



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research
Vol. 09, Issue, 05, pp. 27539-27547, May 2019



RESEARCH ARTICLE

OPEN ACCESS

HEALTH SERVICE STANDARDS FROM THE VIEW POINT OF PATIENTS A PILOT STUDY OF THE POINTS OF VIEW OF A SAMPLE OF PATIENTS AT AL-SHAIKHAN GENERAL HOSPITAL IN NINEVEH GOVERNORATE

***Duja Hashim Daood Al-Juburi, Ibrahim Salih Mohammed Almaroof and Mohammed Tawfeeq Dhannoon Ibrahim Agha**

Ninavah Health Directorate, IRAQ

ARTICLE INFO

Article History:

Received 28th February, 2019
Received in revised form
29th March, 2019
Accepted 27th April, 2019
Published online 29th May, 2019

Key Words:

Hand, Develop,
Competition.

*Corresponding author

ABSTRACT

In its theoretical framework, this study illustrates the notion of health service criteria presented to the patient for it constitutes a strategic dimension in dealing with health establishments of different specializations concerning service provision for that represents its continuous interaction with the surrounding environment and the goal it aims to reach to actually affect on the audience. In its field framework, the study reveals preferences among many variables of health service tackled by the study which is done via a tested and accurate questionnaire which involves six variables. The study is based on two hypotheses reflecting the nature of the relations and the relative importance of each of the variables of the study. The two hypotheses of the study have been tested using paired comparison style of the study variables collected by the questionnaire which is considered the main tool. The study is concluded with a variety of suggestions necessary for the hospital the most important of which is the hospital's strive to achieve a service of a good quality that can be depended on concerning adherence to accuracy of appointments and being sympathetic with patients' problems and status of the health organization. Besides the necessity that there should be full integration among the main factors that affect the quality of the health service. It shows the dimensions of the quality of the health service in order to present a service with the convenient quality, good timing, reasonable price, and develop sound criteria to employ service in a way that realizes a chance for competition on the one hand, and satisfies the patient on the other hand.

Copyright © 2019, Duja Hashim Daood Al-Juburi et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Duja Hashim Daood Al-Juburi, Ibrahim Salih Mohammed Almaroof and Mohammed Tawfeeq Dhannoon Ibrahim Agha. 2019. "Health service standards from the view point of patients a pilot study of the points of view of a sample of patients at al-shaikhan general hospital in nineveh governorate", *International Journal of Development Research*, 09, (05), 27539-27547.

INTRODUCTION

Today, the world lives in what is called service community, and countries are exerting intensive efforts to transfer an important part of their economy into service economy. And that is due to the large benefits provided by this part; for the question of the quality of the health services has become an important one that is paid due regard by modern hospitals on both the national and international scales. At the same time, the patient (client) is now taking part in decision making concerning the presented health services of the knowhow, the place, and the type of service. So, it has become necessary to improve and encourage the relationships between patients and physicians.

Here comes the importance of hospitals with high efficiency that meet the needs and prospects of patients (clients) considering the benefit they get to their health; for the patient receiving health care is a source for information or a judge of quality of the presented health service. Satisfaction may be connected with the clinical results or the relationship between the patient and the clinical and nursing frames or the appropriate timing to conduct medical intervention, appropriate diagnosis, or hotel aspects. In addition, the study consists of four chapters, the first includes the methodological framework of the study which falls into two sections, the first of which deals with previous studies, while the second tackles study methodology. Chapter two deals with health service standards within the theoretical framework in four sections. The first is about the notion of service, health service, and its quality.

The second presents the importance of health service quality. The third is dedicated to the characteristics of health service quality, while the fourth one studies the main factors affecting this quality and the dimensions quality affecting health service. The third chapter included the field side of the study in two sections. The first describes the community of study and the individuals under research, and the second tackles the paired comparison among study variables expressing preference aspects. The study ends in chapter four which holds two sections, the first includes the most important theoretical and field conclusions, and the second is dedicated to suggestions.

Chapter One: Methodological Framework of the Study

Section One

Previous Studies: The present section sheds light on the studies and the applied and theoretical researches that participate in shaping the structural and skeletal frame of the methodology of the study. The following is a brief account of a number of previous studies that are related to the subject of the study at hand depending on the novelty of study and its satisfying of the scientific research prerequisites. These are arranged in accordance to language factor and year of preparation.

First: Arabic Studies

- 1- The study by (Thanoon, 2000)
" The Effect of Health Service Quality on Patients' Satisfaction".
- 2- The research of (Al-Dabagh, 2007).
" Stance of Frequent Visitors of Health Service Establishments", a field study of A-Khansaa Educational Hospital in Mosul city.
- 3- The research of (Sultan, 2012).
" Dimensions of Health Service Quality from the Viewpoint of Those Getting Benefit", an applied study in a number of private hospital in Al-Basrah governorate.
- 4- The research of (Ibraheem, 2014).
" Measuring Health Service Quality", a pilot study at Ibn-Al-Baladi hospital.

Second: Foreign References

- 1- The study of (Talluru, 2003).
"Patients' satisfaction: A Comparative Study".
 - 2- The study of (Simon, 2007).
"'Patients' Satisfaction with the Process of Computerization'.
- Three: Ways of benefiting from the studies related to the subject at hand.
Out of intellectual suggestions and the field results of the study underway, it is noticed that these have, in one way or another, paved the way to present this study as follows:
- 1- The theoretical and informational framework of the present study has been formed in the light of the results reached at by those studies.
 - 2- Diagnosing the dimensions and pillars on which this study is based.
 - 3- Building a methodology of this study.

Section Two

Methodology of the Study: The study adopts, in testing hypotheses, the descriptive and analytic approaches by comparing health service standards from the viewpoint of the patient by means of collecting related data from the individuals under research (patients) within the establishment under study (Al-Shaikhan General Hospital) and analyzing them. The following is a survey of the adopted methodology:

One: Problem of the Study: this has drawn the attention of the researcher and which raise the following questions:

- 1- To what does the researched hospital depend on these standards which it offers to patients?
- 2- Does the health service offered by Al-Shaikhan General Hospital meet the required standards? The thing that makes clients (patients) come again to the hospital for cure.

Two: Importance of the Study: The study is important in that it tries to use standards of high quality to be employed in conducting tasks at hospitals in Iraq, especially in providing health services with the needed quality that satisfies clients.

Three: Aims of the Study: In the light of specifying the problem and importance of the study, the study seeks to achieve a number of goals whether on the academic level or the applied one as follows:

- 1-Presenting theoretical and field account of the researched hospital
- 2- Participation in building a theoretical and informational framework for health service standards including concepts and applications.
- 3-Reaching at paired comparison results, their relative importance,
- 4- Shedding light on the patient's point of view about the health service quality they receive.
- 5- Reaching at a number of conclusions via which a number of suggestions can be proposed for improving the researched hospital.

Four: Hypotheses of the Study:

Considering the goals of the study, the study depends on two hypotheses as follows:

- 1- Health service standards are not available at Al-Shaikhan General Hospital in Nineveh governorate,
- 2- The standards of health service do not vary in relative importance at the hospital.

Five: Style of Data Collection: In order to get the data and necessary information to back up the aims of the study and to participate in testing the hypotheses, the researcher has relied on, to cover the theoretical side, many references such as scientific books, magazines, studies, and related theses available at the University of Dohuk or through the internet. As for the field aspect, the researcher has used the following means to collect the needed data.

A- Personal Interviews: They are conducted with the head of Al-Shaikhan General Hospital, with the manager of the scientific department, and with the manager of the technical

Table 1-1. of Personal Interviews

No.	Name	Job Classification	Job Status	Date of Interview
1	Majid Muhammad Ameen	Specialized Physician	Head of Hospital	1/8/2015
2	Muhammad Jarjees Muhammad	Specialized Physician	Head of Hospital	5/8/2015
3	Jasim Al-Zebari	Specialized Physician	Head of Hospital	11/8/2015

Source: prepared by the researcher.

Table 1-2. Study Variables in Questionnaire

Dimensions	Main Variables	Number of Paragraphs in Questionnaire Form	Symbols in Questionnaire Paragraphs
General Information	Defining Information related to Individuals under research	5	
Sample to measure paired comparison of health service standards	Service type () or () punctuality of appointments	1	X1
	Punctuality of appointments() or () feeling with ease	2	X2
	Ensuring recovery () or () drugs availability	3	X3
	Feeling at ease () or ()ensuring recovery	4	X4
	Position () or () service quality	5	X5
	Drugs availability () or ()feeling at ease	6	X6
	Punctuality of appointments () or () position	7	X7
	Service quality () or ()drugs availability	8	X8
	Ensuring recovery () or ()punctuality of appointments	9	X9
	Feeling at ease () or () service quality	10	X10
	Drugs availability () or () position	11	X11
	Service quality () or ()ensuring recovery	12	X12
	Punctuality of appointments () or ()drugs availability	13	X13
	Position () or ()feeling at ease	14	X14
	Ensuring recovery () or () position	15	X15

Source: prepared by the researcher depending on the questionnaire form.

department so as to get the correct information that supports this study, table (1-1). Also with the researched individuals to clarify the items of the questionnaire if needed to secure correct answer, (appendix no.(2), questionnaire form), Table (1-1).

B- Formal Records: To get the necessary data that are related to the activities of Al-Shaikhan General Hospital.

C- Questionnaire Form: It is considered a main and important source for collecting data from the researched individuals.

Six: Description of Questionnaire Form: It consists of two main parts, the first part is dedicated to the collection of general and defining data related to the researched individuals (patients) and included: (sex, age, academic education, income level, and the party that makes the patient go to hospital). The second part of the questionnaire tackles direct paired comparison among the six variables selected among the standards of health service; each of the variables of the six is compared with the other five and the result would be fifteen points, Table (1-2). (93) copy of the questionnaire have been distributed to the individuals under research (patients) who often go to Al-Shaikhan General Hospital and retrieved completely, so response rate is 100%, appendix no. (2).

Seven: Statistic Analysis Style: To get the results that facilitate testing the two hypotheses of the study, direct paired comparison style has been employed in health service standards. The scale holds six indicators (n) on which the comparison has been conducted. Then we have fifteen pairs of the needed comparison and is calculated by $2 / (n-1) n$ (Al-Dewahji, 2001: 244).

Eight: Study Limits

Time Limits: The theoretical frame of the study was set in 2015, whilst the researcher started the field study on the first of

August 2015 and distributed and collected the questionnaire forms on the tenth of August 2015.

Spatial Limits: The study has been conducted at Al-Shaikhan General Hospital/ Nineveh.

Human Limits: They are concerned with the researched individuals- patients who often go to the hospital.

Chapter Two: Health Service Standards from the viewpoint of the Patient/ Theoretical Framework

Section One

The Notion of Service, Health Service, and its Quality:- Service has acquired a great and increasing importance on various scales due to many facts and influences that happen as a result of scientific and technological advancement on the one hand, and transformations in international economic structure on the other hand. So, services are importance for both individuals and society. As a result, great advancement has happened in the sphere of service offering. In harmony with this advancement, the opinions of so many researchers about the definition of service, we present what is stated by the American marketing association " They are the activities or benefits displayed for sale or that are presented in connection with the sold commodity (Kotler, 1997: 213). This definition may fall into the following:

Intangible benefits that are not connected with commodities such as electricity services, insurance, and health service.

2- Tangible activities (services) which require using intangible commodities, for instance, renting estates.

3- Other services bought together with commodities, for instance, buying air conditioner together with its maintenance services. The health service offered by health organization increases recovery chances and health improvement.

Al-Bakri says that health service is " quality matching with qualifications and prices therefore it is the producer's responsibility towards consumer's rights". Abu-Farah (2001: 175), states that it is " a number of tasks that are connected with existence and continuity in a direct way via satisfying human requirements and are indirectly connected with tasks such as economic, educational, social. Khawajah (2003: 53), defines it as "the list of services with a scientific basis which represents the minimum level of accepted medical care". Braj Muraizuq (2008: 13), states that it is "the directed activities to avoid infection with diseases or cure them and the rehabilitation activities when needed to get rid of disease traces". We notice, so far, the vast notion of health services considering that it is more to subjected to quality standards than other services. Cases of patients differ from those of commodities. In most health cases concentration is not laid on prices which led to an interest in health service quality. International organization for standards defines it as " the group of characteristics that determine the ability of the producer of commodity or service to meet the prospects of the client whether implicit or explicit", (Al-Dewahji, 1999: 338). It is described by Thanoon (2000: 13) and Heineke & Davis (2003: 298), as "offering services with the qualifications that are determined and expected by the client". Al-Dabagh (2007: 107), mentions that the kind of service is considered a main and important factor for satisfaction and dissatisfaction of the client (patient).

The researcher, on her part, adds further health requirements for clients (patients) in particular and for society as a whole, they are:

- The level of health service the patient wishes to have.
- The level of health service the physician believes that it should be offered to the patient; this depends on disease diagnosis.

Section Two

Importance of Health Service Quality:-Health sector is considered the (safety valve) to ensure the safety of users of health services, which, in turn, requires paying attention to the quality of health service considering it an important means ensure the trust of the clients (patients) about health service. Abu-Ruman, (1997: 6-9), mentions that the importance of health services has increased considerably during the last two decades of the twentieth century and this increase is due to the following:

- 1- Speed in technical transformation which results from the advances in productive sectors which, in turn, is reflected on commodity size and the quality of the offered services.
- 2- The rapid growth of services on the international scale which removed the customs among various countries, led to the emergence of specialized services away from publicity, and caused a faster transfer for modern techniques.
- 3- Service industries attract large numbers of employed people with certain qualifications which encourage work and chances for work.
- 4- Increase in demanding services by clients (patients) in a special and active way. Al-Bakri, (2005: 198), says that when trying to understand the importance of quality in health service, one should know what this service reflects to those involved in health service as follows:

- The patient: the patient look at the health service quality as remedy services offered by the health organization which is characterized by respect and sympathy.

- Physician: S/he puts knowledge and science at the disposal of the patient and follows what is modern and new of these sciences.

- Owners: To get the best experiences and facilitations for workers to offer health service.

- Hospital management: Efficiency in offering health service. The quality of health service, per se, is considered the main factor in knowing the degree of satisfaction of the client (patient) or dissatisfaction and discontentment. As a result came the interest in with collective quality which includes activities of improvement and continuous development that require the participation of all workers at the hospital whether physicians, workers, and employees in a collective effort to improve and enhance performance at all levels to encourage hospitals to fulfil their commitments which are represented in covering fixed and changing costs. So far, the researcher sees that the importance of the health service quality comes from the client's satisfaction in a relative and variant way in the light of service terms; here satisfaction means the assessment of the patient of the offered services, and his/her assessment results from saturated purchase experience or what stands for it. As for the point of view of the physician who seeks success, the essence of service quality does not only mean service matching to the already specified standards or offering it with the least cost, but also includes what is needed and expected by the patient and the difference from one hospital to another.

Section Three

Distinguishing Features of Health Service Quality: Health service sector is distinguished from other sectors; generally, health service is an intangible activity aiming at meeting the needs of the client (patient).

Madkur, (1998: 44) mentions that the characteristics of health service within marketing are as follows:

- Health quality is intangible which makes it difficult for the patient to choose from.
- Some health services are personal, however there are certain services that are not personal such as awareness campaigns of a certain disease.
- Health service requires quick performance and cannot be postponed.
- Offering health service requires a direct and continuous relation between physician and patient.
- Indeed, there is a difficulty in specifying, assessing, and measuring the quality of health service.
- Health service consists of integrating elements.
- Request on health service varies around the year.
- Health service cannot be stored which may inflict heavy losses to the organization due to failure in benefiting from its capabilities every time the service is offered.
- Concern about choosing the appropriate health service on the part of the purchaser, besides

uncertainty about the results which varies from one person to another.

Kotler et al, (2001: 537), Kotler & Philip, (2003: 312), Al-Bakri, (2005: 23), and Ghaneem, (2006: 272-274) believe that the characteristics of health service are:

- 1- Intangibility: It is not possible to test, see, touch, or taste service before purchase.
- 2- Concomitance: Consuming service is connected with the date of production and this requires quick performance considering it of the services that cannot be postponed.
- 3- Disparity: It is difficult to keep a steady level of norms in the output with the same degree offered to the one who gets its benefit.
- 4- Vanishing: Health service cannot be preserved or stored for a long time. It is consumed the moment it is produced, which, in turn is not profitable to the organization due to the wasting of the produced but unexploited service.
- 5- Impossibility of being possessed: Health service can be beneficial but it cannot be possessed once it is obtained.

Ghaneem, (2006: 286), indicates that request on health service is characterized by many features which distinguish it from other services, the most important of these is that health service requesters have little knowledge about the available service and remedy style; that is the physician's task for it is s/he who decides on the efficiency and activeness of the remedy. Requesters of health service are affected by numerous factors and variables, whether cultural, economic, or social. It can be noticed, so far, in the light of these suggestions about the characteristics and quality of health service, that health service differs from other commodities and services in that it consumes no wish but to avoid greater damage.

Section Four:

First: Main Factors Affecting Health Service Quality:

Health Service Quality, by itself, is the main factor in determining the extent of the client's satisfaction or dissatisfaction. So, offering health service with high quality is a difficult task for patients differ in understanding the environment the thing that drove marketing managements within the health organization to follow and consider the main factors that affect on the quality of health service, Al-Bakri, (2005: 204):

1- Analyzing the expectations of the client:

- A- Expected quality: The quality degree the patient thinks it is a must.
- B- Adequate quality: The quality of the health service offered by the physician which s/he sees appropriate for the case at hand.
- C- Standard quality: The degree of the quality which adheres to the already specified qualifications of the health service.
- D- Actual Quality: The degree of quality the hospitals used to offer to patients.

2- Determining service quality

3- The performance of workers

4- Management of service expectations

Section Four:

Two: Dimensions of Health Service Quality:- the definition of health service quality should accord with the following dimensions as Al-Bakri, (2005: 200) & Sultan, (2012: 84) believe:

1- **Match with qualifications:** the patient expects that the health service s/he is to buy is parallel or increases performance level as was declared by its producer for it is basically not tangible.

2- **Value:** it is the price the patient pays for obtaining health service and its level and the patient's consent of this price is based on what the patient expects of the performance or results of the health service before buying it.

3- **Agreement with the user:** it means the smoothness and harmony between the realized performance of the health service and the intended purpose.

4- **Support:** it is the attention the health organization pays for the offered quality in health service to patients and what follows whether an opinion or visualization.

5- **The psychological impact:** health service can be provided to many patients on the basis of the psychological impact which it leaves.

Thanoon, (2000: 16), Kotler & Keller, (2006: 414), and Ibraheem, (2014: 7) see that the dimensions of quality are embedded in:

1- Response

2- Reliance

Security: it is the emphasis of the health organization to keep the quality of the health service and its support with the qualified workers (physicians, nurses, and others), besides providing up-to-date material requirements in the health sphere which would offer health services with high quality.

1- Perceptibility

2- 5- Sympathy

So, it can be said that the essence of the health service depends on the degree of quality which distinguishes it from all other services. From the above survey, we notice the dissimilarities among researchers on the specification and classification of the dimensions of the health service and the reason behind that is the difficulty in limiting features of health service and the affecting factors that make measuring quality a hard task, (table 2-1). In the light of the offers in table (2-1), it seems that there is some divergence in explaining these dimensions in spite of the difference in dividing them. The most common standards will be depended upon such as response, reliance, guarantee, perception, and sympathy, Fige (1-1).

Depending on what has been already mentioned, the researcher believes that, in the field of determining the standards of the health service, there should be a kind of integration between the main factors affecting the quality of the health service and the dimensions of the quality of the health service so as to offer a service of good quality, suitability, timing, and reasonable price besides developing measures valid to use service in a way that achieves a competitive characteristic and satisfaction.

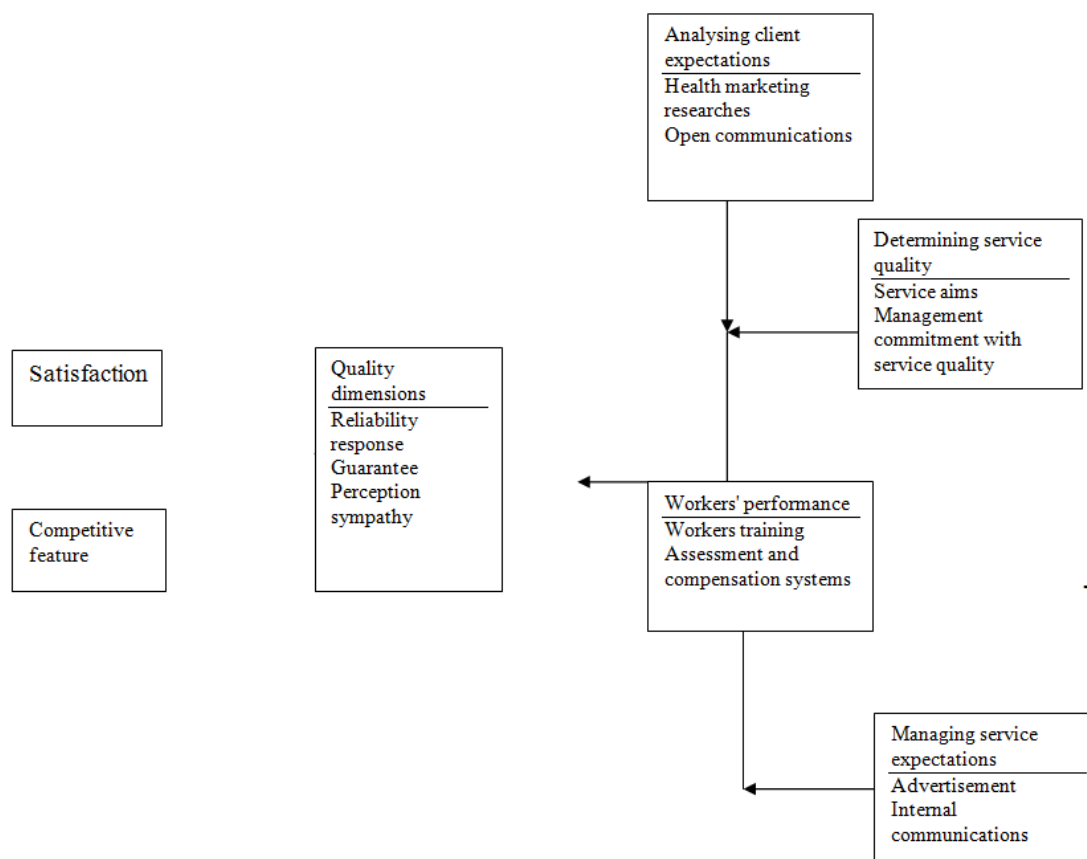


Figure (1-1) Integrative model for health service quality Source: Pride, William, M. & Ferrel, O.C, Marketing, 2ndEd, Houghton Mifflin co, Newyork, 2000

Chapter Three

The Field Side of the Study

Section One:

Describing Study Community and Individuals under Study

First: Describing Study Community and the Reasons for its Choice: Determining study community is considered one of the main pillars upon which depends the success or failure of any field study. According to it a number of variables form and their aims become clear the thing that requires precision when determining it. The organization to be studied has been selected (Al-Shakhan General Hospital in Nineveh Governorate) as a field for the present study. So, the researcher has chosen to survey some of the defining aspects that are related to the hospital. Al-Shakhan General Hospital was established in Al-Shakhan province in Nineveh Governorate in 1978. The building contained (48) beds, then the number increased to reach (100) with reliable outlook as in appendix (4). In (2007) the department of gynaecology was initiated and in (2010) a blood bank was initiated and in (2013) the emergency unit was rehabilitated in the hospital and a building for management, physician dormitory, and an new building for pharmacy were initiated.

Hospital departments and sections: The hospital consists of:

- 1- Scientific department
- 2- The technical department: its tasks are:
- 3- Administrative department: it follows:

There is a number of units that are directly connected to the manager of the hospital which are the manager's office, resident physician, general health unit and controlling pollution, legal units, checking unit, assistant manager of nursing affairs, scientific unit, and health consolidating unit. As for the labour power in Al-Shakhan General Hospital, it varies in number and type and table (3-1) illustrates the rates of each type to total number.

Table 1-3. The rates of each type to total number

Labour force	No.	Rates
Physicians/ specialized	32	6.73
/practitioner	11	2.31
/senior resident	3	0.64
/periodic resident	4	0.85
Chemists	15	3.16
Administrators	13	2.74
Secondary service technicians	26	5.47
Health staff	368	77.47
Other groups	3	0.63
Total	475	100%

Source: by the researcher depending on the records of Al-Shakhan General Hospital (2015)

T0 Describing the researched individuals and the reasons for choosing them.

1- Describing the researched individuals according to sex: table (3-2) illustrates that the rate of males exceeds that of females, (54% males) and (46% females). This is a good indicator that most patients at Al-Shakhan General Hospital in Nineveh governorate are males.

Table 3-2. Distribution of individuals under research according to sex

Sex	Repetition	Percentage
Male	50	54
Female	43	46
Total	93	100%

Source: by the researcher depending on the questionnaire form

2- Describing the researched individuals according to age: table (3-3) illustrates that the age group (26-35) is the biggest in number among the clients, it has reached 40% that is characterized by maturation.

Table 3-3. Distribution of individuals under research according to age

Age group	Repetition	Percentage
25 years or under	24	26
26-35 years	37	40
36-45 years	20	21
46-55 years	10	11
56 years or above	2	2
Total	93	100%

Source: by the researcher depending on the questionnaire form

3- Describing the researched individuals according to the academic education: table (4-3) shows that the individuals under research have preparatory certificates or less, and they have got the highest rate (74%) which indicates that there is no health awareness for this group.

Table 3-4. Distribution of individuals under research according to academic education

Academic education	Repetition	Percentage
Preparatory or less	69	74
Technical diploma	11	12
BA	11	12
Higher studies	2	2
Total	93	100%

Source: by the researcher depending on the questionnaire form

4- Describing the researched individuals according to income: table (5-3) illustrates that the highest level of the individuals under research are of those with middle incomes and the rate reached (56%), whereas the rate of those under research of small incomes reached (34%); this shows that the hospital receives those of small and middle incomes.

Table (3-5) Distribution of individuals under research according to income

Income	Repetition	Percentage
Small	32	34
Middle	52	56
Good	9	10
Very good	-	-
Total	93	100%

Source: by the researcher depending on the questionnaire form

5- Describing the researched individuals according to the party that made the patient go to that hospital. Table (3-6) shows that the position is the first to motivate the patient go to the hospital, the rate reached (54%) when comparing the other sides. In the second place comes the side of the physician (22%) which shows that the patients prefer a site near the hospital besides the skill of the physician.

Table 3-6. Distribution of researched individuals according to the party that makes the patient go to the hospital

the party that makes the patient go to the hospital	Repetition	Percentage
Physician	20	22
Family	4	4
Advertisement	-	-
Position	50	54
Others	19	20
Total	93	100%

Source: by the researcher depending on the questionnaire form

The motive behind choosing this group is that the patients are the most important factor via which we can determine the relative importance of the health service.

Section Two

Choosing the Two Study Hypotheses Using Paired Comparison Style

Paired Comparison: Paired comparisons are of the most important measures of comparisons. The individuals are asked to express their opinions which mirror their stance towards a certain commodity or a group of merits of a certain commodity or to know the negative and positive aspects of a manufactured commodity or service, by making a comparison between two things or commodities and at the same time the respondent is asked to choose the one s/he prefers, (Al-Dewahhchi, 2001: 242). Six health service variables have been chosen to conduct the paired comparison and the reason for choosing these is that their importance is clear for the researcher, and when in actual use, they positively affects the client's (patient) service and direct contact with the nature of the service at hospitals to make work better. These variables are:

1- service type, 2- punctual dates, 3- feeling at ease, 4- be assured of cure, 5- drug availability, 6- position
And the comparison result is illustrated in table (3-7):

Table 3-7. Illustrating paired comparison of health service variables

No.	Variables	1	2	3	4	5	6
1	Service quality	-	70.96	48.38	22.58	56.98	62.36
2	Date punctuality	29.04	-	29.03	16.12	47.31	66.66
3	Ease feeling	51.62	70.97	-	33.33	44.08	61.29
4	Being assured of cure	77.42	83.88	66.67	-	89.24	86.02
5	Drug availability	43.02	52.69	55.92	10.76	-	68.81
6	position	37.64	33.34	38.71	13.98	31.19	-

Source: by the researcher depending on the questionnaire form

From the table above, we can clearly notice the paired comparison between every two variables, every individual of the researched persons has chosen one of the two, it is the one s/he tends to in the comparison and thinks is better than the second within the standards of health service in spite of the fact that s/he believes in the importance of the second:

- 1- When comparing the service quality with the punctuality of dates, we see that the tendency has been towards the first choice by (70.96%) of the researched individuals, while the second has been (29.04%) which is less than the first.
- 2- When comparing the punctuality of dates with the ease feeling, we notice that the tendency has been towards the second choice by (70.97%) of the individuals, while the first has been (29.03%) which is less than the first.

- 3- When comparing (the ease feeling) with (insurance of cure), we notice that the tendency has been towards the second choice by (66.67%) of the researched individuals, while the first recorded (33.33%) which is less than the first.
- 4- When comparing (insurance of cure) with (drug availability) we notice that the tendency has been towards the first choice by (89.24%) of the researched individuals, while the second recorded (10.76%) which is less than the first.
- 5- When comparing (drug availability) with (position/site) we notice that the tendency has been towards the first choice by (89.24%) of the researched individuals, while the second recorded (10.76%) which is less than the first. we notice that the tendency has been towards the first choice by (68.81%) of the researched individuals, while the second recorded (31.19%) which is less than the first.
- 6- We see that there is a decrease in tendency towards (punctuality of dates) and (position) of the researched individuals and these results indicate that there are health service standards at Al-Shakhan General Hospital.

So, the first hypothesis, the main hypothesis which holds that there are no health service standards at Al-Shakhan General Hospital in Nineveh, is rejected; the second one is accepted which holds that there are standards of service at the hospital. To check the difference in the relative importance of the standards of health service, the results of paired comparison show the difference in table (3-8).

Table 3-8. Illustrating the relative importance of health service variables

No.	Variables	Rates	Relative importance
1	Being assured of cure	89.24	First place
2	Feeling at ease	70.97	Second place
3	Service quality	70.96	Third place
4	Drug availability	68.81	Fourth place
5	Date punctuality	66.66	Fifth place
6	Position	38.71	sixth place

These results reflect the difference in the relative importance for the standards of health service, that is why we reject the second hypothesis which says that there is no difference in the relative importance for the standards of health service at Al-Shakhan General Hospital in Nineveh; the alternative one holds that there is difference in the relative importance for the standards of health service in the hospital.

Chapter Four

Conclusions and Suggestions

Section One

Conclusions

First: Conclusions of the theoretical part

- 1- government hospitals are of the elements of which the markets of establishments consist of, they do not aim at profit but at participating in achieving public luxury of the individual via concentrating on health luxury.
- 2- the vastness of the concept of health services for they are subjected to quality standards more than other services; pathological conditions differ from commodity cases. In

most health cases the emphasis is not on the costs which has led to considerable interest with the health service quality.

- 3- the health service quality is the degree at which increases the possibility of getting the sought for goals in a way that makes them the same as the expectations of the client (patient) or near them by using medical technologies efficiently.
- 4- health service differs from commodities and other services for it does not consume will but to avoid greater harm.
- 5- the quality of health service means to offer a safer health service and easier to access and more convincing for its providers and more satisfying to clients (patients). In the society there is a positive view towards the presented health care.
- 6- the views of the researchers vary on the dimensions of the quality of the health service and that is because of the vastness of the concept of health service and its numerous spheres besides the factors that affect it.
- 7- the health service obtained by the patient is not limited to the need for it; the other aspects that surround it are also being considered. Perhaps quality is of the prominent variables the patient wishes to get and which is an important basis in deciding to ask for the presented service or refraining from getting it, then beginning to search in another place or another medical place.

Two: conclusions of the field side

- 1- description indicates that the researched individuals concentrate on making health services offered with the required quality by the hotel services, medical service, and other cure requirements.
- 2- the variable of insurance of cure has occupied the first place among the priorities the patients prefer, and this means the importance of the feeling of patients that they are cared for concerning diagnosis and remedy.
- 3- the two variables of feeling with ease and service quality successively have occupied the second place and the third place among the preferred priorities for patients. This would indicate the importance of the outer appearance and luxuries means and the attractiveness and cleanness of the health organization. Besides the importance of providing the health organization with qualified workers and up-to-date medical devices and equipment.
- 4- the variable of providing drugs has occupied the fourth place among the preferred priorities of the patient. This would indicate that the health service has a great importance which is not limited to getting remedy, but encompasses the offered service quality, feeling with ease, and ensuring cure in the first place.
- 5- the variable of date punctuality has occupied a low level.
- 6- the study has proved that the patients set the health service quality on the basis of standards such as tangible aspects, reliability, security, sympathy, and response; however, these standards vary from one patient to another.

Section Two

Suggestions: To continue the requirements and on the basis of what has been reached at by the researcher of results in the light of the conclusions presented in the applied part, it has been found beneficial to present the following suggestions:

- 1- it is necessary that there is integration among the main factors that affect the quality of the health service and the dimensions of the quality of the health service so as to present suitable service with adequate quality, adequate timing, reasonable price, and developing measures that are suitable to use service in a way that achieves competition and satisfaction.
- 2- the importance of enhancing the managements of the governmental hospitals their measures and activities to provide calmness and safety for the patient and their families such as objectivity in diagnosing the case of the patient and ensure that s/he is not harmed and to deal with the patient in a way that makes him/her feel optimistic and then subtle response to remedy instructions.
- 3- the governmental hospitals should work hard to achieve quality of service that is punctual and sympathetic towards patients, besides the position of the health organization.
- 4- providing the devices, equipment, and medical requirements in the needed efficiency which would be reflected on the service quality level.
- 5- assuring patients that they are cared via training.
- 6- enhancing public relationships at the hospital at least to boost interaction and the dealing with the patients who are in the hospital, and to consolidate the human and social roles of the hospital considering it an open system that interacts with the surrounding environment.

REFERENCES

Arabic References: First: University Theses and Dissertations

- Abu-Ruman, Asa'd, 1997, Service Marketing and the Possibility of its Development in the Tourism Organizations from the view point of Guests, A Study on the Tourism Resort of (Hamamat Ma'een) in Jordon, Unpublished MA thesis, college of Administration and Economics, University of Mosul.
- Al-Bakri, Thamer Yasir, 1996, Social Responsibility from a marketing Perspective, Unpublished PhD dissertation, University of Baghdad.
- Al-Dulaimi, Ridhaa' Hazim Muhammad, 2005, The Impact of Re-engineering Hospital's Works of Health Service Quality, Unpublished MA thesis, college of Administration and Economics, University of Mosul.
- Al-Samura'a', Hafsa Ata-Allah Hussain, 2002, Marketing Mixture and the Health Service Quality and Its Impact in Achieving Patient Satisfaction, Unpublished MA thesis, college of Administration and Economics, University of Baghdad.
- Thanoon, Muhammad Tawfiq, 2000, Impact of the Quality of Health Services Achieving Patient Satisfaction, High Diploma Research/Hospitals Management, college of Administration and Economics, University of Baghdad.

Two: Periodicals:

- Ibraheem, Bushra Abid, 2014, Measuring the Quality of Health Service (Pilot Study), Al-Kut Magazine for Administrative and Economic Sciences, no. 16, college of Administration and Economics, University of Wasat.
- Al-Dabagh, Nafa' Thanoon Hameed, 2007, The Attitude of Habitués towards the Services of Health Service Establishments, Magazine of (Tanmiat Al-Rafidain), no. 88 (29), college of Administration and Economics, University of Mosul.
- Braq, Muhammad, Mreizuq, Sahih, 2008, Administration of Collective Quality in Health Establishments, Magazine of Humanities, University of Muhammad Khudhair, no. 14.
- Sultan, Wafaa Ali, 2012, Dimensions of Health Service Quality from the View point of the Recipient, Magazine of Administrative and Economic Sciences, University of Basrah, vol. 5, no. 10.
- Al-Taweel, Al-Jaleeli, Wahab, Akram Ahmed, Alaa' Haseeb, Riyadh Jameel Wahab, 2010, The Possibility of Initiating Health Services Quality Dimensions/ A Study in a chosen group of hospitals in Nineveh governorate, college of Administration and Economics, University of Mosul.

Three: Books

- Abu-Farah, Yousif, 2001, Distribution Checking, Al-Adabia for printing and publishing, Al-Khaleel University.
- Al- Hassan, Muhammad Aleesh, 2001, Operations and Production Management, Dar Al- Nahdha, Cairo.
- Al-Bakri, Yasir Thamer, 2005, Distributing Health Services, Al-Yazuri, Jordon.
- Al-Dewahchi, Ubai Sa'eed, 1999, Distribution Management, directorate of Dar Akutub for printing and distribution, Mosul University.
- Al-Dewahchi, Ubai Sa'eed, 2001, Distribution Researches, First Edition, Dar Al-Hamad for publishing and distribution, Aman, Jordon.
- Ghaneem, Ahmed Muhammad, 2006, Hospital Administration/ Modern Vision, Modern Library for publishing and distribution, Al-Mansurah, Arabic Republic of Egypt.
- Jad- Alrab, Saeed Muhammad, 1997, Management of Health and Medical Organizations/ Integrative Curriculum within the Framework of Administrative Concepts, Dar Al-Nahdha Al-Arabia for publishing and distribution, Cairo.
- Khugah, Tawfiq, 2003, An Introduction into Improving the Quality of First Health Care, Dar Al-Shuruq for publishing and distribution, Aman, Jordon.
- Mudkur, Fawzi, 1998, Distribution of Health Services, Dar Al-Neel for publishing and distribution, Cairo.
- Nusairat, Fareed Tawfiq, 2014, Distribution of Medical and Curing Care Services, Dar Al-Maisarah for publishing and distribution, Aman, Jordon.
