

Quality of Service in Non-Governmental Hospitals in Gaza Strip between Reality and Expectations

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Abstract: *The study aimed at examining the quality of service in non-governmental hospitals in Gaza Strip between reality and what is hoped from the viewpoint of the internal beneficiary of non-governmental hospitals in Gaza Strip. The study relied on the descriptive analytical method, and the questionnaire was designed as a tool for data collection and consisted of (15) items. The researchers used the comprehensive survey method, and the number of study population members was (536) singular, where (434) questionnaires were retrieved, and the recovery rate was (80.97%). The study showed several results, the most important of which were: The results of the study indicated that there is a high degree of approval by the members of the study sample on the quality of service with a relative weight (79.90%). The results of the study also showed that there were no statistically significant differences in the quality of service according to the variables (gender, educational qualification, and position). And the absence of statistically significant differences in the quality of service according to the variables (years of service, age group). The study reached many recommendations, the most important of which were: Establishing an effective system for receiving patient complaints in a manner that ensures rapid response to and treatment of them, to achieve continuous communication between patients and hospital management, and notify patients of dealing with complaints they make, and work to provide all medical and health specialties in hospitals. The study, by taking advantage of medical delegations visiting Gaza Strip, involving them in therapeutic processes, and recruiting doctors and specialists from abroad, updating the standards that relate to measuring services provided to patients continuously, based on patient suggestions and complaints, developing facilities in hospitals, as well as updating medical devices and equipment Used in hospitals periodically.*

Keywords: Quality, Quality of Service, Hospitals, Gaza Strip, Palestine.

Introduction

The change that the business environment has witnessed since the beginning of the last century has become an imposed and insurmountable thing. One of the most important changes facing institutions at the present time is the expansion of the phenomenon of globalization and changing conditions and its development, especially the emergence of new patterns of work, and other complex phenomena that have pushed institutions to Looking for new ways to tackle the expected rapid and surprising changes. Quality is the important and effective element in any aspect, sector or industry, and it has become a measure of the success of any industrial or service organization, and a standard for excellence in providing the product or service. Because the health sector is an important sector in any society, it was necessary to pay attention to the quality of service provided in this sector. As health organizations include hospitals, clinics and health centers, they are considered the mediator of the contract and the center of the department in providing health and medical services, and thus: it is a haven for patients who seek wellness, and healthy people who seek prevention. With the increasing pressure on an unprecedented scale on all institutions that provide health services at a time when chronic diseases and epidemics spread, which helped the increasing movement of people, and their rapid movement from one place to another in their spread, and the expansion of the scope of their scope, the increasing pressure increased already on these health and medical institutions. This is in addition to the steady increase in the number of visitors and the increasing number of visitors to hospitals. This increase was characterized by characteristics that were not available previously, especially with regard to the demand for a rapid response to the needs of citizens, and their needs with the increase in improving the quality of health and medical services provided to them (Zakhroufa, 2018). And based on the above; this study comes to identify the quality of service in the non-governmental hospitals in Gaza Strip. Through this study, the researchers hope to provide a realistic and clearer picture for decision makers in non-governmental hospitals in Gaza Strip about the quality of services provided, and how to support and enhance them in light of the rapid and successive changes in Gaza Strip.

Problem Statement

Today's business environment is characterized by rapid and continuous change, which makes the success or failure of institutions dependent on the extent to which their leaders possess administrative skills, including the ability to formulate and adopt flexible strategic alternatives, and adopt modern management methods and new scientific approaches that enable them to achieve continuous adaptation to the challenges presented by the environment.

The health sector environment in Gaza Strip is witnessing major developments and challenges at various levels, including: administrative, service, organizational and technological, while hospitals and health institutions in Gaza Strip continue to operate according to traditional systems, and thus: achieving progress in keeping with administrative development and progress, and providing complete and rapid health services has become a problem Fundamental, especially in a politically and economically unstable environment like Gaza Strip. As the quality of health services provided to patients is considered one of the most important issues that health institutions must deal with, not only at the local level only, but also at the international level, as there are many factors that impose themselves on these health and treatment institutions to find these same institutions in front of a merit The necessity of providing a health service that is appropriate for what the patients and recipients of health services expect, and also knowing the standard by which the service recipients judge the service.

Research Questions

Q1-: What is the reality of the quality of service in non-governmental hospitals in Gaza Strip?

The Main Question Is Subdivided Into The Following Sub-Questions:

Q1-1: What is the level of quality of service in non-governmental hospitals in Gaza Strip?

Q1-2: Are there differences in the responses of the study community members regarding the quality of service among workers in non-governmental hospitals in Gaza Strip that are attributable to the variables: (gender, age group, educational qualification, job title, and number of years of service)?

Research Objectives

The study aims to achieve the following:

1. Learn about the level of service quality in non-governmental hospitals in Gaza Strip.
2. Submit a set of recommendations to the decision-makers in the researched hospitals, which would improve the quality of service in non-governmental hospitals in Gaza Strip.

Research Importance

The importance of the study is clear from two aspects:

Scientific Importance

1. This study derives its importance from the vitality of the subject it deals with, and its relative scarcity, as this topic is characterized by modernity and scientific and practical excellence alike.
2. The theoretical importance of this study emerges from the scientific enrichment it adds to the studies that touched on the issue of quality of service, and it will add a set of theories on the concept of improving services.
3. Enriching the Arab library and scientific research centers, to help researchers and encourage them to conduct more studies in the field of service quality, as this is considered a recent topic, and it opens new doors for scientific and intellectual discussions of the most important opinions of researchers related to research variables.
4. Researchers hope that this study increases their knowledge and scientific and practical experience on this important topic, and modern in the areas of business administration.

Practical Importance

Through this study, researchers hope that:

1. They provide decision makers in non-governmental hospitals in Gaza Strip with a realistic, clearer vision about the quality of service as a practical concept, so that the institution can fully perform its tasks.
2. Working to improve the quality of the service provided will have a vital and visible impact on the development and preservation of society, and will have a positive impact on it, and increase the levels of satisfaction and satisfaction for patients.

Research hypothesis

This study is based on the following hypotheses:

H0₁: There is a high level of quality of service in non-governmental hospitals in Gaza Strip.

H0₂: There are statistically significant differences at the level of significance (0.05 α) between the average responses of the respondents in improving the quality of service in non-governmental hospitals in Gaza Strip, which are attributed to the following demographic variables: (gender, age group, educational qualification, and title Career, number of years of service).

Research Limits and Scope

The scope of the study shall be as follows:

1. **Objective limits**: The present study was limited to identifying the quality of service in non-governmental hospitals in Gaza Strip.
 2. **Human limits**: The present study was applied to employees in a group of non-governmental hospitals in Gaza Strip.
 3. **Time limits**: data and information were collected on the subject of the study, the quality of service in non-governmental hospitals in Gaza Strip, and this study will be completed during the year (2020).
 4. **Spatial limits**: This study was applied to a group of non-governmental hospitals in Gaza Strip, which are (Al-Karamah Hospital, Patient Friends Association Hospital, Al-Wafa Hospital, Dar Al-Salam Hospital, Kuwaiti Hospital).
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Research Terminology

There are many terms that were used in the study, the most important of which are:

- **Quality Of Service:** It is a standard for the degree to which the actual performance of the service matches the expectations of the customers, or the difference between the expectations of the customers and their awareness of the actual performance of the service (Hoffman, Bateson, 2011), which is providing high quality services by the bodies that provide services to individuals, who in turn expect to provide the best services Them by service providers. (Lubd, 2019)

The researchers defined the service quality procedurally as “the indicator through which the satisfaction of the beneficiaries with the service they received is measured, relative to what the service beneficiaries expected before receiving the service and the resulting feedback.”

- **Quality:** The suitability of the product for use and its conformity with the specifications stated in its design, which were agreed upon with the customer (Hammouda, 2014) The ability of organizations to satisfy the needs of customers in proportion to the goals set and desired (Al-Mahyawi, 2006).
- **Service:** An economic activity that is often done from one party to another without the transfer of goods, and creates value through renting or benefiting from: goods, labor, professional competencies, networks or systems, individually or as a community, and the activities, benefits, and gratification that are provided are associated with Lovelock, 2006)

Literature Review

The review of previous studies of scientific research is a systematic requirement that crystallizes the researchers' vision, and outlines its steps towards a distinct methodology. Previous studies are an essential tributary in drawing the frameworks of scientific research. The following is a presentation of the most important studies available to researchers from previous studies that dealt with the subject of this study, and there are what are related to the current study, and others are partly related to its components. During the presentation, the focus was on the objectives of the main studies, the methodology used, and the most important findings. The studies are arranged from newest to oldest as follows:

- A study (Al-Saaideh and Al-Sa'id, 2020), which aimed to demonstrate the impact of logistics management on the quality of services provided by the nutrition departments in Jordanian private hospitals. To achieve the goals of the study, the analytical descriptive approach was relied upon by referring to the previous relevant studies. The study community reached (40) hospitals in the Amman region, and the comprehensive survey was chosen to choose the sample. The sampling unit consisted of (188) persons, including the directors of the nutrition departments, their deputies, heads of the purchasing departments and doctors. Therapists. Among the most important results of the study and the most important results of the study are that the logistic management in its dimensions (supply, storage and transportation) affects the quality of services in its dimensions (the quality of food care, the quality of food services and the quality of food education), and the presence of an impact of logistic management on the dimensions of the independent variable separately.
- A study (Budianto, 2019), which aimed to study the effect of service quality on customer loyalty, and to study customer satisfaction in the modern market. To achieve the objectives of the study, a descriptive survey method and an explanatory survey method were used, the primary data was collected from the set of information obtained in the survey by the interview method, and a structured questionnaire was used, and secondary data was obtained by reviewing the data collected from the study community, Study documents, research reports, publications and other literature that supports the study. One of the most important results of the study is that customer loyalty is based on their positive perceptions of the organization in the modern market, and that better quality products will obtain greater customer loyalty, and the quality of service is the cornerstone of obtaining customer loyalty.
- A study of (Julius; Jatmika, 2019), which aimed to determine whether the quality of service has an impact on customer loyalty of the airline "X", where the company "X" is one of the low-cost airlines in Indonesia but low quality. To achieve the objectives of the study, the causal comparative quantitative survey method was used, and data was collected through a questionnaire with a sample size consisting of (250) people on board "X" airline. Among the most important results of the study is a positive impact between quality of service and customer loyalty, the dimensions (reliability, assurance and empathy) are the three dimensions that have the greatest impact on customer loyalty. Based on the results, it is recommended that airline X continue to strive to improve the quality of services, especially with regard to safety and comfort, to increase customer loyalty.
- A study of (Dubey, 2019), which aims to predict the impact of service quality on perceived value, customer satisfaction, and customer loyalty at Chhattisgarh Hospitals. To achieve the objectives of the study, a scale consisting of (22) elements was used, under five dimensions, namely: (compatibility, reliability, response, assertion, empathy), to perform the service developed by Cronin and Taylor in 1994, to reach the quality of service of hospitals under study, and a work was done A self-organized questionnaire to measure customer satisfaction and loyalty in the hospitals in the study community. Data were collected with the assistance of (120) respondents who met the study criteria and five different hospitals were selected for the purpose of the study. Among the most important results of the study is that the quality of service has a positive and direct impact on the perceived value of customers, customer satisfaction, and loyalty in Chhattisgarh Hospitals in India.

- A study (Al-Nsour, 2019) which aimed to test the effect of the organizational structure as an intermediate variable in the relationship between the degree of readiness for organizational change and the quality of health services provided in university hospitals in Jordan, and the study focused on estimating this effect from the viewpoint of employees of university hospitals in Jordan: (Nurses, doctors, administrators, workers). To achieve the objectives of the study, the researchers adopted the field research method and the descriptive analytical approach to the study, and targeted a sample of (195) singles, using a number of statistical methods, the most important of which are: (simple linear regression and path analysis). Among the most important results of the study, there is a statistically significant effect for the duration of readiness for organizational change on both the quality of the service provided and the development of the organizational structure directly, as well as a statistically significant effect between the development of the organizational structure and the quality of the service provided directly, as the results showed a statistically significant effect The readiness of the organizational change on the quality of the services provided, through the development of the organizational structure as an intermediate change.
- A study of (Al-Jaddi, 2018), which aimed to highlight the impact of quality health services on patient satisfaction in private hospitals in Gaza Strip. To achieve the goals of the study, the study was conducted on the study community, which is composed of all patients receiving health services in private hospitals in the governorates of Gaza Strip, who numbered (35453) patients per month. A questionnaire, and a descriptive analytical approach was adopted, through which the researchers tried to describe the phenomenon under study. Among the most important results of the study, that there is already a relationship between the dimensions of health service quality and the level of performance required, and the impact of this force varies from one dimension to another, but this strength has a positive impact on all indicators, in addition to a kind of awareness and commitment to higher management and staff working to achieve quality from During the achievement of patient satisfaction.
- A study of (Bin Ahmed, 2017) which aimed to measure and assess the level and impact of strategic flexibility in achieving the quality of performance effectiveness and competitiveness of the telecommunications corporation (Mobilis). To achieve the goals of the study, the study method was based on the descriptive, field and analytical approach, which helps clarify and shed light on the important aspects of this study. As for the study sample, it was represented in: (General Manager, Director of Marketing, Director of Operations, Director of Human Resources, Information Director, Director Financial). The researcher relied on a comprehensive survey method for the purposes of this study. Among the most important results of the study is that strategic flexibility plays an important role in achieving a quality of effective performance to achieve high competitiveness, through its various marketing, production, financial and human functions, at the level of the organizational structure, and at the level of its information system. The study showed through the responses of the sample individuals that the dimensions of strategic flexibility are of varying importance in the Mobilis Foundation, where all the averages of the paragraphs reached a high degree of approval, and this result is due to the awareness of the Mobilis Foundation management of the great importance of strategic flexibility, and taking it into consideration of the career level of the institution while carrying out the strategic planning process.
- A study of (Belqarmi, 2017) that aimed to identify the extent of the use of material and moral incentives in Algerian health organizations, and to know the extent of the use of training programs in these organizations, and the amount of the relationship between incentive and training systems and the quality of health service in Algerian hospitals. To achieve the goals of the study, the descriptive approach was relied upon, where the phenomenon was described and accurate information was gathered about it, and personal observations of human resources were relied on in the field of study, and the form tool was used to collect data. Among the most important results of the study is that the training period for the trainees and the contents of the courses was far from their needs, and the training contents contained a culture of quality of service, and that the role of human resources at the level of health institutions was positive towards achieving the quality of the provided health service, and that success or failure to achieve quality The health service depends on the way the work is carried out, through workers at all levels and departments.

Comment on Previous Studies: All studies confirmed that the quality of service is considered the cornerstone of any organization's survival in the market because the satisfaction of the beneficiaries of the service is related to its quality and conformity to expectations, and the service providers must have or have a clear definition of quality in order to be able to determine the required level of service that must be provided to the beneficiaries, and that The quality of service affects the image and reputation of the organization in the external environment that surrounds it and enhances its competitive position, as the flexible distribution of available resources increases the quality of the service provided to its beneficiaries and matching the prior expectations of receiving the service with the actual service provided, which increases the satisfaction of the beneficiaries and thus enhances the competitive position In the market and to stay in the field in light of the inconsistent change and uncertainty.

Theoretical Framework

Quality of Service: The health and medical services are considered one of the most important services that cannot be dispensed with, and this is evident in several aspects, the most important of which are technological and scientific development and successive discoveries quickly, and the corresponding health and medical challenges that arise through complex and mysterious diseases, as modern medical and therapeutic discoveries, and intense competition between Centers that provide medical and health

services and curative hospitals, all this made it imperative for those health institutions to make their health services new and developed and compatible with the latest international medical systems to keep pace with intense competition. These health services represent the basis for the survival and growth of these institutions.

As a result of the importance of the role of services played by private institutions at the level of individuals and at the level of the state as a whole, especially in the national local economy through the contribution of the services sector in part of the national product, where it reached in many countries to a percentage exceeding 50% (Al-Sumaidaie and Yousef, 2010).

Quality Concept: Quality is one of the contemporary concepts that has aroused the interest of many researchers, and it has become one of the important and critical elements in determining the competitive position of organizations, and the resulting market share and revenue, and quality is also one of the issues that occupy the forefront in the interests of service organizations. Whereas, writers and researchers who have defined quality have included several definitions of their definitions that have relied on them to define quality since some of them have defined quality from the entrance of organizational commitment as there are organizations whose motto is the satisfaction of the beneficiaries, and some of them emphasized that the definition of quality from the entrance to the properties of the commodity and its composition, There are those who knew it from the entrance to the agreement between the service provider and the beneficiary, and all definitions agree that it is an indicator by which expectations are measured by the results.

The researchers defined the quality procedurally as the expectations and perceptions of the customer for the service, which must ideally meet his needs and desires, and increase his satisfaction with the service provided by providing what the customer requests, and that care is taken to provide the service in the best way that satisfies the customer and meets his desire.

The definition of quality can be expressed in five directions as summarized by Kwan:

1. Quality reflects the organization's ability to produce and provide a near-integrated service.
2. Quality is the organization's ability to produce and deliver unique services that distinguish it from other organizations.
3. Quality is the extent to which an organization is able to meet the desires and needs of clients in line with the organization's goals.
4. Quality reflects the organization's ability to make changes to its services and products, in proportion to the market situation.
5. Quality reflects the organization's ability to earn high financial returns.

Service Concept: Certainly there is a clear divergence in the views that dealt with the concept of service, due to the diversity of services that are provided, which may be services related to tangible physical goods, or may represent services complementary to other basic services, and they may be direct services that are not related to tangible material goods. Among the definitions that clarified the concept of service:

Intangible moral activity that occurs through an interactive process that aims to meet the needs and expectations of customers and their satisfaction, and this process may be related to a tangible physical product but it has been produced intangibly, and does not require that its ownership be transferred to another person when benefiting from it (Al-Dmour, 2009). An economic activity that often takes place from one party to another without the movement of goods, and creates value through renting or benefiting from: goods, labor, professional competencies, networks or systems, individually or as a community, and the activities, benefits, and gratification that are provided are associated for tangible goods (Lovell, 2008). And the activities or benefit that are offered for sale in exchange for money or that are provided with sold physical goods (Al-Sumaidaie, 1999).

From the previous definitions, it can be noted that the definition of the service is related to something intangible, and most researchers agreed to define them that the service is an activity that aims to satisfy the desires of the beneficiary or may help it in producing concrete goods and products that may be resold.

The researchers define the service procedurally as a set of activities that the service provider performs, in order to produce or provide services to the customer or the beneficiary of the service in a desire to meet his needs and satisfy them, and these activities may not be tangible material but they may be useful in providing material goods, and the service provider has defended them It is getting benefit.

Service Characteristics: Previous definitions clearly demonstrated the concept of service in several literature, which worked to add characteristics of the service that distinguishes it from tangible goods, and as he explained (Al-Ajarmah, 2005) that the service has five main characteristics:

1. **Varied And Heterogeneous:** that is, they do not have a specific standard and are not measurable and change in a high way, as the conditions for providing the service are not the same from time to time, and this is determined according to the different circumstances surrounding the service and the status of the service provider or the beneficiary.
2. **Syndrism:** As the service is produced and consumed at the same time, the customer participates in the process.
3. **Not Tangible:** The service does not have a tangible physical structure and represents a moral and theoretical field.
4. **Not To Be Held:** by virtue of being intangible and directly used and utilized; they cannot be acquired.
5. **Vanishing (contrast):** so that it disappears immediately after presentation because it is intangible and is consumed directly.

Health Services: Countries are competing in the last period of time to provide the best medical and health services to their citizens, and are working extensively on developing health care delivery institutions by providing them with what is modern in all

areas of health technology, and countries spend a large part on medical education, and support research in all areas of medicine and medicine Preventative and healthy environment.

Health services can include a package of services, the most important of which are (Rahouma, 2012):

1. **Hospital Treatment Services:** which provide treatment services at all stages, through outpatient clinics, public, private, and specialized hospitals, vocational rehabilitation, and doctors' clinics.
2. **Prevention Services:** which work to prevent disease by spreading healthy culture, through epidemic control centers, maternity centers, and food and water control centers.
3. **Training And Medical Education:** As most hospitals teach and train support groups for doctors, by adding nursing departments and schools to public hospitals.
4. **Health Medical Research And Studies:** where many types of research are applied in hospitals, including academic research, field research and applied research.

The researchers define health services procedurally as a set of procedures and services that are provided to the population and that work to prevent them from diseases, which are provided by all health centers and hospitals in the country, to increase the level of health, prevent the spread of epidemics and diseases, and improve levels of public health.

Quality of Service: It is difficult to define a specific concept of quality of service and many researchers have considered that the quality concept is not a fixed concept or a definite example (1985, Carman 1990, Bolton & Draw 1991 Parasuraman). They considered it difficult to define a specific concept of quality of service; There is a great difference about how it is defined, and the first definition of quality of service is the definition (Lewis and Booms, 1983), where they defined it as a measure to match the level of services provided by the service provider with what is expected of the service recipient (Jad Al-Rab and Obaid, 2009), And a set of QoS definitions will be mentioned in the following:

The provision of high-quality services by the bodies that provide services to individuals, who in turn expect to provide the best services to them by service providers (Lubd, 2019). It is a measure of the degree to which actual service performance corresponds to customer expectations, or the difference between customer expectations and their awareness of actual service performance (Bateson, Hoffman, 2011). This is the degree that the patient sees in the health service provided to him, and what he can overflow with it compared to what is expected (Al Shobaki et al., 2018). It is also superior to customers' expectations, their enjoyment, and their surprise with unforeseen advantages (Zikmund, 2010). It is also an amount that matches customers' expectation with the extent of their awareness of the service that was actually provided (Fadila, 2010). It is also the ability of the service provider to produce and provide services or products that are able to meet the needs of customers (Abdul Wahab, 2009).

Based on the foregoing, writers and researchers have defined the quality of the service almost completely so that most definitions have agreed that the quality of the service is to compare the results with the expectations that the service recipient was expecting and that increases directly with the satisfaction of the recipient of the service, and perhaps the healthy environment and institutions that provide health services are More than he should be concerned with the quality provided because it is related to the souls of the beneficiaries of the services.

The researchers know service quality procedurally; it is the indicator through which the satisfaction of the beneficiaries with the service that they received is measured, relative to what the beneficiaries of the service expected before receiving the service and the resulting feedback.

The Importance of Quality of Service: The importance of quality of service is one of the priorities in all organizations that work on its success and increasing its revenues, and the quality of services varies according to the quality of products or services, as tangible products are used in planning their production, but in the field of intangible services, customers and workers interact with each other to find the service And market it, and this requires service providers to deal with customers in a sophisticated manner. (Al-Dradkah, 2006) mentioned that there are four main points that increase the importance of quality of service, namely:

1. **Increasing Competitiveness:** As the growth of organizations depends greatly on the strength of the organization in competition in the market, and the increase in the availability of quality services increases its competitive strength and consumer confidence.
2. **Expansion of Service Areas:** The number of organizations providing services increases significantly compared to previous periods, and the tendencies of new organizations for the services sector.
3. **The Economic Value Of Customer Service:** As the organizations that operate in the market at the present time increase their mixing with customers, and maintain and maintain their satisfaction, which confirms the importance of quality of service.
4. **Dealing with Affection and Understanding with Customers:** where customers must be dealt with well in conjunction with good services and prices, so that the availability of prices and quality services without friendly treatment is not enough to contain customers and their understanding.

Also, the quality of service is reflected internally on the internal user (employees), and we can mention several elements that show the importance of quality of service, which relates to the internal environment of the organizations mentioned (Hammoud, 2007), including:

1. **Increase indicators of job satisfaction:** where satisfaction is achieved for workers, and increased loyalty to the organization is to improve the quality of the internal environment for work.

2. **Quality of service in the internal work environment:** this means the ability of the organization's management to make a careful selection of highly qualified, experienced and highly skilled workers, and provide the necessary training support to support the human resources, place them in a high-quality work environment, and assign workers who constantly contact the customers with the necessary support .

The importance of measuring quality of service: Measuring the quality of service provided to customers is one of the most important things that must be taken care of by organizations because of its vitality and impact on organizations, and measuring quality of service provides a set of advantages for service organizations, the most important of which are mentioned (Felicie, 2012):

1. Organization discrimination for high-performing and low-performing workers.
2. One of the most important criteria that helps in improving the quality of service, and knowing the reasons for not reaching the necessary standards for quality, is measuring the performance and productivity rates of workers according to specific criteria.
3. Determine what customers want, and determine the appropriate procedures for dealing with them by the organization.
4. Reaching a balance between the interests of the organization and the interests of customers, and further improvement in their relationship by identifying what is positive and what is bad with regard to service institutions.
5. Measuring the quality of service provided by the organization is linked to several things, the most important of which are: measuring the service delivery time, the variation in the speed of service provision, and the number of complaints.

Failure to measure the quality of the service is one of the reasons that the employee deals without control and according to his nature, as the respected employee deals respectfully and tactfully with customers and the uncontrolled employee is behaving improperly and improperly with the customers, and the organization will not be able to improve its services to customers because it does not know a citizen Imbalances and obstacles that impede the provision of services in an acceptable manner.

Dimensions and Methods of Measuring the Quality of Service: By reviewing several studies related to the topic of service quality, researchers noted a difference between researchers' views in determining the dimensions of service quality, and their choice of the service measurement model. Two methods used to measure the quality of service will be reviewed:

- **The first method:** SERVQUAL model, which is based on measuring the gap between what the customers expects for quality and what they actually perceive.
- **The second method:** the actual performance model (SERVPERF), which measures the methods and processes associated with providing the service.

The Gap Model between Perceptions and Expectations (SERVQUAL):

Three Americans' research (Berry, Parasuraman and Zeithaml) showed in 1985, which worked on the dimensions and components of quality of service, and they developed a model they called (SERVQUAL), which is an abbreviation of two words: service and the word quality, and designed the scale to identify Subsequent studies were quoted from this model and the scale and studies developed by the three researchers, and the three researchers conducted an exploratory study aimed at increasing the understanding of the nature of service quality from the viewpoint of customers and organizations management, and they conducted the study on four American companies operating in the service sectors And the researchers conducted several in-depth interviews with the directors of these four companies.

The researchers found that there are five gaps that they assume affect the customer's quality assessment:

1. The difference between what the customer expects and what the administration realizes to the customer's expectations, as it appears that there are some expectations that the customer expects that the administration does not realize or realize its importance.
2. The difference that arises when the management translates the expectations of customers as you see them into specifications, as it emerged from interviews with workers and managers that it is impossible to translate all expectations that customers expect into specifications for several reasons, including: fluctuation of demand and the lack of skilled workforce.
3. There is a difference between the actual performance and the level of quality promoted, and also the exaggeration in marketing methods for the service increases the expectations of the customers and the evaluation of the customers decreases automatically when his expectations are not met, and the differences also arise when the administration does not show the effort that it exerts and the workers exert in order to satisfy the customer and meet his needs Which may increase the customer's evaluation of the service.
4. The difference in the specifications that are determined for the quality and the actual performance, as company directors reported a variation in the performance of workers.
5. The gap between the performance that the customer expects from the services sector institutions and the actual performance of the organization. According to the three researcher's model, this gap is what surprises customers and was expressed through the formula: Quality = Perceptions - Expectations.

The model contains ten dimensions that are used to measure the quality of the provided service, namely:

- Tangible
 - Reliability
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- Communications
- Responsiveness
- Understanding Needs
- Access
- Credibility
- Competences
- Security
- Empathy

The Actual Performance Trend Model (Model SERVPERF): This scale is one of the effective tools that can help to show aspects of failure in the level of service quality from the viewpoint of customers. The name of the model (SERVPERF) was derived from two words, namely the word "service" and the word "performance", the model was based on direct evaluation.

The model has been criticized for its inability to reveal weaknesses and strengths in the service provided, which relate to several aspects and not only to customer perceptions of the services has it used (Al-Daghmi, 2009). In the evaluation process for quality according to this model, it may include several assumptions, as I mentioned (Fadila, 2010) which are:

1. The evaluation process is performed based on the customer's previous experience, and as a result of repeated interactions with the organization; therefore, the reason for dissatisfaction with the level of quality of service causes him to review the level of quality.
2. The customer does not have any experience from any previous dealings with the organization, and the customer's expectations about the service are determined based on his assessment of the quality of the organization in the first place.
3. Successive experiences with the organization will lead the customer to perceptive reviews of the quality level, and this leads to the customer's evaluation of the level of service quality being cumulative of all perceptual adjustments made by the customer.

Second: Non-governmental hospitals in Gaza Strip

Hospitals are considered to have the pioneering and important role in providing health and medical services to patients, and the health system in Palestine, especially in Gaza Strip, is working under high pressure to be able to provide health and medical services in light of the limited resources, environmental conditions and the blockade and closures, and hospitals are one of the most important The components of this health system, and the technological changes taking place in this field play a prominent role in challenging this sector. The study will be conducted within five hospitals distributed geographically in the governorates of Gaza Strip, and the following is the definition of hospitals that the study was applied to:

Al-Karamah Hospital: It is a non-profit hospital established in 2007, it works in the field of health, education and care, and it provides services to the residents of the northern and northern Gaza governorates. Al-Karamah Hospital was built on an area of 700 square meters, and it was established in 2007 in an intermediate location between the governorates of Gaza and the North, because the region is empty of institutions that provide secondary health services and the region's need for such services. The hospital was operated at the end of 2008, and it offers its medical services in the areas of reception and emergency, surgeries, obstetrics and gynecology services, overnight services for men and women, gastroscopy services, dental services, radiology, laboratories, pharmacy, and a number of specialized clinics, in addition to services Support, and more than 150,000 people benefit from its services annually.

The Patient Friends Association Hospital: It is a private non-governmental organization founded in 1980, and the association was established under No. (1984) on December 16, 1980, according to the Ottoman Associations Law issued in (1909), and according to the Charitable Societies and Private Associations Law No. (1) For the year 2000. The hospital provides services in the reception and emergency department, the gynecology and obstetrics department, the surgical operations department, the outpatient department, and the support services section (x-ray and television photography, a laboratory, a pharmacy).

Al-Wafa Hospital: Al-Wafa Hospital for Medical Rehabilitation and Specialized Surgery was established in 1996 as one of the most important programs of Al-Wafa Charitable Society to meet the urgent societal need, as it is the first and only medical rehabilitation center in the governorates of Gaza, targeting groups of movement and cognitive disabilities, fractures and their complications, and chronic diseases, And problems of ischemia of the extremities.

The hospital provides services in several areas, including: nursing care, physical therapy, occupational therapy, and outpatient clinics such as: orthopedics, cosmetology, nerves, and rehabilitation. (Hospital page on social media)

Dar Al Salam Hospital: Dar Al Salam Hospital is a charitable, non-profit charitable hospital affiliated to the Dar Al Salam Charity Association, established in 1995 to provide distinguished health service to citizens, to be the first charitable hospital to serve the southern region of Gaza Strip, and it is now the only charitable hospital that serves the Khan Yunis governorate in the southern Gaza Strip Gaza, since the hospital was founded, has benefited thousands of Palestinian citizens from its medical services.

Kuwaiti Hospital: The Kuwaiti Charitable Specialized Hospital specializes in women and childbirth, and it has clinics that include all specialties, and was established in 2007 and its headquarters in the Rafah Governorate, and the hospital plays an important role

in alleviating the burden on the patients that they face in government hospitals, and the hospital includes (11) sections Medically, it serves monthly (3000) patients. (Hospital page on social media)

Quality of health services in non-governmental hospitals: Non-governmental hospitals are obligated to allocate a portion of their human resources to study and confirm patients' satisfaction with their provided health services, in confirmation of obtaining the necessary licenses from the Ministry of Health, and these resources should work to follow up and review health work inside hospitals. Where the competent departments should improve the quality of health services provided in non-governmental hospitals, by conducting studies and continuous checks of the quality of service by distributing questionnaires that collect data about service quality and patient satisfaction, and also opening the way for workers inside hospitals to provide their views and suggestions to improve the service, The results that are set are compared with the established international standards, through which you try to reach a high degree of quality and mastery to ensure patient satisfaction.

Methodology and Procedures:

First - the study methodology: The study used the descriptive analytical method that relies on description, analysis and comparison with the aim of describing what is an object, and its interpretation by shedding light on the study problem to be examined, and a close understanding of its conditions, and collecting information that increases clarification of the conditions surrounding the problem. This approach is not sufficient when collecting information on the phenomenon in order to explore its manifestations and relationships; Rather, it goes beyond analysis and interpretation in order to arrive at conclusions, and the proposed perception is built upon to increase knowledge of the topic.

Researchers have used two primary sources of information:

- 1. Secondary Sources:** Where the researchers moved in addressing the theoretical framework of the study to secondary data sources, which are books and related references, periodicals, articles and reports, previous research and studies that dealt with the topic of study, research and reading in books and articles, refereed research, practical messages and various websites.
- 2. Primary Sources:** To address the analytical aspects of the subject of the study, the researchers resorted to collecting primary data through the questionnaire as a main tool for the study, specially designed for this purpose.

Second / study community: The study community is defined as all the vocabulary of the phenomenon that the researcher studies, as he used the comprehensive inventory method in collecting data from the study community. Based on the study problem and its goals; The population of this study is represented by the employees of the non-governmental hospitals in Gaza Strip covered by this study, according to the following schedule:

Table 1: Characteristics of the study population

Work Nature	The Nature Of The Contract	Karama Hospital	Patient Friends Association Hospital	Al-Wafa Hospital	Dar Al Salam Hospital	Kuwaiti Hospital	Total
The Doctors	Full-time	7	21	5	0	17	
	Unavailable	13	38	6	28	0	
Nurses And Wise Men	Full-time	21	27	36	0	11	
	Unavailable	0	15th	17	20	0	
Specialists	Full-time	10	16	21	5	15th	
	Unavailable	11	3	3	8	0	
Technicians	Full-time	0	13	15th	1	5	
	Unavailable	0	0	0	1	0	
Administrators	Full-time	0	20	17	10	9	
	Unavailable	6	1	0	13	0	
Workers And Services	Full-time	0	5	18	6	10	
	Unavailable	4	2	0	6	0	
Total Summation	Full-time	38	102	112	22	67	
	Unavailable	34	59	26	76	0	195
The Final Total		72	160	138	98	68	536

Source :prepared by the researchers based on the Palestinian Health Information Center data and data hospitals (2020) (434) individuals from the study population responded, and the following table shows the distribution of respondents according to the study variables:

Table 2: Distribution of respondents according to Personal variables

Gender	Male		Female		Total
	273		161		
Qualification	Diplomas or less		Bachelor		434
	92		308		
		Postgraduate		34	

Age Group	20 - less than30	30 - Less than40		40 - Less than50		50 years and over	434
	79	238		87		30	
Years Of Service	Less than 5 years	5 - Less than 10 years		10 - Less than 20 years		20 years and over	434
	74	236		92		32	
Occupation	A doctor	Nurse	specialist	Technical	Administrative	Services employee	434
	67	148	84	34	76	25	
The Hospital	Karama	Patient friends	Al-Wafa	Dar Al Salaam		Kuwaiti	434
	59	147	92	76		60	

Third: The Study Tool

Data collection was chosen from the study community through the questionnaire and this administration was chosen for several reasons, the most important of which are:

1. The difficulty of holding personal interviews with all workers within the hospitals under study due to the sensitivity and importance of the task assigned to them as health sector workers and the focus and interest they need to serve patients and recipients of services.
2. The emergency cases that were in the hospitals under study, especially with the spread of Virus Covid 19 (Corona) globally during the data collection period, prevented friction continuously and directly with the workers.
3. Reducing the costs needed to collect data.
4. Giving the respondents freedom to answer the questionnaire questions without restrictions or fear of scratching the confidentiality of the data that they fill out.

The questionnaire was prepared on "Quality of Service in Non-Governmental Hospitals in Gaza Strip between Reality and Expectations", which consists of three main sections:

The first section: It is the personal data of the respondents: (gender, educational qualification, age group, years of service, job, and hospital).

Section Two: Measurement of Quality of Service Improvement

Fourth: The truth of the questionnaire

The second stage: the rationing stage, which included the validity and reliability calculation of the test.

1. **The Validity of The Arbitrators:** The scale was presented in its current form to a number of specialized arbitrators from business administration professors, to identify the suitability of the questionnaire expressions and their representation of the aspects involved. The required adjustments have been made to the scale, which means that the scale is valid for application.
2. **The Validity Of The Construction Using The Internal Validity Method:** The scale was applied to the experimental sample and it numbered (32) from the original community members of the study. All paragraphs obtained a significance level of 0.05, and this indicates that the scale is characterized by a high degree of validity of the internal consistency.

- **Results of the internal consistency of the “Quality of Service Improvement Scale”**

Table 3: Correlation coefficient between each paragraph of the QoS scale and the overall scale of the scale

#	Paragraph	R	Sig.
1.	Comfortable hospital facilities are available in the hospital	.574	0.00
2.	There are sufficient beds for patients in the hospital	.507	0.00
3.	The hospital has an easily accessible location	.671	0.00
4.	Patients are informed of service delivery times	.503	0.00
5.	Hospital staff are keen to answer patient inquiries	.722	0.00
6.	The hospital takes care of patient complaints	.560	0.00
7.	The cases are monitored continuously	.729	0.00
8.	The hospital is working to simplify administrative procedures that facilitate the provision of services to patients	.676	0.00
9.	Essential medicines are provided or patients are directed to their location outside the hospital	.788	0.00
10.	Medical services are provided to patients permanently	.737	0.00
11.	Hospital management can control external factors that affect patient service delivery	.499	0.00
12.	The hospital maintains the confidentiality of patient information	.738	0.00
13.	Community customs and traditions are considered when providing medical services	.749	0.00
14.	There is a high level of discipline within the hospital	.772	0.00

15.	The hospital can handle a large number of patients	.675	0.00
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Fifth: The stability of the questionnaire

Stabilization Of The Scale: The researchers verified the stability of the scale on a prospective sample of (32) individuals. The stability of the scale was calculated using the two half-hash and Alpha Cronbach methods.

Quality of Service Improvement Scale:

1. Split-Half Method

Table 4 :Stability coefficient of the measure of improving the quality of service in a half-split manner

The Scale	The Number Of Paragraphs	Correlation Coefficient Before Modification	Correlation Coefficient After Adjustment	Significance Level
Improve the quality of service	15th	0.886	0.935	0.00

2. **Alpha Cronbach Method:** The Alpha Cronbach stability factor was calculated, and the total scale stability factor was (0.907), which is a high and D stability factor, and Alpha Cronbach stability was calculated for all areas of the scale, and the following table shows that:

Table 5: shows the coefficients of alpha Cronbach stability for each field of the quality of service improvement scale

The Scale	Coefficient Of Stability
Improve the quality of service	0.907

From the previous table, it is clear that the stability parameters are all statistically significant, which confirms the validity of the scale for application. The researchers have confirmed the validity and reliability of the study tool, which makes him fully confident in the validity of the questionnaire and its suitability to analyze the results, answer questions of the study and test its hypotheses.

Data analysis, study hypotheses, and discussion

1

It includes an offer to analyze data and test the hypotheses of the study, by answering the study questions, reviewing the most prominent results of the study tool that was reached through analyzing its paragraphs, and finding out the personal data of the respondents; Therefore, statistical treatments were performed for data collected from the study questionnaire, as the Statistical Packages Program for Social Studies (SPSS) was used to obtain the results of the study that was presented and analyzed.

Statistical description of the study sample according to personal data

The following is a presentation of the characteristics of the study sample according to personal data

Table 6 : Distribution of the study sample according to personal data

Personal Data		The Number	Percentage%
Gender	Male	273	62.9%
	female	161	37.1%
	Total	434	100.0%
Qualification	Diploma or less	92	%21.2
	Bachelor	308	71.0%
	Postgraduate	34	7.8%
	Total	434	100.0%
Age Group	20 - Less than 30 years old	79	18.2%
	30 Less than 40 years old	238	54.8%
	40 Less than 50 years old	87	20.0%
	50 years and over	30	6.9%
	Total	434	100.0%
Years Of Service	Less than 5 years	74	17.1%
	5 - Less than 10 years	236	54.4%
	10 - Less than 20 years	92	21.2%
	20 years and over	32	7.4%
	Total	434	100.0%
Occupation	A doctor	67	15.4%

	Nurse	148	34.1%
	Specialist	84	19.4%
	Technical	34	7.8%
	Administrative	76	17.5%
	Services employee	25	5.8%
	Total	434	100.0%
The Hospital	Karama	59	13.6%
	Patient friends	147	33.9%
	Al-Wafa	92	21.2%
	Dar Al Salaam	76	17.5%
	Kuwaiti	60	13.8%
	Total	434	100.0%

It is clear from the previous table that 62.9% of the study sample are male, while 37.1% are female. The researchers attribute this increase to males compared to females to the fact that there is a noticeable tendency to appoint males more than females, due to the prevailing cultural and societal factors in Palestinian society, in addition to the nature of hospital work that focuses more on males, their ability to withstand the pressure of work in the medical field and what it needs from work and shifts around the clock, in addition to the population distribution in Gaza Strip, and this statistic is consistent with statistics for the male to female ratio of the workforce in Palestine, where the workforce survey published by the Palestinian Central Bureau of Statistics for 2017, showed that a rate of 71 % Of the workforce is male, while 29% are female, which partly explains the increase in the number of males in the study population.

It is clear that 71.0% of the study sample are holders of a bachelor's degree, while 21.2% of diploma holders or less, and 7.8% of graduate students. The researchers attribute that the largest number of individuals in the sample hold a bachelor's degree, as it is the basic academic qualification for employment standards within the hospitals under study.

As it is clear from the previous table, that 54.8% of the study sample is from the age group between 30-less than 40 years, while we find that 20% of the age group between 40-less than 50 years, and that 18.2% of Category: The age group is between 20 - less than 30, and the rest is greater than the older age group. The researchers attribute that the largest proportion of the study population are from the age group less than 40 years, and that the tasks and burdens placed on the occupants of these jobs need to bear the pressure of work, and require the spirit of youth, and this means that the study population is a young community, given the category of 50 Years and above, which was 6.9% of the study population.

It is clear from the previous table, that 54.4% of the study sample have years of service between 5-less than 10 years, while we find that 21.2% of those with years of service are between 10 - less than 20 years, and that 17.1% of Those with years of service between less than 5 years, and the remainder of the years with the largest service. The researchers attribute that the percentage of those who have been serving for less than 5 years is 17.1% to the weakness and lack of job opportunities in the labor market in Gaza Strip in the past five years, according to the Central Bureau of Statistics that the unemployment rate in Gaza Strip for the year 2018 amounted to 53.7%. The researchers attribute the reason that the largest percentage of the study population is for those who served for a period ranging from 5 to less than 10 years, due to the rapid and successive political and security changes in Gaza Strip in the last ten years, which required the departments of these hospitals under study to absorb a greater number of Workers, albeit with fixed-term contracts, to cover the needs of citizens and beneficiaries of medical services.

It is also clear that 34.1% of the study sample are nurses and wise men, while we find that 19.4% are specialists, that 17.5% of administrators, 15.4% of doctors, 7.8% of technicians, and the rest of the service staff. The researchers attribute that the largest percentage of the study population are nurses and sages, because the tasks that fall on them and the experiences they have are greatly appropriate, because of the services provided to patients in these hospitals, and that the number of graduates from the nursing specialties is increasing significantly, especially That high school graduates, both science and humanities, can enroll in nursing programs at universities, especially diploma. The researchers attribute the percentage of doctors, which is 15.4%, because most of the workers in these hospitals work part-time inside.

It is also clear that 33.9% of the study sample is from the Friends of the Patient Hospital. The researchers attribute this to being located in Gaza City and it is the oldest among the hospitals searched, while 21.2% of Al-Wafa Hospital, and the researchers attribute that the number of employees in Al-Wafa Hospital, is the second in terms of the number to that it is the only hospital that provides services to the elderly in Gaza Strip, and 17 .5% of Dar Al-Salam Hospital, 13.8% of Al-Karamah Hospital, and the remainder 13.6% of Al-Karamah Hospital, and this is consistent with the distribution of the study population. In the opinion of the

researcher, these ratios are reasonable and logical, and they attribute them to the natural distribution of the population in each of the governorates to which the hospitals under study were distributed.

The Criterion Adopted In The Study (Ozen et al., 2012): To determine the criterion adopted in the study, the length of the cells was determined in the Likert pentaton scale by calculating the range between the degrees of the scale (10-1 = 9), and then dividing it by 5 to get five Categories; Thus: the length of the cell is i.e. (5/9 = 1.80), after which this value was added to the lowest value in the scale (the beginning of the scale which is a correct one), in order to determine the upper limit of this cell, and so the length of the cells became as shown in the following table :

3 Table 7: Shows the test approved in the study

SMA	Relative Weight	Degree Of Approval
From 1 - 2.79	From 10% - 27.9%	Strongly Disagree
From 2.80 - 4.59	From 28% - 45.9%	Disagree
From 4.60 - 6.39	From 46% % - 63.9	Medium (neutral)
From 6.40 - 8.19	From 64% - 81.9%	Agree
From 8.20 - 10	From 82% - 100%	Strongly Agree

To explain the results of the study and judge the level of response, the researchers relied on the arrangement of arithmetic averages at the level of fields for the questionnaire and the level of paragraphs in each field, and the researchers determined the degree of approval according to the criterion approved for the study.

Answer of The Study Questions And Test The Hypotheses:

The result of the first question, which states: "What is the degree of improvement in the quality of service in non-governmental hospitals in Gaza Strip?"

To answer this question through the first main hypothesis:

H0₁: There is a high level of quality of service in non-governmental hospitals in Gaza Strip.

To answer this question, the mean, standard deviation, relative weight, and ranking were used to find out the degree of approval, and the results are shown in the following tables:

Table 8 :Medium i arithmetic mean ,standard deviation and the relative weight and arrangement of each paragraph of improving the quality of service measure

#	Paragraph	The Arithmetic Average	Standard Deviation	Relative Weight	Rank	Degree Of Approval
1.	Comfortable hospital facilities are available in the hospital	7.19	2.150	71.90%	15	Agree
2.	There are sufficient beds for patients in the hospital	7.71	1.851	77.10%	8	Agree
3.	The hospital has an easily accessible location	7.97	1.819	79.70%	4	Agree
4.	Patients are informed of service delivery times	7.98	1.714	79.80%	2	Agree
5.	Hospital staff are keen to answer patient inquiries	7.99	1.718	79.90%	1	Agree
6.	The hospital takes care of patient complaints	7.67	1.956	76.70%	10	Agree
7.	The cases are monitored continuously	7.69	1.922	76.90%	9	Agree
8.	The hospital is working to simplify administrative procedures that facilitate the provision of services to patients	7.54	1.881	75.40%	13	Agree
9.	Essential medicines are provided or patients are directed to their location outside the hospital	7.61	1.801	76.10%	11	Agree
10.	Medical services are provided to patients permanently	7.97	1.744	79.70%	4	Agree
11.	Hospital management can control external factors that affect patient service delivery	7.32	1.957	73.20%	14	Agree
12.	The hospital maintains the confidentiality of patient information	7.98	1.762	79.80%	2	Agree
13.	Community customs and traditions are considered when providing medical services	7.97	1.758	79.70%	4	Agree
14.	There is a high level of discipline within the hospital	7.55	1.878	75.50%	12	Agree
15.	The hospital can handle a large number of patients	7.85	1.956	78.50%	7	Agree
Total Marks		7.7312	1.10796	77.31%		Agree

From the results shown in the previous table, the following can be concluded:

- The arithmetic mean for the fifth paragraph: “Hospital staff are keen to answer patients’ inquiries” equals 7.99 (total score of 10), meaning that the relative weight is 79.90%, which means that there is high approval by the sample members of this paragraph. The researchers attribute this to the fact that most of the hospitals under study provide health services to patients for a certain financial fee. Thus: patients tend to benefit from health services in non-governmental hospitals, in the hope of better services, and to answer their inquiries and questions, and the hospitals under study have a good number of administrators, nurses, and wise men, which increases the improvement of services provided to patients. Also, the administrative and organizational regulations inside hospitals obligate workers to provide the necessary services to patients and their companions at any time.
- The arithmetic mean for the fifteenth paragraph: “Comfortable and appropriate public facilities for patients are available in the hospital” equals 7.19, meaning that the relative weight is 71.90%, which means that there is high approval by the sample members of this paragraph. The researchers attribute this to the fact that all the hospitals under study do not have a garden, or a place to rest for patients or their companions, due to the limited areas of hospitals, and the lack of rooms of a large size or number as the central hospitals in Gaza, due to limited financial and spatial resources, and that hospitals The subject of the study is directed to benefit from urgent medical services, you do not need to stay in the hospital for several days.
- In general, it can be said that the mean of the measure of improving the quality of service is 7.73, that is, the relative weight of 77.31%, and this means that there is a high agreement by the individuals of the sample on the paragraphs of this measure. The researchers attribute the presence of high approval by the individuals of the sample, because the hospitals under study, which are non-governmental hospitals, provide services somewhat better than government hospitals that provide services to citizens on health insurance and free of charge, because non-governmental hospitals provide services for a financial fee, Or through private insurance institutions; Therefore, it is obligated to provide better health services, to provide efficient medical cadres, and to try to provide modern medical equipment and devices, so that the service recipients avoid delays in receiving the service, which in surgical cases in government hospitals may reach more than a year, or not to provide the necessary health aid Completely, the relative improvement in the organizational structures of non-governmental hospitals, and the increase in the level of supervision and correction increases the percentage of job satisfaction among its employees, which reflects positively on the health services provided to patients.

These results were consistent with some previous studies. As a study (Al-Saaidh and Al-Sa'id, 2020), (Al-Nsour, 2019), (Al-Jaddi, 2018), (Budianto, 2019), (Julius; Jatmika, 2019), and study of (Dubey, 2019).

H0₂: There are statistically significant differences at the level of significance (0.05 α) between the average responses of the respondents in improving the quality of service in non-governmental hospitals in Gaza Strip, which are attributed to the following demographic variables: (gender, age group, educational qualification, and title Career, number of years of service).

And it subdivides the following sub-assumptions:

H0_{2.1}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the respondents' averages in improving the quality of service in non-governmental hospitals in Gaza Strip that are attributed to gender.

To verify the hypothesis, the differences between the samples mean averages were calculated according to the gender variable, using the (T) test, and the following table shows that:

Table 9: Standard averages, standard deviations, and " T " The scale is attributable to the gender variable

Domains	Gender	The Number	The Average	Standard Deviation	Values T	Significance Level	Indication
Total Quality of Service	Male	273	7.7269	1.15480	-0.108	0.914	Not significant
	female	161	7.7385	1.02713			

The previous table indicates that there are no statistically significant differences in the quality of service due to the gender variable in non-governmental hospitals in Gaza Strip. Researchers attribute this result to the fact that workers in non-governmental hospitals in Gaza Strip - regardless of their gender, receive the same instructions, the same courses and workshops, as well as usually receive their education in the same universities and the educational, cultural and social milieu; Thus: We find no difference in their answers about the quality of service they provide, depending on the gender variable.

H0_{2.2}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the respondents' averages in improving the quality of service in non-governmental hospitals in Gaza Strip, which is attributed to the variable of educational qualification.

To test this hypothesis, a "mono-contrast" test was used, and the following table illustrates this.

Table 10: Test results of ANOVA - a variable t level of scientific qualification

Field	Averages			The Value Of The Test	Probability Value(Sig)
	Diploma Or Less	Bachelor	Postgraduate		
Total Quality of Service	7.6604	7.7067	8.1451	2.656	0.071

* The difference between the averages is statistically significant at the significance level ($\alpha \leq 0.05$)

From the results shown in the previous table, the following can be concluded:

It was found that the probability value (Sig.) Corresponding to the "mono-variance" test is higher than the significance level 0.05, meaning that there are no differences in the quality of service according to the educational qualification. The researchers attribute this to the fact that all workers strive to provide quality service, regardless of their educational qualification.

H0_{2.3}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the respondents' averages in improving the quality of service in non-governmental hospitals in Gaza Strip, which are attributed to the age group variable.

To test this hypothesis, a "mono-contrast" test was used, and the following table illustrates this.

Table 11: Test results of ANOVA - a variable age group

Field	Averages				The Value Of The Test	Sig.
	20-Less Than 30 Years Old	30-Less Than 40 Years Old	40 - Less Than 50 Years Old	50 Years And Over		
Total Quality of Service	7.9676*	7.6600	7.5935	8.0733*	2.968	0.032

* The difference between the averages is statistically significant at the significance level ($\alpha \leq 0.05$)

From the results shown in the previous table, the following can be concluded:

It was found that the probability value (Sig.) Corresponding to the "mono-variance" test is less than the significance level 0.05 for the quality of service, and thus it can be concluded that there are statistically significant differences between the averages of the study sample estimates due to the age group variable. The researchers attribute this to the fact that workers with a lower age group work with greater efficiency and vitality, and that is a natural result of workers under 30 years, especially in the field of information.

To find the difference direction, LSD test was used, as in the following table:

Table 12: Test results LSD to compare the average age groups of the total grade of quality of service

Age Group	The Difference Between The Averages			
	20- Less Than 30	30- Less Than 40	40 - Less Than 50	50 Years And Over
20- Less than 30				
30- Less than 40	-0.3076 *			
40 - Less than 50	-0.3740 *	0.0664		
50 years and over	0.1058	0.4134*	0.4798*	

* The difference between the two averages is statistically significant at the significance level ($\alpha \leq 0.05$).

The previous table shows the results of the LSD test to compare the averages of the age groups for the total degree of quality of service, where the results show that there are statistically significant differences between the averages of the age groups, for the benefit of the younger age group (20-less than 30 years) compared with the older age groups And that there are differences between the age group 50 years and over with the age group 30-less than 40 years, and the category 40-less than 50 years in favor of the age group 50 years and over and no differences were found between the rest of the age groups. The researchers attribute the differences to the benefit of the older group because of the accumulated experience that was generated, by working for a number of years greater and perhaps working in several places and different environments that have a great impact in improving the quality of health services that are provided to patients, and that workers with the age group For 50 years or more, they have established concepts for services, especially health, due to their personal need for such services, which they wish to provide to patients because they know for sure that patients need them.

H0_{2.4}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the respondents' averages in improving the quality of service in non-governmental hospitals in Gaza Strip, which are attributed to the variable of years of service.

To test this hypothesis, a "mono-contrast" test was used, and the following table illustrates this.

Table 13: Test results of ANOVA - the variable t of years of service

Field	Averages				The Value Of The Test	Sig.
	Less Than 5 Years	5 - Less Than 10 Years	10 - Less Than 20 Years Old	20 Years And Over		
Total Quality of Service	7.8773	7.5783	7.9247	7.9646 *	3,391	0.018

* The difference between the averages is statistically significant at the significance level ($\alpha \leq 0.05$)

From the results shown in the previous table, the following can be concluded:

It was found that the probability value (Sig.) Corresponding to the "mono-variance" test is less than the significance level 0.05 for the quality of service, and thus it can be concluded that there are statistically significant differences between the averages of the study sample estimates due to the variable of years of service, in favor of the least years of service (less From 5 years), while we find that there are differences in the quality of service in favor of the largest category of years of service (20 years or more). The researchers attribute that the increase in the level of service quality of the category of workers for 20 years or more, to the increase

in experience and knowledge, which is refined by the frequency of years, and the experience of a greater number of patients and cases, which increases the ratio of efficiency and skill, which translates into a noticeable increase in health and medical services provided to patients. To find the difference direction, LSD test was used as in the following table:

Table 14: Test results LSD To compare the average years of service with the total grade of quality of service

Years Of Service	The Difference Between The Averages			
	Less Than 5 Years	5 -Less Than 10	10 - Less Than 20	20 Years And Over
Less than 5 years				
5 - Less than 10	-0.2989 *			
10 - Less than 20	-0.0474	0.3464*		
20 years and over	-0.0873	0.3862	-0.0398	

* The difference between the two averages is statistically significant at the significance level ($\alpha \leq 0.05$).

The previous table shows the results of the LSD test to compare the years of service averages for the total degree of quality of service, where the results show that there are statistically significant differences between the years of service averages, in favor of the least years of service category (less than 5 years) compared to other years of service categories, as it was found that Differences between 10 years of service - less than 20 years with the category (5 - less than 10 years) in favor of the category (10 - less than 20 years), and no differences were found between the remaining years of service. The researchers attribute this to the existence of single policies, controls and systems that organize work within hospitals, and the existence of a homogenous environment within them.

H0_{2.5}: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$) between the average respondents' responses to improving the quality of service in non-governmental hospitals in Gaza Strip, which are attributed to the job variable. To test this hypothesis, a "mono-contrast" test was used, and the following table illustrates this.

Table 15: Test results of ANOVA - a variable t function

Field	Averages						The Value Of The Test	Sig.
	A Doctor	Nurse	Specialist	Technical	Administrative	Office Services		
Total Quality of Service	7.9037	7.7971	7.6596	7.3863	7.7205	7.6213	1.212	0.302

* The difference between the averages is statistically significant at the significance level ($\alpha \leq 0.05$)

From the results shown in the previous table, the following can be concluded:

The probability value (Sig.) Corresponding to the "mono-variance" test was found to be above the 0.05 level of significance in QoS by function; Thus it can be concluded that there are no statistically significant differences between the averages of the study sample estimates due to the function. The researchers attribute this to the existence of single policies, controls and systems that organize work within hospitals, and the existence of a homogenous environment within them.

Conclusions

The study reached several results as follows:

- The results of the study showed that there is a high degree of approval by the members of the study sample on the quality of service for workers in non-governmental hospitals in Gaza Strip, as it became clear through the field of quality of service a relative weight of 79.90%.
- There are no statistically significant differences in the quality of service according to the variables (gender, educational qualification, and position).
- There are no statistically significant differences in the quality of service according to the variables (years of service, age group).

Recommendations

Through the results of this study, the most important recommendations that can contribute to improving the quality of service in the hospitals under study can be clarified, and researchers hope here, that these recommendations are applied in order to improve the level of service quality in the researched hospitals, and general recommendations will be clarified In light of the results of the study.

1. Recommendations Related To Demographic Variables

- Striking a balance in the percentage of males and females in the cadres that are employed, by attracting a sufficient number of females.
- Work to appoint young people and people with energies to vacate jobs in the hospitals under study, because this group is dynamic and active, similar to the elderly.
- The use of an administrative cadre who is distinguished by scientific and practical qualifications and holders of certificates, because they may be able to perform administrative functions and understand their requirements.

- The necessity of harmonizing the expertise and academic qualifications of the titles and heads of departments, who have experience and higher degrees, with the requirements of their work.

2. Quality Of Service Recommendations

- Removing barriers between doctors and patients, creating a language of dialogue and talking to patients in a way they understand.
- Establishing an effective system for receiving patient complaints that ensures rapid response to and treatment of them, to achieve continuous communication between them and the hospital administration, or activating the complaints boxes in the hospital, and notifying patients about the complaints they submit.
- Work to provide all medical and health specialties in the hospitals under study, by making use of medical delegations entering Gaza Strip and involving them in therapeutic operations, and by recruiting doctors and specialists from abroad.
- Developing the waiting system and booking appointments for patients, which reduces the waiting time for health service beneficiaries.
- The development of facilities in hospitals such as: (waiting rooms, cafeterias, parks, toilets), for their role in increasing the improvement of service in hospitals.
- Periodically updating medical devices and equipment used in hospitals.
- Continuously updating standards related to measuring services provided to patients, based on patient suggestions and complaints.
- Provide clear information about the prices of medicines and medical supplies, or where to sell them, if they are not available in the hospital pharmacy.
- Encouraging workers inside the hospitals under study to submit ideas and proposals that will improve the quality of services in hospitals, and provide better services for patients.

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