



T.C

BİNGÖL UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCE

BUSINESS ADMINISTRATION DEPARTMENT

**FACTORS INFLUENCING CUSTOMER SATISFACTION
IN HEALTH CARE SERVICES
THE CASE OF PUBLIC AND PRIVATE HOSPITALS
IN KURDISTAN REGION**

PREPARED BY

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MASTER THESIS

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BİNGÖL- 2018



T.C.

**BİNGÖL ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
İŞLETME ANA BİLİMDALİ**

**SAĞLIK HİZMETLERİNDE MÜŞTERİ
MEMNUNİYETİNİ ETKİLEYEN FAKTÖRLER
KÜRDİSTAN BÖLGESİNDE KAMU VE ÖZEL
HASTANELERDE UYGULAMALI BİR ARAŞTIRMA**

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BİNGÖL-2018

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**Factors Influencing Customer Satisfaction in Health Care
Services**

**(The Case of Public and Private Hospitals in Kurdistan
Region)**

Master Thesis

Prepared By
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Bingöl- 2018

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SCIENTIFIC ETHICAL NOTICE

This work I have prepared in accordance with the thesis writing rules, which I have achieved in the framework of scientific ethics and tradition within the scope of all the information in the thesis, which I have met with the scientific ethics and academic rules carefully until the conclusion of the proposal phase of the master thesis [Factors Influencing Customer Satisfaction in Health Care Services: The Case of Public and Private Hospitals in Kurdistan region] I declare that the works I have shown and utilized for each quotation consist of those shown at the source.

/ /2018

Signature
HENDREEN FINDI YUOSIF

BİNGÖL UNIVERSITY
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Title Name Surname

Director of the Institute

PREFACE

[Factors Influencing Customer Satisfaction in Health Care Services: The Case of Public and Private Hospitals in Kurdistan Region] has been highlighted in the context of".

The supervisor who does not spare his help in the preparation of this works [Yrd. Doc. Dr. Mehmet Güven]; and he did not spare their contribution in the writing and correction of the thesis and who contributed to my education throughout my life.

I offer my relief gratitude to help keep my morale and motivation at a high level in completing my work.

/ /2018

HENDREEN FINDI YUOSIF

Dedication

To My Husband

To My Father and Mother

To My Family

To All Who Have Supported Me throughout My Life

And To All Who Deserve the Gift

Hendreen



ABSTRACT

| |
|--|
| Title of the Thesis: Factors Influencing Customer Satisfaction in Health Care Services: The Case of Public and Private Hospitals in Kurdistan region |
| Author: Hendreen Findi Yuosif |
| Supervisor: Assistant Professor Dr. Mehmet Güven |
| Department: Business Administration |
| Sub-field: Economics |
| Date : / / 2018 |
| <p>The world has recently witnessed a great interest in quality and its emphasis. Organizations, whether industrial or service, have become aware of the competitive advantage, which can only be achieved through the achievement of the overall quality which has increased the attention over the last two decades and there is a model of quality through which organizations can improve Performance. Service facilities typically seek to improve the quality of their services and are interested in knowing and measuring levels of customer satisfaction and trying to reduce the negative impact on those levels.</p> <p>Attention to the quality of health care is a very old idea, but the new approach is the use of scientific methods and modern statistical methods to implement quality management programs.</p> <p>The issue of quality of hospital and medical services is a key issue in the management of health services. This issue has become the focus of attention by the administrations of hospitals, consumers, doctors and the providers of these services. The subject of quality assessment and control has become one of the most important topics of interest to researchers, administrators and consumers in order to increase the role played by the private sector and its transformation from the role of the active partner of the public sector to the future leadership and leadership role of the hospital sector.</p> <p>As well as the official trend toward privatization and encouragement of investment, which will give the private sector a strong impetus towards further growth and investment in this sector, in addition to the continuous rise in the cost of producing hospital services and as a result the rising price paid for these services, which will make the subject of quality control and confirmation of increasing interest By the driving parties of this cost, and finally the growing awareness of the consumer of hospital services and a partnership of rights</p> <p>The research on the quality of services in general and health services in particular is based on the scientific research method that was carried out using the SERVQUAL Scale, which was established by Parasuraman, Zeithaml , and Berry (1985, 1988). SERVQUAL Scale consists of five main dimensions: Tangibles, Reliability, Responsiveness, Assurance and Empathy.</p> <p>As well as questionnaire consisting of (22) sub-variables related to the main dimensions, in order to measure the quality of health services in public and private hospitals in governorates of Duhok.</p> <p>The study found that there is a clear weakness in the quality of health services provided to patients, as well as a difference in the importance of the persons of the research sample a variety of the main variables.</p> |
| Key Words: Health, Healthcare, Health Services, SERVQUAL. |

TÜRKÇE TEZ ÖZETİ

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| Tezin Başlığı: Irak ekonomisinde doların talep fonksiyonunun tahmini 2003-2014 |
| Tezin Yazarı: Hendreen Findi Yuosif |
| Danışman: Yrd. Doc. Dr. Mehmet Güven |
| Anabilim Dalı: Business Administration |
| Bilim Dalı: Business Administration |
| Tarih: / / 2018 |
| <p>Dünya son zamanlarda kalite ve vurgu konusunda büyük bir ilgi gördü. Sanayi ya da hizmet kuruluşları, son yirmi yılda dikkatleri artıran genel kaliteye ulaşmak yoluyla elde edilebilen rekabet avantajının farkına varmışlardır ve bunun üzerinden bir kalite modeli bulunmaktadır. Kuruluşlar Performansı iyileştirilebilir. Hizmet tesisleri genellikle hizmet kalitesini artırmaya çalışır ve müşteri memnuniyet düzeylerini bilmek ve ölçmek ve bu seviyelerdeki olumsuz etkiyi azaltmaya çalışmak istemektedir.</p> <p>Sağlık hizmet kalitesine dikkat çok eski bir fikir, ancak yeni yaklaşım kalite yönetimi programlarını uygulamak için bilimsel yöntemlerin ve modern istatistiksel yöntemlerin kullanılmasıdır.</p> <p>Hastane kalitesi ve sağlık hizmetleri konusu, sağlık hizmetlerinin yönetiminde kilit bir sorundur. Bu konu, hastanelerin, tüketicilerin, doktorların ve bu hizmetlerin sağlayıcılarının idarelerinin dikkatinin odağı haline gelmiştir. Kalite değerlendirmesi ve denetimi konusu, araştırmacılara, yöneticilere ve tüketicilere, özel sektörün oynadığı rolü ve aktif ortağın rolünden dönüşümünü arttırmak için ilgilendiren en önemli konulardan biri haline gelmiştir. kamu sektörünü hastane sektörünün lider liderlik ve liderlik rolüne dönüştürüyor.</p> <p>Hastane hizmetlerinin üretim masraflarının sürekli artmasının yanı sıra özel sektörü bu sektöre daha fazla büyüme ve yatırım yapmaya güçlü bir ivme kazandıracak olan özelleştirmeye ve yatırım teşvikine yönelik resmi eğilimin yanı sıra sonuçta, kalite kontrol konusunu ve artan ilgiyi teyit edecek olan bu hizmetler için ödenen fiyat artışı Bu maliyetin sürüş tarafları ve nihayet hastane hizmetleri tüketicisinin artan bilinci ve hakların birliği</p> <p>Genel olarak hizmetler ve özellikle sağlık hizmetleri araştırması, Parasuraman, Zeithaml ve Berry (1985, 1988) tarafından kurulan SERVQUAL Ölçeği kullanılarak yapılan bilimsel araştırma yöntemine dayanmaktadır. .</p> <p>SERVQUAL Ölçeği beş ana boyuttan oluşur: Maddi, Güvenilirlik, Duyarlılık, Güvence ve Empati.</p> <p>Dohuk valiliklerinde kamu ve özel hastanelerde sağlık hizmetlerinin kalitesini ölçmek için (22) ana boyutlarla ilgili alt değişkenlerden oluşan anketin yanı sıra. Çalışma, hastalara sağlanan sağlık hizmetlerinin kalitesinde açık bir zayıflığın yanı sıra, araştırma örneklemindeki kişilerin çeşitli ana değişkenlere göre farklılık gösterdiğini tespit etmiştir.</p> |
| Anahtar kelimeler: Sağlık, Sağlık Hizmetleri, SERVQUAL |

ABBREVIATIONS

| | |
|-----------------|---|
| GDP | Gross Domestic Product |
| HCS | Health Care Services |
| HSQ | Health Service Quality |
| KRG | Kurdistan Region of Iraq |
| PHCs | Primary Health Care Center |
| SERVQUAL | (Service Quality) Multi-Dimensional Research Instrument (Questionnaire or Measurement Scale) |
| WHO | World Health Organization |



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CHAPTER ONE INTRODUCTION

1.1. Health Concept

It is difficult to define health, and its measurement is even more difficult. Being healthy does not mean just life; it means the ability to enjoy life to the maximum.

The level of health of the individual is related to the needs of housing, mental strength, level of education, level and variety of food, the level of cleanliness of the environment and the available health services, and the extent of access to them. The disease or the deterioration of the health status of the individual from the disease and enable him to return to safety health.⁽¹⁾

Health means "the absence of apparent disease and the absence of human deficiency and disease," as long as the human body has been free of the disease and acquitted of the disease, it means that this body is true. But this concept did not convince the World Health Organization, (WHO), and considered that this concept is a waste of the meaning of health and makes its role negative just because it is a cure for the disease.⁽²⁾

The World Health Organization (WHO) defines good health: "It is the state of complete physical and mental integrity, not merely absence of disease or imbalance."⁽³⁾

The World Bank (WB) defines health as the ability to improve health are linked to income and education, to changes in wealth and education in individual behavior, as well as to the amount and efficiency of expenditures in the health system, and the prevalence of current diseases, which is largely determined by climate and geographic and environmental factors.⁽⁴⁾

In 1920 "Winslow" set forth a definition of public health: Public health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles and personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual a standard of living adequate for

1. Alfred Marshall, principles of economics, eighth edition, the Macmillan press LTD, London, 1977, p161.

2. عبد المحي محمود حسن صالح، الصحة العامة بين البعدين الاجتماعي والثقافي، دار المعرفة، الجامعية، الأزاريطة، مصر، 2003، ص17.

3. إبراهيم طلعت الدمرداش، اقتصاديات الخدمات الصحية، الطبعة الثانية، مكتبة القدس، الزقازيق، مصر، 2006، ص17.

4. إبراهيم طلعت الدمرداش، التحليل الاقتصادي والاستثمار في المجالات الطبية، دار الكتاب الحديث، الجزائر، 2009، ص18.

the maintenance of health; organizing these benefits in such a fashion as to enable every citizen to realize his birthright of health and longevity.⁽¹⁾

1.2. Healthcare Industry Concept

The healthcare industry, also called the medical industry or health economy, is an aggregation and integration of sectors within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. It includes the generation and commercialization of goods and services lending themselves to maintaining and re-establishing health.⁽²⁾

The modern healthcare industry is divided into many sectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet health needs of individuals and populations.

The healthcare industry is one of the world's largest and fastest-growing industries. Consuming over 10 percent of gross domestic product (GDP) of most developed nations, health care can form an enormous part of a country's economy.⁽³⁾

The term of health care industry is the complex of preventive, remedial, and therapeutic services provided by hospitals and other institutions, nurses, doctors, dentists, medical administrators, government agencies, voluntary agencies, no institutional care facilities, pharmaceuticals and medical equipment manufacturers, and health insurance companies.⁽⁴⁾

1. د. سلوى عثمان السيد الصديقي، الصحة العامة والرعاية الصحية من المنظور الاجتماعي، دار المعرفة الجامعية، الإسكندرية، مصر، 2004، ص 41.

History of the Yale School of Public Health, an available on a following website:
<http://bulletin.printer.yale.edu/htmlfiles/publichealth/history-of-the-yale-school-of-public-health.html>

2. Robert G. Evans, Going for the Gold: The Redistributive Agenda behind Market-Based Health Care Reform, University of British Columbia, Journal of Health Politics, Policy and Law, pp427-428.

And: Business Dictionary, health care industry, an available on a following website:
<http://www.businessdictionary.com/definition/health-care-industry.html>

3."Snapshots: Comparing Projected Growth in Health Care Expenditures and the Economy, The Henry J. Kaiser Family Foundation". Kff.org. 2006-04-17.

4. THE FREE DICTIONARY BY FARLEX, Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier, an available on a following website:

healthcare industry

1.3. Healthcare Services Concept

“Health care services” means any medical or remedial care or service, including supplies delivered in connection with the care or service.⁽¹⁾

And also "Health care services" means the furnishing of medicine, medical or surgical treatment, nursing, hospital service, dental service, optometric service, complementary health services or any or all of the enumerated services or any other necessary services of like character, whether or not contingent upon sickness or personal injury, as well as the furnishing to any person of any and all other services and goods for the purpose of preventing, alleviating, curing or healing human illness, physical disability or injury.⁽²⁾

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services.

Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions.

Improving access, coverage and quality of services depends on these key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users.⁽³⁾

1.4. Basics of Health Services

There are a number of factors that determine the fundamentals and characteristics of health services such as the general needs of the population and the doctor's impression of what is best for the patients. The planning of these services is done in light of an urgent needs assessment and is closely related to ongoing research and studies in medical care, health information systems, Such as hospitals, health centers

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1. Legislative Counsel Committee, CHAPTER 165—Offenses Involving Fraud or Deception, an available on a following website:
https://www.oregonlegislature.gov/bills_laws/ors/165.html (2007) (last accessed Feb. 12, 2009).
As used in ORS 165.690 (Definitions), 165.692 (Making false claim for health care payment) and 165.694 (Aggregation of claims).
 2. Legislative Counsel Committee, Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2007, Chapter 750, an available on a following website: https://www.oregonlegislature.gov/-bills_laws/ors/750ano.htm (2007) (last accessed Feb. 12, 2009).
 3. World Health Organization, (WHO), Health topics, Health Services an available on a following website: http://www.who.int/topics/health_services/en/

and multi-service clinics, in order to provide adequate and high quality medical services:⁽¹⁾

1. Sufficient Quantity: It means providing medical services of sufficient size and quantity commensurate with the population and this includes:
 - a. Provision of sufficient medical human resources: doctors, nurses, technicians, laboratories and other assistants, since the doctor alone cannot perform all medical services from nursing, laboratory and administrative.
 - b. Provide adequate numbers of doctors, medical centers and institutions that provide medical services (health units, hospitals, laboratories, pharmacies, etc.) and that there must be justice and equality in distribution among different regions of the country, In what region of the country at the expense of other regions.
 - c. The provision of medical services at all times, which means that the members of the medical team work for 24 hours.
 - d. Provide health education methods and methods among the members of the community to familiarize them with the means of medical care, their presence, the services they provide, their importance and ways to benefit from them early, once the individual feels sick, and does not wait until the disease develops and becomes dangerous to introduce himself to the doctor.
 - e. Financial and administrative systems must be developed to ensure the provision of services to the individual and to seek comprehensive medical insurance for all citizens.
2. Sufficient Quality: It is not enough to provide medical care only to increase the number of members of medical teams, health units and hospitals, but also to provide high-quality conditions for medical work, this includes:⁽²⁾
 - a. Setting standards and foundations that determine the required level and must be provided in each of the members of the medical team, equipment and devices, diagnostics and treatment. These standards shall be established by a higher committee with expertise, expertise and know-how in the various fields of medical care. No one, whether a doctor, nurse or medical institution, shall be permitted to practice the profession of providing medical services unless such standards are met.

1. أيمن مزاهرة، وآخرون، الصحة والسلامة العامة، دار الشروق للنشر، الطبعة الأولى، عمان، الأردن، 2000، ص79.

2. Ibid p.80.

- b. and good training of members of the medical team, be it a general practitioner, a specialist, a nurse or a pharmacist, and this through the development of cultural programs scientific to raise the level of scientific and the latest medical discoveries, in addition to the rehabilitation programs to renew their theoretical and scientific information, These courses should be compulsory and linked to the continuity of the profession.
- c. Providing facilities and financial, administrative and technical assistance to all medical personnel, whether individuals or institutions, in order to obtain and possess the necessary medical instruments and equipment and medical facilities at the lowest financial costs and efforts, so that they can provide medical services at a high level.
- d. Integrating health and preventive health services because these services have a single integrated entity. The overall purpose is to work towards the completion of the physical and mental integrity of the individual as well as the control and treatment of diseases, because the division of these services negates the purpose of complementarity and the consequent increase in actual expenditures the management of these services will therefore affect their final prices.

1.5. A Brief Review of Kurdistan Region

With a population of 5.2 million and increasing, the four governorates of Erbil, Sulaimani, Duhok and Halabja cover approximately 40,000 square kilometers. This includes the governorates administered by the Kurdistan Regional Government.

The Region is geographically diverse, from hot and dry plains to cooler mountainous areas with natural springs and snowfall in the winter.⁽¹⁾

The capital and the seat of the Kurdistan Regional Government is Erbil, a city known in Kurdish as Hawler. The Citadel in Erbil is considered the world's oldest continuously inhabited settlement. The next largest cities are Sulaimani and Dohuk. Please note that Sulaimani, is the KRG's official English spelling, but it can also be found with other spellings such as Sulaimani,

Iraq's Constitution recognizes the Kurdistan Regional Government and the Kurdistan Parliament as the region's formal institutions and the Peshmerga forces as the Region's legitimate security guard.

1. Kurdistan Regional Government, available in official, website:
<http://cabinet.gov.krd/p/page.aspx?l=12&p=210>, last visited: 05.02.2017.

The current coalition government consists of several political parties that reflect the diversity of the Region's population, which includes Chaldeans, Assyrians, Syriacs, Turkmen, Yazidis, Arabs and Kurds living together in harmony.

More than 65% of destroyed villages have been rebuilt since being razed during the Anfal campaign perpetrated by Saddam Hussein's regime in the 1980s.⁽¹⁾

The Kurdish language is of Indo-European origin and is among the family of Iranian languages, such as Persian and Pashto, and is distinct from Arabic. The two main dialects are Sorani and Kurmanji.

The Kurdistan Region has 11 public universities and several licensed private universities. Some of them use English as the main language of teaching and examination, most notably the University of Kurdistan Hawler (UKH) and the American University of Iraq – Sulaimani (AUI-S).

A new, liberal foreign investment law was ratified in June 2006, providing incentives for foreign investors such as the possibility of owning land, up to ten-year tax holidays, and easy repatriation of profits.

To rapidly benefit from its oil and gas resources, the KRG has signed dozens of production sharing contracts with companies from 17 countries.⁽²⁾

The Kurdistan Region has international airports in Erbil and Sulaimani, with direct flights to and from Europe and the Middle East. A new international airport is under construction in Dohuk.

1. Kurdistan Regional Government, available in official, website:
<https://thekurdishproject.org/wp-content/uploads/2015/09/The-Review-Kurdistan-Region-of-Iraq-Issue-9.pdf>

2. Michael J. Kelly, The Kurdish Regional Constitution within the Framework of the Iraqi Federal Constitution: A Struggle for Sovereignty, Oil, Ethnic Identity, and the Prospects for a Reverse Supremacy Clause, PENN STATE, LAW REVIEW, Vol. 1143, p710-

1.6. A Brief Review of Duhok

Dohuk is located in the far north of Iraq, the third city in northern Iraq after Sulaimani and Erbil. It is particularly important from the historical point of view. The monuments and sculptures discovered in its hills and the numerous caves show the importance of the historical city of Duhok and the depth of civilization in this city which, like the rest of Iraq, is the cradle of civilization and the beginning of history and knowledge and the cradle of mankind.⁽¹⁾

In terms of geography, Duhok has a distinct geographical location because it is geographically located between two states and international transport routes linking Iraq with Turkey and then the countries of the world, as well as the passage of its oil pipeline from Kirkuk to Turkey. Moreover, Kirkuk is characterized by various terrain including high mountains, White, Mount Maman and Jebel Zaoua, which are rugged and complex mountains, which are the border with neighboring Turkey, as well as the city of Dohuk from the vast plains rich in agricultural resources, which form the southern region of the city.⁽²⁾

The city of Dohuk is one of the important cities in the map of Iraqi cities. It is the gate of Iraq to southern Europe from Turkey. The city of Dohuk is 10715 km³. It is administratively divided into several districts including Dohuk, Sheikhan district, Smail district, Zakho district, Amadiyah district and Aqra district. The most important aspects in the city of Duhok are Sersnek and Zayubneh, as well as the city enjoys important tourist destinations for tourists from everywhere in Iraq and the world, and is known for the city of Dohuk many orchards with fruit and vineyards famous, and now the city has seen a significant urban development in its southern outskirts And alien and oriental.⁽³⁾

Duhok gained great importance during the years of the siege imposed on Iraq following the Second Gulf War, where it was a vital economic crossing through its border city Ibrahim al-Khalil oil to Turkey the taxes imposed on the streets entered by Ibrahim Al-Khalil, the main source of the economy of the region.

1.7. Health Care Services in Kurdistan Region

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1. The Kurdish Project, Duhok, available in website:
<https://thekurdishproject.org/kurdistan-map/iraqi-kurdistan/dohuk/> last visited: 20.02.2017
 2. The Kurdish Project, Duhok, available in website:
<https://thekurdishproject.org/wp-content/uploads/2015/09/The-Review-Kurdistan-Region-of-Iraq-Issue-9.pdf>, last visited: 20.02.2017
 3. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official website:
<http://www.duhokhealth.org/arabic/centers/duhok>, last visited: 22.02.2017

The current healthcare system in the Kurdistan Region of Iraq is a traditional old system that is incompatible with the growing needs of the Kurdistan society.

The health system in the Kurdistan Region has much strength:⁽¹⁾

1. Access to care is excellent. The majority of people live within 30 minutes of some type of primary health care center (PHCs); in remote regions, hospital and emergency services are increasingly accessible.
2. The total number of health facilities is adequate. All governorates have public general, emergency, and pediatric hospitals, and most PHCs provide most of the basic primary care services.
3. Healthcare providers are knowledgeable and strongly committed to patient health. Some of the better physicians in Iraq have migrated to the Kurdistan Region.
4. The commitment of health system leaders is strong, and they have set appropriate strategic goals and priorities for improvement.

The primary health care system in the region also faces challenges:⁽²⁾

1. The number of physician-staffed PHCs and the distribution of PHCs and medical staff are not optimal. The number of main PHCs (staffed by at least one physician) per capita falls short of international standards. Slightly fewer than 30 percent (249 of 847) of PHCs have at least one physician; the remaining 598 branch facilities do not. Services offered at each type of facility and reporting requirements are not standardized. Facilities are not systematically networked, and referrals are not well organized.
2. Primary care is of variable quality and availability. Quality is not systematically measured, and most personnel lack training in quality improvement methods. Many health authorities indicate that the quality of PHC services could be improved.
3. Physicians are poorly distributed and over worked, and nurses are underutilized and lack appropriate training. The number and distribution of medical staff are not optimal, especially in rural areas. Many general practitioners in PHCs are neither supervised nor mentored, and most physicians work only in the morning, devoting the rest of the day to private practice. Job descriptions and staff performance standards are lacking, and few health care managers are trained.

1. RAND HEALTH, *The Future of Health Care in the Kurdistan Region-Iraq*, p.xiii.

2. *Ibid*, p. xiv.

4. Health information systems are not systematically used to support policymaking, regulation, or system management. Data collection and analysis are not standardized, and computer technologies are not fully utilized. Data systems are inefficient, and data are not readily available; available data are not routinely used at all relevant levels. Patient record-keeping at ambulatory centers is virtually nonexistent.
5. Health care is generally financed by government budgets, and the financing system provides no incentives to promote efficiency. There is very little private insurance.

1.8. Health Care Services in Dohuk

The data available to date, mainly from Duhok, indicate the following:⁽¹⁾

1. Population coverage by health centers varies widely by governorate and district.
2. Afternoon and overnight services are not yet widely available at main PHCs, and the distribution of centers with such services varies widely by district.
3. Nearly every main PHCs in Duhok has at least one physician. Of the total 183 physicians in these centers, 131 (72 percent) are GPs; 39 (21 percent) are family medicine specialists; and the remaining 13 (7 percent) are specialists in obstetrics or gynecology (four), internal medicine (four), surgery (three), pediatrics (one), or another specialty (one).
4. About two-thirds of main PHCs in Duhok have a dentist: The range is from 43 to 87 percent of centers across Duhok's seven districts. However, most Duhok centers that have a dentist do not have dental X-ray equipment.
5. Most centers in Duhok do not have a pharmacist.
6. Less than 1 percent of nurses at main PHCs in Duhok have nursing-school training;
7. About one-third have institute or preparatory training, and two-thirds have diploma-level training. in Duhok sub-center PHCs, only Amedi and Sumail districts have any nurses with institute- or preparatory-level training; all other districts have only diploma-level nurses.
8. Most main PHCs in Duhok have at least one computer; nearly all computers are functional, and most have a trained user. Very few have Internet access.

1. Kurdistan Regional Government, Ministry of Planning • Ministry of Health, Health Sector Reform in the Kurdistan Region—Iraq, Financing Reform, Primary Care, and Patient Safety, pp61-69.

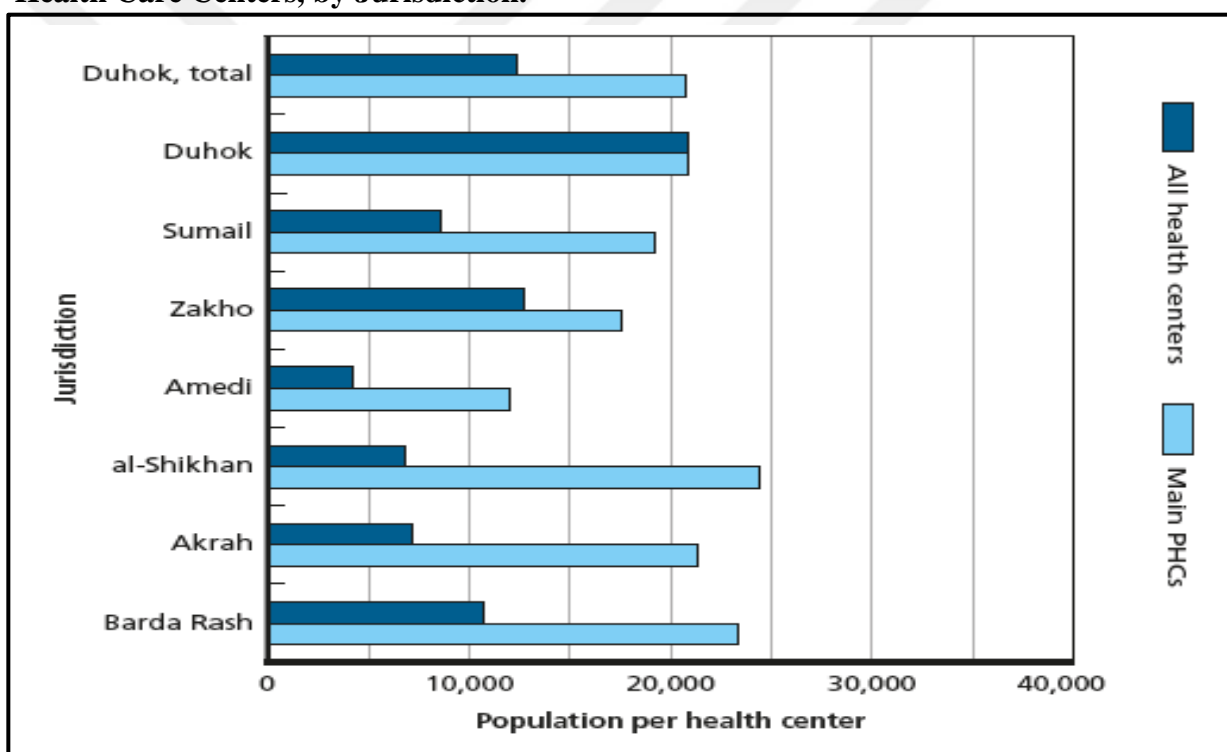
9. In four of Duhok's seven districts, most main PHCs have a microscope, centrifuge, and autoclave; in the other three districts, most centers lack one or more of these items. Most centers with equipment also have trained users, but only microscopes are reliably functional; centrifuges and autoclaves are not functional in most centers that have them.
10. In Duhok, X-ray equipment is not commonly available at main PHCs; only about half of non-dental X-ray equipment is functional and only about half have a trained user.
11. In four districts outside Duhok city, most main centers have at least one bed; in the other two districts, about one-fourth of main centers have at least one bed.
12. In six of Duhok's seven districts, all sub-centers and nearly all main PHCs have a system for referring patients out for further diagnostic or clinical services.
13. About three-fourths of main PHCs in Duhok have a laboratory. The most commonly available tests are blood testing for hemoglobin (Hgb) or hematocrit (Hct) (in 71 percent of main PHCs) and glucose (73 percent), as well as blood testing for white blood cells (WBCs) and erythrocyte sedimentation rate (ESR) (60 percent for both). About two thirds of Duhok's main PHCs perform urinary pregnancy testing; about half provide stool testing for ova and parasites.
14. Nearly all Duhok main primary health care centers provide growth monitoring and vaccinations; about three-fourths also provide oral rehydration solution and antenatal care. These services are far less frequently available at Duhok's sub-centers.
15. About one-third of Duhok main PHCs provide mental health screening—mostly in two districts.
16. Nearly one-half of main PHCs in Duhok provide hypertension management; none provides management for diabetes or mental health.
17. Virtually all Duhok main PHCs and sub-centers provide pharmacy services with basic medications; about half of main PHCs, but very few sub-centers, provide more than basic medications. About one-fourth of Duhok main PHCs have a computerized pharmacy management system.

Table (1.1): Equipment in Main Primary Health Care Centers in Duhok

| Jurisdiction | Number of Main PHCs | Percentage with a Microscope | Percentage with a Centrifuge | Percentage with an Autoclave | Percentage with a Non-Dental X-Ray | Percentage with a Dental X-Ray |
|--------------|---------------------|------------------------------|------------------------------|------------------------------|------------------------------------|--------------------------------|
| Duhok, total | 62 | 74 | 81 | 66 | 31 | 15 |
| Duhok (city) | 15 | 87 | 80 | 87 | 47 | 20 |
| Sumail | 8 | 75 | 75 | 75 | 38 | 0 |
| Zakho | 13 | 77 | 77 | 54 | 23 | 15 |
| Amedi | 8 | 88 | 88 | 75 | 37 | 25 |
| al-Shikhan | 5 | 60 | 60 | 40 | 0 | 0 |
| Akrah | 7 | 43 | 29 | 71 | 0 | 0 |
| Barda Rash | 5 | 60 | 60 | 20 | 40 | 40 |

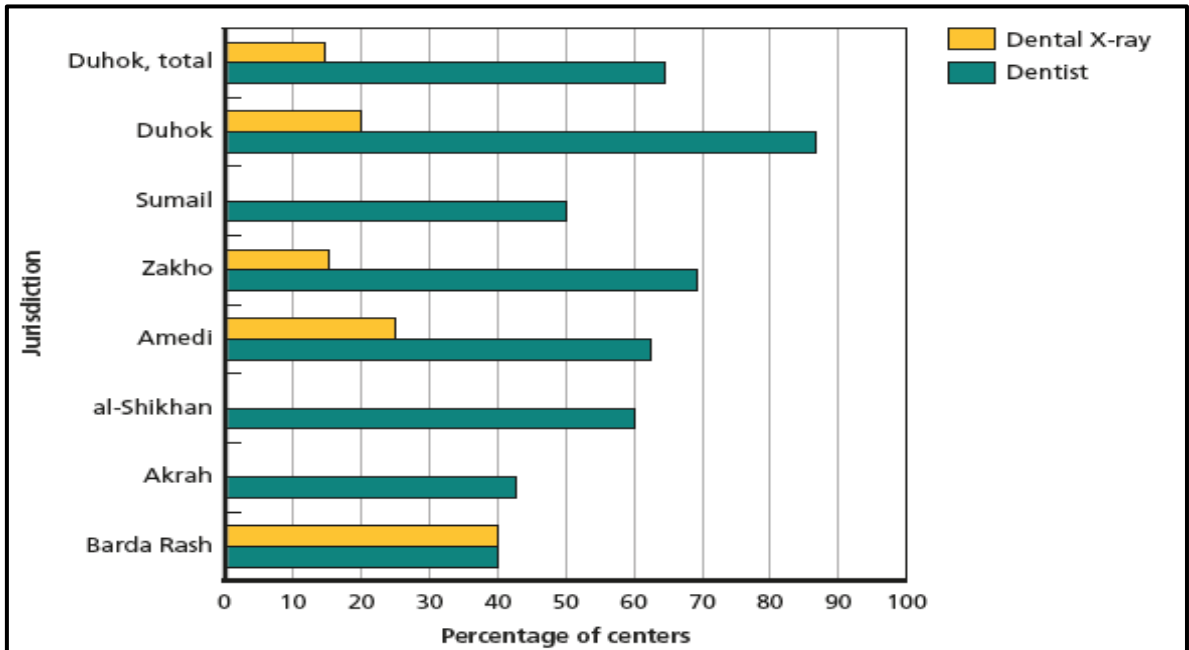
Source: Kurdistan Regional Government, Ministry of Planning • Ministry of Health, Health Sector Reform in the Kurdistan Region-Iraq, Financing Reform, Primary Care, and Patient Safety, p66.

Figure (1.1): Population Coverage by Kurdistan Regional Government Primary Health Care Centers, by Jurisdiction.



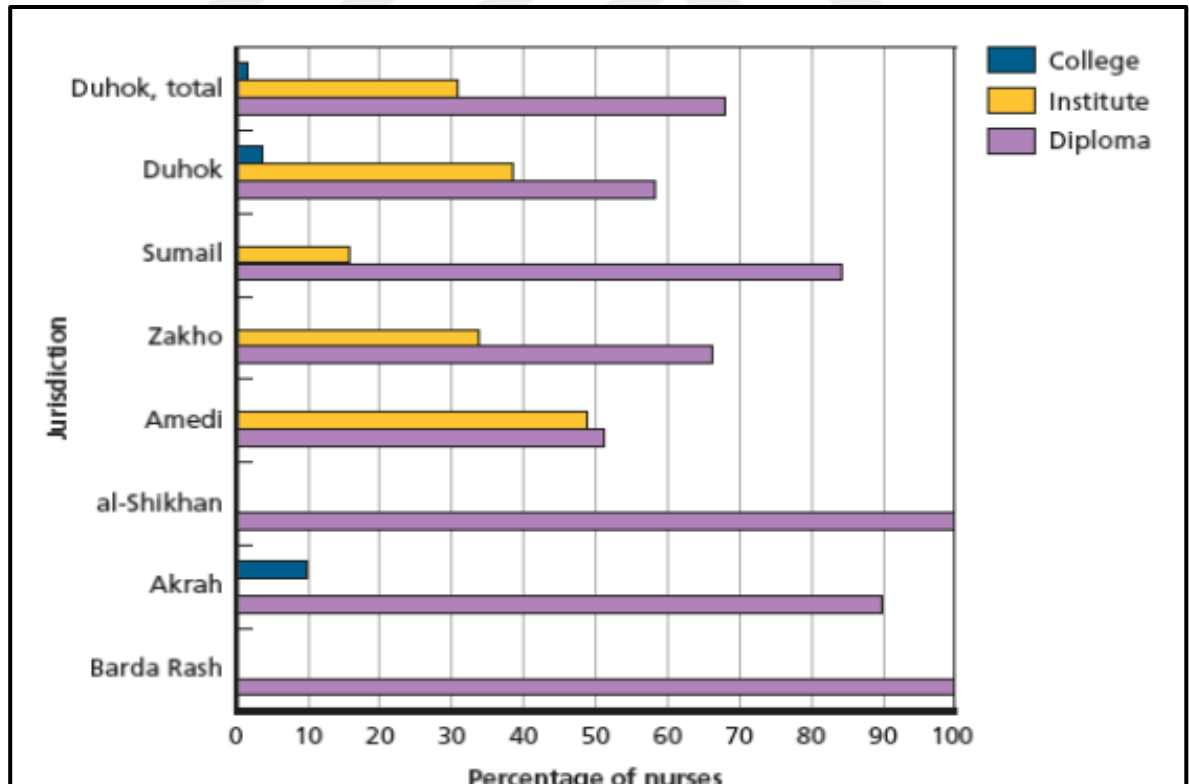
Source: Dohok, Source: Wahab, Moayad Abdullah, and Mazin Yousif Petros, Health Facilities in Erbil Governorate, 4th ed., Planning Department, Directorate of Health, Kurdistan Regional Government Ministry of Health, August 2011. As of December 31, 2013, p66.

Figure (1.2): Main Primary Health Care Centers in Duhok That Have at Least One Dentist or Piece of Dental X-Ray Equipment.



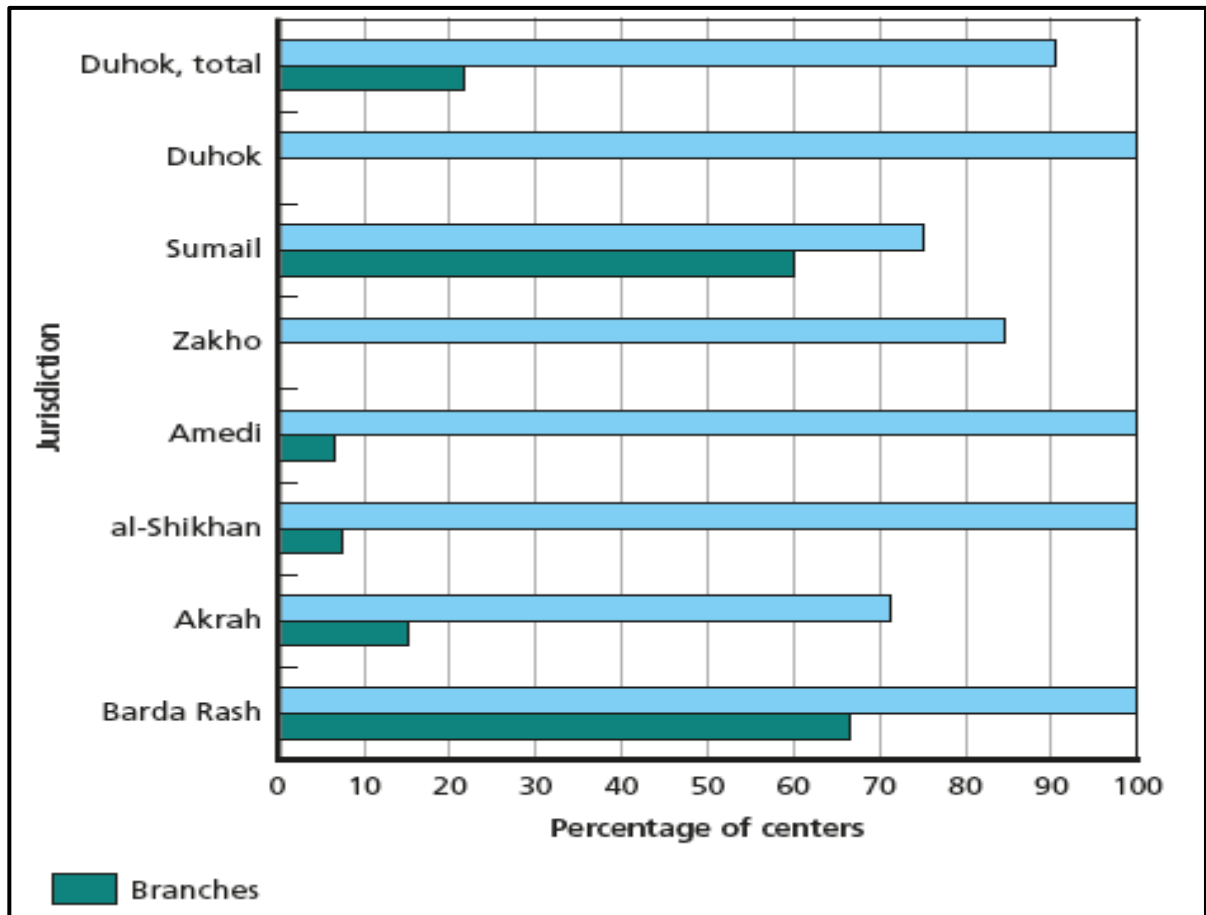
Source: Wahab, Op Cit.

Figure (1.3): Main Primary Health Care Centers in Duhok That Have at Least One Dentist or Piece of Dental X-Ray Equipment.



Source: Wahab, Op Cit.

Figure (1.4): Health Care Centers Providing Vaccination Services.



Source: Wahab, Op Cit.

1.9. A Brief Review of Directorate of Health in Dohuk

1.9.1. Azadi Teaching Hospital⁽¹⁾

Azadi Teaching Hospital is the only hospital in Duhok city. It was built in 1984 by Marubeni Japanese Hospital, consisting of eight floors and a number of additional branches with a capacity of 490 beds.

The first floor consists of a cardiac recovery unit (10 beds), an intensive care unit after operations (4 beds), a cardiac ward and five operating theaters.

Second floor: The Department of Gynecology includes the maternity ward, two operating rooms and the preterm unit.

Third Floor: General Surgery Lounge.

Fourth Floor: Internal Medicine Lounge.

Fifth Floor: Southern Wing Urological Lobby North Wing Lounge (Ear Nose Throat).

1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official website:

<http://www.duhokhealth.org/arabic/azadi>, last visited: 23.02.2017

Sixth Floor: Southern Wing North Wing Neurosurgery.

In addition, on the ground floor (0 floors), the Radiology Department, the Laboratory Section, the Physiotherapy Unit, and the Medical Emergency Unit, are two operating rooms for the Department of Obstetrics and Gynecology. Clinics, Surgery, Internal Medicine, Urology, Cardiothoracic Surgery, Otolaryngology, Ophthalmology, Infertility Surgery, and Orthopedic Surgery.

In addition, there is an underground floor that includes a laundry and laundry unit as well as a kitchen and a restaurant.

In 2008, four departments were opened: the Duhok Heart Disease Center, the Digestive and Liver Diseases Center and the Psychiatric Department with the Nursery. The buildings attached to the hospital include the Radiology Department, the Psychiatric Ward, Darren for Resident Physicians, Nurses and Nurses' House, the Nursery, the Drug Store, and the Maintenance and Repair Workshop.

The hospital includes all the medical specialties note that some of them have been transferred to the emergency hospital such as fractures and neurosurgery. In the area of surgery and its specialized specialties there are 23 surgeons including general surgery, urology, cardiothoracic surgery, ophthalmology, ear, nose and larynx. In the field of internal medicine there are 14 specialties in various branches including general medicine, cardiology, . Regarding obstetrics and gynecology there are 6 specialists and 2 general practitioners. In our hospital, there are some minimal surgical interventions in the departments of general surgery, women's diseases, urinary tracts, and advanced operations in Urology, Orthodontics, Cardiac Surgery and Thoracic Surgery. In the last year, 3 cases of kidney transplantation were performed. In the past two years.

Azadi Hospital has been recognized as a training center for Iraqi Board students for general surgery, urology, gynecology and internal medicine. There are a large number of graduate students in the hospital.

At the present time and two years ago, the process of maintaining and cleaning the hospital more organized by signing the contract of a specialized company that provides the hospital with the necessary equipment and detergents for that purpose also this year we signed a contract with the company that provides a meal to patients and medical staff and health in the hospital.

There has been an increase in the number of patients visiting Azadi Hospital over the past five years due to the poor security situation in Mosul Governorate. We look

forward to increasing the number of sub-specialties in our hospitals with new medical devices and trained medical and nursing staff.

1. Departments of the hospital: Internal Medicine, Cardiology, Emergency, Surgical, Women, Radiology, Laboratory, Pharmacy, Maintenance and Technical Workshop.
2. Area: (8000m²) the total area of the hospital (45000m²).
3. The population covered: 100000 People
4. Number of Employees: (373) Doctors and (915) Other Staff.
5. The average daily number of auditors: (750 persons).
6. Services provided by the hospital: Patient and educational services for students of the Faculty of Medicine and College of Nursing.

1.9.2. Hefei Children's Hospital⁽¹⁾

Hefei Hospital is the only hospital for children in the governorate. It was opened on 29/5/2004, where the Azadi Hospital provided services for children as one floor with 84 beds.

Hefei Hospital consists of 160 beds with two floors and additional bunk beds.

First floor where the emergency department consists of (24) beds and the unit of radiation and sonar and the rest of the first floor has two units (43) beds in addition to the services section consisting of laboratory and statistics, kitchen and laundry and exchange. Department of Administration and Accounts.

The upper floor consists of two wings of the southern side (64) beds and north (53) beds as well as pediatric surgery (15) bed intensive care unit (4) bed with two operating rooms and also on the top floor teaching hall and scientific activities (Office + Internet) a children's playroom for children and provides treatment for patients with malignant diseases. In addition to the additional units in the consulting clinic with the pharmacy and maintenance, and an alkaline sprayer and material storeor, the pediatric surgery department was opened on (11/9/2007), where all operations are performed.

The surgery is performed by the children. The hospital employs 8 medical specialists. The medical students are taught at Duhok University.

Postgraduate students Diploma in the hospital the cleaning and eating services are provided by companies and this system is in place for cleaning about three years and for

1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official website:
<http://www.duhokhealth.org/arabic/heevi>, last visited: 23.02.2017.

the food two years. It is noticed that the number of visitors from outside the governorate increased from Sinjar, Zummar and Shikhan.

Work system only one facility is allowed to stay with the patient and the patient is provided with all supplies by the hospital.

1. Outpatient clinic (265)m².
2. Hefei Hospital Building (1410)m².
3. The number of population covered = about (1000000) people.
4. Number of staff (206) employees.
5. Daily average of reviewers = (110).
6. Services: Medical services, Treatment of pediatric patients, General pediatric, surgery, Treatment of malignant diseases, Hotel services, Cleaning and Eating.
7. Accommodation Number of doctors specialists (13) Doctor.

1.9.3. Emergency Hospital⁽¹⁾

The Emergency and Accident Hospital in Duhok was inaugurated in November 1998 by the Kurdistan Regional Government (KRG) with a total capacity of 122 beds distributed as follows:

1. Lobby Fractures and severe injuries: It is managed by (5) doctors, specialists of fractures and bones, in addition to a special hall for children (congenital dislocation).
2. Surgery Hall: It is managed by (3) general surgeons, as well as doctors from the Azadi Teaching Hospital from all other surgical specialties (E.N.T, eyes, urinary, chest and vascular surgery).
3. Bariatric Neurosurgery: Operated by two doctors specializing in neuropsychiatric surgery.
4. Intensive care unit (IC.U): It is managed by (3) doctors of anesthesiologist.
5. Other Sections.
 - a. Laboratory: It includes the morning laboratory, the coagulator and a branch blood bank and operates around the clock.
 - b. Radiology: It includes x-ray, sonar and helical lamps and natural therapy.
 - c. Department of Pharmacy Pharmacies, pharmacies, and drug dealers.

1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/emergency>, last visited: 23.02.2017

- d. Clinics: Includes: Consultation clinics: fractures and joints, physiotherapy and medical rehabilitation, neurosurgery surgery, general surgery.
- e. Outpatient Clinic: It works for 12 hours a day after work, as well as during the days of collection, holidays and holidays.

1.9.4. Directorate of Health in Amadia⁽¹⁾

Amadia Kurdistan is located northeast of Duhok governorate and 70 km away. The city is built on the foot of a mountain and is considered a natural fortress with a surface area of 17.5 km² while its height is about 1000 feet.

This city has an old history full of events... What is apparent to the Baptist is an archaeological museum that includes many places and buildings and sculptures, and to this day still exists in addition to the customs and traditions of old and passed from generation to generation, and recorded the Directorate of the effects of Dohuk (347) and it covered 100000 with number of staff 654..

The area of Amadiyah is (2707 km²) and the following areas are followed:

1. Amadiyah Center: (93 km²) with a population of (17486) people.
2. Sersank area: (919 km²) and the population (25899) people.
3. Niru Rikan area: (1007 km²) and the population (13186) people.
4. Proai Bala: (608 km²) and the population (17022) people.
5. Jamanki area: Population (4567) people.

1.9.4.1. Childhood Friends Hospital⁽²⁾

1. The Hospital Specialization: - General Hospital.
2. Number of Employers: 124.
3. Number of Patients: 100.
4. Number of beds: 66.
5. Number of Departments: six Dep. Which are: Children, Revival Room, Operations, Hall of Birth, Hall for Women and Men.

1.9.4.2. Rossana Hospital⁽¹⁾

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1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/centers/Amedy>, last visited: 23.02.2017
 2. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/90>, last visited: 23.02.2017.

1. Building Date of the Hospital: 1995-1996.
2. Number of Employees: 23.
3. Number of Patient: 80.
4. Number of Beds: 13.
5. Number of Department: (6) Department which is: Lounge Births, Emergency Hall and Internal.

1.9.5. Directorate of Health in Akre⁽²⁾

1. Department of Planning and Health Education
2. Department of Administration and Account.
3. Department of Technical
4. Department of Preventative Health.

1.9.5.1. Gulan Hospital⁽³⁾

Gulan Hospital is a government hospital opened on 1/5/2009, with 104 beds includes a four-floors building.

1. Hospital Departments.
 - a. Department of the Surgery heart.
 - b. Department of Pediatrics.
 - c. Department of Operations.
 - d. Department of Cardiac Resuscitation.
 - e. Emergency Department.
 - f. Department of Radiology, Laboratory and Pharmacy.
 - g. Dialysis Department, kidney stone fragmentation.
 - h. Department Advisory.
 - i. Department of Maintenance and Technical Workshop.
2. Number of employees
 - a. Doctors (24).
 - b. Health workers (110).
 - c. Others (65).

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1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/237>, last visited: 23.02.2017.
 2. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/centers/Akre>, last visited: 23.02.2017.
 3. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/95>, last visited: 23.02.2017.

- d. Total: (199) Employees.
3. The number of patients daily: (210) patients.
4. The hospital floors:
 - a. Ground floor: includes the Department of Forensic Medicine, washing and sterilization, pharmacology unit, dialysis unit, the kidney fragmentation of stone, and give oxygen to patients and emergency department, which has not been used yet.
 - b. First floor: Advisory, laboratory, radiology, sonar and statistical units.
 - c. Second floor: Department of Management, operations rooms, cardiac resuscitation units and surgical operations.
 - d. Third floor: cardiac surgery, Pediatrics, physiotherapy unit and the engineering unit.

1.9.5.2. General Hospital of Akre⁽¹⁾

1. Departments of the hospital: Emergency, Children, Obstetrics and Gynecology, Laboratory, Radiation and sonar, Surgery, Technical Section, and entry of internal patients.
2. The total area of the hospital:
 - a. Total area = 12000m².
 - b. Building area = 5000 m².
3. The population covered by the hospital: Approximately 214000 people.
4. Number of Employees: 162 Staff.
5. Services provided by the hospital: Outpatient clinic, medium and large operations, births, Radiation and sonar, Laboratory, Emergency situations, entry of internal patients and surgeons, children and women and administrative matters.

1.9.6. Directorate of Health in Zakho⁽²⁾

1.9.6.1. Zakho Hospital

1. Number of Employees: 299.
2. Number of Patient: 400-500.
3. Number of beds: 200

1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/876>, last visited: 23.02.2017

2. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/node/182>, last visited: 23.02.2017

4. Number of Department: 11, that is: Surgery, Internal, Children, Women, Fractures, Urologic ducts, Eyes.
5. Type of services: therapeutic - preventive.
6. Established: 1985.

1.9.7. Specialized Center

There are three Specialized Center in Governorate of Duhok:

1.9.7.1. Pediatric Surgery Center⁽¹⁾

Pediatric surgery center in Heve pediatric hospital performs different surgical operations for pediatrics.

1. Number of Employees: 12.
2. Number of Attendants: 15 patients per day.
3. Type of Service: general Surgery.

1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official website:
<http://www.duhokhealth.org/node/895>, last visited: 23.02.2017

1.9.7.2. Blood Bank⁽¹⁾

It is a special center established in 2004. The function of the center includes: blood screening to avoid transmission of transfusion transmissible diseases like: Hepatitis B & C and HIV.

Also to promote an adequate and justified use of blood and blood components for the patient like: packet cell, platelets etc. to be used according to patients need and its indications. It is the main center for reserving blood and blood products in Duhok city.

No. of workers: 31 Doctors=1, Medical technicians=12, Biology=3, Clerk=5, Workers=2, Drivers=2, Mechanical technicians=2 and Wound dressers=4.

Daily donation rate: 50 donors services in our blood bank: (24 Hour), Drowning of blood and from blood donors and polycythemia patient Supply of blood and blood products for surgical, thalassemia, hemophilic, sickle cell and aplastic anemia patients.

HIV, HCV and HBsAg tests (safety tests) are performed for all donors Blood grouping and Rh testing for all pints of blood Cross matching between the donor blood and patient blood Production of blood products like packed red cells, fresh frozen plasma, cryoprecipitate and platelets on request order Training of medical up grading students of Duhok medical college and Duhok medical institute.

1.9.7.3. Central Public Health Laboratory⁽²⁾

It is a special center responsible for investigation of people working in public places and it performs most of investigations referred from PHCs & outpatients in addition to blood group & Rh compatibility for all couple people before marriage and also it is the center for investigation of stool sample for V.C.

It is consisted of 6 units that include Hematology, Biochemistry, Parasitology, Bacteriology, Serology and Food safety lab.

1. Number of Employee: (49).
2. Number of Daily Clients: (110).
3. Number of Daily Investigations: (650).
4. Types of services: Premarital screening tests, Thalassemia screening tests, Histopathology tests and General tests for clients.

1.9.8. Private Hospitals in Duhok

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1. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/424>, last visited: 23.02.2017
 2. Director-General of Duhok Health, Duhok Governorate, Kurdistan Region, Iraq, available in official, website:
<http://www.duhokhealth.org/arabic/node/413>, last visited: 23.02.2017

1. Shilan Private Hospital.
2. Duhok Private Hospital.
3. Germany Private Hospital in Duhok.
4. Jiyan Private Hospital.
5. Vin Hospitals and Medical Complex
6. Vajeen Hospital.
7. Wan Global International Hospital.

1.10. Health Care Financing System

It is well known that, during Saddam Hussein's regime, the Kurds were persecuted, and there was a systematic and intentional lack of investment in the Kurdish areas. The KRG still suffers from this legacy of neglect. Although the KRI has been experiencing rapid growth in the past few years, it is much like a middle-income country with respect to many structural considerations. For instance, its data, IT, and government administrative systems would be hard pressed to support a social insurance program today. In health care, the KRG had a long history of excellence that suffered under Saddam Hussein's time because of the systematic underinvestment in the sector.

Health care financing is the process of mobilizing, accumulating, and allocating money to cover the health needs of the population, individually and collectively. The purpose of health financing is to make funding available and to give providers the right incentives so that everyone has access to effective public and personal health.⁽¹⁾

Most financing systems fall into one of the five general types of health financing systems shown in Figure 1.5. The type of system a country has depends on a range of factors, including data systems, ability to collect taxes, the public workforce, number of physicians, education of the population, and the sophistication of the banking and insurance systems. Almost all countries have mixed systems.⁽²⁾

1. RAND HEALTH, Op Cit, p.xvi.

2. Ibid, p.xvi.

Figure (1.5): Common Health Care Financing Systems

| Private | ←—————→ | | Public | | → |
|-----------------------------|----------------------------------|---|---|---|---|
| Private Pay | Public Budget | Private Health Incurrence | Social Health Incurrence | National Health Services | |
| Main Revenue Type: Personal | Main Revenue Type: Public Budget | Main Revenue Type: Individual and Employer Payments | Main Revenue Type: Payroll, Tax and Government Budget | Main Revenue Type: General Taxes | |
| Pooling: None | Pooling: Government | Pooling: Privately Managed Pools | Pooling: Pays by Job or Income | Pooling: National Pool | |
| Purching: Individual | Purching: by Government | Purching: Selective Contracts | Purching: Collective and Selective Contracts | Purching: National or Regional Direct Purchase of it Provides | |

Source: RAND HEALTH, The Future of Health Care in the Kurdistan Region-Iraq, MG1148-4.4, p. xvii.

A country's health care financing system is a critically important component of its health care system that enables all other parts. The financing system enables equitable collection of sufficient resources in order to offer efficient, quality care to all segments of society.⁽¹⁾

The financing system defines the compensation that providers will receive and embodies incentives that help determine efficiency and quality of care. The system also reflects a country's basic cultural and economic values.

Kurdistan's current health care financing system is primarily a public budget system. All Iraqis are covered under the system, and a wide range of primary, hospital, and other medical care is offered in the public facilities, where most health care is provided. Some services are provided by private hospitals and physicians in private practice.

Most services are paid for out of public budgets (KRG, governorates, or Baghdad); private physician and hospital services are paid for by individuals. In theory, the government regulates both the public and private health care sectors. Private insurance is almost nonexistent. Co-pays are very low. Costs are rising quickly, as are payments for care abroad. The system provides few incentives for efficiency, quality, or cost control.

1. RAND HEALTH, Op Cit, p.xvi.

The Kurdistan Region currently lacks the sophisticated data, information technology (IT) systems, and managerial skills required to successfully operate more management-intensive systems such as social insurance or national health plans. These requirements must be in place before the KRG can successfully embark on reform. However, the Kurdistan Region is rapidly developing. In the near future, it can likely take the next step in establishing health financing systems that are not primarily budget driven. Careful planning and wise choices can help the Kurdistan Region achieve the health outcomes of much richer countries at a greatly reduced cost.

Table (1.2): Government Expenditure on Health in the Kurdistan Region (2008, 2010,2013)

| Year | Total Public Expenditure (Millions Iraqi Dinars) | Spending on Health as a Percentage of Total Public Expenditure (%) |
|------|---|---|
| 2008 | 435,418 | 7.40 |
| 2010 | 577,750 | 7.19 |
| 2013 | 695,165 | 5.99 |

Source: The table prepared by the researcher based on the data of the Ministry of Finance and Economy in the Kurdistan Regional-Iraq Government, Budget Directorate and the Government Budgets (2008, 2010 and 2013).

1.11. Develop and Implement a System for Referrals and Continuity of Care

As a key report from WHO clarifies, patients should have a regular point of entry into the health system and an ongoing relationship with their primary care team (WHO, 2008). The resulting continuity of care means that patient care is not simply episodic—neither patients nor providers should have to start from the beginning with every primary care or specialist visit. Ideally, there would be no gaps in care due to lost information or failed communication between providers. Effective care depends on continuity, not only in general primary care, but also in chronic disease management, reproductive health, mental health, and healthy child development. Continuity of care also requires that the system be as easy to use as possible for patients.

Currently, the Kurdistan Region has no system in place to give patients a consistent point of contact with the health care system—for example, a designated primary care provider or team. Likewise, there is no established method for communication between a referring provider and a consultant specialist. These two components of continuity of care are critical contributors to more cost-effective care and better health outcomes.

A system for referrals and continuity of care aims to ensure that patients receive services at the most appropriate time and in the most appropriate setting and that care is well coordinated across care levels and providers. Patients referred to specialists and

hospitals should be able to return to their home clinic and primary care provider for follow-up or ongoing management. Ideally, this means that a patient should see the same primary care provider, or at least the same team of providers, at each visit, and that referrals out to and back from specialty care entail smooth transitions in both directions.

Such a system is built on a foundation of quality services at each level of care. Also, at a minimum, all providers should have access to the patient's health care record so that they are aware of important test or examination results and do not waste resources duplicating efforts. Electronic health records greatly facilitate effective systems for referrals and continuity of care, but they are not the only way to achieve this goal. In this report we offer four recommendations for improving referrals and continuity of care:

- a. Develop and implement a patient referral system.
- b. Explore the feasibility of designating population catchment areas and a “home clinic” and “primary care provider” for all population members.
- c. Take initial steps in a transition to electronic health records at all levels across the region to facilitate referrals and continuity of care
- d. Promote local awareness of available services, appropriate use, and referrals within and beyond the local catchment area.

All of these recommendations are important, but they are challenging to address collectively in the near term. The first recommendation appears to be most important and at least moderately feasible.

CHAPTER TWO LITERATURE REVIEW

2.1. The Service Concept

It is sometimes difficult to give a specific definition and concept of human activity, multi-dimensional thought, dimensions, and services. Do not stay away from this content a lot, so many definitions of service can be mentioned, but each one which can give a definite direction and if they share one or more of these concepts. Service definitions differed according to the opinions of many researchers and writers, as they were defined:

1. Provide customer needs and requirements from the first moment and at all times, and they provide goods and services to meet the needs and customer expectations to be consistent and consistent.⁽¹⁾
2. What is purchased by the customer in principle regardless of the accompanying purchase of performance accessories at the level Customers expect?⁽²⁾
3. The intangible product, which contains in its content a work and performance that cannot be acquired materially.⁽³⁾
4. All activities and processes that achieve satisfaction and acceptance of the consumer for a price and without including any mistake.⁽⁴⁾
5. Sensitive and interchangeable objects offered by companies or institutions that are generally competent to provide services or consider themselves service providers.⁽⁵⁾
6. Any act or performance that a party may achieve to another party, the substance of which is intangible, the resultant of any ownership, and the production of which may be linked to physical production that is not.⁽⁶⁾
7. Intangible activities that benefit the customer or customer, which are not necessarily related to the sale of another good or service. That is, the production or provision of a particular service does not require the use of a material good.⁽¹⁾

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1. Thompson, Dosoyza and Gale, (1985), "The strategic management of service quality", Quality Progress, P.24
 2. Dennis L. Foster (1992), "Marketing Hospitality: sales and Marketing for Hotels and Resort", Macmillan/ Mc Graw-Hill publishing company, P. 10.
 3. Lancaster, Geoff and massing ham, (2001), "Lester Essentials of marketing", 2nd ed, Mc Graw – Hall, inc. P. 206
 4. Christopher, Martin and Mc Donald, Malcolm, (2001), " Marketing and introduction", intend. Macmillion press, Ltd, P. 282.
 5. C. C. Gronroos, (2001), "A service Quality model and its marketing implications", European Journal of marketing 18(4), P. 44. Practices , Long Range Planning, Vol. 38 , NO. 3, P. 85.
 6. Kotler, P. and Armstrong, G, (2006), "Principles of Marketing ", Prentice–Hall, P. 427.

From the previous definitions of service we can conclude the following:⁽²⁾

1. Link performance with customer expectations for service.
2. The service is mostly intangible.
3. Service may be linked to a tangible physical product.
4. Cannot own the service.
5. The service is aware of the senses through the benefit.

2.2. Service Characteristics

Public services have major characteristics that make them distinct from the commodity and can be identified as follows:

2.2.1. Intangibility

It means that it is not possible to test them, see them, touch them, hear them ... before they are purchased, especially for the person who has no prior experience in the intended service.

2.2.2. Inseparability

The service is generally related to the process of direct consumption, the product can go through the stages of manufacturing, warehousing and selling and then consumed in the final stage. While the service represents a state of consumption linked from the time of production in that it is produced and sold for consumption or use at the same time.

2.2.3. Heterogeneity

It is sometimes difficult to maintain one standard of output in the same service provided to the consumer. This may be due to the determinants affecting the inputs of the production of the service, represented by materials, timing, speed, tools used.

2.2.4. Perishability

Which is that the service can not be stored and maintained for a period of time, and that it does not exceed in time the demand achieved, especially if the demand is volatile.

2.2.5. Lack of Ownership

This means that the service can be used and cannot be enjoyed when it is acquired.

2.3. Product (Service) in Hospital

1. Stanton, W. J, (2006), "Fundamentals of Marketing", Mc Grow–Hall, N. Y, P. 115.

2. Rosen, L.D. and Karwan, K.R. (1994), "Prioritizing the dimensions of service quality", International Journal of Service Industry Management, Vol. 5 No. 4, pp. 39-52..

The service in the hospital is defined as the treatment provided to the patient whether it is diagnostic or guidance or medical intervention resulting in the satisfaction or the cellar and the benefit of the patients, which leads to a better health condition:⁽¹⁾

This definition can refer in its content to three deportations to the hospital service:⁽²⁾

1. Service Attributes: It is mainly related to the essence of the health service provided, which consists of several different diagnostic and therapeutic procedures.
2. Service Benefits: The various elements obtained by the patient or other reviewers of the hospital to meet their health needs, which in some cases are called a package of satisfaction achieved to the customer and include the real awareness of the efficiency of work performed in concrete and intangible, and what makes him feel reassured for that work performed.
3. Service Supports: All of the hospital's added components are the essence of the patient's health service, including the booking system, patient reception staff, telephone communication services, coordination with other hospitals, social and humanitarian organizations and others.

From the definition of the product (service) in the hospital we conclude the following: The product (service) in the hospital is a diagnostic treatment, guidance or medical examination that results in patient satisfaction.

2.4. The Health Services Characteristics

The characteristics of the health service provided by the hospital are reflected in the privacy of those services, thus reflecting the method and administrative work that the service can provide to the public. These characteristics can be defined as follows:

1. The services of the hospital are general to the public and seek to provide them with a public benefit and to the various parties and parties that benefit from them, whether they are individuals, organizations or bodies.
2. The medical service provided is characterized by its high quality because it is related to human life and healing.
3. Government laws and regulations affect the work of health institutions in general and hospitals in particular, in particular those belonging to the state or the

1. Gotlieb, J.B., Grewal, D. and Brown, S.W. (1994), "Consumer satisfaction and perceived quality: complementary or divergent constructs?", *Journal of Applied Psychology*, Vol. 79 No. 6, p875.
2. ثامر ياسر البكري، تسويق الخدمات الصحية، دار البازوري العلمية للنشر والتوزيع، عمان، الأردن، 2005، ص215-216.

private sector, in terms of defining their work methods and the medical services they provide.

4. In business organizations in general, the decision-making power is the responsibility of one person or a group of people representing the top management. While in health organizations and (hospitals) the decision-making power is fairly distributed between the administration and the group of doctors.
5. The need for direct contact between the hospital and the beneficiary of the health service is that the health service can often be provided only in the presence of the patient himself for examination, diagnosis, treatment and analysis.
6. Because the health service is linked to people, it is often difficult for hospital administrations to adopt the same standards and economic concepts that apply to other services.
7. Due to the fluctuation in demand for health services during the day, week or season, it is necessary to provide health service to its applicants, because it cannot apologize for providing it to those who need it.

2.5. Health Service Quality Concept

The researchers differed as to the meaning of quality, and we will present some of the differences as follows:

1. Japanese philosophy is that quality is meant to "produce a product free of defects, or to produce the product properly First time."⁽¹⁾
2. Quality is the commitment of management to follow the needs and desires of the consumer.⁽²⁾
3. Quality is the degree of conformity with specifications from the point of view of the consumer and not from the management point of view of the organization.⁽³⁾
4. Quality is "providing excellent service or superior customer expectations."⁽⁴⁾

The quality of health service has been recognized by the Joint Commission on Accreditation of Hospitals (JCAH) In general, of good practice, expected results for a specific service, diagnosis or medical problem.⁽¹⁾

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1. Dominique, V. Turpin, (1995), Japanese Approaches to Customer Satisfaction some Best practices, Long Range planning, Vol. 38, p. 85, V. Turpin.
 2. Peter Smith, (1993), Total Quality Management International Concepts and Arab Applications, Sex Conference on Training and management, Cairo, P. 22.
 3. Berry L., et.- al., (1991), "Perceived Service Quality as a customer – Based Performance Measure:- An Empirical Examination of Organizational Barriers using Ab, "Extended Service Quality model Human Resource management, , Vol. 49, No. 3, P.65.
 4. Zeithaml V. A. and Bitner, M. J. (1996), "Services marketing", New York, Mc Graw Hill. P.36.

That health care must be seen from a far-flung area as more than just being Care of a physician and that medical care systems need not only give attention to medical treatment but also a chain of Emotional, cognitive and social factors.⁽²⁾

That there is general agreement that the concept of quality in health services has two main aspects:⁽³⁾

1. The knowledge, skills and experiences and the degree of scientific and technological progress available for medical care, techniques and methods Used in medical care.
2. The art of caring or the behavioral aspect of care refers to the behavior of the service provider and the art of dealing with consumers of medical care services.

The quality of the health services reflects the viewpoint of the person or the party defined as the definition of quality in the health service is seen as:

1. The patient: is treated as a compassionate and respectful treatment.
2. The doctor: put the most advanced knowledge and science and medical skills in patient service.
3. Hospital management: efficiency in service delivery.
4. The owners: get the best staff and the best facilities to provide customer service.

From the above definitions conclude that the quality of health services is:

1. Standard to match actual performance with customer expectations for this service.
2. The difference between customer expectations for service and their understanding of actual performance.
3. That the beneficiaries judged the quality of service by comparing the service they actually receive with the service they expect to receive.
4. No matter what perceived quality is actually exceeded, the beneficiaries will be satisfied and happy with the service.⁽⁴⁾

In general, the definition of quality in the health service must be met with the following dimensions:⁽⁵⁾

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1. خالد سعيد خالد، مدى فاعلية برامج الجودة النوعية بمستشفيات وزارة الصحة السعودية، المجلة العربية للعلوم الإدارية، المجلد الثاني، العدد الأول، 1994، ص13.
 2. Edgren, L. (1991), "Service management Inm svensk Halssooch sjukvard, Lund", Sweden, Lund University Press, P. 16.
 3. فريد نصيرات، إدارة منظمات الرعاية الصحية، عمان، الجامعة الأردنية، 2004، ص73.
 4. حميد الطائي، و بشير العلا، تسويق الخدمات: مدخل استراتيجي، وظيفي، تطبيقي، دار البازوري، عمان، الأردن، 2009، ص24.
 5. Santos, J. (2003), "E-service quality: a model of virtual service quality dimensions", Managing Service Quality, Vol. 13 No. 3, pp. 233-46.

1. Identification with Specification: As the patient longs to have the health service he buys equal or increase the level of performance than what has been announced by the product.
2. Propriety with Usage (Fit): This refers to the compatibility and harmony between the performance of the health service and the purpose designed for it.
3. The Support: The amount of attention that the health organization pays to the level of quality provided in the patient's health service and the subsequent opinion or perception.
4. Psychology effect: The health service of many patients is evaluated on the basis of the psychological impact it can have on them.

2.6. The Quality Importance in Health Service

There are a number of key indicators that can be used to infer the importance of quality in services in general and health in particular, the most prominent of these indicators are:

1. The service was largely associated with the Jawa so it became necessary to adopt a number of measures to indicate the level of satisfaction achieved by the patients through the connection between the service provided and the quality.

This led Parasuraman, Zeithaml and Berry to adopt a scale called “Servqual”, a series of integrated and interrelated metrics to know the consumer's opinion of what he expects from performance in the service provided to him by the producer and on the number of characteristics.

In other words, this multidimensional measure is based on knowing the gap between the consumer's perceived service and what he expects. Therefore, it is not possible to analyze the settlement of the health service without testing its quality.⁽¹⁾

2. Quality has become a major dimension that is adopted as a basis for measuring and influencing to indicate the quality level. These dimensions are: Reliability, responsiveness, Assurance, trust, empathy and motivation.⁽²⁾
3. Quality in the health service is an important indicator in measuring the level of satisfaction a patient has with the service provided by the hospital or any other

1. France, K. R. and Grover, R. (1992), “What is the Health Care Product?”, *Journal of Health Care marketing*, Vol. 12, No. 2, P. 8.

2. Philip, G. and Hazlett, S.A. (1997), “The measurement of service quality: a new P-C-P attributes model”, *International Journal of Quality & Reliability Management*, Vol. 14 No. 3, pp. 260-86..

health organization. It also indicates the level of response to what the patient expected from that service.⁽¹⁾

4. Quality in the health service is constantly improving through specialized management within the organizational structure of the hospital, aiming to achieve the comprehensive and integrated performance.⁽²⁾
 - a. Inclusiveness means the expansion of the quality of services that patients expect from the medical and clinical service provided to them and in all other aspects.
 - b. Integrative: It is in the fact that the hospital system consists of subsystems depend on each other, a sub-system has its own programs, but it integrates other programs Medicines cannot exercise their clinical medical functions without the presence of a nursing or nursing body other choreographic services such as laboratory, radiology, pharmacy...etc.

2.7. The Effective Elements in Health Services Quality

The management of marketing in hospitals should follow and study the key elements that will affect the quality of health services provided, which can be represented as follows:

1. Analysis of customer Expectation: Health service producers, whether health organizations or hospitals, need to understand customers' expectations when they design a health service, if this design is not primarily expected, because the only way they can achieve high quality service. Patients can achieve their perceptions of service provided by distinguishing between a number of different levels of quality:⁽³⁾
 - a. The Expected Quality: This is the degree of quality that the patient or the consumer sees as necessary.
 - b. The Precipitation Quality: Which is the quality of the health service provided by the hospital, which he considers suitable for the health situation, in which the hospital used to provide services to patients.

1. Spreng, R.A. and Mackoy, R.D. (1996), "An empirical examination of a model of perceived service quality and satisfaction", *Journal of retailing*, Vol. 722, pp. 201-14
2. Saleh, F. and Ryan, C. (1991), "Analysing service quality in the hospitality industry using the SERVQUAL model", *Service Industries Journal*, Vol. 1, July, pp. 324-43.
3. Sweeney, J.C., Soutar, G.N. and Johnson, L.W. (1997), "Retail service quality and perceived value", *Journal of Consumer Services*, Vol. 4 No. 1, pp. 39.

- c. The Standard Quality: the level or grade in the quality of the service provided that conforms to the service-specific specifications.⁽¹⁾
2. Services Quality Specification: Once the hospital management understands the needs of the patients, the appropriate identification or description must be established to help ensure that the required level of quality is achieved in the health service provided. This characterization is usually linked to the performance of hospital staff and to the level and efficiency of the equipment and equipment used to deliver the medical service.⁽²⁾
3. Employee Performance: When the hospital management sets the standards for the quality of the health service provided, and the commitment is fulfilled by the medical and technical staff in the hospital, it should in turn find the appropriate ways to ensure the appropriate performance of the medical staff, nursing and service related to patients that their performance will be the appropriate level and required. There is no doubt that the system of evaluation of salaries and incentives used in the hospital plays a large role in the performance of staff, that work in a team spirit, the effort towards patients, kindness and literature in responding to patients 'queries, rapid response to patients' requests and implementation and others have an added impact in determining the level Evaluation and incentives given to employees without being subject to personal judgment.⁽³⁾
4. Management of Service Expectation: The management of service expectations is achieved through the adoption of internal communication systems in the hospital and the promotion and advertising outside. It is necessary for the hospital management to make no promises that it cannot achieve due to its magnitude or lack of homogeneity with its ability to implement or weaken the training or efficiency required in its internal communications to achieve this. This will therefore be reflected in the dissatisfaction of beneficiaries with the health service they are eager to obtain.⁽⁴⁾

2.8. Quality Dimensions in the Health Services

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1. حميد الطائي، تسويق الخدمات، مصدر سابق، ص 243
2. Soteriou, A.C. and Stavrinides, Y. (2000), "An internal customer service quality data envelope analysis model for bank branches", *International Journal of Bank Marketing*, Vol. 18 No. 5, pp. 246.
3. Pride, William, M. and Ferrell, O. C., (2000), *Marketing*, 2nd, ed, Houghton Mifflin, Co., New York, P. 334.
4. Pride and Ferrell, op. cit. p. 336)

Of the difficulties faced by patients in their assessment of the service as intangible, and despite the fact that 'you are dependent on their assessment of the quality of health service provided to them on the basis of the level or quality degree, relying on five dimensions:⁽¹⁾

2.8.1. Reliability

Reliability is defined as the ability to perform in what has been determined in advance in a reliable and accurate manner, the degree of dependence on the service provider and the accuracy of its delivery to the required service, (Delivering a Time). This dimension is the most stable of the five dimensions and is the most important in determining service quality perceptions When customers. This dimension represents 32% as a relative importance in the tree compared to other dimensions according to Kotler.

2.8.2. Responsiveness

The response is defined as having the will to help customers and immediately provide them with service, the speed of completion and the level of assistance provided to the beneficiary by the service provider, or the desire to assist (Baing Willing to Help). This dimension focuses on courtesy and kindness, Problems, and this dimension represents 22% as a relative importance in quality according to Kotler.

2.8.3. Assurance

The Assurance is on users' knowledge, merit, reliability, confidence and confidence, and refers to the information and courtesy of service providers, and their ability to inspire trust and confidence. This dimension represents 19% as a relative importance in quality according to Kotler.

2.8.4. Empathy

It is defined on the basis that the essence of emotional interaction is to reach the customer through a customized personal relationship to the service, and that the customer is unique and unique, the customer wants to feel that the concept is good and important. And refers to the degree of care and care of the beneficiary in particular, and attention to the problems and work to find a sweet in a humane and luxury, treating customers as individuals and personally (Treating customer individuals), and this dimension is 16% as a relative importance in quality according to Kotler.

2.8.5. Tangibles

1. Kotler, Philip, (1997), "Marketing Management", 8th ed , Prentice – Hall International Inc, pp117-125.

The “Tangibles” is defined as an external appearance of physical facilities, supplies, people and communication materials. It includes the material elements of the service: seats, lights, chairs, equipment, machinery, buildings, workers' clothing and all elements of the physical environment (Representing the service physically)⁽¹⁾, This dimension represents 11% as a relative importance in quality according to Kotler.

That there are those who believe that the five criteria do not all contribute in the same way to explain and explain the difference and the difference in the overall quality of service, and the reliability of the most accurate and sensitive consumers.⁽²⁾

2.9. Constraints of Quality Management Application

The main constraints facing quality management can be identified in hospitals and health institutions:

1. The organizational culture prevailing in the service organization.
2. Continuous change in administrative leadership.
3. The long time it takes or is required to implement Quality Management.
4. Lack of awareness of customer needs.
5. Resistance to change and unwillingness of some workers.
6. Lack of strong management.
7. Lack of funding.

2.10. Quality and Customer Satisfaction

The process of achieving consumer satisfaction in the marketing of services differs greatly from that in marketing goods, considering that quality Consciousness in service is not the perceived quality of tangible TB through the different marketing characteristics between them. It is also more specific in the same field of marketing services as in the health services sector than the rest other sectors of services, and also extends to the specificity of service provided in the health sector to patients they differ from one another depending on their state of health.⁽³⁾

Therefore, the essence of quality is to meet the needs and requirements of patients from the health service provided to them, which requires Consistent with the patient's prior use. This compatibility is largely related to the value of the health service and the subsequent satisfaction; this relationship can be expressed as follows:

1. حميد الطائي، تسويق الخدمات، مصدر سابق، ص155.
2. تيسير العجازمة، التسويق المصرفي، دار الحامد للنشر والتوزيع، عمان، الأردن، 2005، ص332 :
3. ثامر ياسر البكري، تسويق الخدمات الصحية، مصدر سابق، ص215-216.

Satisfaction = Perception – Expectation

The degree of satisfaction with the service provided represents the difference between what the patient can perceive and receive of service, and what he was eager to get before he bought the service. Satisfaction with the consumer is a relative situation and varies from one individual to another and in light of the content contained in the service. The view of the beneficiary, satisfaction can be represented in this case as a consumer assessment of products or services and from the hospital's point of view, the quality of the quality is not limited to the conformity of the service provided with predefined standard specifications, or provided with minimum. It can be coasted, but extended to what the patient needs and what he wants to get, and thus become quality. The health service provided is a comparative advantage the hospital has to employ to enhance its position in the health market.⁽¹⁾

1. المصدر نفسه، ص 215-216.

CHAPTER THREE METHODOLOGY

3.1. Problem of Study

Through the field visits to the reality of the health institutions in the province of Dohuk, specially hospitals show that they have problems Including the health institution in terms of lack of material and human resources and the low sense of professional and moral responsibility Some of its employees, and others are due to reasons beyond the will of those institutions, including a limited allocation of financial grants And poor health awareness among community members And the migration of scientific minds, which led to a poor level of services provided to beneficiaries, which raised the desire of researchers to study the extent of customer satisfaction with health services provided of the health situation in the Kurdistan Region.

3.2. Importance of Study

The importance of research stems from the importance of customer satisfaction in the health service, which can be inferred through the following indicators:

1. Adopting a number of standards to indicate the level of customer satisfaction by linking the service provided and the quality, the service was largely associated with quality until it became necessary to adopt a number of these standards.
2. Marking the level of quality through key dimensions that have been relied upon as a basis of measurement is concrete, dependability, response, Assurance, trust, empathy, because quality in health services is no longer subject to purely personal considerations.
3. Indicate the level of response to what the service recipient expected and the level of satisfaction.
4. Achieving inclusiveness and integrity in performance, considering that quality in health services does not reflect the state of silence it is provided to the beneficiary as a result of continuous development through a specialized department.

3.3. Aims of Study

The research aims to:

1. Identify the importance of the hospital management to the quality of health services provided to the beneficiary.

2. Diagnosis of the most important conditions that must be met in the health services to ensure the quality of high services that achieve the highest degree of satisfaction of the beneficiary.

3.4. Research Manner

The method of research was based on two methods:

1. Descriptive approach to data collection and information on the concept and importance of public services and health services as well as the quality of health services, factors influencing the quality of health services, standards and dimensions of quality of health services.
2. Application method: Using the questionnaire, which included five main dimensions: concrete, dependability, response, Assurance, trust, empathy, and 22 questions identified by (Parasuraman, Zeithaml and Berry) in 1985-1988.

3.5. Research Scope

1. Scientific limits: The study was limited to the method of quality assessment in health institutions in hospitals as well as workers and users of the therapeutic and surgical departments.
2. Spatial Boundaries: The study was applied in the hospitals of Dohuk governorate, public and private, which amounted to thirteen hospitals.
3. Time Limits: The study was conducted during 2017.
4. Human Boundaries: The study included (Doctors, Staff and Patients).

3.6. Statistical Methods Used in the Study

The Data were processed according to statistical methods using the computer by using SPSS program.

3.7. Conceptual Model

That the model illustrates the nature of the relationship between the five main variables, namely: concrete, reliability, response, Assurance, Empathy, using the questionnaire form consisting of (22) sub-variables related to the main variables, namely (4) (5) sub-variables of reliability, (4) sub-variables of the response, (4) sub-variables of the assertion (confidence), and (5) Sub-variables of empathy, these sub-variables show the quality aspects Service, as well as to measure the size of the five gaps that show the difference between the expected service and the perceived service.

The amount of difference between the expected service and the perceived service determines the size of that gap, the larger the gap, this indicates that the quality of service is low and vice versa.

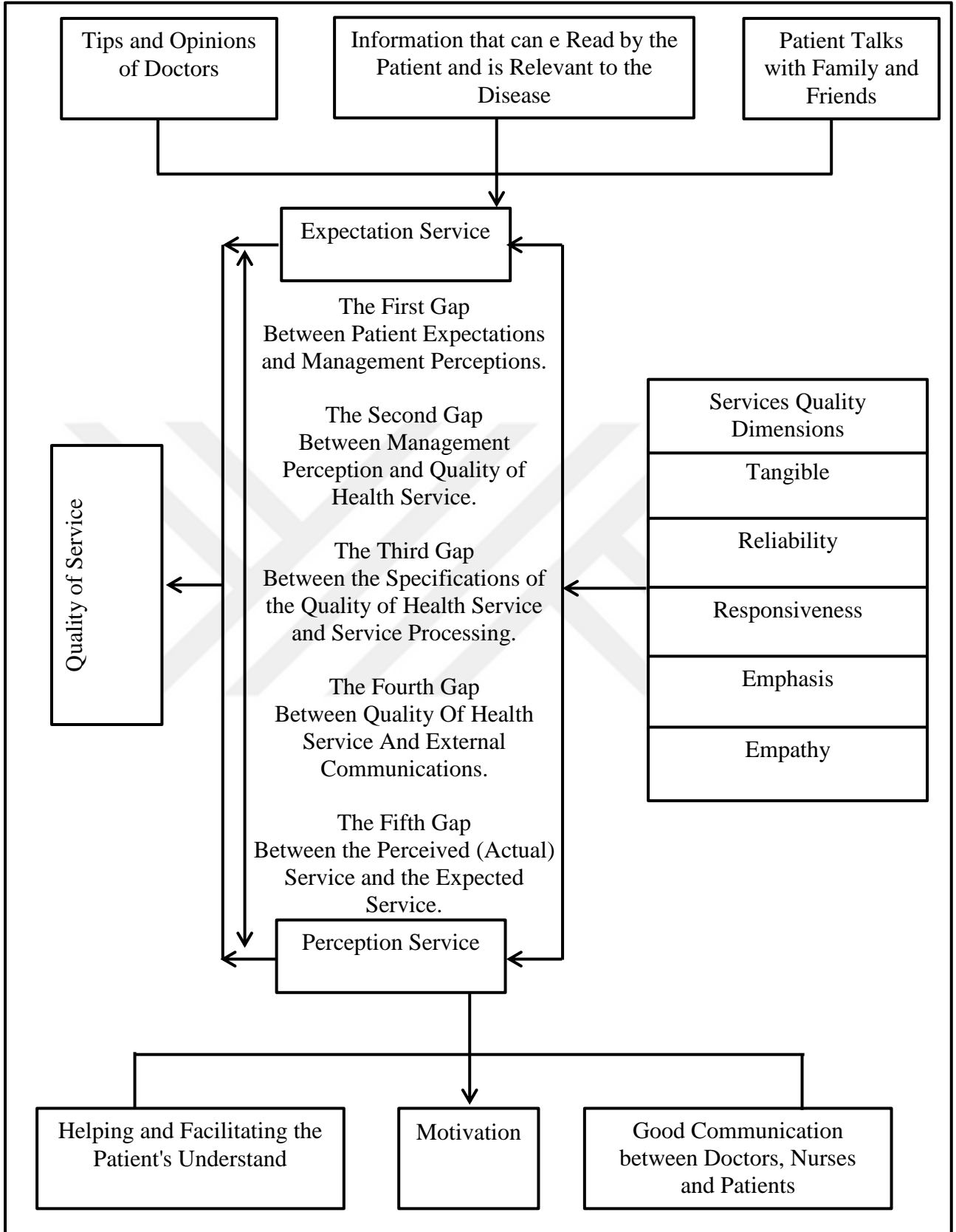
The expected service comes through external influences which are patient conversations with family and friends and information that can be read. The patient is related to the disease, tips and opinions of doctors.

The perceived service comes through the effects of good communication between doctors, nurses and patients, as well as help and ways Accessible to patient understanding.

The goal of reducing gaps and working to close them down by management in health institutions is to reach to provide a high quality health service that meets the patient's ambition.



Figure (3.1): The Default Model of the Study



Source: Parasuraman, V. A. Zeithaml, and L. L. Berry, "SERVQUAL: A multiple-item scale for measuring consumer perception of service Quality", Journal of Retailing 64, spring, (1988) p.12

.Figure (3.1) illustrates the default conceptualization of the study, which illustrates the relationship between the main variables, as well as the relationship between the actual perceived service and the expected service and the quality of service.

3.8. Hypotheses

The research proceeds from a basic hypothesis: There is a statistically significant positive relationship between the main dimensions of the quality of services: Tangibility, Reliability, Responsiveness, Assurance and quality of service.

This main premise is based on the following sub- hypothesis:

| Number | Key Variables | Sub- hypothesis | |
|--------|---------------|-----------------|---|
| 1 | Tangibility | 1 | There is a statistically significant positive correlation between the modernization of devices, equipment and medical supplies currently used, and the quality of service. |
| | | 2 | There is a statistically significant positive relationship between the nature of patient lounges and lounges, waiting places, doctors and staff offices, and quality of service. |
| | | 3 | There is a positive relationship with statistical significance between the attention of the management of the patients and workers in the manner and body work clothes, and the quality of service. |
| | | 4 | There is a positive relationship of statistical significance between the possibility of managing the hospital to provide the material requirements within the available capabilities, and the quality of service. |

| Number | Key Variables | Sub- hypothesis | |
|--------|----------------|-----------------|---|
| 2 | Reliability | 5 | There is a statistically significant positive relationship between the hospital administration's commitment to its promises to patients in the provision of health and treatment services, and the quality of service. |
| | | 6 | There is a statistically significant positive correlation between the management of the hospital with customers when they submit complaints, and the quality of service. |
| | | 7 | There is a positive relationship of statistical significance between the care of the hospital management to provide services on time and confidential and accurate, and the quality of service. |
| | | 8 | There is a statistically significant positive correlation between patient status and confidence in the professional medical skills with confidence and safety, and quality of service. |
| | | 9 | There is a statistically significant positive correlation between the hospital administration's interest in recording information about patients, their health status in the records and the computer, and the level of quality of service. |
| 3 | Responsiveness | 10 | There is a statistically significant positive relationship between informing patients about service times and quality of service |
| | | 11 | There is a statistically significant positive correlation between the provision of immediate service by patients, and the quality of service |
| | | 12 | There is a statistically significant positive correlation between patient assistance and quality of service |
| | | 13 | There is a statistically significant positive correlation between employee response and patients' immediate requests despite their preoccupation. And between quality of service. |

| Number | Key Variables | Sub- hypothesis | |
|--------|---------------|-----------------|--|
|--------|---------------|-----------------|--|

| | | | |
|---|-----------|----|---|
| 4 | Assurance | 14 | There is a statistically significant positive correlation between total patient confidence in staff and quality of service. |
| | | 15 | There is a positive relationship of statistical significance between the patient's reassurance that he is in good hands with the workers and the quality of service. |
| | | 16 | There is a statistically significant positive correlation between the interaction of the medical staff and the staff with the patients, their gentle and tactful treatment, and the quality of service. |
| | | 17 | There is a positive relationship with statistical significance between the availability of merit, courteousness, credibility of workers in the performance of work, and the quality of service. |
| 5 | Empathy | 18 | There is a statistically significant positive correlation between the hospital administration's attention to patient care and quality of service. |
| | | 19 | There is a statistically significant positive relationship between the ability of hospital staff to provide personal attention to patients and the quality of service. |
| | | 20 | There is a statistically significant positive correlation between employee knowledge of patient needs and quality of service. |
| | | 21 | There is a statistically significant positive relationship between hospital management offering its patients the best, and the quality of service. |
| | | 22 | There is a statistically significant positive relationship between the work of the hospital administration and the hours of work according to the needs of patients and the quality of service. |

CHAPTER FOUR

MEASURING QUALITY OF HEALTH SERVICE in DUHOK

4.1. Theoretical Review

Studies indicate that there are two methods of measuring the quality of service:⁽¹⁾

1. Parasuraman, and others method: is based on customer expectations of the level of service and their understanding of the level of service delivery already provided, and then the gap between these expectations and perceptions is determined using the (10) dimensions of quality of service:
 - a. Access: or easy access to the service at the right location and time and without long waits.
 - b. Communications: or service description accuracy in the language understood by the customer.
 - c. Competence to possess employees for the skills, abilities and information needed.
 - d. Credibility: where the organization's employees view the client as trustworthy.
 - e. Reliability: Where the service is provided to the customer accurately can rely on them.
 - f. Responsiveness: where employees respond quickly and creatively to customer requests and problems.
 - g. Tangibles: this element focuses on the tangible aspect of the service, such as the instruments and instruments used to perform them.
 - h. Security: means that the service is free from risk, adventure and suspicion.
 - i. Courtesy in the sense of blindness, friendship, respect and appreciation.
 - j. Understanding the needs of the blind and to give him personal attention.

In a subsequent study Parasuraman, and others, of the integration of these ten dimensions into only five dimensions are tangible physical aspects of service, (Tangible, Reliability, Responsiveness, Assurance and Empathy), and also contained these dimensions twenty-two words translate the quality of service manifestations for each of these dimensions.⁽²⁾

1.Parasuraman, and others, Op. Cit. p.14.

2. Parasuraman, and others, op. cit p. 35.

It is noted that the five dimensions from the perspective of researchers dimensions of the general depends on the client in measuring the quality of service regardless of the nature of service and launched this method in the measurement

Service Quality The name of the gap scale or SERVQUAL scale (which will be used in this search, These gaps occur if there is a difference between the client's expectations and management's understanding of these expectations.⁽¹⁾

2. Actual Performance measure (SERVPERF)

This method is considered to be an alternative to the first method and is based on the direct evaluation of the methods and processes associated with performance service, in the sense that it is based on measuring quality of service, as a form of behavior towards actual performance quality, the five dimensions: (Tangible, Reliability, Responsiveness, Assurance and Empathy), these dimensions contain twenty-two words that translate quality of service aspects into these dimensions.⁽²⁾

4.1.1. Justification of use SERVQUAL

The SERVQUAL tool, which has been developed, is widely used to measure the levels of public assessment of quality services. This tool has been used by a large number of researchers in service institutions in general, such as hospitals, ministries and other sectors of public benefit, for the following reasons:⁽³⁾

1. Other means used to measure the quality of services, whether direct or indirect, are inaccurate in terms of their results, and are not comprehensive.
2. The SERVQUAL method has specific and comprehensive dimensions for different quality dimensions.

A scientific and statistical tool for management, the results are specific, clear and accurate. That many quality management researchers are interested in using this tool to measure the quality of services, which is why it is common in the major industrial countries, especially Japan, the United States, and Britain.

1. Peter smith, op. cit .p.23.

2. Cronin, J., and Taylor, S. (1992), "measuring service Quality : A Re-examination and Extension", Journal of marketing, Vol. 56, No. 4, P.55.

3. Reynoso, J. and Moores, B. (1995), "Towards the measurement of internal service quality", International Journal of Service Industry Management, Vol. 6 No. 3, pp. 64-83.

Many researchers believe that the main reason for the industrial revolution and the great development of the Japanese economy after the Second War is due to Japan's application of the concepts of total quality management in its production industry. This is the reason for its success and superiority over other industrialized countries, despite its critical political conditions.

Japan has applied quality management concepts to its service industry, as well as the service innovation associated with its production, as opposed to measuring the quality of products, whose quality can be measured by factors such as durability, manufacturing defects, depreciation and obsolescence. The quality of services is a moral state, and difficult construction, because of the lack of physical element. For the absence of a physical element, the best way to measure the level of service quality is:⁽¹⁾

- Measuring the level of expectations and observations of beneficiaries of these services.
- Identify the extent of variance, while the consumer expects a certain level of service provided to him, and what happens it really is.

4.1.2. The Gaps Model in Measurement Service Quality

The main focus in measuring quality of service at (Parasuraman, Zeithaml and Berry) is the gap between the customer's perception of the actual performance of the service and its expectations about the quality of the service, but the gap (5) depends on the nature of the gaps associated with the design, marketing and delivery of the service.

In addition to the customer expectations gap, there are four other gaps⁽²⁾

Gap 1: Between Patient expectation and management perception of that expectation:

The difference between patients' expectations of the level of service and the hospital management's perception of patient expectations, that is, the inability of the management to know the needs and wishes of the expected patients, the hospital management may think that the patient wishes to have better food. But it may be otherwise that patients want better care from nurses.

Gap 2: Between management perceptions of patients' expectation, and service Quality specification:

1.Oliver, R.L. (1993), "A conceptual model of service quality and service satisfaction: compatible goals, different concepts", *Advances in Service Marketing and Management*, Vol. 2, pp. 65-85.
2.Parasuraman, and others, *Op. Cit.* pp.41-50.

This gap results from the difference between the specifications of the service already provided and management perceptions of patient expectations. In the sense that even if the patients' expected needs and wishes are known to management, they will not be translated into specific specifications in the service provided due to financial resource constraints or the inability of management to adopt the quality philosophy. Hospital management may correctly understand the patient's wishes but does not set clear performance criteria. As it is in the administration of news nursing owners to take secret workers to provide health service to patients, but it does not set standards for the standard of the workers.

Gap 3: Between Service Quality Specifications and Service delivery:

Because the specifications of the service provided by the benefit do not correspond to the management's understanding of these specifications. This may be due to the low skill level of service providers. Which in turn is due to the weak capacity and desire of these workers. Individuals in patient service may be poorly trained, unable or unwilling to perform in accordance with standard criteria. For example, in the need to listen to the patient sufficiently and then to perform the service quickly.

Gap 4: Between Service delivery and external communications to patient's delivery:

This gap is caused by an imbalance in the credibility of the service organization, meaning that the promises made by the organization about the level of service through contact with patients differ from the level of service provided and its specifications already. The difference between the health service received by the patients and what was agreed upon in advance and through contacts between the hospital administration and the patients. As in the agreement between the patient and the hospital management in obtaining a clean and elegant room and comfortable beds in light of the communication between the parties. But on arrival at the hospital finds the opposite, or without prior agreement between the parties.

Gap 5: Between patient expectations and perceived Service.

Represent the actual perceptions / expectations, as the quality of service is one of the factors that equal or exceed the patient's expectations. A personal evaluation of services quality as high or low depends on how the patient perceives the actual performance of the service in what they can expect. This

gap occurs when the patient does not receive the quality of health service expected as the doctor tries to keep the patient's visit constantly as part of his duty, but the patient explains that there is something in his health.

That gap 5 is the only gap the patient feels on the basis that other gaps occur within the hospital and as part of the design and formulation of the quality of the health service provided. But they all contribute to the gap 5

The first and fifth divisions have received the attention of researchers and those interested in measuring the quality of service. They have been applied to many services such as banking, air transport, education, fast food, health service, engineering consulting service, dry cleaning service, technical information service provided to sales representatives. In the advanced technology industries this is coupled with libraries and information centers.

We can represent these gaps to the following figure:

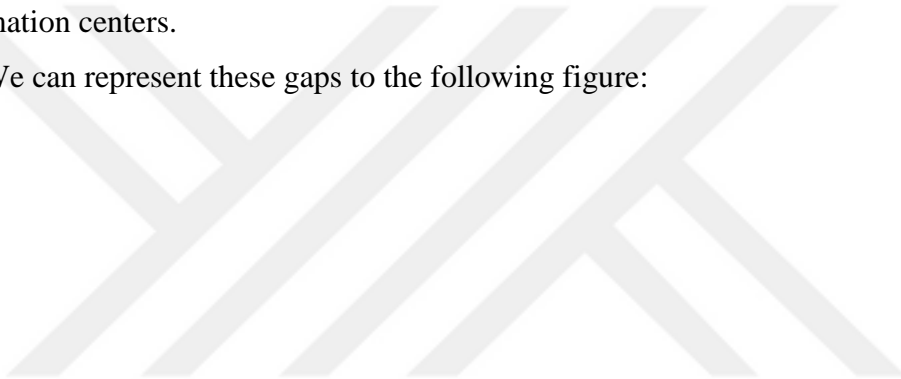
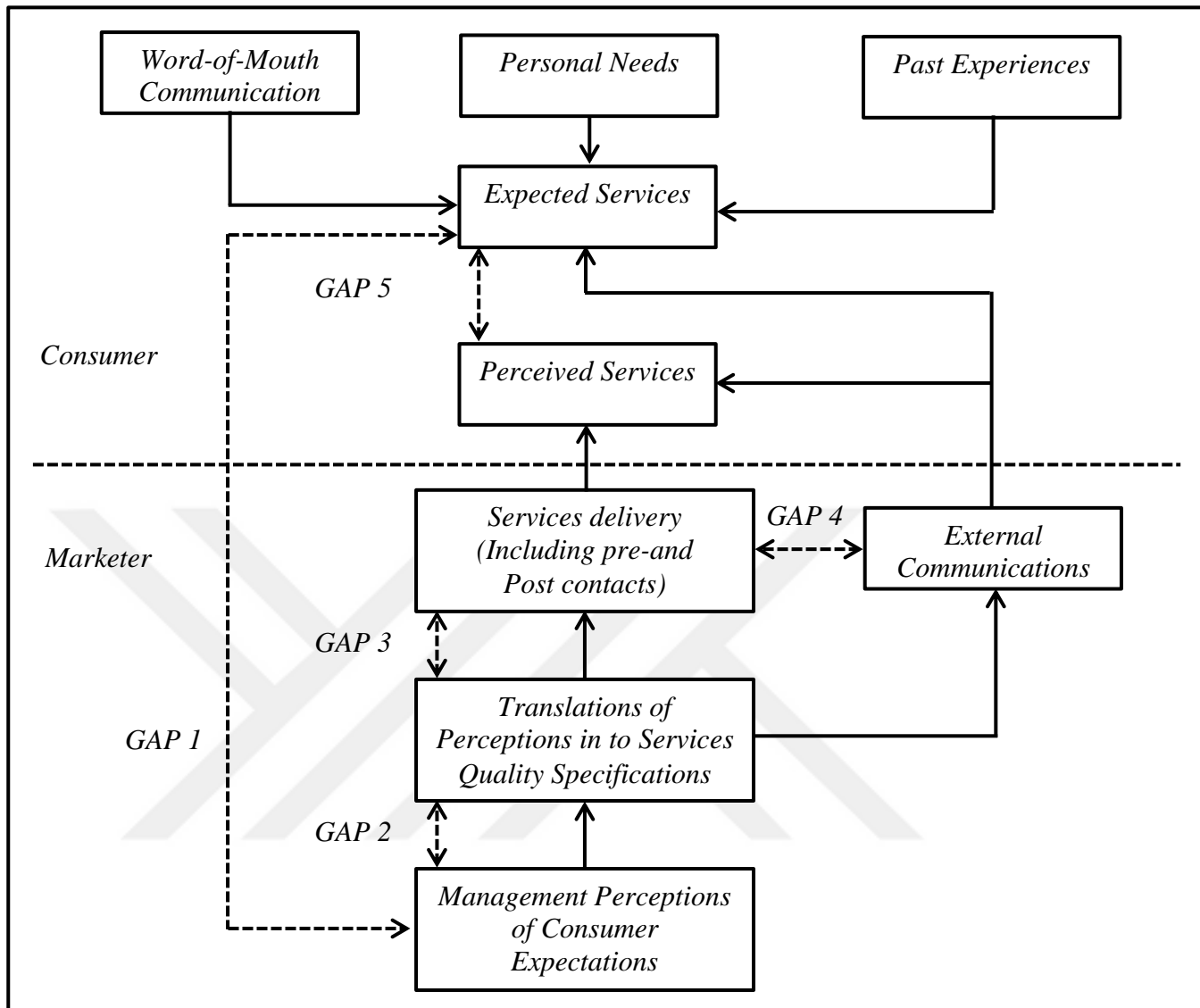


Figure (4.1): Gap Analysis Model



Source: Parasuraman, V. A. Zeithaml, and L. B., Conceptual Model of Services Quality and Its Implications for future Research, Journal of marketing, p.49.

4.2. Questionnaire Design

The researcher determined his model with the dimensions shown in the following table:

Table (4.1): Demonstrates service quality dimensions and phrases that represent quality of service aspects

| Number | Dimensions Quality of services | Sub-Variables that Represent Quality of Services Aspects |
|--------|--------------------------------|--|
| 1 | Tangible | Includes four variables that measure: |
| | | 1 Availability of new equipment in the organization (hospital). |
| | | 2 The attractive vision of material facilities. |
| | | 3 The elegant appearance of its staff. |
| | | 4 The attractiveness and impact of materials associated with its services. |
| 2 | Reliability | Includes five variables that measure: |
| | | 5 The organization (the hospital) fulfills its commitments promised by the beneficiaries. |
| | | 6 Its interests are solved by their problems. |
| | | 7 Its keenness to provide its services in a timely and accurate and confidential manner. |
| | | 8 Trust and safety by patients in medical profession skills. |
| | | 9 Keep accurate records of its contents and services. |
| 3 | Responsive ness | Includes four variables that measure: |
| | | 10 The hospital should inform the beneficiaries about the time of service. |
| | | 11 Employees are keen to provide immediate service to beneficiaries. |
| | | 12 Permanent desire of employees to help beneficiaries. |
| | | 13 Immediate response by employees with requests of beneficiaries despite busy employees. |
| 4 | Assurance | Includes four variables that measure: |
| | | 14 Full confidence in the hospital staff. |
| | | 15 The beneficiary is assured that he is in good hands with the hospital staff. |
| | | 16 Interaction between the medical staff and the beneficiaries and dealing with them gently and tactfully. |
| | | 17 The availability of merit, courtesy and credibility of the workers. |
| 5 | Empathy | Includes five variables that measure: |
| | | 18 The management of the hospital gives the beneficiaries personal attention. |
| | | 19 The ability of hospital staff to provide personal care to beneficiaries. |
| | | 20 Know the needs of beneficiaries by employees. |
| | | 21 Hospital management provides the best of its beneficiaries. |
| | | 22 Working hours according to the needs of beneficiaries |

According to table (4.1) the researcher design questionnaire as we can show in appendix (1).

4.3. Sample and Data Collection

Depending on the nature of the research and its scope in public and private hospitals in Dohuk governorate,

4.3.1. Tool Validating

The veracity and validity of the content of the questionnaire were verified using the interim arbitration method for specialists of 10 specialists in the field of management and marketing. The observations of the arbitrators were taken into account and the questionnaire was subsequently developed in its final form.

The questionnaire was then distributed to a (20) staff in the hospital to determine the extent to which the vertebrae were suitable.

4.3.2. Tool Stability

1. The tool stability was calculated using a computer using Cronbach's Alpha, and the result of the Cronbach coefficient was (0.70), which means the stability of the tool according to the width index (validating).
2. Index-validating the truth index was calculated by calculating the square root of the stability coefficient in paragraph 1

On this basis, the index of validity became (0.84) which is a high stability coefficient.

This result is acceptable as a static search tool. Therefore, the questionnaire has become highly credible. The statistically acceptable rate of stability and validity is 67%, which indicates the credibility of the answers.⁽¹⁾

Table (4.2) shows the coefficient of stability (alpha) and the index of validating (confidence) of the five main variables in the study and the coefficient of stability (alpha) total (0.70) and the index of validating (total confidence) also (0.84).

1. السيد فؤاد البهي، علم النفس الإحصائي وقياس العقل البشري، دار الفكر العربي، الطبعة الثالثة، القاهرة، 1979، ص529.

Table (4.2): Stability Coefficient and Validating (Confidence) Index

| Number | Key variables | Stability Coefficient (α) | Validating (Confidence) Index |
|--------|----------------|------------------------------------|-------------------------------|
| 1 | Tangible | 0.4721 | 0.6788 |
| 2 | Reliability | 0.6201 | 0.7804 |
| 3 | Responsiveness | 0.4628 | 0.6719 |
| 4 | Assurance | 0.8622 | 0.9228 |
| 5 | Empathy | 0.5078 | 0.7047 |
| Total | | 0.7202 | 0.8422 |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

4.4. Research Sample and Limits

The sample of the research was determined in the public and private hospitals in Dohuk governorate.

The reason for using the sample method is that it is one of the statistical methods in the research to study the variables and their degree of impact on the quality of health service. In this light, the sample (doctors, workers, patients) hospitals in Duhok governorate

The following table shows the distribution of the research sample according to the levels of the research sample.

Table (4.3): Distribution of the Research Sample According to the Levels of the Research Sample

| Level | Number | Percentage (%) |
|----------|--------|----------------|
| Doctors | 200 | 20 |
| Staff | 400 | 40 |
| Patients | 400 | 40 |
| Total | 1000 | 100 |

Source: The Table Prepared by the Researcher.

Table (4.4): Distribution of the Research Sample According to the Hospital

| Number | Hospital Name | Sample Size | |
|--------|------------------------------------|-------------|----------------|
| | | Number | Percentage (%) |
| 1 | Azadi Teaching Hospital | 400 | 40 |
| 2 | Hefei Children's Hospital | 50 | 5 |
| 3 | Emergency Hospital | 50 | 5 |
| 4 | Rossana Hospital | 50 | 5 |
| 5 | Gulan Hospital | 50 | 5 |
| 6 | General Hospital of Akre | 100 | 10 |
| 7 | Zakho Hospital | 160 | 16 |
| 8 | Shilan Private Hospital. | 20 | 2 |
| 9 | Duhok Private Hospital. | 20 | 2 |
| 10 | Germany Private Hospital in Duhok. | 20 | 2 |
| 11 | Jiyan Private Hospital. | 20 | 2 |
| Number | Hospital Name | Sample Size | |
| | | Number | Percentage (%) |
| 12 | Vin Hospitals and Medical Complex | 20 | 2 |

| | | | |
|----|-----------------------------------|----|---|
| 13 | Vajeen Hospital | 20 | 2 |
| 14 | Wan Global International Hospital | 20 | 2 |

Source: The Table Prepared by the Researcher.

Table (4.5): Distribution of the Research Sample According to the Hospital and to the Levels of the Research Sample (as a Number)

| Hospitals / Level | Sample Size as a Number | | | |
|------------------------------------|-------------------------|-------|----------|-------|
| | Doctors | Staff | Patients | Total |
| Azadi Teaching Hospital | 80 | 160 | 160 | 400 |
| Hefei Children's Hospital | 10 | 20 | 20 | 50 |
| Emergency Hospital | 10 | 20 | 20 | 50 |
| Rossana Hospital | 10 | 20 | 20 | 50 |
| Gulan Hospital | 10 | 20 | 20 | 50 |
| General Hospital of Akre | 20 | 40 | 40 | 100 |
| Zakho Hospital | 32 | 64 | 64 | 160 |
| Shilan Private Hospital. | 4 | 8 | 8 | 20 |
| Duhok Private Hospital. | 4 | 8 | 8 | 20 |
| Germany Private Hospital in Duhok. | 4 | 8 | 8 | 20 |
| Jiyan Private Hospital. | 4 | 8 | 8 | 20 |
| Vin Hospitals and Medical Complex | 4 | 8 | 8 | 20 |
| Vajeen Hospital. | 4 | 8 | 8 | 20 |
| Wan Global International Hospital. | 4 | 8 | 8 | 20 |
| Total | 200 | 400 | 400 | 1000 |

Source: The Table Prepared by the Researcher.

Table (4.6): Distribution of the Research Sample According to the Hospital and to the Levels of the Research Sample (as a Percentage)

| Hospitals / Level | Sample Size as a Percentage (%) | | | |
|------------------------------------|---------------------------------|-------|----------|-------|
| | Doctors | Staff | Patients | Total |
| Azadi Teaching Hospital | 8 | 16 | 16 | 40 |
| Hefei Children's Hospital | 1 | 2 | 2 | 5 |
| Emergency Hospital | 1 | 2 | 2 | 5 |
| Rossana Hospital | 1 | 2 | 2 | 5 |
| Gulan Hospital | 1 | 2 | 2 | 5 |
| General Hospital of Akre | 2 | 4 | 4 | 10 |
| Zakho Hospital | 3.2 | 6.4 | 6.4 | 16 |
| Shilan Private Hospital. | 0.4 | 0.8 | 0.8 | 2 |
| Duhok Private Hospital. | 0.4 | 0.8 | 0.8 | 2 |
| Germany Private Hospital in Duhok. | 0.4 | 0.8 | 0.8 | 2 |
| Jiyan Private Hospital. | 0.4 | 0.8 | 0.8 | 2 |
| Vin Hospitals and Medical Complex | 0.4 | 0.8 | 0.8 | 2 |
| Vajeen Hospital. | 0.4 | 0.8 | 0.8 | 2 |
| Wan Global International Hospital. | 0.4 | 0.8 | 0.8 | 2 |
| Hospitals / Level | Sample Size as a Percentage (%) | | | |
| Total | 20 | 40 | 40 | 100 |

Source: The Table Prepared by the Researcher.

4.5. Hypotheses Testing

After the data were collected and analyzed using the Likert scale, which is divided between 1 and expresses the absolute disapproval of each statement, and 7 indicates absolute approval, while (4) expresses the neutrality of the scale , And in light of the hypotheses targeted by the study, we will review the results of the analysis for you hypothesis separately.

4.5.1. The Basic Hypothesis Testing

The basic hypothesis States: There is a statistically significant positive correlation between service quality dimensions, (Tangible, Reliability, Responsiveness, Assurance and Empathy), and quality of health service.

The hypothesis was tested by the responses of the sample items in the hospital (doctors, staff, patients) to the terms included in the questionnaire, and were based on the arithmetical averages of these answers, as well as the test (t) for bilateral comparisons to ascertain the statistical significance of the results in this field, At the beginning, the arithmetic mean of the answer scores (sample items) was extracted on each statement

By adding the scores of their responses to each statement, and then dividing the total by the number of the sample items, up to (22) mean averages for the responses of the sample members (doctors, staff, patients), covering the (22) words which represent their evaluation of these terms.

To measure the actual quality of health services for the 22 terms and test the other hypotheses, the general mean (mean) was calculated (5.16).

The average of the quality of the health services of the terms actually, and comparing this average to the seven-point scale used, we believe that the quality of health services below the required level and therefore not a positive indicator to achieve the level of ambition as health services related to human life, Factors that are still unconscious, requiring diagnosis and appropriate solutions.

This is the basis for the decision to test the statistical significance of that hypothesis, and by using (t) test.

For binary comparisons and at a significance level (0.05) for all the words included in the questionnaire, it was found that the value of (t) calculated (479.2) while (t) is the table (1.721) and by comparing the two values it is clear that the calculated value (H_0) and accept the alternative hypothesis (H_1) and what is confirmed is the average response rate (5.16) towards the agreement that the quality standards of service is not high to the level of service delivery with the required quality.

Table (4.7): Arithmetic Mean and Standard Deviations of Answers (Sample Persons, Doctors, Staff, Patients) on the seven-point scale (Likert)

| Number | Phrase | Smallest | Biggest | Arithmetic Mean | Standard Deviations |
|--------|--|----------|---------|-----------------|---------------------|
| 1 | The hospital needs to update the equipment, equipment and medical supplies currently in use | 4 | 7 | 6.63 | 0.71 |
| 2 | You believe that the nature of the patient's lounges, lounges, waiting areas, doctors' offices and existing staff matches what you expect in your mind | 1 | 7 | 3.89 | 1.49 |
| 3 | There is interest by the hospital management and personnel in a manner and body work clothes with the level of service provided | 1 | 7 | 5 | 0.99 |
| 4 | You believe that the hospital management provided the material requirements in paragraphs (0) within the available capabilities and commensurate with your mental expectations for it | 1 | 7 | 4.66 | 1.12 |
| 5 | The hospital management is committed to its promises to patients in the provision of health and therapeutic services and to provide the appropriate environment as you expect in your mind | 1 | 7 | 4.67 | 1.21 |
| 6 | Hospital management sympathizes with customers when they submit complaints as you expect them to | 1 | 7 | 4.82 | 1.44 |
| 7 | The hospital administration is interested in providing services on time, in a confidential and accurate manner | 1 | 7 | 4.87 | 1.29 |
| 8 | Patients place their confidence in the professional skills of the medical profession with confidence and safety | 1 | 7 | 5.14 | 1.23 |
| 9 | Hospital management is keen to record information about patients and their health status in records and computers | 1 | 7 | 4.94 | 1.02 |
| 10 | Patients are told about the times they are served as you think | 4 | 7 | 5.77 | 0.66 |
| 11 | Patients are not expected to receive immediate service from hospital staff | 1 | 7 | 4.5 | 1.18 |
| 12 | Hospital staff want to help patients on a permanent basis | 1 | 7 | 5.1 | 0.97 |
| 13 | Although staff are busy providing services, they respond to patients' requests immediately | 2 | 7 | 5.06 | 1.02 |
| 14 | In your view, patients should have full confidence in the hospital staff | 1 | 7 | 5.53 | 1.03 |
| 15 | In your opinion, the patient should be reassured that he is in good hands with hospital staff when dealing | 3 | 7 | 5.5 | 1.1 |

| Number | Phrase | Smallest | Biggest | Arithmetic Mean | Standard Deviations |
|--------|---|----------|---------|-----------------|---------------------|
| 16 | Do you feel that the medical staff and the staff interact with the patients and deal with them gently and tactfully | 2 | 7 | 5.44 | 1.06 |
| 17 | The staff of the hospital have the merit, the courtesy and the credibility of their work | 3 | 7 | 5.42 | 1.08 |
| 18 | Hospital management should give patients personal attention | 1 | 7 | 5.84 | 0.9 |
| 19 | Hospital staff have the ability to provide personal attention to patients | 4 | 7 | 5.64 | 0.82 |
| 20 | Hospital staff should know the needs of patients | 2 | 7 | 5.37 | 0.91 |

| | | | | | |
|----|---|---|---|------|------|
| 21 | The hospital administration provides the best facilities for patients | 3 | 7 | 5.19 | 0.89 |
| 22 | The hospital management operates hours of work according to patient needs | 1 | 7 | 4.88 | 1.03 |
| | General average | | | 5.16 | |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

4.5.2. The Sub- Hypothesis Testing

As for sub-hypotheses (1-22), the test results are shown in the detailed table (4.8), which includes the sequence of each hypothesis, the calculated and tabular value (t), the null hypothesis (H_0), as well as the direction of each of the (22) terms which was formulated in the form of a positive or negative hypothesis.

Table (4.8): Results of the Sub- Hypothesis Testing

| Number of Hypothesis | t Calculated | t Table | Sig. t | Result of H_0 | Result of the Hypothesis |
|----------------------|--------------|---------|--------|-----------------|--|
| 1 | 10.12 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (1) |
| 2 | 0.47 | 1.721 | 0.05 | Accept | Negative attitudes towards the phrase (2) |
| 3 | 0.29 | 1.721 | 0.05 | Accept | Negative attitudes towards the phrase (3) |
| 4 | 2.83 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (4) |
| 5 | 2.87 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (5) |
| 6 | 3.52 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (6) |
| 7 | 3.73 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (7) |
| 8 | 4.89 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (8) |
| 9 | 4.03 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (9) |
| 10 | 7.59 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (10) |
| 11 | 2.14 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (11) |
| 12 | 4.72 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (12) |
| 13 | 4.54 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (13) |
| 14 | 6.56 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (14) |
| 15 | 6.43 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (15) |
| 16 | 6.17 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (16) |
| 17 | 6.09 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (17) |
| 18 | 7.89 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (18) |
| 19 | 7.89 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (19) |
| 20 | 7.03 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (20) |
| 21 | 5.10 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (21) |
| Number of Hypothesis | t Calculated | t Table | Sig. t | Result of H_0 | Result of the Hypothesis |
| 22 | 3.77 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (22) |
| Basic Hypothesis | 4.9726 | 1.721 | 0.05 | Refused | Positive attitudes towards the phrase (basic hypothesis) |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

We will try to test each of these hypotheses separately using the same method used in testing the basic hypothesis, as follows:

4.5.2.1. Tangible

1. The first sub-hypothesis which states that there is a statistically significant positive correlation between the modernization of devices, equipment and medical supplies currently used, and the quality of health services.

According to the test results, there is no update of the devices, equipment and medical supplies currently used. The calculated value (t) is 10.12, which is greater than the t -value of (1.721), thus rejecting the null hypothesis (H_0).

The average response rate for the sample of the research sample (6.36) was to approve the non-modernity of the current medical devices, equipment and supplies in line with the nature of the health service which should be up to the level of quality suitable for its direct link with human life.

2. The second sub-hypothesis, which states that there is a statistically significant positive relationship between the nature of patient lounges and lounges, waiting places, offices of doctors and staff, and the quality of health services.

According to the results of the test, there was no statistically significant positive correlation between the nature of the patients' lounges, the waiting rooms and the offices of doctors and workers. The calculated value of t (0.47) is less than the value of t (1.721) (H_1).

The sample response rate (3789) was in favor of approving the nature of the patients' lounges, the waiting rooms, the doctors' offices and the current staff with the quality of the health services offered.

3. The third sub-hypothesis states that (there is a statistically significant positive relationship between the attention of the hospital administration and the workers in the manner and body of the work clothes, and the quality of the health services).

According to the results of the test, there was little interest in the management of the hospital and the workers and the body of the work clothes. The calculated value of t (4.29) is greater than the t -table (1.721), thus rejecting the null hypothesis (H_0) (H_1).

The response rate of the sample respondents (5) was in the direction of approving that there are two volumes of attention to the work clothes organization but not the level of absolute agreement assumed to achieve high quality of health services.

4. The fourth sub-hypothesis, which states that (there is a positive relationship of statistical significance between the possibility of hospital management to provide what is required in the first hypothesis and the second, and the quality of health services).

According to the results of the test, it was found that there is no statistically significant relationship between the possibility of hospital administration to provide what is required in the first hypothesis and the second (updating equipment, equipment and supplies, and the halls and lobbies of patients and offices of doctors and workers). The value of (t) calculated (2783) of the value of t (tabular 1.721), thus rejecting the null hypothesis (H_0) and accepting the alternative hypothesis (H_1).

The response rate of respondents (4766) towards approval of weak management of the hospital on the provision required in the first and second hypotheses of physical facilities to improve and improve the quality of health services.

4.5.2.2. Reliability

1. The fifth sub-hypothesis, which states that (there is a positive relationship is a statistical indication of the commitment of the hospital management to its promises to patients in the provision of health and therapeutic services and to provide the appropriate environment, and the quality of health services).

According to the results of the test, there was no statistically significant positive correlation between the hospital administration's commitment to its promises to the patients in providing health and therapeutic services and providing the suitable environment for them, the value of (t) calculated (278), which is greater than the value of (t) and reject the hypothesis of alternative (H_0) and accept the alternative hypothesis (H_1) with the rate of responses of the sample (476), toward the approval of a clear weakness of the hospital administration's commitment to fulfill its promises to patients in the provision of health services and provide the appropriate environment and the weakness Quality of health services provided.

2. The sixth sub-hypothesis, which states that (there is a statistically significant positive relationship between the management of the hospital with patients when submitting complaints, and the quality of health services).

According to the results of the test, there was no positive relationship between the hospital administration and the patients when submitting complaints. The value of (t) calculated (3.52) is greater than the value of t (1.721) (H_1). The response rate of respondents (4.82) was about twice as high as the hospital

administration's empathy with complaints from patients, which negatively affected the quality of the health services offered.

3. The seventh sub-hypothesis, which states that (there is a positive relationship is statistically significant to those who care about the management of the hospital by providing services on time and confidentially and accurately, and the quality of health services).

According to the results of the test, there was no positive correlation between the hospital administration's interest in providing services on time and in secret and accurate. The value of (t) calculated (3.73) is greater than the value of (t) (H_0) and accept the alternative hypothesis (H_1)

The average number of respondents (4.87) responded to the agreement that there is a clear weakness in the hospital administration's interest in the speed and accuracy of service delivery, which negatively affects the quality of the health services provided.

4. The eighth sub-hypothesis, which states that (there is a statistically significant positive relationship between patients' confidence in the skills of the medical profession with confidence and safety, and the quality of health services).

According to the results of the test, there was no statistically significant positive relationship between patients' confidence in the skills of the medical profession with confidence and safety. The calculated value of t (4.89) is greater than the value of (t) (1.721).

The response rate of the respondents (5.14) was in favor of approving that there was a clear weakness in the confidence of the patients in the medical profession's skills, and this reflected the poor quality of the health services offered.

5. The ninth sub-hypothesis is that there is a statistically significant positive relationship between the recording of information about patients, their health status in records and the computer, and the quality of health services provided.

According to the results of the test, there was no statistically significant positive relationship between the recording of information about patients and their health status in the records and computer. The value of (t) calculated (4.03) is greater than the value of (t).

The response rate of respondents (4.94) was in favor of approving that there was a marked weakness in the level of interest in recording the information in

the records and computer of the patients and their health conditions, which negatively affected the poor quality of the health services provided.

4.5.2.3. Responsiveness

1. The tenth sub-hypothesis, which states that there is a statistically positive relationship between informing patients about the times of service and the quality of health services provided.

According to the results of the test, there was no statistically significant positive relationship between informing the patients about the times of service. The value of (t) calculated (7.59) is greater than the value of (t) Alternative hypothesis (H_1) is accepted.

The sample response rate (5.77) is in favor of agreeing that there is a certain level of interest in determining the times of delivery of services to patients is not up to the acceptable level in this direction.

2. The eleventh sub-hypothesis, which states that (there is a statistically significant positive relationship between the provision of immediate service to patients by workers and the quality of health services provided).

According to the results of the test, it was found that there is a statistically significant positive relationship between the provisions of the immediate service to the patients by the workers. The value of (t) calculated (2.14) is less than the value of (t) of 1.721, thus accepting the hypothesis of the research) alternative hypothesis (H_1).

The average response rate of the respondents (4.5) is a level that does not exceed the level of positive and absolute approval with patients receiving immediate service. This may be a clear indication of the low level of quality of health services provided.

3. The twelfth sub-hypothesis, which states that (there is a statistically positive relationship between the desire of workers to help patients permanently and the level of quality of health services provided).

According to the results of the test, there was no statistically significant positive correlation between the desires of the workers to help the patients permanently. The calculated value of t (4.72) is greater than the value of (t) alternative hypothesis (H_1).

The response rate of respondents was (5.1). This indicates that there is a weakness in the response of workers to help patients permanently, which negatively affects the quality of health services provided in this direction.

4. The thirteenth sub-hypothesis, which states that (there is a positive relationship of statistical significance between the response of employees with the requests of patients, despite the immediate concern of employees, and the quality of health services provided).

According to the results of the test, it was found that there is no positive relationship with statistical significance between the response of workers with the requests of patients in spite of the preoccupation of workers, the value of (t) calculated (4.54) which is greater than the value of (t) (1.721) and thus reject the hypothesis of nothingness) (H_0). The alternative hypothesis (H_1) is accepted, with the responses of the respondents (5.06). This indicates that there is a weakness in the response of workers to the patients' immediate requests, which negatively affects the quality of the health services provided.

4.5.2.4. Assurance

1. The fourteenth sub-hypothesis states that (there is a statistically significant positive relationship between total trust in hospital staff by patients and quality of health services provided).

According to the results of the test, there was no statistically significant positive correlation between the total confidence of the hospital staff and the calculated value of (6.56), which is greater than the value of (t).

The response rate of respondents (5.53) was in favor of approving that there was a lack of complete trust in the hospital staff by the patients, which affects the negative phenomenon that affects the quality of the health services provided.

2. The fifteenth sub-hypothesis, which states that (a positive relationship is statistically significant between the patient's reassurance that he is in good hands with the hospital staff and the quality of the health services provided).

According to the results of the test, it was found that there is no positive relationship with statistical significance between the patient's reassurances that

he is in good hands with the hospital staff. The value of (t) calculated (6.43) is greater than the value of (t), the alternative hypothesis (H_1) is accepted.

The response rate of the respondents (5.5) was in favor of the approval that there is a clear weakness in the level of reassurance of the patients that they are in good hands with the hospital staff.

3. The sixteenth sub-hypothesis, which states that (there is a positive relationship is statistically significant between the interaction of medical staff and hospital staff with patients and dealing with them gently and tactfully, and the quality of health services).

According to the results of the test, there was no statistically significant positive correlation between the interaction of the medical staff and the hospital staff with the patients and dealing with them gently and tactfully. The value of (t) calculated (6.17) is greater than the value of (t) the hypothesis of nullity (H_0) is accepted and the alternative hypothesis (H_1) is accepted.

The response rate of the respondents (5.44) is in the direction of approving that there is a clear weakness in the degree of interaction between the medical staff and the hospital staff on the one hand and the patients on the other. To the low level of health service provided, and the loss of confidence between hospital staff and the satisfaction.

4. The seventeenth sub-hypothesis, which states that (there is a positive relationship that is statistically significant between the availability of merit, courtesy and credibility of the workers in the performance of their work, and the quality of health services).

According to the results of the test, there was no statistically significant positive relationship between the availability of the elements of merit, civility and credibility of the workers in the performance of their work. The value of (t) calculated (6.09) is greater than the tabular value of (1.721) Reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1).

The responses of the respondents (5.42) were in the direction of agreement on a clear decline in the availability of merit factors, civility.

4.5.2.5. Empathy

1. The eighth sub-hypothesis, that (a positive relationship is statistically significant between the patient's personal care given by the hospital administration and the quality of health services).

According to the results of the test, there was no statistically significant positive correlation between the personal care of the patients by the hospital administration. The calculated value of t (7.89) was greater than the value of t (Table 1.721), thus rejecting the null hypothesis (H_0) The alternative hypothesis (H_1) was accepted.

The sample response rate (5.84) was in favor of agreeing that a certain amount of personal care by the hospital management did not live up to the level of ambition in the quality of the provided health services.

2. The nineteenth sub-hypothesis, which states that (a positive relationship is statistically significant between the ability of employees to provide personal attention to patients, and the quality of health services).

The results of the test show that there is no statistically significant positive correlation between the ability of workers to provide personal attention to patients. The value of (t) calculated (7.03) is greater than the value of t (Table 1.721), thus rejecting the null hypothesis the alternative hypothesis (H_1).

The average response rate of respondents (5.64) was in favor of agreeing that there is a certain degree of possibility for employees to provide personal attention to patients that do not meet the required level of availability in the humanitarian view of patients.

3. The twentieth sub-hypothesis, which states that (there is a positive relationship is statistically significant between the knowledge of the needs of patients by the workers, and the quality of health services).

According to the results of the test, it was found that there is no statistically significant positive correlation between the patient's knowledge of the needs of the workers. The calculated value of t (5.87) is greater than the value of t (1.721), thus rejecting the null hypothesis Alternative hypothesis (H_1).

The average number of responses of respondents (5.37) was to agree that there is still a need to find out the needs of the patients by the workers and the impact on the quality of the health services provided.

4. The twentieth first sub-hypothesis, which states that "there is a statistically significant positive relationship between the ability of the hospital administration to provide the best for patients and the quality of health services."

According to the results of the test, there was no statistically significant correlation between the hospital management ability to provide the best for patients. The calculated value of (5.10) is greater than the value of t (Table 1.721), thus rejecting the null hypothesis (H_1).

The response rate of respondents (5.19) was in favor of approving that there is no possibility for the hospital administration to develop its services and provide the best facilities for the patients, thus reducing the quality of its health services.

5. The twenty-second sub-hypothesis, which states that (a positive relationship is statistically significant between the hospital administration working hours according to the needs of patients, and the quality of health services).

According to the results of the test, it was found that there is no statistically significant correlation between the hospital administrations working hours according to patients' needs. The calculated value of t (3.77) is greater than the value of t (1.721), thus rejecting the null hypothesis (H_1).

The response rate of the respondents (4.88) was in favor of agreeing that there was a very clear weakness in the hospital administration working hours

A work commensurate with the needs of patients and this in turn disrupts the role of the level of service from upgrading to the level of ambition.

4.5.3. Sort the Variables of the Sub-Study and the Main by Importance

4.5.3.1. Sorting the Variables of the Sub-Study by Importance

Table (4.9): Sorting the Variables of the Sub-Study by Importance

| Number | Phrase | Smallest | Biggest | Arithmetic Mean | Standard Deviations |
|--------|--|----------|---------|-----------------|---------------------|
| 1 | The hospital needs to update the equipment, equipment and medical supplies currently in use. | 4 | 7 | 6.63 | 0.71 |
| 18 | Hospital management should give patients personal attention. | 1 | 7 | 5.84 | 0.9 |
| 10 | Patients are told about the times they are served as you think. | 4 | 7 | 5.77 | 0.66 |
| 19 | Hospital staff has the ability to provide personal attention to patients. | 4 | 7 | 5.64 | 0.82 |
| 14 | In your view, patients should have full confidence in the hospital staff. | 1 | 7 | 5.53 | 1.03 |
| 15 | In your opinion, the patient should be reassured that he is in good hands with hospital staff when dealing. | 3 | 7 | 5.5 | 1.1 |
| 16 | Do you feel that the medical staff and the staff interact with the patients and deal with them gently and tactfully. | 2 | 7 | 5.44 | 1.06 |
| 17 | The staff of the hospital has the merit, the courtesy and the credibility of their work. | 3 | 7 | 5.42 | 1.08 |
| 20 | Hospital staff should know the needs of patients. | 2 | 7 | 5.37 | 0.91 |
| 21 | The hospital administration provides the best facilities for patients. | 3 | 7 | 5.19 | 0.89 |

| 8 | Patients place their confidence in the professional skills of the medical profession with confidence and safety. | 1 | 7 | 5.14 | 1.23 |
|--------|---|----------|---------|-----------------|---------------------|
| 12 | Hospital staffs want to help patients on a permanent basis. | 1 | 7 | 5.1 | 0.97 |
| 13 | Although staff is busy providing services, they respond to patients' requests immediately. | 2 | 7 | 5.06 | 1.02 |
| 3 | There is interest by the hospital management and personnel in a manner and body work clothes with the level of service provided. | 1 | 7 | 5 | 0.99 |
| 9 | Hospital management is keen to record information about patients and their health status in records and computers. | 1 | 7 | 4.94 | 1.02 |
| 22 | The hospital management operates hours of work according to patient needs. | 1 | 7 | 4.88 | 1.03 |
| 7 | The hospital administration is interested in providing services on time, in a confidential and accurate manner. | 1 | 7 | 4.87 | 1.29 |
| Number | Phrase | Smallest | Biggest | Arithmetic Mean | Standard Deviations |
| 6 | Hospital management sympathizes with customers when they submit complaints as you expect them to. | 1 | 7 | 4.82 | 1.44 |
| 5 | The hospital management is committed to its promises to patients in the provision of health and therapeutic services and to provide the appropriate environment as you expect in your mind. | 1 | 7 | 4.67 | 1.21 |
| 4 | You believe that the hospital management provided the material requirements in paragraphs (0) within the available capabilities and commensurate with your mental expectations for it. | 1 | 7 | 4.66 | 1.12 |
| 11 | Patients are not expected to receive immediate service from hospital staff. | 1 | 7 | 4.5 | 1.18 |
| 2 | You believe that the nature of the patient's lounges, lounges, waiting areas, doctors' offices and existing staff matches what you expect in your mind. | 1 | 7 | 3.89 | 1.49 |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

Table (4.6) shows the order of the variables of the sub-study according to their importance, as follows:

1. The sub-variable of the main variable (Tangible) ranked first in importance in the priority sequence of the material aspects represented by equipment, equipment and medical supplies, which represented an average of (6.36).

This indicates that there is a real need to modernize the medical equipment; the other sub-variables within this main variable vary in importance. This analysis is in line with what was mentioned in the hypothesis of the first sub-hypothesis regarding the need to update the equipment

The medical equipment and supplies currently used and their impact on raising the quality of health services. This was agreed upon by all members of the sample (doctors, staff, and patients).

2. The second main variable (Empathy) was ranked second in terms of importance in the priority ladder.

The mean of respondents' responses to the first sub-variable of the main variable (Empathy), which indicates the importance of giving the hospital management personal attention to patients (5.84), and has formed a noticeable interest in the sample of the need to pay attention to patients and provide personal attention to them by the management of the hospital and this in itself is a legal aspect raises the level of morale of patients, especially that they need to deal with humanity.

A high degree of empathy and early knowledge of their needs and this which is reflected positively on the quality of health services, and this analysis is consistent with the choice of the hypothesis (18), which Provided that there is personal attention and attention to patients by the hospital administration, while the other sub-variables within this main variable (Empathy) degrees are close in importance.

3. The third main variable (Responsiveness) was ranked third in terms of importance in the priority list, and its sub-variables also varied in terms of relative importance. The sub-variable, which (patients are informed of the times of service) (5.77).

The other sub-variables recorded different percentages of importance, indicating that there is agreement on the importance of informing the patients about the times of service delivery. This confirms that this result is consistent with what was done. Refer to it in Brother Bar X Sub-premise and on the need for precise times that can be committed by the management of the hospital in providing services and control.

4. The fourth major variable (Empathy) ranked fourth in importance.

The first sub-variable of the main variable (Empathy) ranked fourth, which states that (hospital staff has the ability to provide personal attention to patients) (5.64).

This indicates that there is a real need for personal care for patients. This analysis is in line with what was mentioned in the test of the 18th hypothesis

regarding the need to give patients personal care by workers and that they do not meet the level of ambition in the quality of health services provided.

5. The fifth major variable (Empathy) was the last priority in the priority list. The first sub-variable of the main variable (Empathy) (patients must have full confidence in the hospital staff) ranked first, this indicates that there should be complete confidence in the patients' patients. This result is in line with the analysis of the 14 hypothesis. There is a lack of complete confidence in the hospital staff by indicating that there is a negative phenomenon that affects the level of service quality health provided.



4.5.3.2. The Importance of the five Major Variables according to the Views of the Sample

The table (4.7) shows the importance of the five major variables as expressed by the respondents (doctors, staff and patients, the results of the opinions are as follows:

Table (4.10): The Importance of the Five Main Criteria according to the Opinions of the Sample

| Doctors | | Staff | | Patients | |
|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| Variables | Arithmetic Mean | Variables | Arithmetic Mean | Variables | Arithmetic Mean |
| Assurance | 6.867 | Assurance | 6.524 | Empathy | 6.145 |
| Empathy | 6.056 | Empathy | 6.205 | Tangible | 5.947 |
| Reliability | 5.891 | Responsiveness | 5.914 | Responsiveness | 5.656 |
| Responsiveness | 5.608 | Tangible | 5.637 | Assurance | 5.322 |
| Tangible | 5.163 | Reliability | 5.509 | Reliability | 4.89 |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

1. The primary importance of the main variable is the (Assurance) placed by doctors and workers on confidence and the confidence factor between doctors and staff on the one hand and patients on the other hand has an impact on the quality of health services provided.

The other main variable (Empathy) is of paramount importance, to empathize with psychological effects on them and thus reflect the impact of this variable on the quality of health services.

2. The second major variable (Empathy) came in the second ranking in terms of importance according to the opinions of doctors and staff because of the psychological impact on patients from their point of view, while the factor (Tangible) to form the second order of importance for patients.
3. While the second major variable (Empathy) came in second place in terms of importance according to the opinions of doctors and workers because of the psychological impact on patients from their point of view, while the factor (Tangible) to doubt the second place of importance for patients.
4. As for the third main variable, the importance was different according to the opinions of the sample members to be the variable of (Reliability) in the third place in terms of importance for doctors and (Responsiveness) for workers and patients alike.
5. The fourth major variable was the difference in the opinion of the respondents in the variable order of importance from their point of view. The (Responsiveness) was the fourth most important to the doctors, while the

commotion was of the same importance to the workers and the (Assurance) in the patients.

6. The last variable (Tangible) came to be ranked fifth in terms of importance for doctors, and (Reliability) in the same rank for workers and patients.

4.5.3.3. The Relative Importance of the Main Variables of the Views of the Sample According to the Kotler Scale

It is useful to mention Kotler's study of quality to determine the relative importance of the five main dimensions of quality of health service provided by doctors and patients

And according to the scale has been tested to reach those results and this is shown in the table (4.8):

Table (4.11): Comparison of The Relative Importance of the Main Variables of Quality of Health Service according to the Kotler Scale:

| Number | Key variables | Relative importance according to the Kotler scale | The relative importance of physicians | The relative importance of workers | The relative importance of patients | Relative importance of sample members |
|--------|----------------|---|---------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| 1 | Reliability | 32 | 32 | 27 | 28 | 28 |
| 2 | Responsiveness | 22 | 21 | 22 | 23 | 22 |
| 3 | Assurance | 18 | 21 | 21 | 18 | 21 |
| 4 | Empathy | 17 | 17 | 18 | 18 | 17 |
| 5 | Tangible | 11 | 9 | 12 | 13 | 12 |

Source: The Table Prepared by the Researcher, by using a (SPSS) Program Based on the Data Used.

It is clear from this table that there is a close convergence in the relative importance that I have indicated to physicians, workers and patients, and that the differences in the relative importance of the five main variables are very simple. Which indicates the convergence of communication between doctors and workers on the one hand and patients on the other. The relative importance of physicians, staff, and patients is similar to the standard of the Kotler scale.

In light of the above, we can point out that the main objective is behind the interaction and complementarity between these elements to improve the quality of health services. However, the reality of the situation requires focusing on the priorities according to the needs and needs of patients starting from palpation (equipment, Patient rooms, waiting rooms, operating theaters, consulting clinics, staff offices, emergencies (and ending with other major variables), because many hospitals currently lack them, because the availability of physical elements is very important as the basis for the application of the variable As indicated by the results of the first sub-hypothesis towards the positive trend towards the modernization of medical devices and equipment and the

need to take care of the physical environment of the hospital, while other countries of the world attach importance to the intangible variables (Reliability, Response, Assurance, Empathy), since the concrete aspects are available to them and need to be updated only. The following table shows what we went to.

Table (4.12): The Most Appropriate Health Care Elements for the Patient's Understanding of the Quality of Health Services

| Number | Larsen and Rotman 1976 | Weir et al. 1972 | Brown and Suartz 1929 | Lee and Skuller 1992 | Sage 1991 |
|--------|--|---|---|--|--|
| 1 | The doctor's approach to dealing with patients | Behavior of the doctor | doctor's responses | The medical environment is comfortable | the information |
| 2 | Quality of information | Service productivity | Service productivity | The pleasant, comfortable atmosphere surrounding the patient | the choice |
| 3 | Professional and technical doctor's efficiency | Continuity and confidence | Continuity and confidence | | Fairness |
| 4 | Doctor's skills and personal relationships | Efficiency and tangible results of care | Efficiency and tangible results of care | | Access |
| 5 | The nature of patient problems | | Appropriate (Access to the service, waiting time) | | Rediscover the content of primary health care training |
| 6 | | | | | The patient's demographic environment and background |

المصدر: نظام موسى سويدان وعبد المجيد البروار، إدارة التسوي في المنظمات غير الربحية، دار الحامد للنشر والتوزيع، عمان، الأردن، ص 246-247.

Table (4.13): One-way Analysis of Variance (ANOVA)

| ANOVA | | | | | | |
|----------------|----------------|----------------|-----|-------------|--------|------|
| | | Sum of Squares | df | Mean Square | F | Sig. |
| Tangibility | Between Groups | 13.797 | 2 | 6.899 | 47.412 | .000 |
| | Within Groups | 72.315 | 497 | .146 | | |
| | Total | 86.112 | 499 | | | |
| Reliability | Between Groups | 3.628 | 2 | 1.814 | 8.508 | .000 |
| | Within Groups | 105.956 | 497 | .213 | | |
| | Total | 109.584 | 499 | | | |
| Responsiveness | Between Groups | 2.286 | 2 | 1.143 | 4.988 | .007 |
| | Within Groups | 113.882 | 497 | .229 | | |
| | Total | 116.168 | 499 | | | |
| Assurance | Between Groups | 5.051 | 2 | 2.525 | 12.190 | .000 |
| | Within Groups | 102.967 | 497 | .207 | | |
| | Total | 108.018 | 499 | | | |
| Empathy | Between Groups | 3.895 | 2 | 1.948 | 9.073 | .000 |
| | Within Groups | 106.687 | 497 | .215 | | |
| | Total | 110.582 | 499 | | | |

The one-way analysis of variance (ANOVA) is used to determine whether there are any statistically significant differences between the means of three or more independent (unrelated) groups. As per Table (4.13), the ANOVA indicate the levels of variance, which has used for tests of coefficients' significance. The Residual value is the difference between the observed value of the (DV) dependent variable (y) and the predicted value (\hat{y}) is called the residual (e). Each data point has one residual. Residual = Observed value - Predicted value $e = y - \hat{y}$.

$$H_0: \mu_1 = \mu_2 = \mu_3 = \dots = \mu_k$$

ANOVA is based on comparing the variance (or variation) between the data samples to variation within each particular sample. If the between variation is much larger than the within variation, the means of different samples will not be equal. If the

between and within variations are approximately the same size, then there will be no significant difference between sample means.

The ANOVA analysis, indicate to the acceptance of private and governmental hospital through independent variables based on five factors Tangibility, Reliability, Responsiveness, Assurance, and Empathy for both hospital are statistically significant according to highest F-value which is shows, (47.412). The Sig. value is less than (0.05) ($P=0$) which means that at least one of the five independent variables can be used to model of private, and government hospital.



CHAPTER FIVE

CONCLUSIONS and RECOMMENDATIONS

In the light of the two side's consideration and application, the main conclusions and recommendations were identified as follows:

5.1. Conclusions

5.1.1. Tangible

1. There is no update of the medical equipment and supplies currently used in the hospital
2. For the development of health services.
3. The nature of the patient's lounges, lounges, waiting areas, doctors' offices and existing staff did not fit in
4. What employees aspire to in terms of their relevance to the nature and environment of the hospital.
5. Poor attention is paid by the hospital administration and workers in the manner and body of the uncle's clothes.
6. That the provision of medical devices, equipment and supplies was not at the required level and according to the possibilities available in the management of hospitals.

Thus, it is clear to us that the quality of health services in hospitals and within the variable palpation was weak. The mean of the opinions of the sample within this variable was (4.97%).

5.1.2. Reliability

1. There was no commitment from the hospital administration to its promises to patients in the provision of health services
2. And to provide the appropriate environment at the required level.
3. Hospital management's empathy for patients when submitting complaints was below the required level.
4. The hospital administration's interest in providing services on time, in a confidential and accurate manner was below the standard ambition.
5. The patient's confidence in the medical profession's confidence and confidence was substandard.
6. The recording of information in records and computers about patients and their health conditions was below the required level.

Thus, it is clear that the quality of health services in hospitals and within the variable of reliability was weak. The mean of the opinions of the sample within this variable was (4.88%)

5.1.3. Responsiveness

1. That the management of hospital news patients about times of service to them was at a poor level.
2. The provision of immediate service to patients by employees was below the level of ambition.
3. The desire of the staff to help the patients permanently was below the required level.
4. There is a response from the staff to the patients' immediate requests, although the staff is busy but weak.
5. It was found that the quality of health services in the hospital and within the variable response was weak, as it reached

The arithmetic mean of the opinions of the sample within the variable variable is (5.10%)

5.1.4. Assurance

1. There is little trust from patients in the hospital.
2. There is a modest kind of reassurance by patients that they are in good hands with hospital staff.
3. The interaction between the medical staff and the patients was substandard.
4. There is a certain amount of merit, civility and credibility in the performance of employees to their work, but below the level ambition.
5. The level of quality of health services within the standard is not up to the acceptable level.

The arithmetic average of the opinions of the sample within the variable is (5.47%)

5.1.5. Empathy

1. There is a certain amount of interest in giving patients personal attention, but with little doubt by the hospital departments.
2. There is some kind of ability for staff to provide personal attention to patients but also poorly.
3. Employee knowledge of patient needs was substandard.
4. The ability of hospital departments to provide their patients with the best possible quality was poor.

5. There is a clear weakness in the fact that hospital administrations are busy working hours according to patients' needs.
6. It is clear to us that the quality of health services in hospitals and within the variable empathy was low, the mean of the opinions of the sample members within the variable level was (5.38).

5.2. Recommendations

5.2.1. Tangible

Hospital administrations should improve the quality of health services offered to patients in this standard by:

1. Modernize the medical devices, equipment and supplies used to suit the development in the field of health services as is practiced in the countries of the world and within the available means.
2. To renovate patient lounges, lounges, waiting rooms, doctors' offices and existing staff in order to create an appropriate medical work environment.
3. Pay attention to the manner and body of work clothes because of its impact on the quality of health services.

Provision of medical devices, equipment and supplies at the required level and reflected in the quality of health services

5.2.2. Reliability

Hospital management should improve the quality of health services offered to patients Standard by: -

1. Hospital administrations must fulfill their promises to patients in the provision of health and therapeutic services and provide
2. The appropriate environment at the required level.
3. Empathy for patients when submitting their complaints and contributing to solving them.
4. Timely and confidential delivery of services.
5. Enhancing confidence in the professional medical skills with confidence and confidence through continuous training.
6. Working on accurate and continuous recording of information in records and computers about patients and their health conditions.

5.2.3. Responsiveness

1. Inform patients about the times they are served by hospital departments.
2. Work to provide immediate service to patients by employees.

3. Creating the desire of the workers to help the patients permanently through training the workers and improving the culture of the workers in the provision of health services.
4. Increase staff responsiveness to patients' immediate requests, despite their concern through training and the development of service delivery methods.

5.2.4. Assurance

1. Promote confidence between patients and employees through training.
2. To reassure patients that they are safe hands through training as well.
3. Increase interaction between medical staff, workers and patients by improving mutual understanding between the parties.
4. Develop technical training programs to increase the skill of employees in completing work through merit, courtesy and credibility.

5.2.5. Empathy

1. Improve the personal care of patients by hospital departments through training and skills development.
2. Raising the level of the ability of staff to provide personal care to patients through training and skills development.
3. More attention should be paid to the fact that hospital administrations provide the best of their patients.
4. Permanent awareness of the needs of patients.
5. Working hours should be commensurate with the needs of patients.

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APPENDIX

Appendix (1)

Questionnaire

Please rate the following statements, as shown for each statement, by ticking (√) in the appropriate box for your response that (3) negative status, (5) positive status and (4) neutrality:

| Number | Phrase | Strongly Agreed | Agreed | Fairly Agreed | Disagreed | Fairly Disagreed | Disagree | Strongly Disagreed |
|--------|--|-----------------|--------|---------------|-----------|------------------|----------|--------------------|
| 1. | Tangibles | | | | | | | |
| 1-1 | The hospital needs to update the equipment, equipment and medical supplies currently in use | | | | | | | |
| 1-2 | You believe that the nature of the patient's lounges, lounges, waiting areas, doctors' offices and existing staff matches what you expect in your mind | | | | | | | |
| 1-3 | There is interest by the hospital management and personnel in a manner and body work clothes with the level of service provided | | | | | | | |
| 1-4 | You believe that the hospital management provided the material requirements in paragraphs (0) within the available capabilities and commensurate with your mental expectations for it | | | | | | | |
| 2. | Reliability | | | | | | | |
| 2-5 | The hospital management is committed to its promises to patients in the provision of health and therapeutic services and to provide the appropriate environment as you expect in your mind | | | | | | | |
| 2-6 | Hospital management sympathizes with customers when they submit complaints as you expect them to | | | | | | | |
| 2-7 | The hospital administration is interested in providing services on time, in a confidential and accurate manner | | | | | | | |
| 2-8 | Patients place their confidence in the professional skills of the medical profession with confidence and safety | | | | | | | |
| 2-9 | Hospital management is keen to record information about patients and their health status in records and computers | | | | | | | |

| Number | Phrase | Strongly Agreed | Agreed | Fairly Agreed | Disagreed | Fairly Disagreed | Disagree | Strongly Disagreed |
|--------|---|-----------------|--------|---------------|-----------|------------------|----------|--------------------|
| 3. | Responsiveness | | | | | | | |
| 3-10 | Patients are told about the times they are served as you think | | | | | | | |
| 3-11 | Patients are not expected to receive immediate service from hospital staff | | | | | | | |
| 3-12 | Hospital staff want to help patients on a permanent basis | | | | | | | |
| 4-13 | Although staff are busy providing services, they respond to patients' requests immediately | | | | | | | |
| 4. | Assurance | | | | | | | |
| 4-14 | In your view, patients should have full confidence in the hospital staff | | | | | | | |
| 4-15 | In your opinion, the patient should be reassured that he is in good hands with hospital staff when dealing | | | | | | | |
| 4-16 | Do you feel that the medical staff and the staff interact with the patients and deal with them gently and tactfully | | | | | | | |
| 4-17 | The staff of the hospital have the merit, the courtesy and the credibility of their work | | | | | | | |
| 5. | Empathy | | | | | | | |
| 5-18 | Hospital management should give patients personal attention | | | | | | | |
| 5-19 | Hospital staff have the ability to provide personal attention to patients | | | | | | | |
| 5-20 | Hospital staff should know the needs of patients | | | | | | | |
| 5-21 | The hospital administration provides the best facilities for patients | | | | | | | |
| 5-22 | The hospital management operates hours of work according to patient needs | | | | | | | |

RESUME

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