the real exhibition of the health service's apparent by patients in Jordanian hospitals and connecting it to their degree of satisfaction and with the researcher's information this investigation will be the first of its sort in Jordan around there utilizing this scale where quality data will be given on the degree of use of the Jordanian medical clinic to the health service measurements so the administrations of hospitals can quantify health service quality and to raise it to the assumptions for patients, which Lead to lack of concern.

Most past examinations led in the estimation of service quality and consumer loyalty at the different areas, including services of monetary foundations and services of inns, eateries, and others didn't address the quality of health services, however not many of them in a portion of the world either in Jordan presently can't seem to record any investigation here as inside the information on the scientist until this second.

METHOD & PROCEDURES (RESEARCH METHODOLOGY)

Local area study: all hospitals in people in general and private areas in the Hashemite Kingdom of Jordan which are 103 as per the records of the service of health hospitals are circulated by table (1).

Medical sector	Hospitals no.	No. of beds
Ministry of health	30	4250
Medical services	11	2131
Jordanian university	1	531
The establishing king hospital	1	489
Private sector	60	3642
total	103	11043

Ministry of Health, 2007 and Zamil, Areiqat, Tailakh 2012

Study Sample

The examination test was kept to emergency clinic patients in broad daylight and private areas in the capital city of Amman, which contains the vast majority of the orders most sorts of health service, and arranged the idea of the Service of Health (NHS) clinic patients were assuming control over the quantity of families on 120 beds is outlined in the table (2)

No.	Hospital name	specialty	sector	No. of beds	Sample individual no.	percentage
1	Al-basheer	general	general	928	137	30.4
2	Prince Hamza	general	general	402	59	13.1
3	Dr. JameelTotanji	general	general	129	19	4.2
4	Jordanian university	general	general	535	79	17.6
5	Jordan	general	private	252	37	8.2
6	Islamic	general	private	237	35	7.8
7	Al-KhalidI	general	private	160	23	5.1
8	Al-IstiqlaL	general	private	144	22	4.9
9	Al-Takhasosi	general	private	140	21	4.7
10	Al-Israa	general	private	125	18	4
total				3052	450	%100

Zamil, Areiqat, Tailakh 2012

For the sample size the sample number was selected based on the following equation:

$$N = z^2 p (1-p) / E^2$$

By Compensation

$$\begin{aligned} N &= (1.96)^2 (.5) (1.5) / (.05)^2 \\ N &= 3.84 \times 0.25 / 0.0025 \\ &= 384 \text{ individuals} \end{aligned}$$

As a precautionary measure an example of 450 patients were taken and appropriated over the significant hospitals moderately to the quantity of beds as demonstrated in the first table (Law No. 3-1). The example was chosen from patients in hospitals by arranged in a random way.

Study Collecting Tool

To accomplish the goals of the investigation and test determined speculations of the examination which was mentioned by social occasion data from essential and optional sources:

- a. Optional information have been utilized from course readings and logical references, in addition to research and proposal notwithstanding periodicals and official measurements.
- b. Essential information: it has been gathered through field study utilizing surveys intended to accomplish the goals of the investigation these polls comprise of three sections:

Part I: data gathering included segment study test jargon, (for example, sexual orientation, age, month to month pay, health protection, societal position, scholastic capability, instruction level and the country).

Part II: included twenty sentences address the five significant elements of health service quality SERVPERF scale for estimating the genuine presentation of the health quality of service gave to patients across the components of quality of service as follows:

- Intangibility was estimated by sections (1-4)
- Reliability was estimated by the paras (5-8)
- response was estimated by the paras (9-12)
- Assurance was estimated by sections (13-16)
- Empathy was estimated by sections (17-20)

Part III and included just one inquiry to decide satisfaction with the quality of health service.

Hypothesis Test

Covers the scientist in this segment test the investigation theories, utilizing suitable factual strategy, which had been planned dependent on the issue of study and questions, as follows:

H0-1 There was no measurably huge impact on the quality of health service given by open and private hospitals on patient satisfaction.

To test this theory a change investigation for relapse was made to gauge the connection between quality health service given by hospitals and patient satisfaction, and the outcomes were introduced in two groups, group 1:

The table (3) shows the consequences of examination of fluctuation for relapse to gauge the effect of health service quality connection among hospitals and patient satisfaction

Independent variable	Variation	Squares total	Degrees of Freedom	Squares mean	Calculated f	Scheduled f value
Health service quality rendered from public & private sector	Regression	347.057	5	69.411	138.038	3.86
	Error	223.263	444	0.503		
	Total	570.32	449			

The table (3) shows a critical factual effect at the degree of importance ($\alpha < 0.05$) health service quality given by open and private hospitals and patient satisfaction, where esteem (F) expanded as determined as (138.038), which is bigger than esteem (F) even measuring (3.860) and the degree of importance (0,000)=P-esteem which is more modest than ($\alpha < 0.05$).

Different relapse examination was made to discover the assessed esteem (B^{\wedge}) to quantify the effect of health service quality in hospitals, understanding satisfaction and table no. (4) shows the consequences of the investigation.

Variable	Beta	Standard deviation	Calculated T	Scheduled T	Degree of significance	R square
fixed	0.808-	0.175	-4.614	1.96	0	0.609
Tangibility	0.056	0.043	5.173		0	
reliability	0.047	0.047	4.004		0	
response	0.08	0.047	6.886		0	
assurance	0.074	0.045	6.52		0	
empathy	0.043	0.04	4.327		0	

The past table shows that the estimation of the (BETA) for substance (0.056), and (0.047) for dependability (0.080) to reaction and (0.094) for confirmation, and (0.043) for compassion, they are measurably work esteems at the degree of importance (0.05) where determined (t) values are higher from listed worth (t), exhibiting that health service quality given by open and private hospitals affect persistent satisfaction, and the estimation of the coefficient of assurance (R^2) came to (0.601) demonstrating that the quality of health service given by open and private hospitals in The relapse model to clarifies what (0.601) in the variety of the reliant variable of patient satisfaction. These outcomes in dismissal of the fourth invalid auxiliary theory which

recruits of: no measurably huge connection between the quality of health service given by open and private hospitals and patient satisfaction.

H0-2 There was no measurable critical impact on the quality of health service given by open hospitals on patient satisfaction.

To test this speculation a fluctuation examination for relapse was made to quantify the connection between health service quality given by open hospitals and patient satisfaction, and the outcomes were introduced in two groups: group 1. This group shows the aftereffects of the examination of the relationship of health service quality given by the hospitals in the public area and patient satisfaction. Table (5) shows a huge effect at the degree of factual importance ($\alpha < 0.05$) of quality health service given by open hospitals and patient satisfaction, where a high estimation of (F) determined as (69.79) is more noteworthy than the worth (F) plane which came to (3.860) and the degree of importance (0,000)=P-esteem is more modest than ($\alpha < 0.05$).

Independent variable	Variation	Squares total	Degrees of Freedom	Squares mean	Significance	Scheduled f value
Health service quality rendered from public sector	Regression	202.255	5	40.451	0	2.25
	Error	166.929	288	0.58		
	Total	369.184	293			

Numerous straight relapse investigation was made to discover the assessed esteem (B^*) to quantify the connection effect of health service quality given by the public area hospitals and patient satisfaction, table (6) shows the consequences of the examination.

Variable	Beta	Standard deviation	Calculated T	Scheduled T	Significance	R square
fixed	0.937-	0.234	-3.996-	1.96	0	0.55
Tangibility	0.056	0.05	4.529		0	
reliability	0.051	0.055	3.65		0	
response	0.087	0.056	6.212		0	
assurance	0.073	0.053	5.536		0	
empathy	0.042	0.046	3.634		0	

The past table shows that the estimation of the (BETA) for substances (0.056), and (0.051) for dependability and (0.087) for reaction and (0.073) for affirmation, and (0.042) for compassion and they are measurably work esteems at the degree of importance (0.05) where (t) determined qualities are higher from ordered (t) esteem, exhibiting that quality health services given by open hospitals affect persistent satisfaction, and the estimation of the coefficient of assurance (R^2) came to (0.55) demonstrating that the quality of health service given by the

hospitals in the public area In the relapse model clarifies what (0.55) variety in the needy variable of patient satisfaction. This outcomes in dismissal of the primary auxiliary invalid theory, which recruits of no genuinely huge connection between the characteristics of the health service given by open hospitals and patient satisfaction.

H0-3 No measurably critical connection between the health service quality given by private hospitals on patient satisfaction

Test this speculation a change examination for relapse was made to gauge the relationship quality health service given by private hospitals and patient satisfaction, and the outcomes were introduced in two groups: group 1: This group shows the consequences of the investigation of the relationship of health service quality given by private hospitals and patient satisfaction .

The table shows (7) the examination of difference results for relapse to quantify the effect of health service quality of private hospitals and patient satisfaction .

Independent variable	Variation	Squares total	Degrees of Freedom	Squares mean	Calculated f	Significance	Scheduled f value
Health service quality rendered from public sector	Regression	74.566	5	14.913	42.601	0	2.27
	Error	52.511	150	0.35			
	Total	127.077	155				

Table (7) shows there is an effect of genuinely huge at the degree of importance ($\alpha < 0.05$) of health service quality given by private hospitals and patient satisfaction, where an expansion of determined worth (F) of (42.601), which is bigger than esteem (F) booked coming to (2.27) and the degree of importance (0,000)=P-esteem which is more modest than ($\alpha < 0.05$) .

Numerous relapse examination was made to discover the assessed esteem (B^{\wedge}) to quantify the effect of health service quality given by private hospitals and patient satisfaction and table (8) shows the consequences of the investigation.

Variable	Beta	Standard deviation	Calculated T	Schedueled T	Degree of significance	R square
fixed	-0.265	0.33	0.802-	1.96	0.424	0.59
Tangibility	0.06	0.103	2.306		0.022	
reliability	-0.004	0.121	0.118-		0.906	
response	0.047	0.095	2.004		0.047	
assurance	0.074	0.14	2.108		0.037	
empathy	0.093	0.109	3.406		0.001	

The past table demonstrates that the estimation of the (BETA) to substance came to (0.060), and (- 0.004) for dependability and (0.047) for reaction, (0.094) for affirmation and (0.093) for compassion and is measurably work esteems at the degree of importance (0.05) besides after dependability where determined (t) values were bigger from recorded worth (t), sealing that quality health service given by private hospitals affect persistent satisfaction, and the estimation of the coefficient of assurance (R^2) came to (0.59) showing that the quality of health services given by hospitals In the private area in the relapse model besides after dependability deciphers (0.59) variety in the needy variable of patient satisfaction. This outcomes in dismissal of the principal invalid auxiliary theory, which expresses that: no measurably huge connection between the quality of health service given by private hospitals and patient satisfaction.

H0-4 No genuinely huge contrasts between the quality of health service and patient satisfaction in private area hospitals as open area hospitals taken as estimation.

The (T) test in Table (9) shows to the presence of factual importance contrasts at the level ($\alpha < 0.05$) of health service quality and patient satisfaction between private hospitals estimated on open area hospitals, in view of the determined (t) esteem which came to (4.352) and with importance level (0.000) for substance and (9.551) for dependability with importance level (0.000), reaction (7.469) with importance level (0.000), confirmation (9.685) with importance level (0.000), sympathy (5.189) with importance level (0.000), those are genuinely huge qualities at importance level (0.05) the thing that matters was agreeable to private area hospitals altogether measurements, as an explanation of their high number juggling implies which are higher than those of the public area hospitals, this outcomes in the refusal of the third invalid auxiliary theory which states: there are no factual critical contrasts between health service quality and patient satisfaction in private area hospitals in comparative with private area hospitals.

dimension	hospital	No.	Arithmetical mean	Standard deviation	Standard error	Calculated T value	significance
Tangibility	private	156	4.01	0.659	0.053	4.352	0
	Public	294	3.62	1.013	0.059		
reliability	private	156	4.13	0.694	0.056	9.551	0
	Public	294	3.3	0.955	0.056		
response	private	156	3.95	0.835	0.067	7.469	0
	Public	294	3.28	0.944	0.055		
assurance	private	156	4.18	0.667	0.053	9.685	0
	Public	294	3.31	1.013	0.059		
empathy	private	156	3.95	0.763	0.061	5.189	0
	Public	294	3.46	1.056	0.062		

RESULTS & RECOMMENDATIONS DISCUSSION

- 1- The study demonstrated that there is an effect of health service quality given by hospitals on patient satisfaction through numerous audit examination results. Where the outcomes showed that determined (t) values from ordered qualities (t) just as study (chair & metal, 2008) which arose that there is a progressive ascent in patient satisfaction that increments with the way toward improving the health

- service. Notwithstanding the examination and an investigation and an examination (Al Qadire, 2017), which affirmed the presence of a connection between the quality of service gave to customers and their satisfaction.
- 2- The examination showed that there were measurably huge contrasts in the effect of health service quality on patient satisfaction in private area hospitals against public area hospitals for private area hospitals as demonstrated through the outcomes that midpoints of the five-quality measurements in private hospitals is higher than the normal elements of quality in open area hospitals. This is expected generally to the cycles of advancement, modernization, and stay aware of all new clinical fields by private hospitals, so it can keep on opposing the furious rivalry in the business sectors of the health area, we locate that the private area hospitals are continually attempting to give exceptional health service since it influences the benefit of these establishments and coherence. With respect to the public area hospitals which are less complex by and by then the private area hospitals as a result of administration and packing and long queues and long holding up cycle made its characterization of level quality of service not exactly private area hospitals. This outcome is predictable with the discoveries of the investigation of, where the examination credited the reasons for low degrees of quality of health service in open hospitals to the quantity of commentators pressure, and the patient doesn't have the alternative of picking the medical clinic yet by a spot of home just as the investigation of (Weerawansa, 2017), which inferred that the quality of health service gave to patients in private hospitals is superior to the service given by the public area hospitals in Bangladesh (Zamil et al., 2012)
 - 3- The investigation showed that the reaction measurements containing passages, online patient service cutoff time to react to their necessities, and offer the support to him right away, just as lasting craving among staff in offering support to the patient has gotten the least number juggling mean between measurements of quality of service in open area hospitals and this likewise is by all accounts brought about by the absence of preparing and experience of emergency clinic faculty in managing the prerequisites of patients where this mirrors the limit of staff to apply the rule of direction towards the customer (Client arranged) so they stay an all set staff To meet the necessities of the patient and this requires the branches of the hospitals to zero in on this part of quality of service (reaction) to overhaul the presentation of service by drawing in ability and improve working staff by improving more significant compensations in the health field.
 - 4- It was noticed that the confirmation has the highest point of the number juggles means and this measurement contains a feeling that all is well with the world to the patient while accepting service and that emergency clinic laborers have the adequate information and the fair managing the patient which helps certainty.
 - 5- This is because of the significant degree of clinical benefit in private area hospitals and its ownership of recognized specialists notwithstanding ability.
 - 6- Private hospitals for the most part gained number-crunching mean not a long way from the high report as verified in substantial quality where the number-crunching mean was assessed 3.62 with a normal report, the number-crunching mean of the high report is assessed 3.67 and this is because of cycles of modernization and advancement in open area hospitals as of late made.

We can Draw the Following Recommendations:

- 1- Keep on buckling down by those liable for public area hospitals in updating the quality of health service and proceed with the cycle of advancement and modernization, particularly nearby preparing of HR and redesigning of staff.
- 2- Redesigning health work force and particularly center around the reaction measurement, one of the significant components of quality service cover straightforwardly satisfies the necessities of the patient.
- 3- The requirement for activity by the branches of hospitals to audit quality measurements by utilization of quality estimations intermittently during close periods and control levels of quality and patient satisfaction levels and change mistakes to keep up practical health quality.

- 4- Just as the divisions of hospitals to build up a component to speak with patients and reviewed after their service is finished and getting back to home and in light of the fact that a few patients disguise emotions and suppositions, particularly in the event that they express dissatisfaction, dreading maltreatment by clinical and nursing staff at hospitals, and that accomplishes two advantages:
 - a. See the genuine circumstance of the quality of service gave.
 - b. Additionally, in case of assent by the patient satisfaction, it makes profundity and without agree to moderate the effect of discontent and distinguishes the zones of inadequacy in service which mirrors the psychological picture of the medical clinic and relieve the effect of the low degree of service.

Future Research Orientation

In light of the past investigation results and talk about of the outcomes and draw the important proposals for improving the quality of health service, this examination has investigated the effect of health service quality on patient satisfaction yet there might be reciprocal and created research themes, and for this pursuit:

- 1- Studies and examination on the mindfulness and comprehension of emergency clinic offices and staff of the idea of quality of service and instruments of utilization and support
- 2- Suggest broad investigations on elements affecting patient satisfaction and reinforcing instruments.
- 3- Production Broad investigations of every one of the five elements of quality (substance, dependability, responsiveness, compassion, and confirmation) each exclusively gauge everything on the service quality just as the heaviness of the effect of every one of the measurements on consumer loyalty.
- 4- Production Broad investigations about the expense of use quality of health service and quality of these hospitals.
- 5- Production Studies on the connection between work execution quality with service quality and its effect on patient satisfaction and venture productivity.

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