



T.C

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**IMPROVE THE CRITICAL FACTORS TO ACHIEVE
CUSTOMERS SATISFACTION IN THE HEALTH SECTOR**

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ETKİLEYEN ÖNEMLİ FAKTÖRLERİN İYİLEŞTİRİLMESİ**

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BİLİMSEL ETİK BİLDİRİMİ

Yüksek Lisans tezi olarak hazırladığım “IMPROVE THE CRITICAL FACTORS TO ACHIEVE CUSTOMERS SATISFACTION IN THE HEALTH SECTOR”adlı çalışmanın öneri aşamasından sonuçlanmasına kadar geçen süreçte bilimsel etiğe ve akademik kurallara özenle uyduğumu, tez içindeki tüm bilgileri bilimsel ahlak ve gelenek çerçevesinde elde ettiğimi, tez yazım kurallarına uygun olarak hazırladığım bu çalışmamda doğrudan veya dolaylı olarak yaptığım her alıntıya kaynak gösterdiğimi ve yararlandığım eserlerin kaynakçada gösterilenlerden oluştuğunu beyan ederim.

... / ... / 2017

İmza

ZAHIDA AHMED AZIZ

DECLARATION

In fact as soon as declare that the submission is my own work towards thesis onimprovethethe critical factors to achieve customer satisfaction in the healthcare sector in master business administration (MBA) and that is my knowledgeable. Therefore it is my own work with Supervisor and that isn't depended on another researcher or another published material by person, that is contains on this research questionnaire my worked on hardly with a very special sample.

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ÖNSÖZ

Bu tezde, Aslında sađlık hizmetleri dünyanın en büyük sektörlerinden biridir ve hastalar, uluslararası standartlara uygun sađlık hizmetleri sunmak için daha fazla para ödemeye isteklidirler. Bu arařtırmada, sađlık hizmetlerinde müşteri memnuniyetinin doktorların deneyimi ve hastanelerin hizmet kalitesi üzerindeki kritik faktörlerinin iyileřtirilmesi ve sonuçları elde edilmesi arařtırılmıř.

řükran duygusuna ve amirim Yrd. Dr.NAZİF DEMİR, Assos'a teřekkür etti. ABDULVAHAP BAYDAS ve Profesör Dr. SAIT PATIR, bölüm dekanı ve Prof. Dr. MUAMMER ERDOĐAN'ı öğretmenim ustalařmış, herkesle birlikte ustalık çalışmamda bana yardım etmiş ve ona büyük teřekkür borçluyum.

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ÖZET

Aslında sađlık hizmetleri dñnyanın en bñyñk sektñrlerinden biridir ve hastalar, uluslararası standartlara uygun sađlık hizmetleri sunmak için daha fazla para ödemeye isteklidirler. Bu arařtırmada, sađlık hizmetlerinde mñřteri memnuniyetinin doktorların deneyimi ve hastanelerin hizmet kalitesi üzerindeki kritik faktñrlerinin iyileřtirilmesi ve sonuçları elde edilmesi arařtırılmıř, 211 anketten toplanan verilere faktñr analizi ve çoklu regresyon teknikleri uygulanmıř ve dñrt hastanede dađıtılmıřtır. Mñřteri memnuniyetini etkileyen kritik faktñrlerin hepsinden ötürñ, arařtırma anketi üzerine sorular hazırladıđımız gibi, hizmet kalitesinde doktor deneyimi ve personel hastaneleri vardır. Ayrıca arařtırmamız SPSS istatistik programı ile yapılan analizlerdir. Çünkü bu program bize dođru bir sonuç vermektedir ve bu programda ANOVA'yı tek yönlñ olarak kullanmıř ve ankete katılanların sayısını ve hemřirelerin deneyim ve personelleri gibi arařtırma anketi üzerindeki her iki bölñm arasındaki benzerliđi bilmek için tanımlayıcı tanımlayıcı kullanılmıřtır. Kaliteli servis hastaneleri. Son olarak, arařtırma metodolojimiz her iki yazarın (Chourton & Brown) örnekleme büyüklüđüne ve stratejik arařtırma metodolojisine dayanmaktadır.

Anahtar Kelimeler:Mñřteri Memnuniyeti, Hasta Bakımı, Sađlık Hizmetinde Deneyim, Hastane Kalite Hizmeti.

ABSTRACT

Actually healthcare is one of world largest sectors and patients are willing to pay more to avail health care services of international standard. In this research investigated the improve critical factors the customer satisfaction in the healthcare is on the doctors experience and service quality of hospitals and obtain results, factor analysis and multiple regression techniques are applied to data collected from 211 questionnaire are distributed on the four hospitals in Erbil Iraq. All the critical factors effect on the customer satisfaction is the doctor's experience and staff hospitals with service quality like we build questions on the research questionnaire. Moreover our research is analysis by SPSS statistic program because this program gives us accurate result and in this program we used ANOVA one way and descriptive to know number respondents on the questionnaire and to similarity between both parts on the research questionnaire such as doctors experience and staff hospitals with quality service. Finally our research methodology depending on the both authors (Chourton & Brown) to sample size and strategic research methodology.

Keywords: Customer Satisfaction, Patients Care, Experience in Healthcare, Hospital Quality Service.

DEDICATION

I dedicate this work to my lovely father and mother, they is everything to me always supports and motivates to me. Then I would like to dedicate to my sister and brother those who offered e any help, finally gift it to my all best friend.



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Introduction

Customer satisfaction is a person's feeling of pleasure or disappointment resulting for comparing product/service's perceived performance or outcome in relation to his or her expectations. As this definition makes clear, satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted. Recently, Providers of medical services have awakened to consumer challenges, competition, quality, and the realities of marketing. With these changes, a related and equally important issue has emerged, the client-provider relationship on the overall medical service quality evaluation. Clients are increasingly frustrated with the commercialization of medical service, proliferated bureaucratic health care system and weakened client-provider relationship. (Astrachan, 1991; Bryant et al, 1998; Sinay, 2002).

To achieve patient satisfaction, medical service providers should realize the importance of healthcare marketing. Therefore, Hospitals, clinics and medical service providers should make effort to develop relationship marketing with their patients, determining their needs, and tailoring their services to meet those needs. Therewith in our research study focused on the customer is really care about the experience of the doctors and the quality service of hospitals with the dealing of hospitals staff. Finally in this sector of customer satisfaction in healthcare sector has many factors to affect on the customer but we choose those critical factors prevalent in the Kurdistan region.

CHAPTER ONE

1. Introduction

This chapter is an attempt to provide a clear understanding on the thesis. Readers will be familiarized with both theoretical and practical side of the research. They can also find explicated backgrounds of the problems and the shortcut details. It also offers to the readers the objectives and purpose of the study and significance of this thesis.

1.1 Choice Topics

In fact our topic was chosen after a thorough discussion and founding the critical in the healthcare and to solving those problems with motivate each sector has relation with healthcare. Therewith after much discussion on the name of topic we thing that is better to build our research on the main topic has the direct relate with people life and this research study is so interested for each side main the people and hospitals can to change every critical to better through our research. Nevertheless as it we know customer satisfaction is attempt much but we foxed on one line side is customer satisfaction in healthcare sector and on this domain we selected both side mean in our research basic on two or three parts such as patients, doctors and hospital staff.

1.2 Statement of the Problem

Many important studies which were carried out after 2000 are about customer satisfaction therewith have many sectors study on the customer satisfaction such as in sale, banking, finance, production and technology brand etc. Nevertheless we think that is better to write on the sector has much interest therefore we see healthcare have crisis in the world especially in Iraq Kurdistan Region. Moreover choose this critical is have related with doctors and patients with hospital service however to evaluate and analysis all data was distribution in four hospitals is not easy. We chose two of them in private hospitals and another two of them public hospitals to see how care or service by hospitals staff and doctors and we damaged with patients opinion. The point of view of the patient is important because they are a result source of our research study.

1.3 Background study

The nature of the patient is different and the hospital staff is should deal with them gently and respect because the patients need it much therefore we focus on dealing of doctors and hospital staff with patients in our research questionnaire. however we see the private hospital staff better than of public hospital staff that is depended on some of research in this sector published, (Anas Allahham). Based on our research questionnaire established formulation on an customer satisfaction by capacity of doctors and hospital staff thereby we see that is have a very good withdrawal customer satisfaction in those hospital depending on our research questionnaire and with it they have high quality service in the hospitals according on the our research implication data .

1.4 Purpose of the Study

The purpose of this study is to find how customer satisfaction is in the healthcare, and reach to the tools that healthcare sector can use them to transforming to better and better in the north of Iraq. Experience of customer satisfaction in healthcare sector is new in this area of study our research questionnaire. Then, we hope to find out which customer satisfaction in healthcare sector theory has influence on this field and followers to build common goal.

However, the healthcare has huge roles to developing community organization; they also hospital staff and doctors affect the healthcare sector, nevertheless hospitals and ministry of health and NGO (Non Organization Government) inspiring and motivating people on the healthcare. at the end this research is be guide to every sectors to deal with customer in the healthcare sector and should to be clear for every sectors the people health is very important and that is a future of every country.

1.5 Objective of the Study

The main objective of this study is to examine how the customer affects on the hospital and dealing of the hospital staff with doctors has impact on this field or not. Firstly, construct questionnaire research on the two sections the first section is about the ability and experience of doctors with patients then second part on the patient's opinion in those hospitals. Then in our research want to give a high and best point on the customer satisfaction to resolved and developed this sector with achieve goals. Therewith all questions keep under questionnaire policy standard. Finally, this research will provide recommendations that could result in improving hospital staff performance and how growth the quality services in healthcare sector.

1.6.1 Research Question

The discussion about the topic and the place of customer satisfaction within quality service led us to the following research question: *“how to find the critical factors in healthcare with improve critical factors to achieve customer satisfaction?”*

1.6.2 Hypothesis

- H1:** There is an experience and ability of the doctors affect on the customer satisfaction in the healthcare sector.
- H0:** There is an experience and ability of the doctors not affect on the customer satisfaction in the healthcare sector.
- H2:** There is an experience and deal of the hospital staff with quality service of the hospitals affect on the customer satisfaction in the healthcare sector.
- H0:** There is an experience and deal of the hospital staff with quality service of the hospitals not affect on the customer satisfaction in the healthcare sector.

CHAPTER TWO LITERATURE REVIEW

2.1 What is Customer Satisfaction?

In fact there are many Interpretations on the customer satisfaction and all of them have different opinion such as (Hoyer and MacInnis, 2001) said that satisfaction can be associated with feelings of acceptance, happiness, relief, excitement, and delight. There are many factors that affect customer satisfaction. According to (Hokanson, 1995), these factors include friendly employees, courteous employees, knowledgeable employees, helpful employees, accuracy of billing, billing timeliness, competitive pricing, service quality, good value, billing clarity and quick service. Although (Aaker, 1995) said that the strategic dimension for an organisation includes becoming more competitive through customer satisfaction/brand loyalty, product/service quality, brand/firm associations, relative cost, new product activity, and manager/employee capability and performance (Figure 1). (Dr. Sima Ghaleb Magatef & Dr. Elham Fakhri Tomalieh, 2015, p. 1)

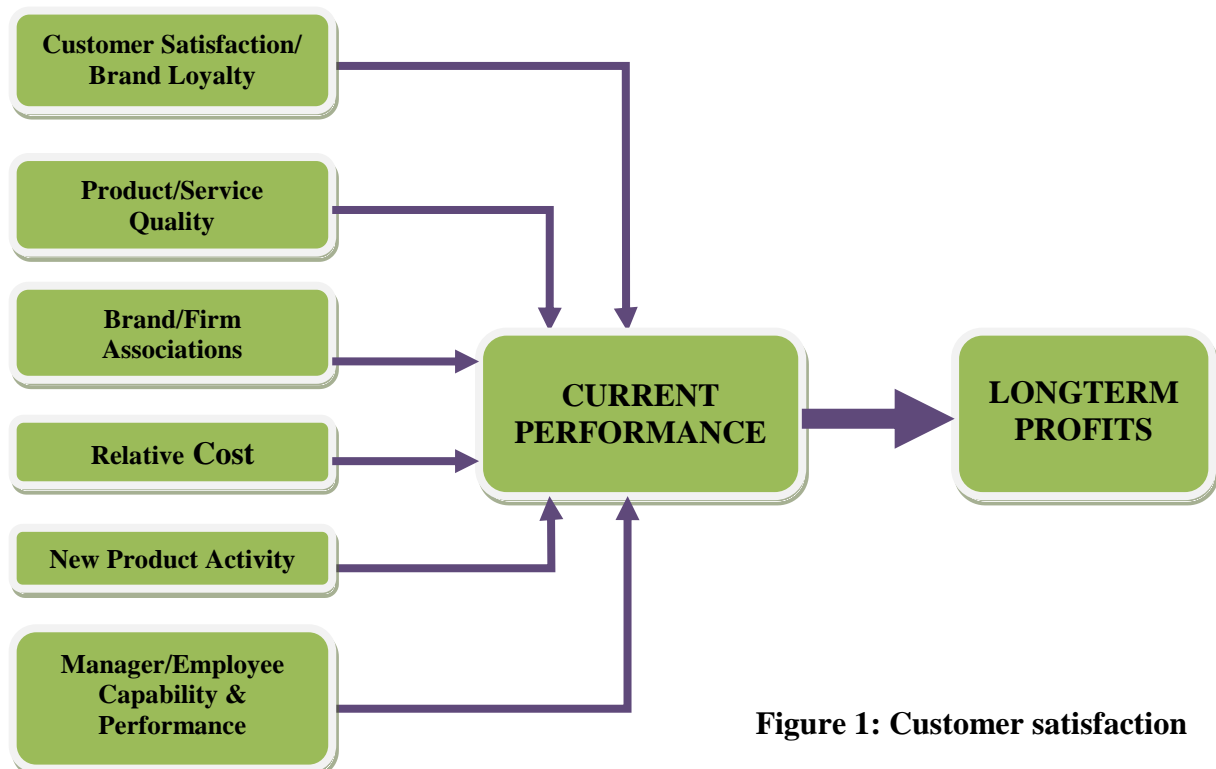


Figure 1: Customer satisfaction

2.1.1 Definitions of Customer Satisfaction

Really there are many definitions and explanation on the customer satisfaction and each one has a special effect but we chose they have direct relating to the our study. Therewith to b every obvious definitions we are Classify all of the definitions with focused of author on which element in the definition of customer satisfaction, because customer is not easily that is need to much researching and evaluation to shutting target.

- ❖ **Oliver (1997):** The consumer's fulfilment response. It is a judgment that a product or service feature, or the product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfilment, including levels of under- or over fulfilment. However author focused on the Product or service.
- ❖ **Halstead, Hartman, and Schmidt (1994):** A transaction-specific affective response resulting from the customer's comparison of product performance to some repurchase standard (e.g., Hunt 1977; Oliver 1989). Therewith both of them focused on the (Product performance compared to some repurchase standard).
- ❖ **Mano and Oliver (1993):** (Product satisfaction) is an attitude - like post consumption evaluative judgment (Hunt 1977) varying along the hedonic continuum (Oliver 1989; Westbrook and Oliver 1991). But Mano and Oliver to satisfaction customer focused to product.
- ❖ **Oliver (1992):** Examined whether satisfaction was an emotion. Concluded that satisfaction is a summary attribute phenomenon coexisting with other consumption emotions. Then he is focused to product attributes.

- ❖ **Westbrook and Oliver (1991):** A post choice evaluative judgment concerning a specific purchase selection. Authors focused on Specific purchase selection.
- ❖ **Oliver and Swan (1989):** No conceptual definition. With the salesperson a function of fairness, preference, and disconfirmation. Then the two authors focused on (Salesperson).
- ❖ **Newman & Werbel (1973):** customer as those who repurchase a brand considered only that brand and did not brand related information seeking.
- ❖ Customer satisfaction can be described as the evaluation of a product or service taking place after a purchase considering the expectations the customer had before the purchase (Kotler 2000).

Oliver (1997) depended on the product or service or both of them in the same time, but Halstead, Hartman, and Schmidt (1994) they thought satisfaction of customer is transaction-specific affect resulting. Then Mano and Oliver (1993) agrees to Product satisfaction because they thought the quality of production is has impacting on the customer satisfaction, but Oliver (1992) accepted on the emotion of customer how many they relating on production. Therewith Westbrook and Oliver (1991) they are have different thinking on customer satisfaction they see consumer what they need or uses is basic to satisfaction the customer. However Oliver and Swan (1989), they according on salesperson concept salesperson is the function to customer satisfaction (Joan L. Giese & Joseph A. Cote, 2000, p. 5).

2.1.2 Concept of Customer Satisfaction

Although all organizations of profit or nonprofits is care about customer satisfaction because customers is the source of this organization more profit or for famous. Really to know more of concept the customer satisfaction we should to explain the familiar authors on this debate, customer satisfaction leads to long-term customer relationships that have been found to be profitable for the company (Storbacka et al. 1994). Satisfied customers also tolerate the rise in service and product prices (Fornell 1992).

High quality and high level of customer satisfaction can be observed to increase the profitability of the company due to increasing profit (Anderson *et al.* 1994; see also Rust *et al.* 1994). The most commonly used model of customer satisfaction is the SERVQUAL model in which the service quality and thereby customer satisfaction is defined as differences between the customer's expectations and experiences (Parasuraman *et al.* 1985; 1988). In the model, the customer's expectations form a certain standard according to which the customer evaluates the experience on the services received. (Kärnä, 2009, p. 12)

2.1.3 Customer Satisfaction theory

2.1.3.1 Assimilation Theory

It is based on the assimilation theory (1957) Festinger's dissonance. Dissonance theory assumes that consumers make some sort of cognitive comparison between expectations about the product and the perceived performance of the product. And it presented this view of the consumer evaluation of after use in literature satisfaction in the form of assimilation theory.

According to Anderson (1973), and consumers seek to avoid disharmony by adjusting perceptions about a particular product more in line with expectations to make it. Consumers can also reduce the stress caused by the discrepancy between expectations and performance of the product either by distorting expectations to coincide with the perceived performance of the product or by raising the level of satisfaction by minimizing the relative importance of mismatches experienced. (Hallowell, 2011, p. 92)

2.1.3.2 Contrast Theory

The contrast presented the first time by Hovland, Harvey and Sharif's theory (1987). Dawes et al, (1972) definition of variation theory tendency to exaggerate the contrast between the positions of one and the positions represented by the data view. Provide contrast to an alternative view of the evaluation process theory of post-consumer use of feet in the theory of assimilation in that after the use of assessments are counterproductive in the forecast for the effects of expectations on satisfaction. While assimilation theory assumes that consumers will seek to reduce the disparity between expectations and performance, in theory, in contrast to the view that the impact of a surprise occurs leading to the contradiction is being magnified or exaggerated. (Hallowell, 2011, p. 93).

2.1.3.3 Negativity Theory

This theory developed by (Carl Smith and Aronson, 1963) suggests that any discrepancy of performance from expectations will disrupt the individual, producing 'negative energy'. Negative theory has its foundations in the disconfirmation process. Negative theory states that when expectations are strongly held, consumers will respond

negatively to any disconfirmation. “Accordingly dissatisfaction will occur if perceived performance is less than expectations or if perceived performance exceeds expectations.

This theory developed by Carl Smith and Aronson (1963) suggests that any disparity in performance expectations will disrupt the individual, and the production of "negative energy." Emotional feelings about the product or service will be inversely related to the size of the discrepancy. (Hallowell, 2011, p. 96)

2.1.3.4 Disconfirmation Theory

Disconfirmation theory argues that ‘satisfaction is related to the size and direction of the disconfirmation experience that occurs as a result of comparing service performance against expectations’. Szymanski and Henard found in the meta-analysis that the disconfirmation paradigm is the best predictor of customer satisfaction. Ekinici et al (2004) cites Oliver’s updated definition on the disconfirmation theory, which states “Satisfaction is the guest’s fulfilment response. It is a judgement that a product or service feature, or the product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfilment, including levels of under- or over-fulfilment”.

Mattila, A & O’Neill, J.W. (2003) discuss that “Amongst the most popular satisfaction theories is the disconfirmation theory, which argues that satisfaction is related to the size and direction of the disconfirmation experience that occurs as a result of comparing service performance against expectations. Basically, satisfaction is the result of direct experiences with products or services, and it occurs by comparing perceptions against a standard (e.g. expectations). Research also indicates that how the service was delivered is more important than the outcome of the service process, and dissatisfaction towards the

service often simply occurs when guest's perceptions do not meet their expectations. (Hallowell, 2011, p. 97)

2.1.4 Customer Satisfaction in Healthcare

Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers' needs; we want to "delight" the customer. It is important, then, to identify all of our customers. The customer is defined as anyone who receives the results of our work and makes a value judgment about services provided. Customers take two forms: external and internal. External customers are those end users of our services and are outside the organization. Internal customers are those individuals or departments within the organization to whom we provide a service. Internal customers may or may not be end users of our service, but are nonetheless a part of our work process. The reason for the distinction, according to Marszalek- Gaucher and Coffey (1990), is the degree to which we can influence or negotiate customers' requirements. With external customers, we may not have the ability to negotiate requirements. With internal customers, we usually are able to negotiate requirements if we consider them unrealistic. (Reisberg, 1996, p. 2)

2.2 Healthcare System

Actually the Healthcare system is a basic of developing of every country and all political factor is has direct impact on enhance of healthcare system. Therewith has some factors can to affect on the healthcare system such as economy, war, individual knowledge and knowledgeable social, therefore if we want to build a good healthcare system should to

government helpful to improve and developing all health sector in everywhere. (Philip kotler, Joel shalowitz, Robert J.steven, 2008, p. 15).

The World Health Organization also provides a comprehensive definition of a health care system as one that “. . . encompasses all the activities whose primary purpose is to promote, restore, or maintain health . . . and include patients and their families, health care workers and caregivers within organizations and in the community, and the health policy environment in which all health related activities occur.” The way in which a nation defines its health system has significant implications for such marketing tasks as customer research, pricing, sales, advertising, and coordination of channels of distribution. The definition also has management implications for such initiatives as continuity of care programs, alignment of financial incentives, and quality assessment. Unfortunately, because the U.S. health care system is an ill-fitting mosaic, it might be defined as: an apparently ad hoc arrangement of small units, each with its own goals and incentives, whose purpose is treatment of acute diseases of insured populations. This “system” places the emphasis on disease management rather than overall health. Today it has serious factors influence in the life humanity and everyone is responsible on it such as:

- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality

2.2.1 Understanding Healthcare System

system of healthcare in any countries needs to symbol simple and helpful the citizens used easily, in every country create the symbol is hard task and most approaches use economic models but fail to include such important considerations such as culture, politics and the underlying national demographics. Two similar author models proposed by Odin Anderson and Milton Roemer.

Anderson's model describes a "market-minimized–market-maximized continuum." In the market-maximized version, one is "more likely . . . to favor private insurance, and, furthermore, profit-oriented insurance". In the market-minimized version, "one eventually subscribes to a completely state-owned, state-financed, and state-salaried health services system, paid for out of general tax revenues". The United States is the best example of a market-maximized system; Cuba's healthcare system is a market-minimized system. Most countries fall somewhere between the limits of this continuum. Roemer's model starts with the political (policy) spectrum of Anderson (ranging from laissez-faire to socialist), but adds an economic dimension (spanning affluent to poor).

Although these political and economic factors are important, one must consider a number of other, equally significant dimensions when describing a system health care, illustrates these additional dimensions in a systematic way to help citizens in anywhere. Understand how any nation organizes its health care. (Philip kotler, Joel shalowitz, Robert J.steven, 2008, p. 16).

2.2.2 Strategic Implications for healthcare

The strategic implications of healthcare need a good study with participation all sector has the influences to developing and improving of healthcare such as Politicians, government, an organizations health and experts of management health. Then rise knowledgeable of citizens to good health with those organizations take care to health.

How do these concepts relate to the health care field? For many years, academicians and policy makers have recognized that choices in health care should involve trade-offs among cost, quality, and access. We use the word should instead of just because, more often than not, stakeholders are not willing to choose. They insist on having all three simultaneously, putting tremendous stress on the system and causing periodic crises. For example, in the United States, health care is the most expensive in the world when measured by price parity, spending per capital. Technology is readily available and is not rationed by cost when.

For example, the Food and Drug Administration (FDA) makes approval decisions for pharmaceuticals. What we sacrifice is access by those without health insurance. Countries with a national health system, like the U.K., spend less money than the United States on health care, not only because the service prices are lower, but because health care is budgeted along with other government programs. Also, government agencies like the National Institute for Clinical Excellence (NICE) incorporate cost into their analyses of technology approval. Although all citizens are covered by public insurance, the limited budget strains the system by constraining the supply of resources, thus causing long queues and reducing access. (Philip kotler, Joel shalowitz, Robert J.steven, 2008, p. 29)

2.2.3 Healthcare Services

One important problem many health care organizations face is lack of interoperability among its functional information systems. For example, the heart of the internal records system for any health care service organizations and hospitals resides in the clinical and financial functions, which are often not integrated. Further even given a single function, like billing or charting patient clinical data, there may be a mix of automated and manual systems, unnecessary duplication of data entry, or wasteful decentralization of inputs. For example, if one follows a patient through a hospital, how many times is the unique registration number manually entered into the system? How often is the patient asked about medications or allergies? Many larger and financially sound hospitals are seeking to remedy these problems by implementing enterprise-wide information systems that will integrate this disparate information and reduce redundancy.

For most health services marketing managers, however, finding, reconciling, and ensuring the accuracy of the clinical and financial data is often a challenge potential uses of internal records for health care providers. It should be noted that internally generated information will rarely be used alone in making decisions to service the patients in hospital. (Philip kotler, Joel shalowitz, Robert J.steven, 2008, p. 182)

2.2.4 Customer Service Rules

There is have many rules on customer service to customer satisfaction and every an organization should used rules carefully on the customer or patient because if happen any mistake in an organization or hospital mean they lost much customer in the one minute because any mistake it is published everywhere easily therewith we Classified the important rules:

2.2.4.1 First Rule: Customer Service Is Not a Department.

The customer service is far more than a department name or a desk that shoppers or clients go to with problems and complaints. It's not a website, or a phone number, or an option on a pre-recorded phone menu. Nor is it a task or a chore. *It's a persona responsibility.* It's the responsibility of everyone in the organization, from the CEO (Chief Executive Officer) to the newest and lowest-ranking frontline employee. The quality of the customer experience, even if you never see or speak to a customer (or potential customer), you need to treat everyone with you interact with sincerity and respect. Trust me, the great service you give them will ultimately trickle down to your customers. (Cockerell, 2013, p. 19)

2.2.4 .2 Second Rule: Great Service Follows the Law of Gravity.

It's a simple law of nature; the service ethos starts at the top. From there, it works its way down to every level of an organization. This is not a mere trickle-down effect; it flows quickly and surely, more like a waterfall than a faucet. Unless the people in the top of an organization division or department are dedicated to developing and improving superior service, it won't happen. They have to create the right agenda, allocate the necessary resources, establish the appropriate priorities, and set the proper tone. (Cockerell, 2013, p. 27)

2.2.4.3 Third Rule: Know the Truth, the whole truth and nothing but the Truth.

Albert Einstein once said, “Whoever is careless with the truth in small matters cannot be trusted with important matters.” No matter what company you work for or what exactly you do, you are engaged in the very important matter of serving your customers to the best of your ability. When it comes to service, no truth is too small to be careless about. What could be more obvious? Yet many organizations fail to make a priority of seeking out the truth. They prefer to spend their days in wilful ignorance, basking in the (false) conviction that they know everything there is to know about their customers. Finding the truth is not always comfortable, because it can have sharp edges. But if you don’t know about those sharp edges, they will cut you when you least expect it. You’ll see the blood on the bottom line when your customers run for the hills. (Cockerell, 2013, p. 88)

2.2.4.4 Fourth Rule: Serve to Win.

WIN is an acronym for “what’s important now.” And what’s important now is what you have to focus on if you want your customers to feel well served. Their needs, their desires, their concerns that’s, what’s important now. Not cleaning up the vacated table, or finishing up that phone call while the client or customer is waiting. Not gossiping with co-workers. They’re all signs of a business that lacks a customer service ethic or that talks the talk but does not walk it. (Cockerell, 2013, p. 132)

2.2.4.5 Fifth Rule: Keep Doing It Better.

Satchel Paige, the legendary baseball pitcher, once said, “Don’t look back. Something might be gaining on you.” That’s good business advice. If you get too satisfied with your past achievements, your competitors will gain on you fast. Your customers might love you today, but as the song goes, will they still love you tomorrow? Better is not a destination; it is a journey. You never arrive at better; it is always in the future, because there is always an even better way to serve your customers. So strive to be moving constantly in that direction, and never look back. This is today, the day you can call your team or your staff together and have a meeting devoted entirely to one question: “How can we do it better tomorrow?” (Cockerell, 2013, p. 181)

2.3 The Voice of Patients

According to most focus group participants, the healthcare process increases their stress levels because it is insensitive to patients’ time, inefficient, and needlessly complex. For example, requiring a female patient to obtain a referral from a primary care physician before she can see a gynaecologist is unnecessary, is offensive, shows a lack of respect, and wastes her time. In response to such conditions, female healthcare consumers have demanded improvements to or have become activists for women’s healthcare (National Partnership for Women and Families 1998).

Although this study is more than a decade old, its conclusions are still relevant today. Americans value personal control in all areas of life, including healthcare. This value is evident among members of the focus groups, who reported that they had confronted the individual healthcare system, provider, or insurance plan to personally resolve their healthcare concerns. These women, and other patients like them, demand one critical aspect

of the rise of customer-driven healthcare: respect. (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 6)

2.3.1 Participation and Control

Today's healthcare consumers use the Internet, among other sources, to find information on a wide range of healthcare issues—from a provider's quality data to treatment and medication alternatives to clinical protocols and innovations. Consequently, these patients are more empowered and get involved in decisions about how their dollars are spent (Green and Himmelstein 1998; Orlando Sentinel 2001).

Vocal consumer groups also encourage healthcare consumers to change their attitudes about healthcare, which transforms them from patients to active participants. Regina Herzlinger (1997) characterized healthcare consumers as “well-informed, overworked, and overburdened with child and eldercare responsibilities, whose demands for convenience and control have caused many American businesses to greatly enhance their quality and control their costs.” (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010).

2.3.2 Convenient Access

A study by PricewaterhouseCoopers's Health Research Institute (2007) revealed that patients want healthcare facilities that are geographically nearby, are open long hours, and have a process that ensures short doctor visits. When asked what factors they considered in deciding where to go for non-urgent care, 90 percent of survey respondents said “proximity,”

which rated higher than “prior experience ”and slightly lower than “confidence in the quality of medical staff.” Following are the main lessons from this study (Lutz 2008):

- ❖ Retail clinics will prompt payers to rethink primary care. Because healthcare consumers want convenient access, they expect healthcare providers to function like stores, banks, and hotels.
- ❖ The public holds the healthcare industry to a higher standard than it reserves for other service industries. As a result, healthcare needs more regulation and more social responsibility. Consumers are not afraid to contact the elected government representatives in their areas to right perceived wrongs.
- ❖ Not only do consumers want to obtain healthcare services close to their homes, they also want to be able to conduct business transactions online, to customize services according to their own needs, and to not be treated as merely a number.
- ❖ Survey respondents believe that healthcare executives have been less involved and provided less leadership (than advocacy groups, physicians and nurses, and individual citizens) in improving the healthcare system. (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 7).

2.3.3 Cultural Competence

Customizing healthcare services is a consumer desire that is at odds with the standardization goal of regulatory agencies and third-party payers, among others. These groups view standardized care as more cost effective, more efficient, and safer than customized services. Customization, however, enhances customer satisfaction. One positive

aspect of customization that has been documented in the literature is culturally competent care delivery—that is, healthcare that is responsive and sensitive to the unique needs of ethnically and culturally diverse patients. Educational institutions that prepare students (including administrators, physicians, and other caregivers) in the healthcare field are urged to offer cultural competence training or courses that help these future professionals understand and better communicate with various diverse patients and other customers. Research indicates that clinical and customer satisfaction of ethnically/culturally diverse patients tends to improve when clinicians have received training in cultural competence (Beach et al. 2005;Romana 2006). (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 8)

2.3.4 Caring Interaction

Caring interaction can enhance customer satisfaction and loyalty. According to one study, three attributes have the most impact on patient satisfaction in primary care practices: physician care, staff care, and access, in this order (Otani, Kurz, and Harris 2005). Under the physician care attribute, a major contributor to satisfaction is the length of time a clinician spends with the patient. Under staff care, the most desirable traits are willingness to listen, compassionate behaviour, and prompt service. Under access, survey respondents cited caring interaction with appointment personnel as a satisfier. Findings of this study present several lessons for healthcare organizations: physicians should allocate time for patient questions or concerns about their medical conditions; nursing and ancillary staff should recognize the anxiety felt by patients and their families and interact with them in a sensitive manner; waiting times for all processes should be reduced; and support personnel should efficiently

manage the process for scheduling appointments. (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 9)

2.3.5 Information and Value

A patient chooses a provider on the basis of published outcomes and word-of-mouth information. After a provider is selected and the service/procedure is received, the patient then determines the value and quality of the healthcare experience on the basis of multiple factors. The patient's holistic perception begins before admission and ends after discharge and bill payment, and the provider must deliver an excellent clinical and customer service experience throughout. Each component of this experience contributes to the value perceived by the patient. To sustain the relationship, the organization must continually remind the patient, through various communication means, that it is a high-quality provider that can meet and exceed his needs, wants, and expectations. (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 9)

2.4 Customer Satisfaction Leads to Customer Loyalty

Why healthcare should executives and health administration students is concerned whether patients are satisfied or dissatisfied with their total healthcare experience? The answer is simple: Customer satisfaction leads to a variety of positive outcomes; conversely, dissatisfaction results in negative consequences. High levels (extremely and highly satisfied ratings) of customer satisfaction increase market share improve financial outcomes, enhance the public's perception of the institution and its leaders, encourage former patients to return to the facility when needed, and bolster recommendations by patients to friends or family to use the services offered at the facility. Conversely, low levels of customer satisfaction undermine the long-term viability of the organization.

Customer satisfaction is a short-term product of one excellent encounter, while customer loyalty is a long-term outcome of an ongoing satisfying experience (O'Malley 2004a). Customer loyalty is dependent on the consistent delivery of a memorable service experience that leaves the patient with a constant favourable impression of the provider. Loyal customers generate word-of-mouth advertising, avoid litigation, refer the organization to friends and family, make financial donations, and volunteer their time and talents. Also, as patients, they are more likely to follow the prescribed treatment regimen and thus achieve the desired medical outcomes. In an environment of cost containment, satisfying customers and building customer loyalty make sense because doing so generates revenue, reduces expense, and saves time (Dube 2003; O'Malley 2004a). (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 9)

2.4.1 True Customer Loyalty

Smith (2009) notes the loyalty is a misused term. Most organizations think that loyalty is about customers being devoted to patronizing their business, but it should be the other way around. The organization should show its loyalty to repeat customers by offering an added value—that is, a service or product not generally experienced in the mass market. True loyalty happens when a customer experiences an emotional engagement with the organization or product. This engagement comes from experiencing the brand or organization in a unique way that creates value for the customer. This emotional engagement matters because companies that successfully created both functional and emotional bonding had higher customer retention ratios and higher ratios of “cross-selling” and “up-selling” than those that did not. True loyalty requires you to know who your most profitable customers are and to consistently deliver an outstanding customer experience so as to create

a high degree of trust in your brand. These loyal and highly profitable customers are then prepared to recommend your organization to others (Smith 2009).

True loyalty is a long-term commitment that depends on the organization's ability to consistently deliver a memorable customer experience that leaves customers with an ongoing favourable image, feeling, and union with the provider. A memorable customer experience is not a single event, but includes many differentiating service encounters that are delivered over a wide spectrum of employee–customer encounters. These customer experiences are more than the sum of the individual service encounter parts (O'Malley 2004a), (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 10)

2.4.2 The e Challenges of Providing Service Excellence in Healthcare

Healthcare executives face multiple challenges to their efforts to provide super customer service.

First: primary care physicians are in short supply in the United States. Unlike in other countries, this country values its specialists more than its primary care physicians (Pho 2008). As a result, the odds are stacked against primary care, causing a disincentive for these physicians. Primary care demands too much work for too little pay. Insurance companies dictate the price for each service, and telephone and e-mail communications between doctors and patients are not reimbursed. The only way for primary care physicians to raise their income is to see more patients, which is antithetical to service excellence. Because of the shortage of primary care physicians, U.S. patients have to wait longer for appointments than do patients in other countries (Arnst 2007). This is one reason for the rapid rise of retail and other walk-in clinics (Malvey and Fottler 2006).

Second: healthcare’s unique reimbursement system acts as a barrier to great customer service. In manufacturing, for example, the customer receives a product or service and then pays the producer or distributor directly. In contrast, in healthcare, the parties that pay for the product or service, such as a managed care company, Medicare, or Medicaid—are not always the ones who receive that product or service. These third-party payers impose rules, regulations, guidelines, clinical protocols, and incentives on providers that constrain the services provided to the patients. If the provider fails to comply with these requirements, the third-party payer may deny reimbursement for the services already provided, (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 19)

2.4.3 Focus on the Customer

Everything the healthcare organization does should revolve around the customer usually the patient. Too many healthcare managers think first about reimbursement procedures, clinical standards, and physician needs. Most major processes, such as designing a service product, creating the climate in which the patient interacts with the organization, and setting up the service delivery system—start with executives, third-party payers, or physicians. This is management from the inside out.

Focusing on the customer, however, requires managing from the outside in. Start with the customers. Study them endlessly to find out what they need, want, value, and expect and what they actually do. Then, focus everyone in the organization on doing a better job of meeting and exceeding their expectations in a way that allows the organization to achieve its financial goals. Another way of pursuing customer focus in healthcare is to “think retail” or follow the retail model. This means taking on the perspective of the consumer when developing service features and attributes; this effort, in turn, will prompt the consumer to

“buy” from your organization (Goldman and Corrigan 1998).Retailers employ three basic strategies to maximize customer satisfaction and create customer loyalty:

1. Enhance the customer experience.
2. Capture a greater share of the consumer’s spending for related needs.
3. Create new sources of revenue by discovering unmet or unacknowledged needs.

Successful healthcare organizations are those managed by leadership teams who are committed to customer service and instil a service philosophy in their cultures (Girard-DiCarlo 1999; Studer 2008). These leaders continually enhance their core competencies and set and sustain standards that enable their organizations to satisfy the needs of customers at all times in all service locations. They know that each interaction with a customer or potential customer represents a “moment of truth” that needs to be endowed with caring and courtesy. In a consolidated health system, the service excellence philosophy must be followed by all leaders at all facilities so that the customer service focus prevails across the organization (Girard-DiCarlo 1999; Studer 2008).

This philosophy must be embraced by the system’s outsourcing partners as well to ensure that high-quality customer service is provided consistently. As the Baldrige Award winners have shown, focusing on the customer is an ongoing effort. It should begin with selecting customer-oriented employees and providing service training and should continue on to measuring results and rewarding employees for customer service accomplishments, (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 21)

2.4.4.1 The Total Healthcare Experience

The total healthcare experience is the sum of all the activities that fall within the three main components of service—product, setting, and delivery system. As mentioned earlier, no two healthcare experiences are exactly alike because each patient has unique needs, wants, and expectations. This uniqueness becomes the primary challenge for healthcare organizations, but it should not prevent providers from at least trying to enhance the healthcare experience. Benchmark healthcare organizations spend considerable time, effort, and money to ensure that each part of the total healthcare experience adds positive value. They look for and correct service mistakes, and they use probability models to predict how their customers will react or respond to services. O'Malley (2004b) argues that healthcare administrators can improve the total healthcare experience by performing a service inventory of all critical customer-contact points. Armed with an inventory list, managers can identify areas of weakness and address the needs of each area, thereby improving them, (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 42).

2.4.4.2 Manage the Total Healthcare Experience

In healthcare, the primary goal is to achieve a positive clinical outcome. The rest of the patient experience, however, often receives much less attention, to the detriment of all concerned. Managing the total healthcare experience means ensuring that every component of care—the physical environment, organizational culture, clinician and staff behaviour, interpersonal relations, communication system, administrative policies, clinical protocols, and standards of operation, to name a few is efficient, consistent, and responsive to the needs, wants, and expectations of all customers, especially patients. (Myron D. Fottler, Robert C. Ford, Cherrill P. Heaton, 2010, p. 23).

CHAPTER THREE

METHODOLOGY

3. Introduction

This chapter is describe the research methodology then the research according on the way we used to our study like the hypotheses, research approach, research strategy and sample, but for the sample of research we are decide took two part such as privet hospital, public hospital, therewith we want to show both sector and comparing between them which one is really take care the patients. However the mechanism used for data collection will been describe in detail. Finally the appliance used for data distribution full ethical considerations that essentially.

3.1 Research Methodology

Research method is a process to distribution and collecting data with the style writing thereby to finding problem through study and problem evaluation and analysing of the situation factors. However research topic on which the research being demonstrates **customer's** satisfaction in the health sector. Moreover in data analysing used a SPSS statistic program that is evaluated and analysed data quite a fast with accurate result. Finally to use previous data choose data has correlation with our topic and used systematic of (Chourton & Brown 2010, 218-220) that quiet and quickly to use previous data.

3.2 Qualitative Research Methods

In research study method have a two types quantitative method and qualitative method first one is interview face to face and questions limited and this is about opinion personal on questions, this topic they want information. But we use second ones is a qualitative method that is depended on questionnaire and that is collected more information than first method, then in this method going gather personal information.

Unlike to quantitative method whole questions need reliability and validity that is mean all questions has direct related with topic thesis and each questions they should to have a correlation one by one, however the process is different that is need to give time to answer and need permission to distribution in any an organization this letter permission is took from university that is use way formally. Moreover this method is two kinds to respond five choices and three choice but we are selected first one is five choices because that is give more options. At the end this system need numbering to input in statistic program SPSS, but the qualitative and quantitative research method must to going under rules of (Porter & Coggin 1995, 7).

3.3 Validity and Reliability

In this study or any academic studies is a need to reliability and validity, validity give ability of the research method that is give accurate to study data and result. Then that is mean really want what purposed to be measured has be accurately also researcher want doing deeply study on individuals small group or large group if researcher know that research has a valid can confident on the output (result), counter to if researcher not believe valid mean not

sure in the issue being studies of research that there was none trust on the finding, as of (Churton & Brown 2010, 211 Earl Babbie 1989, 127).

The reliability is way to measure investigated in results similar on different in the study, if doesn't going in reliability that is mean it is replicate. Therewith study need to reliability and measuring this reliability depended on this system the researcher used to study, but we used reliability and validity to our study because that is so important we want reliability for our study. However reliability and validity is bases of every academic study, as well as (Churton &Brown 2010, 209).

3.4.1 Research approach

Choosing an approach for the research is one of the significant tasks for the researcher as it combines research philosophies with processing theories. There are two main ways to carry out research the qualitative research and quantitative research. The first one is based on our study and consist of two sections and first section is seven questions and another sections is same design they each sections include seven questions

Also on creating a hypothesis which will be verified in of collected data, whereas depended on the latter one is emerged as a result of analysis of collected data on (Saunders et al., 2009, p. 124-126). However, for our research we have chosen abduction approach which was coined by (Reichertz, 2010) due to the fact this approach is in accordance with the purpose of our research which we want to explore such as: customer's satisfaction, customer service and health care.

3.4.2 Research Strategy

all though this research study build on strategy in first point start find thesis topic, and based on study to helpful to used everyone except academic persons. therewith together with the philosophical strategy the right research strategy and choices right suggestion, and which to be explicate - description to research study with utilize some of pictures for drawing to some conclusions. Moreover we control ourselves on data distribution and collected data really this method qualitative is so hard and needs a cool Neurosis because you are meeting with everyone in different organizations. Finally data input that is another hard thing and missing in SPSS statistic program rather than going to a causal relationship between variables all of those thing is not easy to understand and at the end we used SPSS statistic program is find accurate result and that is useful for our research methodology. Such us utilized (Saunders, 2009, p. 140).

3.4.3 Sample size

For our research sample size is considered as it is a matter of discussion for the qualitative research, and optional figure for such research estimated to 12 (Saunders et al., 2009, p. 235). Nevertheless, sample size is mainly concerns research purpose, availability and time restrictions (Saunders et al., 2009, p. 234). Therefore, to work within the time limit and meanwhile achieving necessary level of validity, we decided to conduct (222) interviews doctors and patients in hospitals of RZGARY, HAWLER, PAR and PAKY.

3.5 Data collection

250 questionnaires were distributed, with 222 returned. The questions had Likert scale type answers (strongly agree, agree, strongly disagree, disagree, not relevant) and focused on how leadership and strategic planning leadership impacts on the performance of the employees with the purpose of achieving a common goal in the organization. Each questionnaire had sets of questions with items focusing on specific types of customer satisfaction and customer care in health care sector, without asking the respondents to judge whether customer satisfaction and customer care in health care is desirable or undesirable. The questionnaires benefited both the doctors and the patients, as an in-depth knowledge about customer satisfaction and customer care in health care was acquired.

3.6 Limitations

Our research excludes doctors and patients who have spent less than a six month in (Rzgary hospital, Hawler hospital, Parhospital and Paky hospital). A great number of the doctors in this classification were in training courses and not given particular roles of duties. Besides, some of the questionnaires were returned unfinished.

CHAPTER FOUR

DATA ANALYSIS

4.1 Data analysis

In fact this case study analysis data by SPSS statistic program to give us true and accurate result therefore we visited personality and directed to collecting data to we have less fault. Therewith we selected two areas to study with two type of one sector like public hospital and private hospital to compare between both of them and which have affect on the patients care in the north Iraq. Furthermore we focus on two parts of questionnaire first one is personal information because the basic personal information of every questionnaire, therefore second part about patients and dealing with patient and managing this organization and each part is include nine questions. Finally we used descriptive, ANOVA one-way and liner all of this option is the part of the SPSS statistic program to explication what we do and how we get it, therewith all of the process need a good time with hard work for you have the data true and an accurate.

4.2 Statistic system

This section is of vital importance due to the fact that the successful interpretation of the results relies fully on the accuracy of the SPSS findings. Our chosen method uses ANOVA tests to compare between each group, as well as between the responses given for each question within the group in order to understand which questions and which groups in particular made an impact, thus helping to the improvement of the organization they belong to. Furthermore, frequency options were used to interpret the descriptive statistics in order to establish a personal choice in the participants' responses. The SPSS was the best and most straightforward analysis and evaluation tool for our research.

4.3 Statistical analysis

This section presents the SPSS results, with the descriptive statistics using frequency procedures, and the individual responses given to each of the 9 sectors (section, city, organization, qualification, gender, marital status, age, experience, function). That is mean collected personal information data in whole of the organizations. Therewith classify all information on term and each term explicates the number of respondents.

4.4 Analysis of Research Questions

In fact this section is analysis of the survey questionnaire and how we deal with it. Although the outcome will be explicate through graphs with supported texts. Therewith all of the graphs in data analysis the SPSS statistic program are a drawing and we depended on this statistic program to analysis data and the results.

4.5 Evaluation of data terms

Actually in this part we explains all term of tables and figures data and classify by two part which we talked about in research methodology but here explication taller and each table has special valuation to be clear in each corner of research questionnaire. However we expound both parts personal information data and customer satisfaction but we know responded are care about our research or not with how respondents agree on the questions have respect and keep individual information .

4.5.1 Term of Frequencies

This part of data evaluation and analysis we used SPSS statistic program to find result of personal information therewith explained all section in the questionnaire, then we select frequencies option in SPSS statistic program to separate each part in our research study.

Actually this table give us an idea about our research study to when we started and how found result, then to SPSS statistic program select standard deviation for each part with mean to compare between every sector chosen. However standard Error of skewness is not one that is less than one means there is not have any error in our research study therefore selected minimum and maximum point to our study and to know which one have highpoint and low point participation but if we see table know do not have any missing only in the qualification because in this part we deal with patients and that is very normal to some of patients does not have any qualification. Finally for this huge research it is very simple to have missing in only one part.

Table 1:Term of Frequencies Display Option number

		Statistics						
		City	Hospital	qualification	gender	Marriage	Age	Function
N	Valid	211	211	172	211	211	211	211
	Missing	0	0	39	0	0	0	0
Mean		1.0000	2.4218	1.9244	1.6114	1.7393	40.8720	1.7393
Std. Deviation		.00000	1.11154	.81656	.48860	.44004	15.12134	.44004
Variance		.000	1.236	.667	.239	.194	228.655	.194
Std. Error of Skewness		.167	.167	.185	.167	.167	.167	.167
Minimum		1.00	1.00	1.00	1.00	1.00	15.00	1.00
Maximum		1.00	4.00	4.00	2.00	2.00	81.00	2.00
Sum		211.00	511.00	331.00	340.00	367.00	8624.00	367.00
Skewness			.094	.532	-.460	-1.098	.765	-1.098

Term of Frequencies personal information

Table 2: Show the Area of Research Questionnaire

City					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hawler	211	100.0	100.0	100.0

(Table -2): This table is the location of survey and total number respondent of research questionnaire therewith the area to select of our research study.

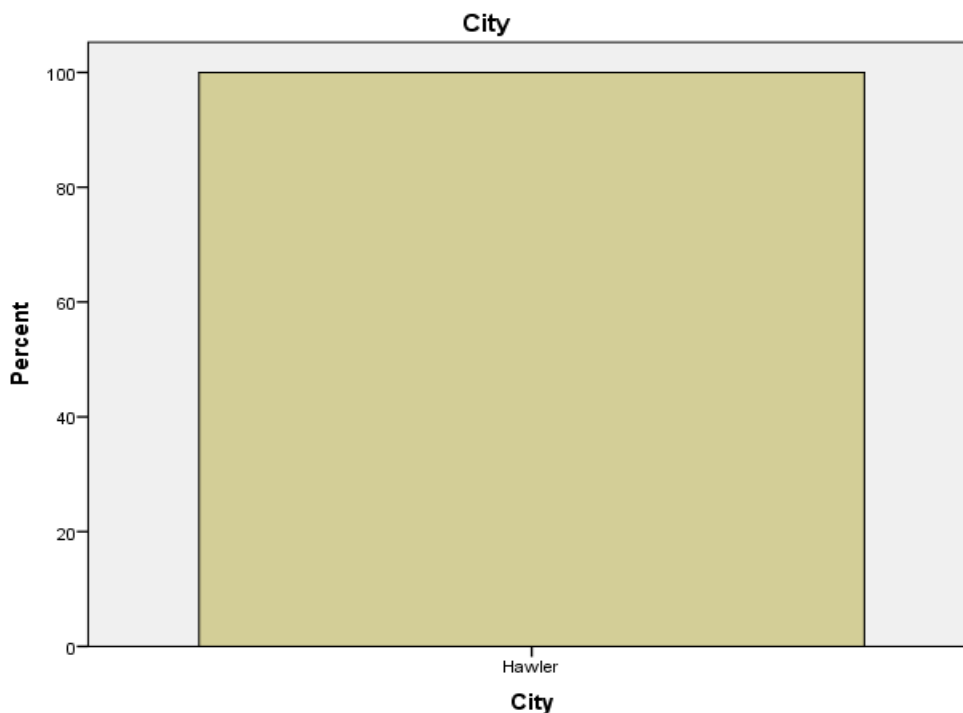


Figure 2: Research Questionnaire area

Term of Frequencies personal information

Table 3: Explain Number Hospital

Hospital					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hawler	57	27.0	27.0	27.0
	Rzgary	55	26.1	26.1	53.1
	Par	52	24.6	24.6	77.7
	Paky	47	22.3	22.3	100.0
	Total	211	100.0	100.0	

(Table -3): This table is display the number an hospital and we have distributed research questionnaire in all hospital, and all them a bigger with the oldest hospital in the area we researched is RIZGARY hospital. Therewith HAWLER hospital is including highest respondent 57 statistics after that is RZGARY hospital by 55 statistic respondents but the minimum number both of them is PAR hospital is the private and new hospital. Finally the lowest number respondents is PAKY hospital its participated by 47 statistic respondents to our research study.

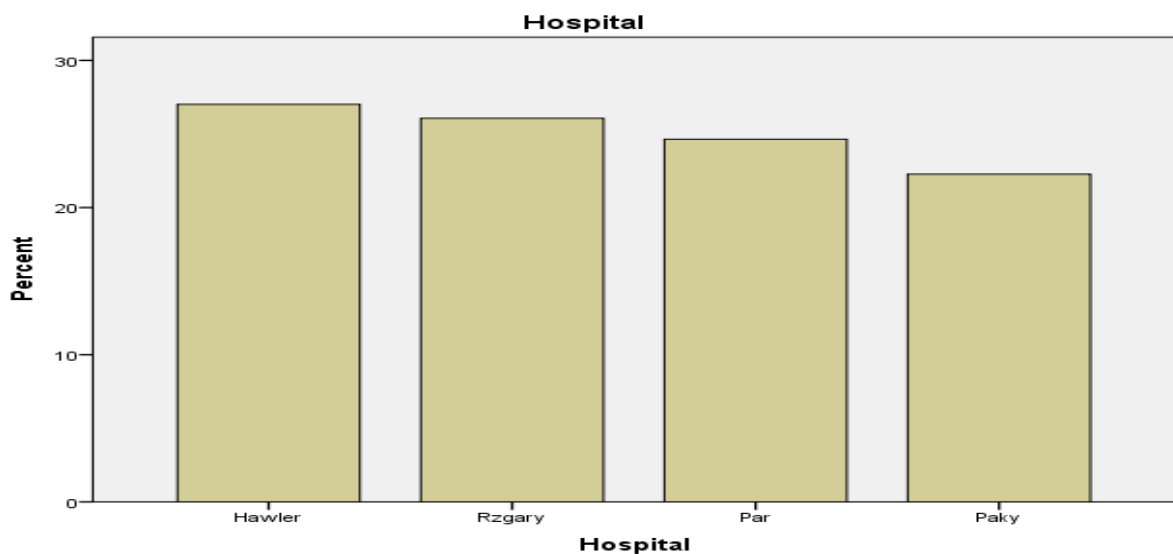


Figure 3: Number of Hospital

Term of Frequencies personal information

Table 4: Includ Number of Qualification

		qualification			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High school	58	27.5	33.7	33.7
	Bachelor	75	35.5	43.6	77.3
	Master	33	15.6	19.2	96.5
	Doctorate	6	2.8	3.5	100.0
	Total	172	81.5	100.0	
Missing	System	39	18.5		
Total		211	100.0		

(Table -4): This table is expression qualification for our research questionnaire used four step of degree the lowest high school and highest is Prof. then total number participations 211 and represented of Doctorate 6 person that is less number respond in research questionnaire, but highest respond in Bachelor degree that is 75 respondents.

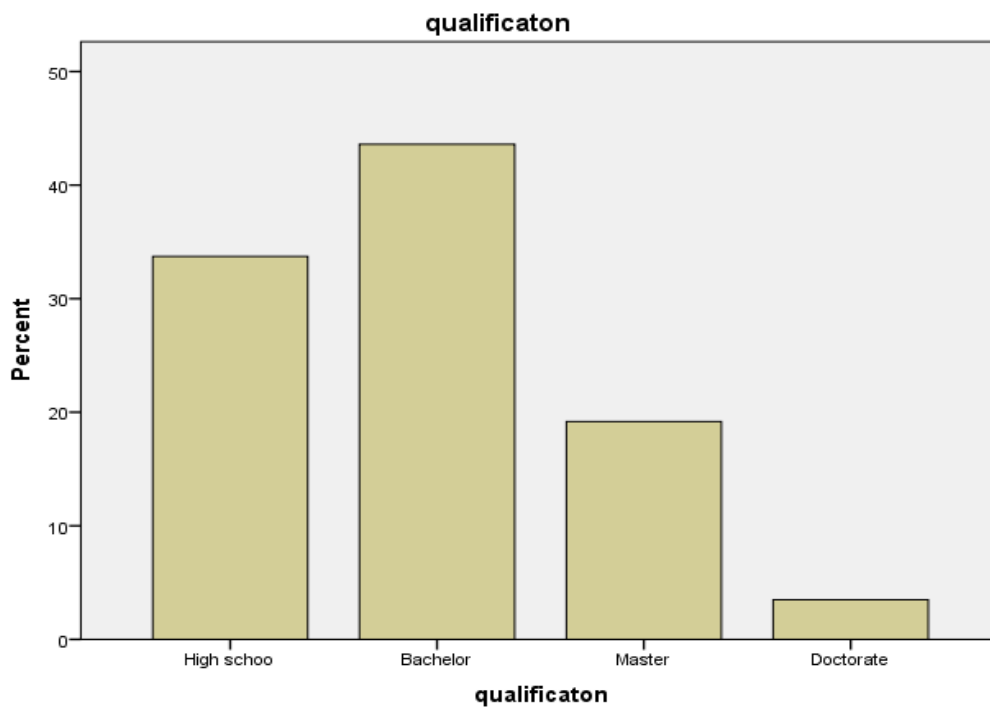


Figure 4: Qualification Number

Term of Frequencies personal information

Table 5: Research Gunder

		gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	82	38.9	38.9	38.9
	Female	129	61.1	61.1	100.0
	Total	211	100.0	100.0	

(Table -5): In research questionnaire the respondent female gender more than the male gender the frequency respond of male 82 person and frequency respond of female 129 person, then the total number respondents of genders 211.

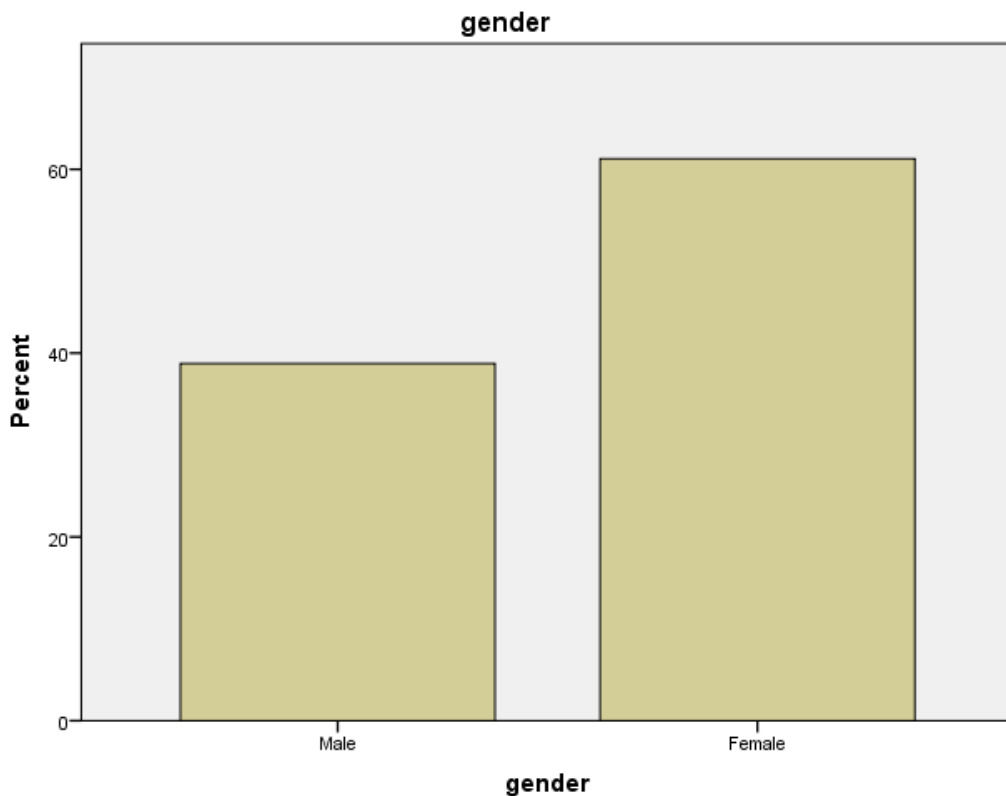


Figure 5: Gunder Research

Term of Frequencies personal information

Table 6: Display Married Function

Marriage					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	single	55	26.1	26.1	26.1
	marred	156	73.9	73.9	100.0
	Total	211	100.0	100.0	

(Table -6): This is show the number of marriage, and we used just to type in our research questionnaire married and single, but in this research the number of married respondents more than single.

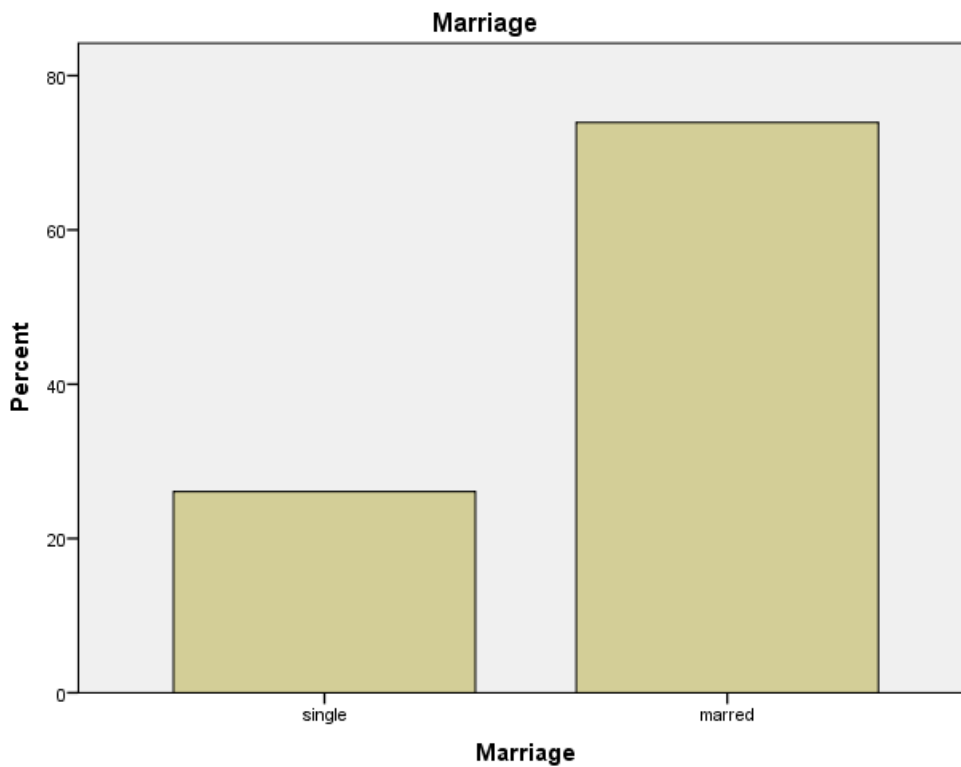


Figure 6: Function Married

Term of Frequencies personal information

Table 7: Show Type of Age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15 - 20	8	3.7	3.7	2.7
	21 - 30	59	27.9	27.9	32.7
	31 - 40	61	28.7	.28.7	31.9
	41 - 50	33	15.5	15.5	15.6
	51 - 60	24	11.2	11.2	8.6
	61 - 70	16	7.8	7.8	5.4
	71 - 81	10	4.7	4.7	3.1
	Total	211	100.0	100.0	

(Table -7): 211 respond, representing %3.7 of the respondents between age (15-20), which represent %27.9responds were within the age (21-30). Then %28.7 were within between the age (31-40). However %15.5 of participates between age (41-50), then %11.2 range respondents between the age (51-60). Finally the %7.8 and %4.7 that is between to (61-70) and (71-81).

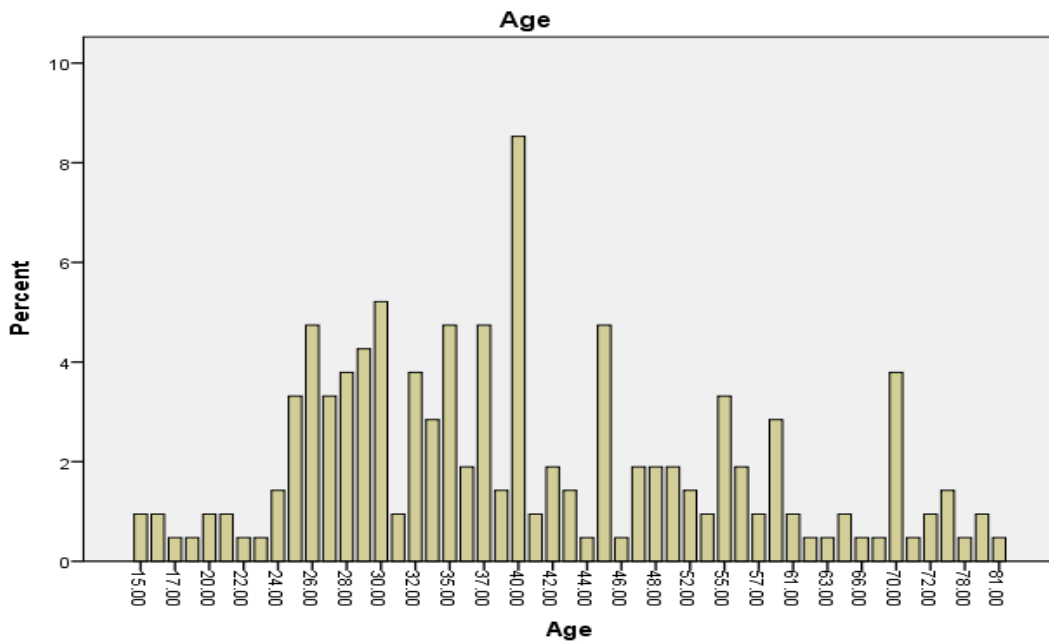


Figure 7: Ages

Term of Frequencies personal information

Table 8: Variable Number

		Function			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctor	55	26.1	26.1	26.1
	Patient	156	73.9	73.9	100.0
	Total	211	100.0	100.0	

(Table -8): This is deal with term of person have experience in this sector or in the organization. Therewith we divided on two function doctors and patients but if see the patients respondents more than doctors to our research questionnaire.

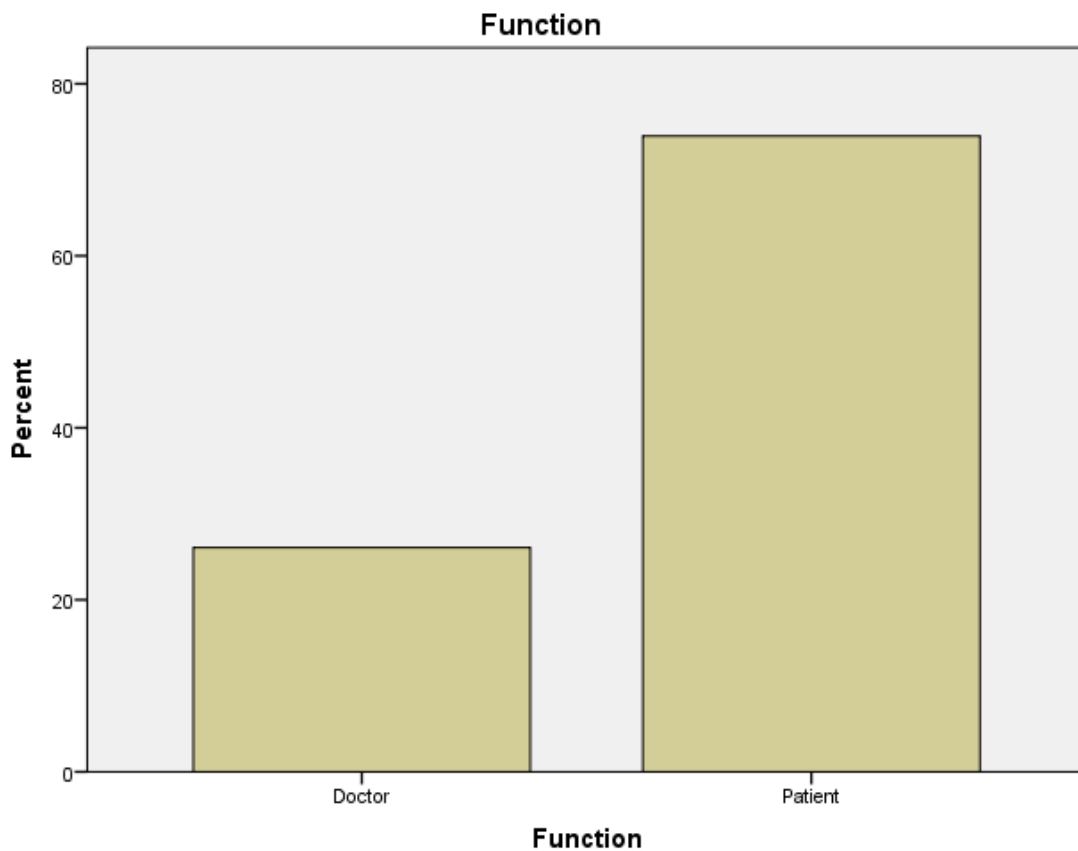


Figure 8: Variables

4.5.2 Term of ANOVA (Doctors)

That is second term and that is very important term because in this a term we found the different between the groups and different in the inside group that is mean which one more respondents in the one hospital and between each hospital to our data research questionnaire. Therefore we used the liner and Homogeneous Subsets that is indicate dissimilar between number respondents involving Five chose (1... 5) that begin to an agree for the strongly disagree, We interpreted the longest in the third chapter.

Table 9: Display Doctors of Anova one way

ANOVA									
				Sum of Squares	df	Mean Square	F	Sig.	
Doctors1	Between Groups	(Combined)		31.258	3	10.419	.802	.498	
		Linear Term	Unweighted	21.152	1	21.152	1.628	.208	
			Weighted	21.169	1	21.169	1.630	.208	
			Deviation	10.089	2	5.044	.388	.680	
	Within Groups				662.488	51	12.990		
	Total				693.745	54			
Doctors2	Between Groups	(Combined)		2.611	3	.870	.529	.664	
		Linear Term	Unweighted	.906	1	.906	.551	.461	
			Weighted	.969	1	.969	.589	.446	
			Deviation	1.642	2	.821	.499	.610	
	Within Groups				83.826	51	1.644		
	Total				86.436	54			
Doctors3	Between Groups	(Combined)		123.586	3	41.195	3.694	.018	
		Linear Term	Unweighted	81.140	1	81.140	7.275	.010	
			Weighted	75.407	1	75.407	6.761	.012	
			Deviation	48.179	2	24.089	2.160	.126	
	Within Groups				557.673	50	11.153		
	Total				681.259	53			
Doctors4	Between Groups	(Combined)		14.158	3	4.719	1.924	.138	
		Linear Term	Unweighted	3.254	1	3.254	1.326	.255	
			Weighted	1.354	1	1.354	.552	.461	
			Deviation	12.804	2	6.402	2.609	.084	
	Within Groups				122.675	50	2.453		
	Total				136.833	53			

Doctors5	Between Groups	(Combined)		92.066	3	30.689	.604	.616
		Linear Term	Unweighted	.018	1	.018	.000	.985
			Weighted	4.249	1	4.249	.084	.774
			Deviation	87.817	2	43.908	.864	.428
	Within Groups		2388.522	47	50.820			
Total		2480.588	50					
Doctors6	Between Groups	(Combined)		1243.830	3	414.610	1.709	.218
		Linear Term	Unweighted	4.970	1	4.970	.020	.889
			Weighted	272.884	1	272.884	1.125	.310
			Deviation	970.946	2	485.473	2.002	.178
	Within Groups		2910.607	12	242.551			
Total		4154.438	15					
Doctors7	Between Groups	(Combined)		2140.000	3	713.333	3.736	.049
		Linear Term	Unweighted	262.587	1	262.587	1.375	.268
			Weighted	28.167	1	28.167	.148	.709
			Deviation	2111.833	2	1055.917	5.530	.024
	Within Groups		1909.500	10	190.950			
Total		4049.500	13					
Doctors8	Between Groups	(Combined)		114.677	3	38.226	1.727	.173
		Linear Term	Unweighted	104.902	1	104.902	4.740	.034
			Weighted	90.735	1	90.735	4.100	.048
			Deviation	23.942	2	11.971	.541	.586
	Within Groups		1106.527	50	22.131			
Total		1221.204	53					

(Table -9): this table is explicated ANOVA one way that is give all result on the experience doctors affect on the customer satisfaction in the healthcare as we see normally affected if we see question (3) the result is (0.018) that is mean good to working doctors daily and (0.49) about the operation of doctors for patients in question (7) yes has affect but we see high result on the weekly working of doctors is more than (0.005) is (0.138) and changing hospital mean how many hospitals worked is (0173) all of the implication give us mean normally experience of doctors is affect on the customer satisfaction in the healthcare sector.

Table 10:How many years you reached this level?

Doctors1			
		Frequency	Percent
Valid	1 - 5	37	17.5
	6 - 10	14	6.7
	12.00	2	.9
	16.00	2	.9
	Total	55	26.1
Missing	System	156	73.9
Total		211	100.0

Term of Doctors1: How many years you reached this level?

This table explain number of respondents Doctors term and how many years they reached in this level. Therewith show missing system and we feel have unbelievable on the respondents result.

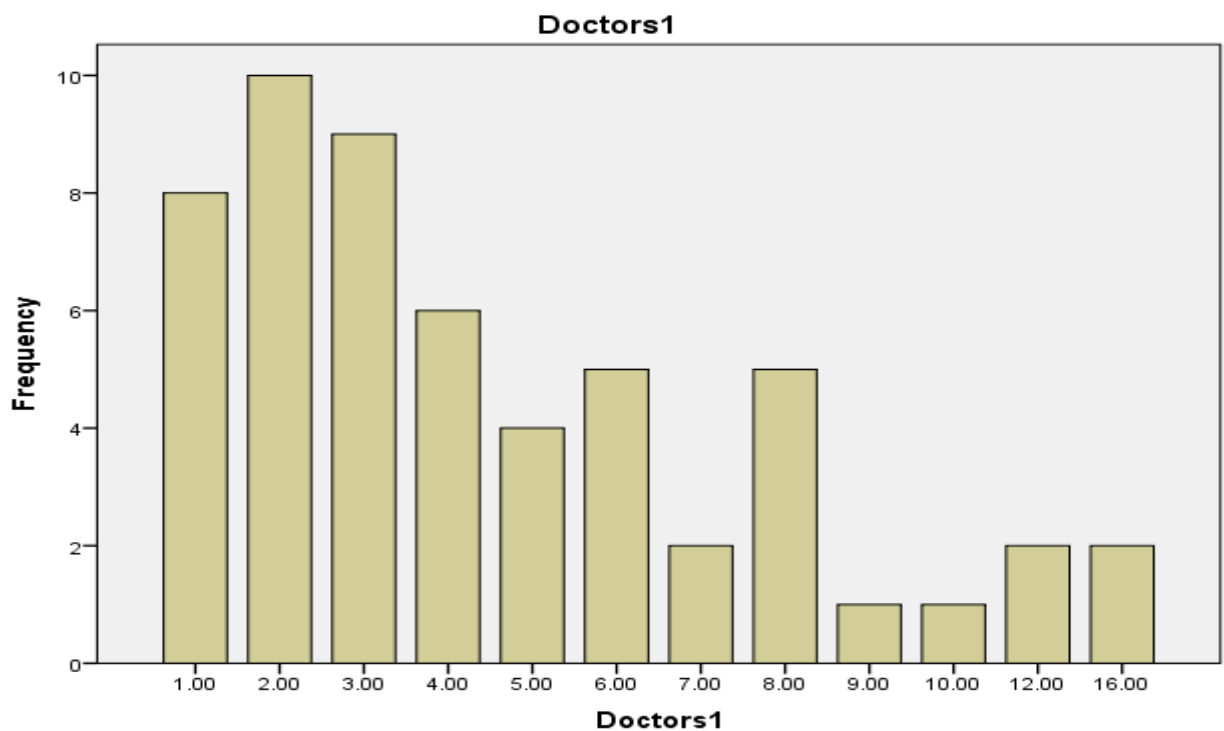


Figure 9: Reaching Experienc Doctors

Table 11: In any city or country reached to this level?

Doctors2					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Erbil	49	23.2	89.1	89.1
	Sulimania	2	.9	3.6	92.7
	Douhok	1	.5	1.8	94.5
	Outside regional	3	1.4	5.5	100.0
	Total	55	26.1	100.0	
Missing	System	156	73.9		
Total		211	100.0		

Term of Doctors2: In any city or country reached to this Level?

This part display the experience of Doctors in the city, mean they reached in this level in which city. Then we see more doctors get this position in the Erbil.

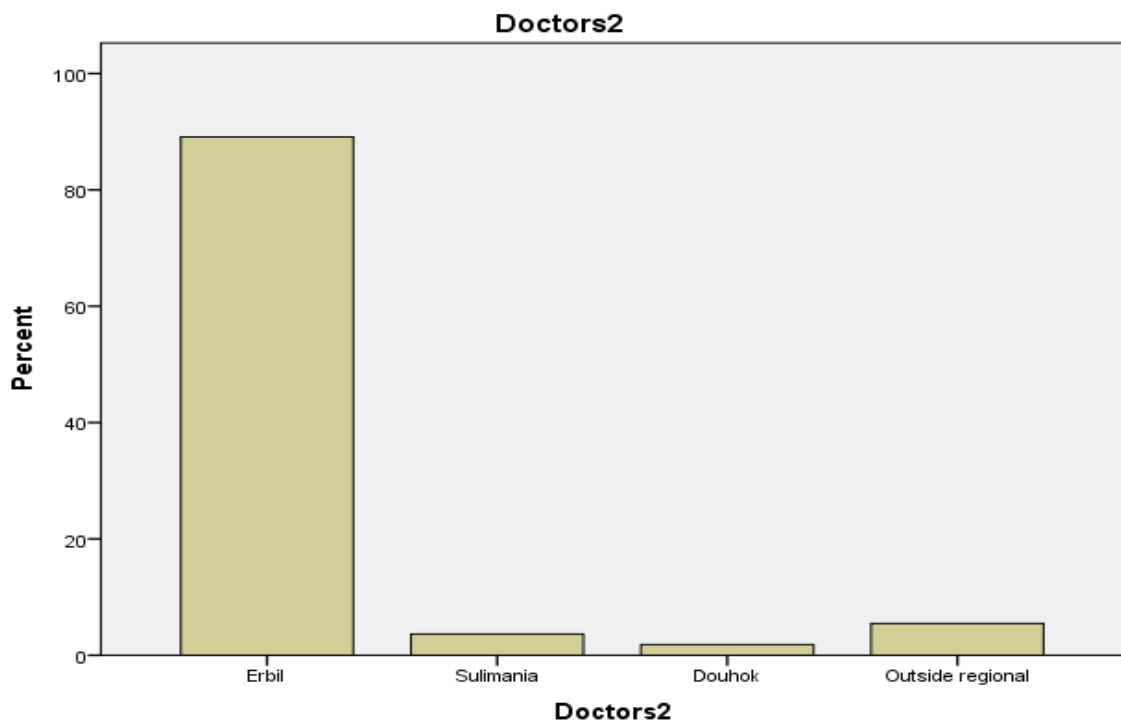


Figure 10: Doctors Experienc in City

Table 12: How many hours a day usually work?

Doctors3					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	3	1.4	5.6	5.6
	4.00	13	6.2	24.1	29.6
	5.00	7	3.3	13.0	42.6
	6.00	10	4.7	18.5	61.1
	7.00	2	.9	3.7	64.8
	8.00	10	4.7	18.5	83.3
	10.00	7	3.3	13.0	96.3
	18.00	1	.5	1.9	98.1
	24.00	1	.5	1.9	100.0
	Total	54	25.6	100.0	
Missing	System	157	74.4		
Total		211	100.0		

Term of Doctors3: How many hours a day usually work?

However this section is explicated the hours working of Doctors in the day and really this question saw us doctor's care patients' therefore some of doctors see much patients in one day.

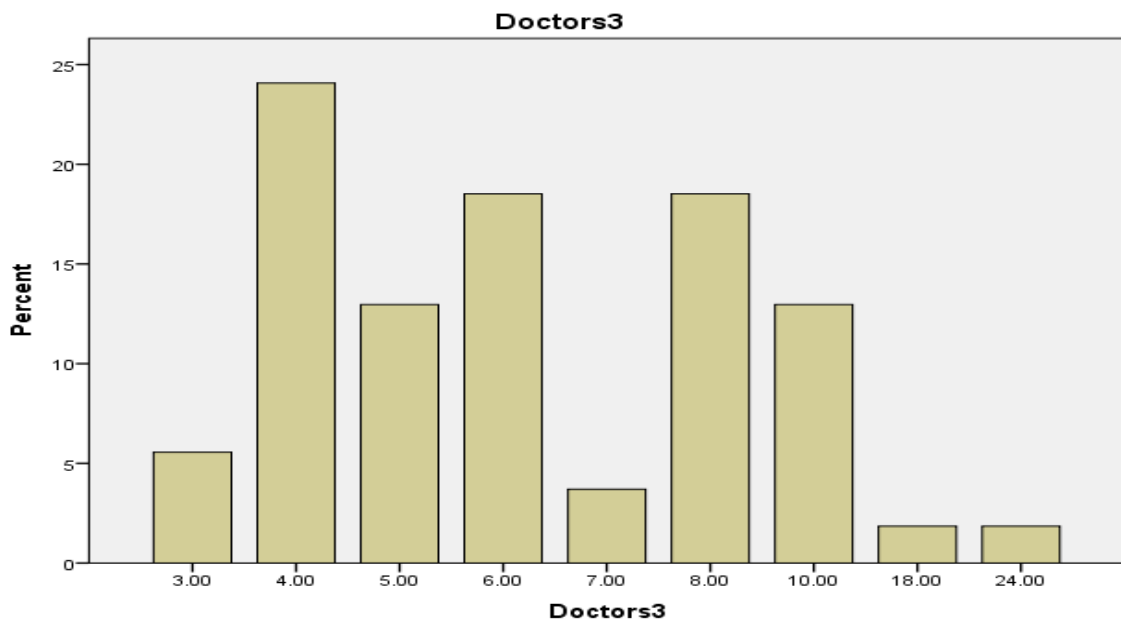


Figure 11: Working day of Doctors

Table 13: How many Days a Week do you Work?

Doctors4					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	1	.5	1.9	1.9
	3.00	7	3.3	13.0	14.8
	4.00	20	9.5	37.0	51.9
	5.00	10	4.7	18.5	70.4
	6.00	13	6.2	24.1	94.4
	7.00	3	1.4	5.6	100.0
	Total	54	25.6	100.0	
Missing	System	157	74.4		
Total		211	100.0		

Term of Doctors4: How many days a week do you work?

This component show the weekly working doctors because that is influence on the system care patients and hospital and more doctors working four day in the one week.

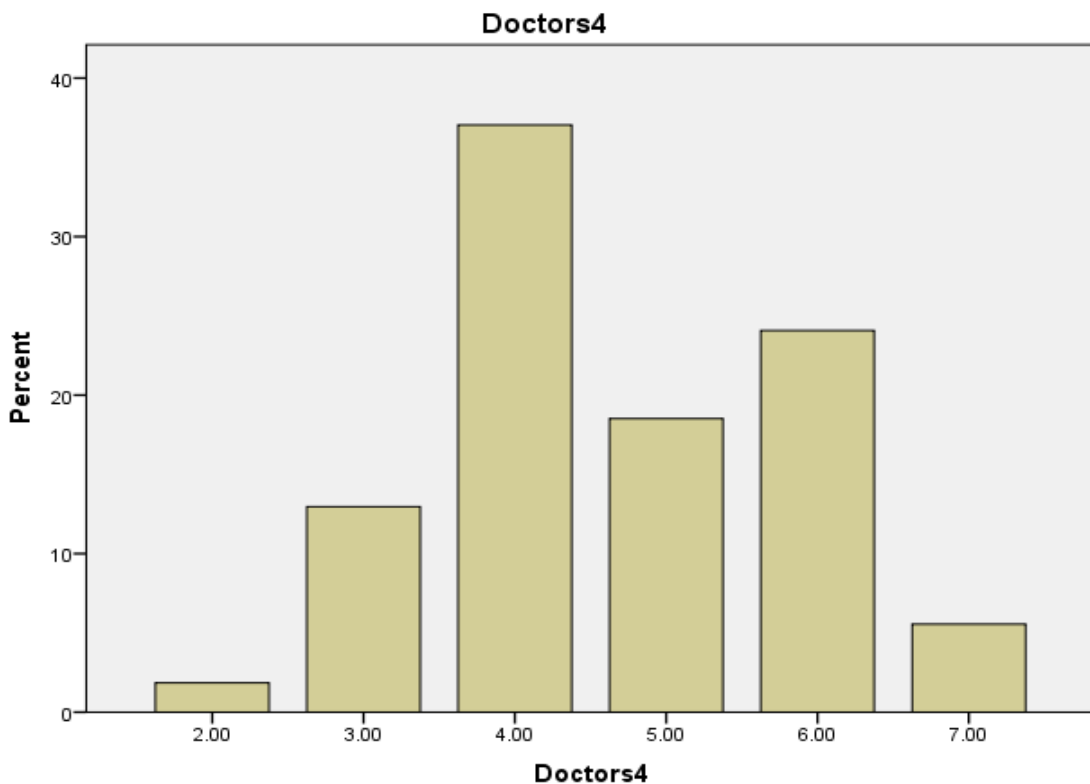


Figure 12: Doctors Weekly Day

Table 14: How many Patients you see in a Day?

Doctors5					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.5	2.0	2.0
	4.00	1	.5	2.0	3.9
	5.00	5	2.4	9.8	13.7
	6.00	2	.9	3.9	17.6
	7.00	5	2.4	9.8	27.5
	8.00	2	.9	3.9	31.4
	9.00	1	.5	2.0	33.3
	10.00	12	5.7	23.5	56.9
	11.00	1	.5	2.0	58.8
	12.00	3	1.4	5.9	64.7
	13.00	2	.9	3.9	68.6
	14.00	1	.5	2.0	70.6
	15.00	5	2.4	9.8	80.4
	20.00	5	2.4	9.8	90.2
	25.00	1	.5	2.0	92.2
	28.00	1	.5	2.0	94.1
	30.00	3	1.4	5.9	100.0
	Total	51	24.2	100.0	
Missing	System	160	75.8		
Total		211	100.0		

Term of Doctors5: How many patients you see in a day

This section of doctors about the number visitor of patients in one day and that is give us capacity of doctors and hospital to received patients in one day but when we see some of doctors spend much power to see more patient. That is explicated doctors has loyalty to our people and how they work to care people. At that time more doctors do a hard work, but normally them working to see ten patients in one day.

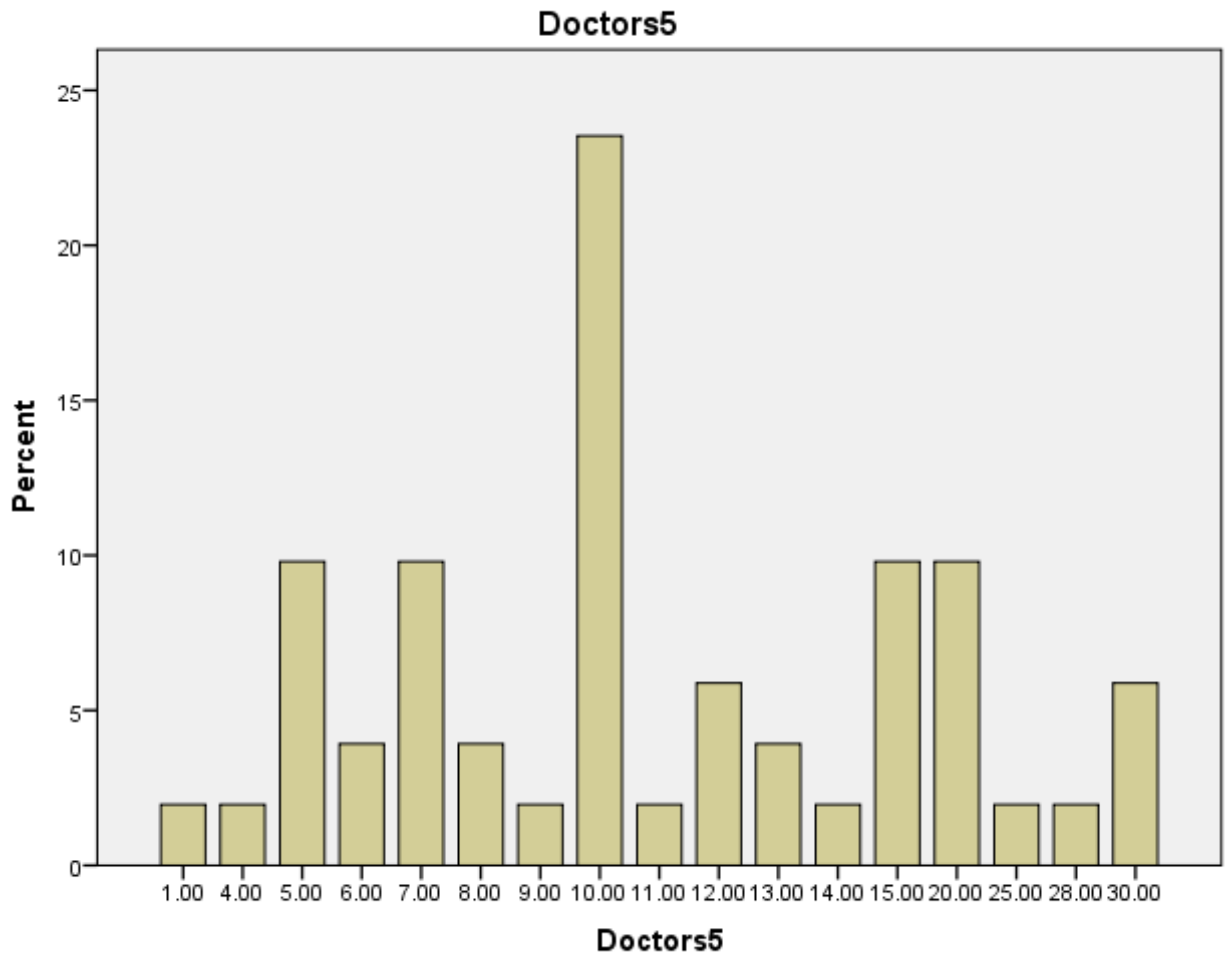


Figure 13: Ability of Patients Seen

Actually in this figure display the number of patients when the doctors was see in the one day there with we see that is have a good range of the ability of doctors to receive patients in the one day. Therefore we see most of the doctors saw the ten patients in the one day that is mean doctors is carefully watch ill's in the hospital, however the best responds between the (15-20) patients watch during one day usually that is have lowest number to see doctors in the one day is between (1-28) patients in the day that is give as a good idea on the healthcare sector in the North of Iraq.

Table 15:How many Operation you do in a week?

Doctors6					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	3	.5	6.3	6.3
	2.00	3	1.4	18.8	25.0
	3.00	2	.9	12.5	37.5
	4.00	2	.9	12.5	50.0
	5.00	3	1.4	18.8	68.8
	9.00	3	1.4	18.8	87.5
	5.00	1	.5	6.3	93.8
	7.00	1	.5	6.3	100.0
	Total	16	7.6	100.0	
Missing	System	195	92.4		
Total		211	100.0		

Term of Doctors6: How many operation you do in a week?

This section is about doctors has experience on patients operation in the one week therefore we want to know every corner about healthcare sector from doctors or hospital service for our research questionnaire.

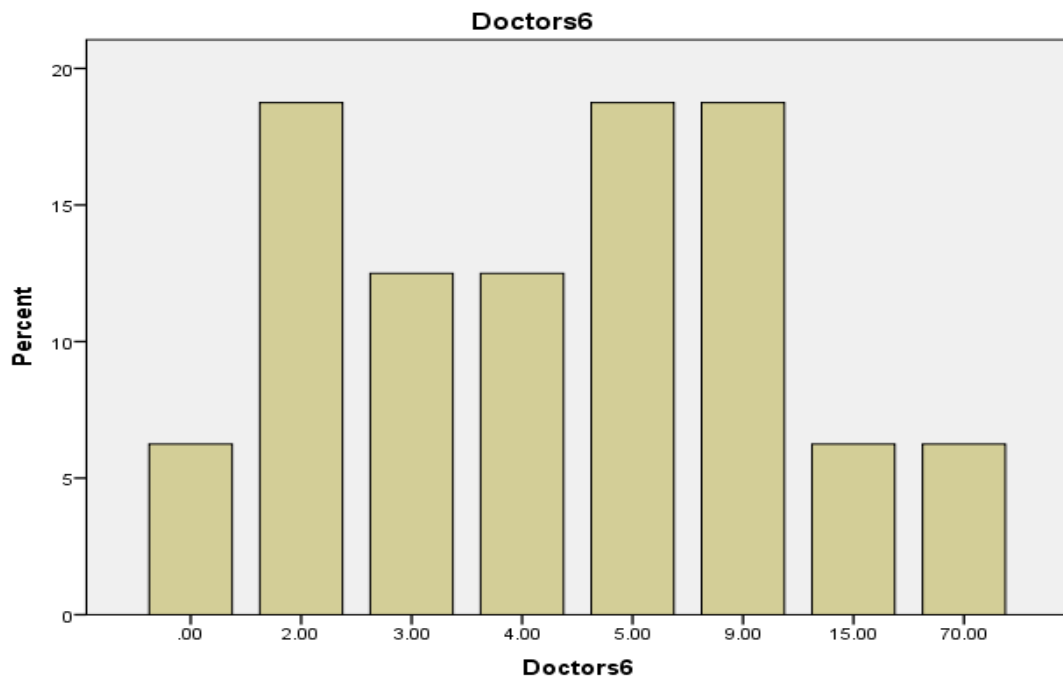


Figure 14: Ability Doctors in Operation

Table 16: How many hospitals where you worked?

Doctors7					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.5	7.1	7.1
	5.00	3	1.4	21.4	28.6
	7.00	1	.5	7.1	35.7
	8.00	1	.5	7.1	42.9
	9.00	4	1.9	28.6	71.4
	20.00	2	.9	14.3	85.7
	50.00	1	.5	7.1	92.9
	60.00	1	.5	7.1	100.0
	Total	14	6.6	100.0	
Missing	System	197	93.4		
Total		211	100.0		

Term of Doctors7: How many hospitals where you worked?

This part is explain working doctor in hospital and experience working in the hospital but more doctors work in nine hospitals, and minimum hospital doctors working in one hospital.

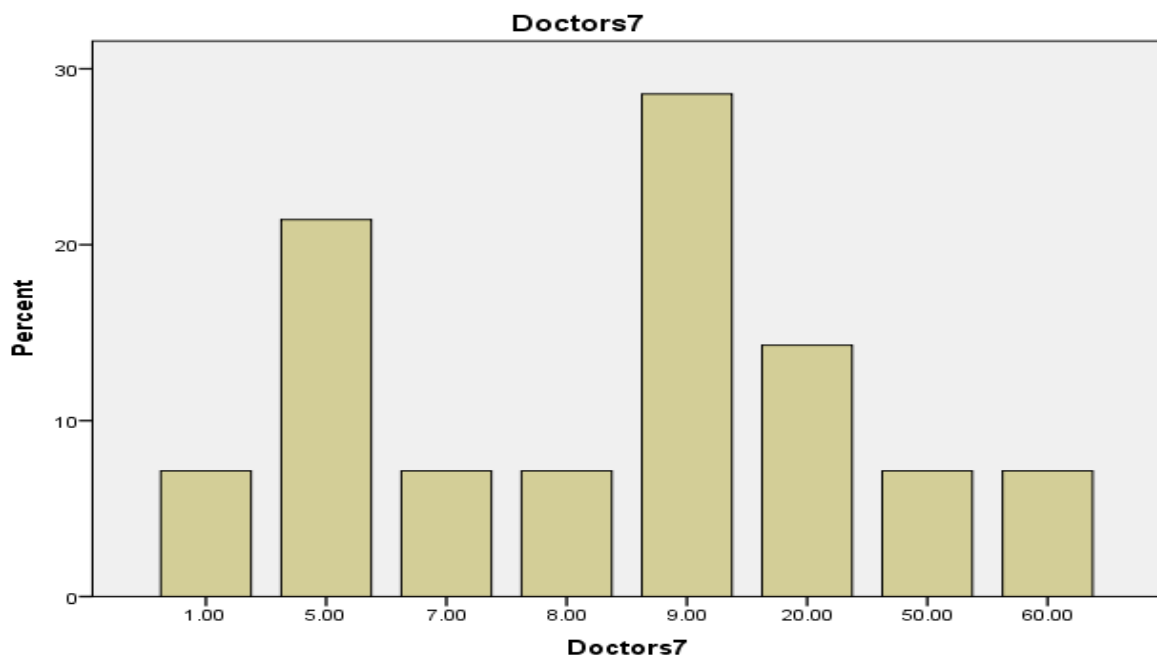


Figure 15: Number Hospital Working

Table 17:How many operation you do in your life for the patient?

Doctors8					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.5	1.9	1.9
	2.00	5	2.4	9.3	11.1
	3.00	5	2.4	9.3	20.4
	4.00	6	2.8	11.1	31.5
	5.00	7	3.3	13.0	44.4
	6.00	2	.9	3.7	48.1
	7.00	4	1.9	7.4	55.6
	8.00	5	2.4	9.3	64.8
	9.00	2	.9	3.7	68.5
	10.00	7	3.3	13.0	81.5
	12.00	3	1.4	5.6	87.0
	15.00	4	1.9	7.4	94.4
	20.00	3	1.4	5.6	100.0
	Total	54	25.6	100.0	
Missing	System	157	74.4		
Total		211	100.0		

Term of Doctors8: How many operation you do in your life for the patient?

This part is last part of doctor terms that is display the how many operation doing doctors in his life but much doctors doesn't have experience like we see in the data and the our research find more doctors is new is this sector.

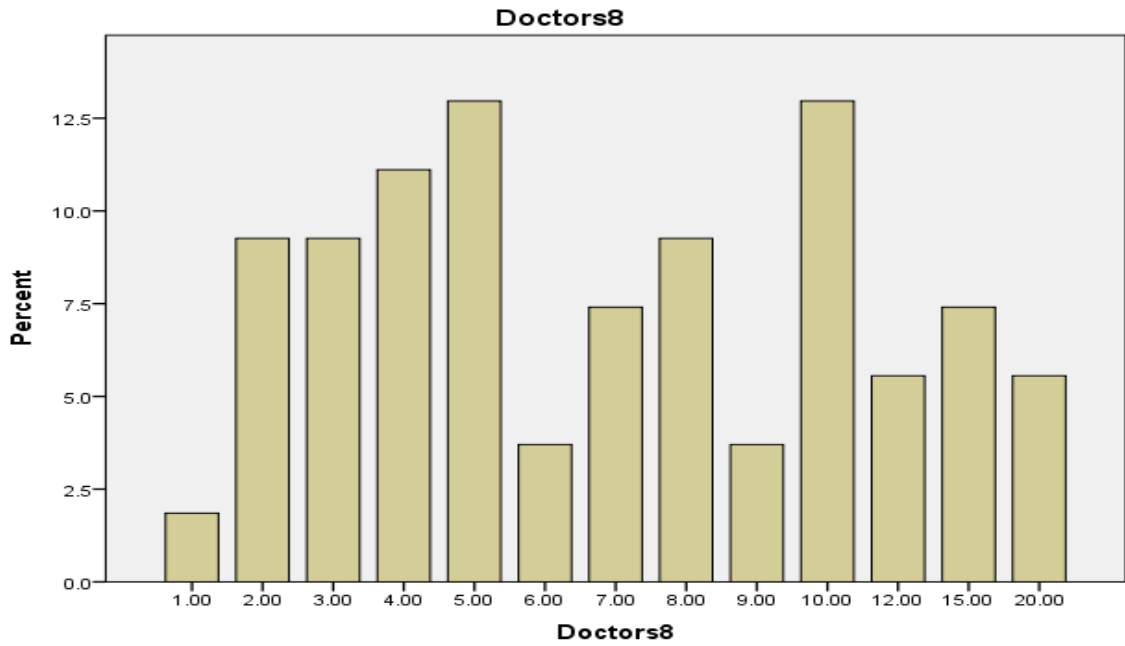


Figure 16: Working Operation in life

Table 18: Number of Şekil tablosu ögesi bulunamadı.participation Doctors

		Statistics							
		Doctors1	Doctors2	Doctors3	Doctors4	Doctors5	Doctors6	Doctors7	Doctors8
N	Valid	55	55	54	54	51	16	14	54
	Missing	156	156	157	157	160	195	197	157
Mean		4.6909	1.2364	6.7037	4.6667	12.2941	9.1875	15.5000	7.5741
Skewness		1.451	3.216	2.738	.137	1.158	3.673	1.970	1.015
Std. Error of Skewness		.322	.322	.325	.325	.333	.564	.597	.325
Minimum		1.00	1.00	3.00	2.00	1.00	.00	1.00	1.00
Maximum		16.00	4.00	24.00	7.00	30.00	70.00	60.00	20.00

4.5.3 Term of ANOVA (Patients)

Actually this is second ANOVA one way which explain in the first part of ANOVA one way doctors and that is for patients we want to found different between them. Forth more we select same option in this ANOVA one way patients to do similarity between both of doctors and patients in our research questionnaire, and we chose ANOVE one way to see similarity between group and within group because that is give us difference easily. Finally in this section we product difference and similarity between both part doctors and patients in data analysis but for the last result on both part we explicated a long in chapter five.

Table 19:Display Doctors of Anova one way

ANOVA								
			Sum of Squares	df	Mean Square	F	Sig.	
Patients1	Between Groups	(Combined)	12.075	3	4.025	9.402	.000	
		Linear Term	Unweighted	10.834	1	10.834	25.307	.000
			Weighted	10.658	1	10.658	24.896	.000
			Deviation	1.417	2	.708	1.654	.195
	Within Groups		65.073	152	.428			
	Total		77.147	155				
Patients2	Between Groups	(Combined)	68.884	3	22.961	19.317	.000	
		Linear Term	Unweighted	54.667	1	54.667	45.991	.000
			Weighted	56.142	1	56.142	47.232	.000
			Deviation	12.742	2	6.371	5.360	.006
	Within Groups		180.673	152	1.189			
	Total		249.558	155				
Patients3	Between Groups	(Combined)	4.292	3	1.431	4.167	.007	
		Linear Term	Unweighted	.001	1	.001	.002	.961
			Weighted	.001	1	.001	.002	.963
			Deviation	4.291	2	2.146	6.249	.002
	Within Groups		52.189	152	.343			
	Total		56.481	155				
Patients4	Between Groups	(Combined)	4.739	3	1.580	3.936	.010	
		Linear Term	Unweighted	4.117	1	4.117	10.259	.002
			Weighted	4.175	1	4.175	10.401	.002
			Deviation	.565	2	.282	.704	.496
	Within Groups		61.004	152	.401			

	Total		65.744	155				
Patients5	Between Groups	(Combined)	9.412	3	3.137	7.929	.000	
		Linear Term	Unweighted	2.650	1	2.650	6.698	.011
			Weighted	2.821	1	2.821	7.129	.008
			Deviation	6.591	2	3.296	8.329	.000
	Within Groups		60.145	152	.396			
Total		69.558	155					
Patients6	Between Groups	(Combined)	19.588	3	6.529	8.220	.000	
		Linear Term	Unweighted	2.135	1	2.135	2.687	.103
			Weighted	1.980	1	1.980	2.492	.117
			Deviation	17.608	2	8.804	11.084	.000
	Within Groups		120.739	152	.794			
Total		140.327	155					
Patients7	Between Groups	(Combined)	10.385	3	3.462	6.219	.001	
		Linear Term	Unweighted	3.815	1	3.815	6.855	.010
			Weighted	4.086	1	4.086	7.340	.008
			Deviation	6.300	2	3.150	5.659	.004
	Within Groups		84.608	152	.557			
Total		94.994	155					
Patients8	Between Groups	(Combined)	87.506	3	29.169	25.267	.000	
		Linear Term	Unweighted	25.607	1	25.607	22.182	.000
			Weighted	23.910	1	23.910	20.712	.000
			Deviation	63.596	2	31.798	27.545	.000
	Within Groups		175.468	152	1.154			
Total		262.974	155					

(Table -19): This table is display ANOVA one way patients that is mean which questions has a good result therefore we see all question has very good result like question(1) (0.00) that is mean most respondents agree on the typical hospital, and (0.00) is the result of question (2) mean doctors care patients very well. However the hospitals staff is well to community on watching patents because have perfect result (0.00) question (5), and (0.00) is to the result of question (6) that is give us the high quality of medication. However the very good respond on the question (7) mean all hospital has the good equipment to examination patients finally depending all the result above we see experience hospital staff and quality service affect on the customer satisfaction.

Table 20: Typical hospital care

Patients1					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	61	28.9	39.1	39.1
	agree	82	38.9	52.6	91.7
	Not relevant	8	3.8	5.1	96.8
	disagree	5	2.4	3.2	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients1: Typical hospital care

This section display the hospital care or how the hospitals re care patients public and privet hospital and we see that is have a god cervices respond by respondents in this section, then more of them answer on the agree and strongly agree that is mean have a special care from hospitals to patients.

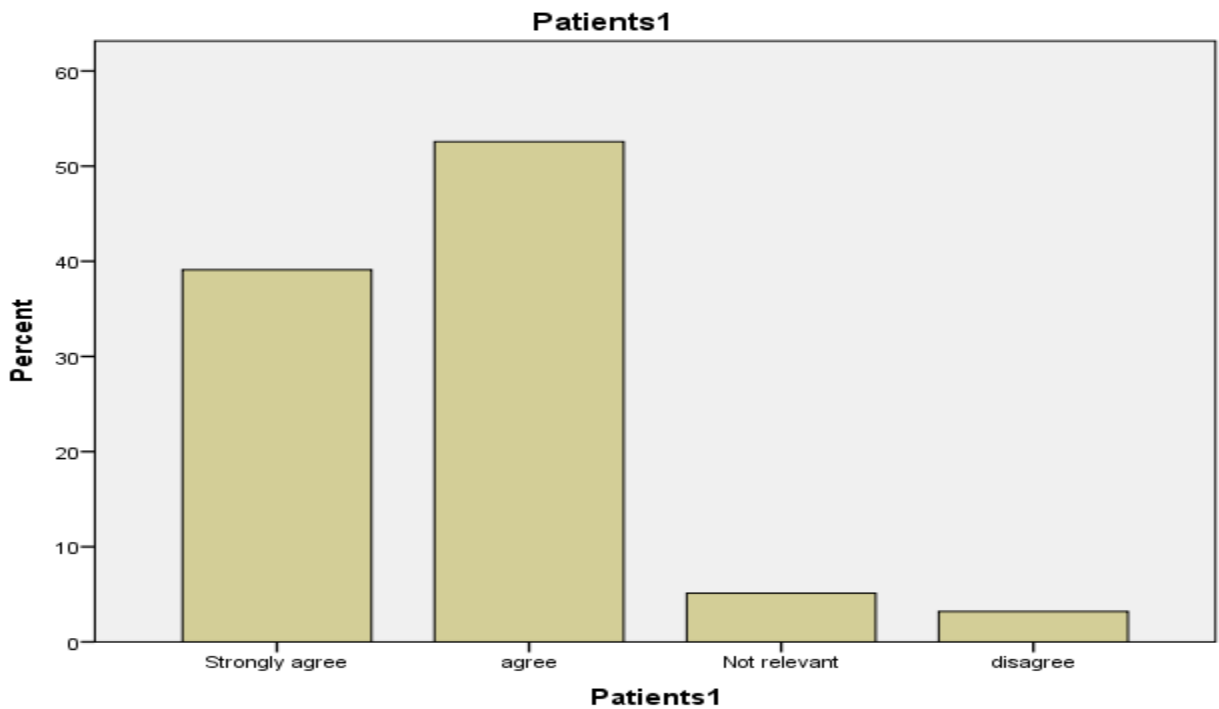


Figure 17: Typical of Hospital

Table 21: The doctors care patients

Patients2					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	71	33.6	45.5	45.5
	Agree	60	28.4	38.5	84.0
	Not relevant	10	4.7	6.4	90.4
	disagree	9	4.3	5.8	96.2
	Strongly disagree	6	2.8	3.8	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients2: The doctors care patients?

Actually in the first section of the patients asked about the hospital but in this part we ask on the doctors is there perfect care? Therefore we see a normal respond but the highest respond on the strongly agree we can be sure that is have excellent area for patients in the north of Iraq (Kurdistan).

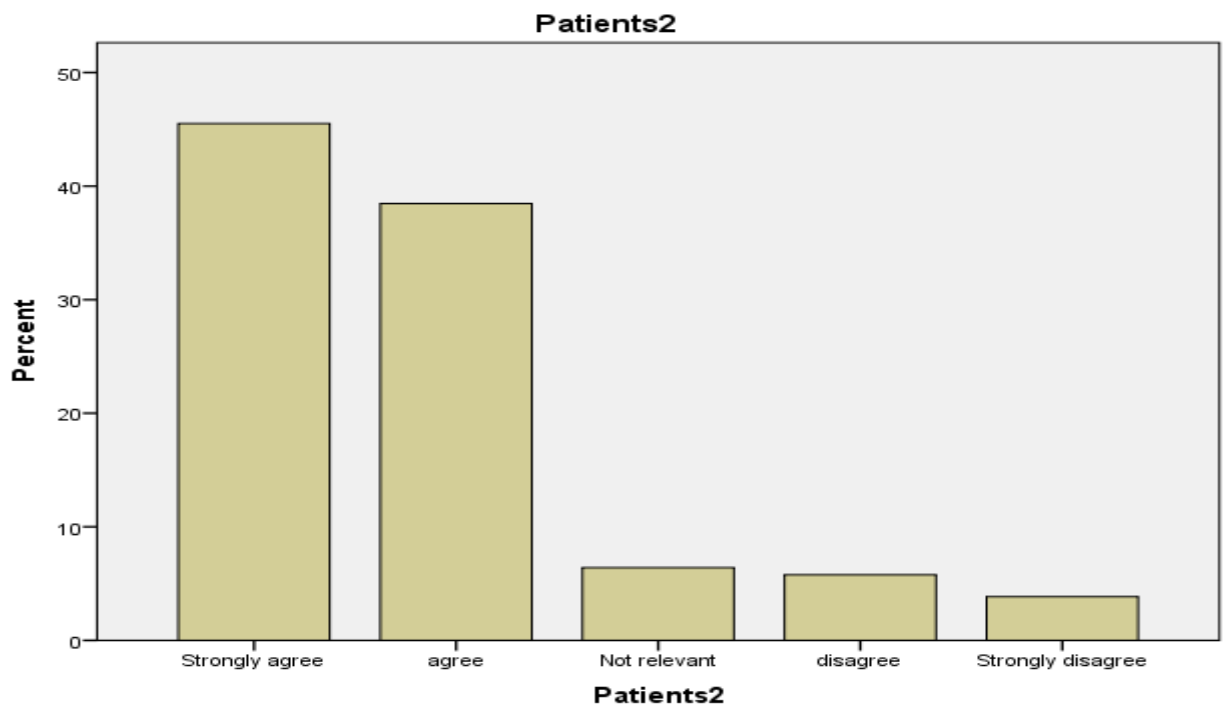


Figure 18: How Doctors Care Patients

Table 22: Hospital staff care about of patient

Patients3					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	94	44.5	60.3	60.3
	agree	57	27.0	36.5	96.8
	Not relevant	3	1.4	1.9	98.7
	disagree	2	.9	1.3	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients3: Hospital staff care about of patients?

In effect we designed three questions on the care patients and choose three line but all of them have a good respond by patients. Therewith that is last part on care patients by hospital sector and has a good interrogation on the research questionnaire and more answer n the strongly agree to care patients in the healthcare sector.

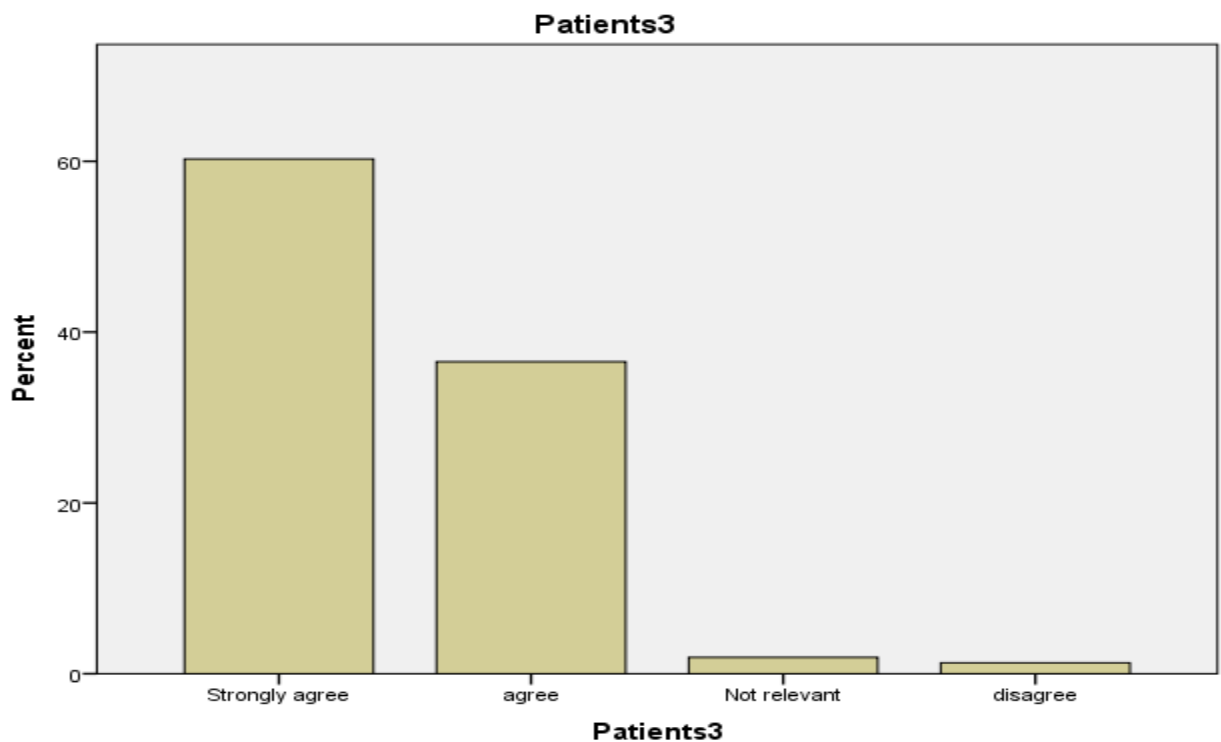


Figure 19: Ability to Care Patients by

Table 23: Hospital staff are dealing with courtesy and respect

Patients4					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	77	36.5	49.4	49.4
	Agree	67	31.8	42.9	92.3
	Not relevant	11	5.2	7.1	99.4
	disagree	1	.5	.6	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients4: Hospital staff is dealing with courtesy and respect?

Indeed in the every hospital have a staff to manage hospital then we want to make certain about dealing those staff manage hospital and staff is a big side to make relax patients in this field. Nevertheless we watch has a perfect responded on this question and all respondents fill courtesy and respect.

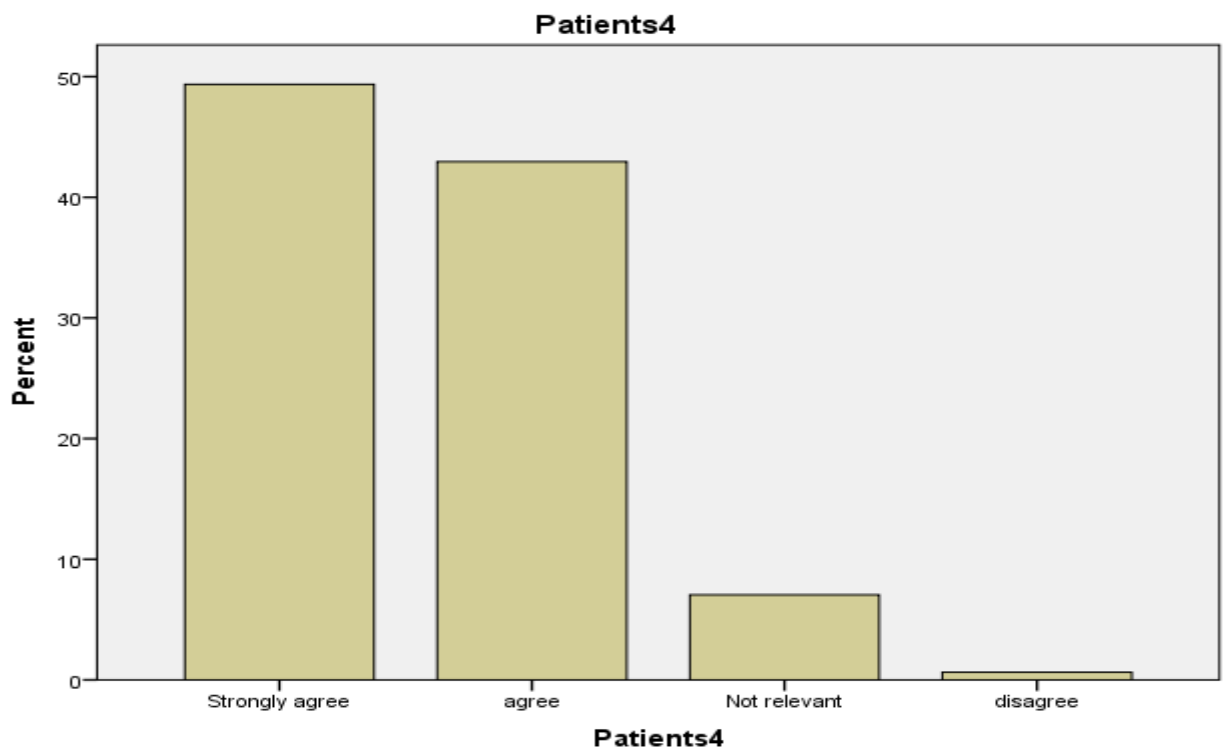


Figure 20: Dealing Hospital Staff with Patients

Table 24: Hospital staff has continuous watching on patient

Patients5					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	75	35.5	48.1	48.1
	agree	73	34.6	46.8	94.9
	Not relevant	4	1.9	2.6	97.4
	disagree	4	1.9	2.6	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients5: Hospital staff has continuous watching on patient

Really if we want to know about healthcare need to ask every corner in this field therefore want to know every point on the hospital, doctors and patients. Therewith question explicate ability of hospital staff on patients monitor, but when we watch that is have a high respondents on agree in this area.

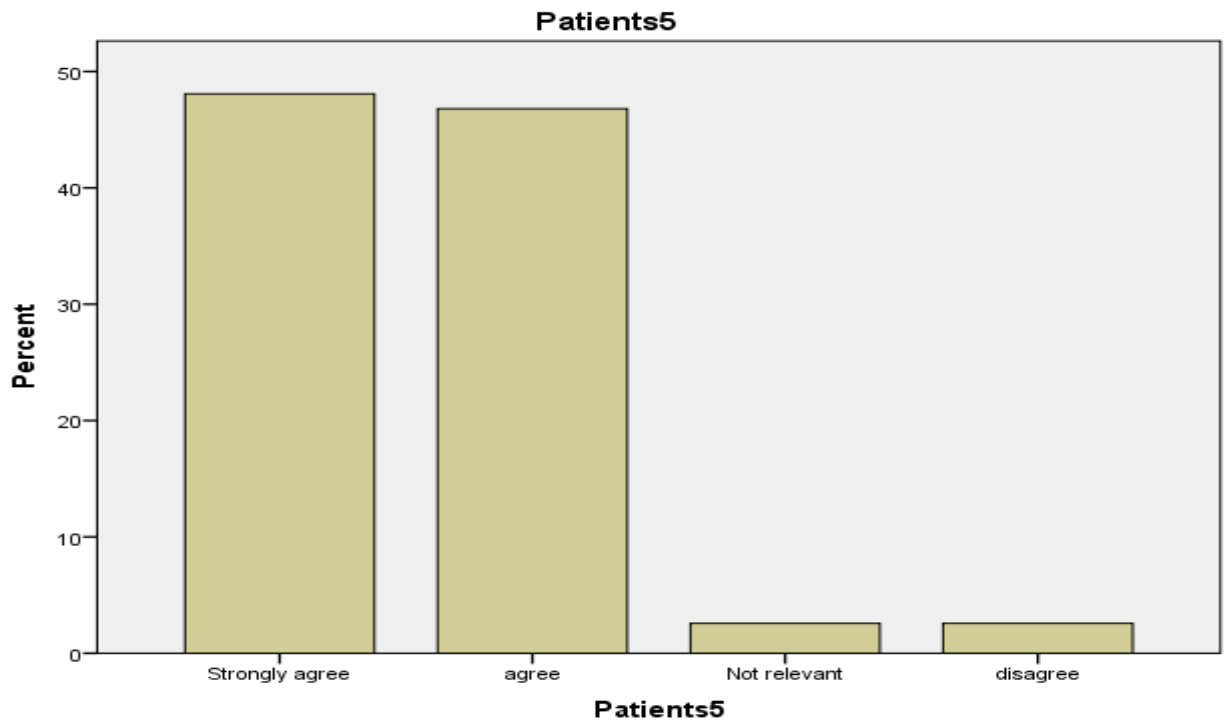


Figure 21: How Hospital Staff Whatching Patients

Table 25: Hospital has Excellent Medication

Patients6					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	43	20.4	27.6	27.6
	agree	59	28.0	37.8	65.4
	Not relevant	38	18.0	24.4	89.7
	disagree	16	7.6	10.3	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients6: Hospital has Excellent Medication

In fact this section is searches on quality of medicine in the all hospital but respondents divided to three part and more of them have a good information about medicine quality because of it has high answer on agree, but most of them accept on this medicine to took in the hospital.

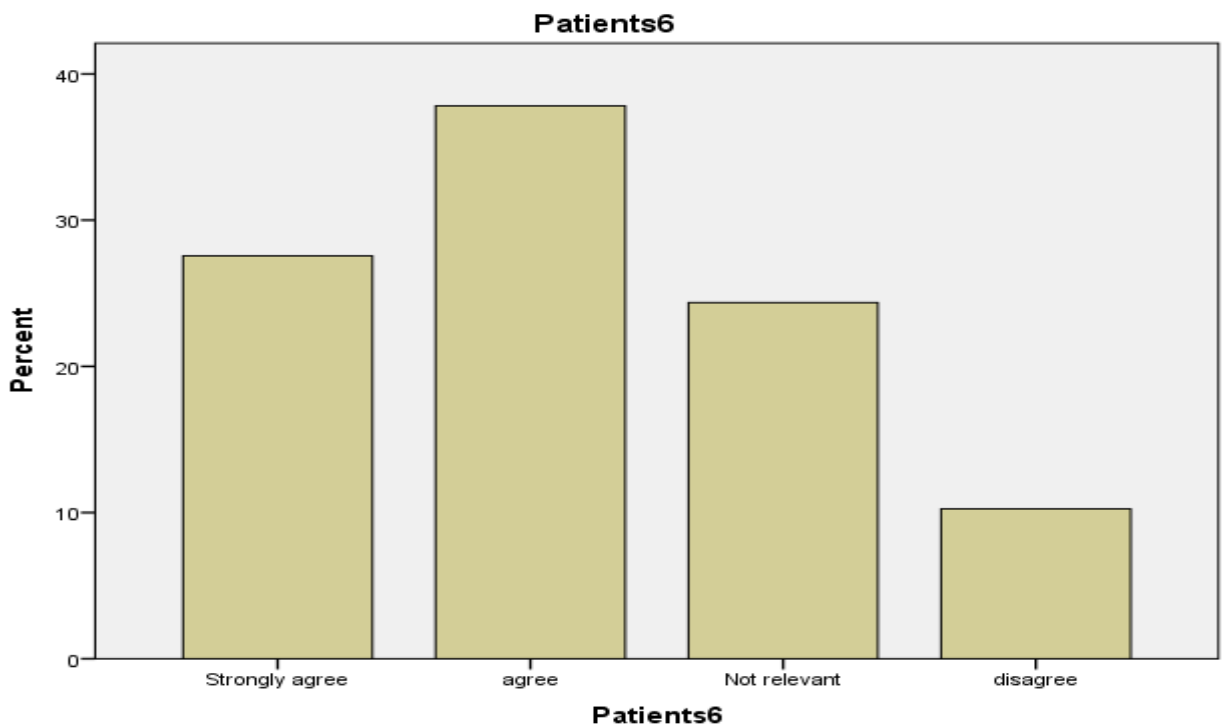


Figure 22: Type of Quality Medication

Table 26: Advanced Medical equipment in the hospital

Patients7					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	40	19.0	25.6	25.6
	agree	85	40.3	54.5	80.1
	Not relevant	23	10.9	14.7	94.9
	disagree	8	3.8	5.1	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients7: Advanced Medical equipment in the hospital

Actually in our research asking to everything has relation on patients and medical equipment is a part of patients care, thereby we know in the hospital has the high quality medical machine to patient examination, and respondents show that have a very good medical equipment in all hospital.

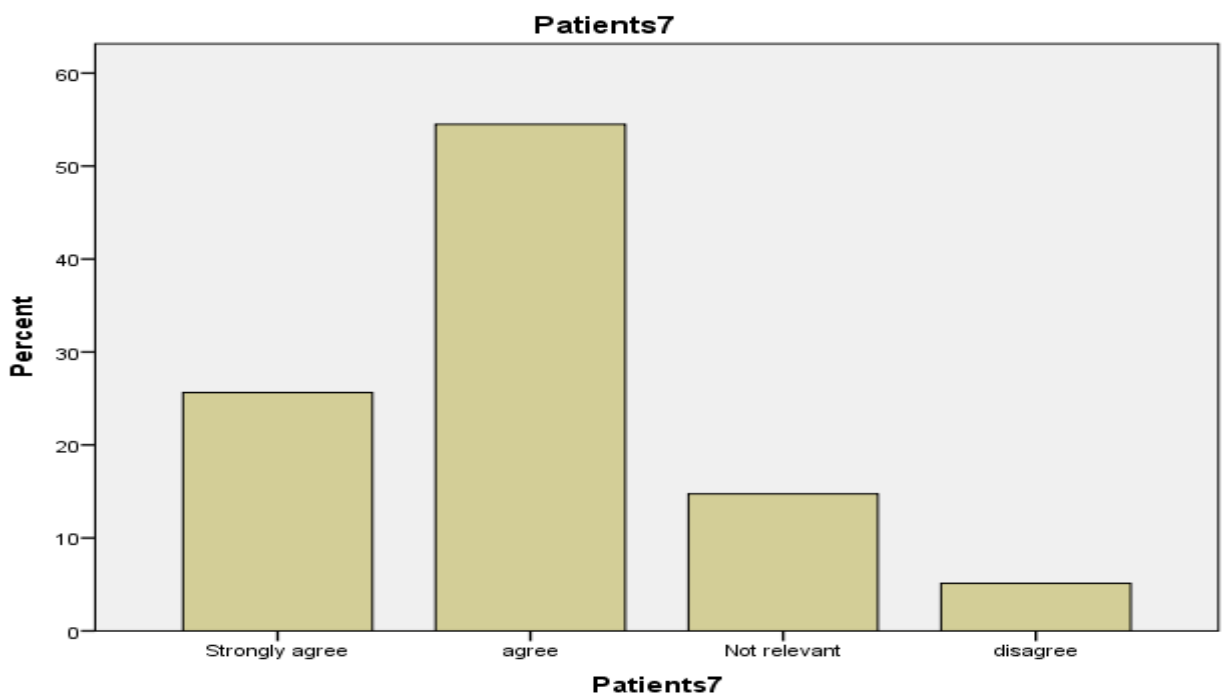


Figure 23: Equipment Quality

Table 27: This Hospital has high Expenses

Patients8					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	46	21.8	29.5	29.5
	agree	47	22.3	30.1	59.6
	Not relevant	11	5.2	7.1	66.7
	disagree	45	21.3	28.8	95.5
	Strongly disagree	7	3.3	4.5	100.0
	Total	156	73.9	100.0	
Missing	System	55	26.1		
Total		211	100.0		

Term of Patients8: This Hospital has high Expenses

This is the last term of patients for our research questionnaire and that is display the cost of hospital is much or not, but when we see has a big answer on not relevant that is mean have something doesn't to answer this question. But usually more respondents agree on the cost of hospitals.

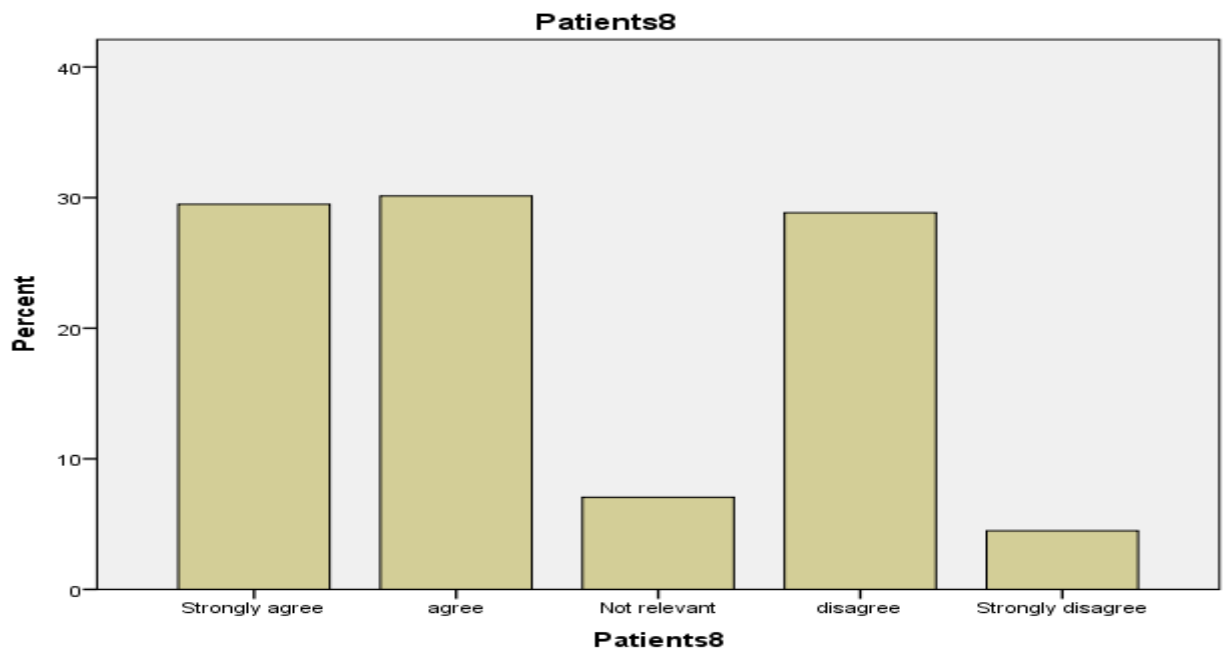


Figure 24: Cost of Hospital

CHAPTER FIVE

5.1 Summery Founding

In fact we focused on the critical on the healthcare in hospital for our research study and to achieve and solving every problem in the health sector but when we see in our research questionnaire respondents a good answer in all the questions in our research questionnaire, therefore we build our hypotheses on to theory there is the experience doctors and hospital staff and quality service is affect on healthcare sector or not, as a result we see yes the all vision we have in the healthcare sector is has affect on healthcare sector depending on the implication on classify our research both section doctors experience and hospital service quality has direct relating on healthcare sector, thereby we gated result on the doctors in the working to see patents daily and weekly that is give (0.018) and weekly watching patients is (0.138) in the data analysis of ANOVA but in the experience to do operation and hospital working good implication that gave (0.049) in the ANOVA result with how many hospital worked is (0.173) that is mean in reality the experience of doctor has the impact on the developing and healthcare sector. Therewith in the second section of the patients we ask about typical and service quality of hospital with the hospital staff to care and continue watching patients, then the result is make us happy because all the question we asked during the process distribution have a high respondents and very good answer such as we see the first question is (0.000) in the data analysis with the question 2 the doctors is really care patients the result is (0.00) that is make us so glade. Nevertheless the high quality in the all hospital has very good responds like we ask about medication of the hospital the implication (0.00) that is mean have the high quality medication in this our research area but if we see the medical equipment in the hospital has same result (0.00) that mean the equipment in the hospital using to examination patients is very good and most patients

accept it. Finally we see the effect of doctor's care and hospital staff with service quality is has direct relation to critical the health care in the health sector mean we choose Hypotheses H1 and H2 .

5.2 Implication

At the end of resultwedecision on what is need or what is do for the healthcare sector because the healthcare sector is a special sector involved on the life people and the human is special in the world that is should to carefully moving on this case. Therefore on this research study we focused on the hypotheses to be clear on what the critical working and which is has direct impact on the developing this sector mean healthcare sector and we chose the experience of the doctors and hospital staff is influence on the every patients in every hospital. Thereby we select to type of hypotheses that is the experience of doctors has the impact on customer satisfaction or not because some time experience have incorporeally affect on patients therewith the quality of the hospital and service quality of staff influence on the every critical on the healthcare sector. Moreover by our research study we see the healthcare sector in the Kurdistan Region in the start of developing and growing but the hospital private is has the special role to achieve the healthcare sector in the Kurdistan Region therewith the government is support every organization of health and company to improve this sector. Finally we see has a good care of patients and ill in both of the hospital private and public that is all come back to the government support on this sector.

CONCLUSION

Actually the healthcare sector is very important in every country and every country to develop and achieve people should to growth healthcare sector because health sector has relation with the people directly. Then customer satisfaction in this sector is not easy and should every hospital care about the patients carefully through high quality service and make typical hospital with high quality equipment examination. Therefore in every were health care attacked by some way like we ask in the research questionnaire the experience doctors and quality service of hospital with medicine quality all of them has direct relating on the customer satisfaction if one of them does not going in the process make critical all another. Therewith in the healthcare sector must training the staff of the hospitals on the how care and watching patients and should to dealing with them by full respect and kindly because we know patients in the sensitivity situation and training on the new growth health in the world. Moreover the experience of the doctors is very important to how growth and developing this sector because we see that in the our research questionnaire and the result say that and the government is has direct connection with healthcare sector and under supervising manage the healthcare sector therefore quality medicine should care about more than now by quality control and control watching all the hospitals and doctors to resolving every problem and critical in the healthcare sector. Moreover we hope the our research be useful for this sector mean healthcare sector because we know how many people in the world have worth situation health and how many people died in the world through this sector. Finally the customer satisfaction in the healthcare is the process should every hospital and organization going through it such us experience of doctors and hospital staff with high quality medication and service that all of those make hospital in the high capability to customer satisfaction.

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Survey

Improve the critical factors to achieve customer’s satisfaction in the health sector

RESEARCH QUESTIONNAIRE				
No.	PART ONE	Personal information		
1.	City			
2.	Name of Hospital			
3.	Qualifications			
4.	Gender			
5.	Marriage			
6.	Age			
7.	Function			
8.	What type of work do you usually do at this hospital?			
9.	How many patients have you personally seen here in the hospital?			
No.	PART TWO	Doctors questions		
10.	How many years you reached this level?			
11.	In any city or country reached to this level?			
12.	How many hours a day usually work?			
13.	How many days a week do you work?			
14.	How many patients you see in a day?			
15.	How many operation you do in a weak?			
16.	How many operation you do in your life for the patient?			
17.	How many hospitals where you worked?			

Improve the critical factors to achieve customer's satisfaction in the health sector

RESEARCH QUESTIONNAIRE						
No.	PART ONE	Personal information				
1.	City					
2.	Name of Hospital					
3.	Qualifications					
4.	Gender					
5.	Marriage					
6.	Age					
7.	Function					
No.	PART ONE	Patient questions				
8.	Typical hospital care	Strongly agree	agree	Not relevant	disagree	Strongly disagree
9.	The doctors care patients	Strongly agree	agree	Not relevant	disagree	Strongly disagree
10.	Hospital staff care about of patient	Strongly agree	agree	Not relevant	disagree	Strongly disagree
11.	Hospital staff are dealing with courtesy and respect	Strongly agree	agree	Not relevant	disagree	Strongly disagree
12.	Hospital staff has continuous watching on patient	Strongly agree	agree	Not relevant	disagree	Strongly disagree
13.	Hospital has Excellent Medication	Strongly agree	agree	Not relevant	disagree	Strongly disagree
14.	Advanced Medical equipment in the hospital	Strongly agree	agree	Not relevant	disagree	Strongly disagree
15.	This Hospital has high Expenses	Strongly agree	agree	Not relevant	disagree	Strongly disagree

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English	Medium	Good	Medium

ÖZGEÇMİŞ

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Fakülte	IDARE VE EKONOMİK
Bölüm	İŞLETME ANABİLİM DALI

YABANCI DİL BİLGİSİ

İngilizce	KPDS (....) ÜDS (....) TOEFL (....) EILTS (....)
Dil	Kürtçe (Ana Dilde), İngilizce

İŞ DENEYİMİ

Çalıştığı Kurum	Tarım Bakanlığı
Görevi/Pozisyonu	Saygı
Tecrübe Süresi	17 Yil

KATILDIĞI

Kurslar	-
Projeler	-

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