

Measuring Health Service Quality In Jordanian Hospitals: Review Patients Satisfaction In Public And Private Hospitals

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Abstract

The goal of this study is to determine the impact of healthcare quality on patient satisfaction in Jordan's public and private hospitals or whether it differs between the public and the private hospitals. To achieve the goal of this study, a sample of hospitalized patients was chosen in research by a prior study, and this concentration will be led inside. 450 inpatients were included in the study. To determine the effect of health service-quality on patient fulfillment and contentment, the scientist used a one-of-a-kind measurement model called "SERVPERF" designed specifically to quantify the quality of service in diverse service areas. The substance validity of the action was guided by board mediators and all throughout the multiple purposes of this action over time.

Keywords: Jordanian Hospitals, Health Service Quality, Patient Satisfaction, Private and Public Sectors.

1. Introduction

Jordan's health sector is known for providing high-quality and professional health care, making it a unique regional medical hub (National Health Strategy 2006-2010). With around 250,000 non-Jordanian patients treated inside Jordanian hospitals in 2008, Jordan was ranked first among Arab countries in restorative and therapeutic tourism (Private Hospitals Association) (www.phajo.com, 2009), where patients receive a health service that meets the expectations of the satisfied. The quality of health care and the consistency with which it provides comfort to patients are important aspects of service quality that influence

patient satisfaction. Quality of health care and consistency in providing relief to patients are essential parts of service quality that influence patient satisfaction, which drives patient patterns toward these organizations. As a result, we can see that Baktihas made the client's psychological image one of the aspects of service quality (Bakti & Sumaedi2015) with a quick glance at the reality of health care Jordan's population reached 9.790.000 people, with 47.94 percent living in urban areas and the rest in provincial and desert areas, 42.06 percent of the total population concentrated in Amman, and 73 percent of the population covered by health insurance, with 31 percent relying on public

health insurance, military health insurance covers 26 percent of the population, UNRWA covers 8.5 percent, the University Hospital covers 1.3 percent, and private health insurance covers 6 percent of the population. (National Human Resources for Health Strategy for Jordan 2018-2022).

Jordan currently has 117 hospitals that serve both Jordanian and non-Jordanian patients. There are 69 private hospitals, 31 government hospitals, 15 royal medical services hospitals, and 2 university hospitals. Cardiovascular disorders, Neurosurgery, Orthopedics, Pediatrics, Cancer Treatment, Infertility, Ophthalmology, Beauty, Psychiatry, Addiction, and other medical specializations are available to patients at these facilities (Private Hospitals Association Jordan). According to Zamil, Areiqat, & Tailakh (2012) which will be discussed closely in this research, the action's dependability was assessed using Cronbach alpha, with the result indicating that the action's interior consistency was 90 percent. This is what the results revealed:

1. Patient satisfaction is affected by the quality of health services.
2. There is a significant factual difference in the impact of healthcare quality on patient satisfaction in public and private hospitals.
3. In the private hospital sector, the impact of health service quality on patient satisfaction is greater than in the public hospital sector.
4. Of both the public and private sector service quality declines, the fall in the responsiveness of health service quality has the smallest impact.

The relevance of Zamil, Areiqat, and Tailakh's (2012) study is in the way it manages the quality of health services in hospitals in the public and private sectors concern patient satisfaction through the use of service performance (SERVPERF) ready to evaluate actual service quality experienced by patients and its impact on satisfaction. Similarly, the significance of this study lies in recognizing the differences in components of health care quality in public and private hospitals, as well as their impact on patient satisfaction. The analyst believes that this is a central point in the significance of exploration because it very well may be considered a case that can be recognized from other similar investigations as an important and delicate theme tended to in the health services sector. Though faced a problem in this study case to determine the impact of health care quality on patients' consent in Jordan's public and private hospitals. To solve this problem the researcher must address the following inquiries:

- How does the quality of health care provided by public hospitals affect patient satisfaction?
- How does the quality of health care provided by private sector hospitals affect patient satisfaction?
- Is there a difference in the quality of health care and patient satisfaction in private versus public sector hospitals?

1.1. Hypothesis

In this section, the specialist tests the review hypothesis using the appropriate factual technique, which was planned based on the subject of review and questions, as follows:

H1: There was no discernible impact on understanding satisfaction from the quality of

health care provided by public and private hospitals.

To put this theory to the test, a relapse investigation was conducted to assess the relationship between quality health care provided by hospitals and patient satisfaction, and the results were presented in two groups.

The aftereffects of the relapse evaluation to gauge the influence of the health care quality link among hospitals and patient satisfaction. The findings indicate a crucial factual effect on the degree of attention placed by public and private hospitals on health care quality and patient satisfaction. Displaying that the quality of health service provided by public and private hospitals affects patient satisfaction, the assurance demonstrates that the quality of health service provided by public and private hospitals makes sense in the variety of the dependent variable of patient satisfaction. As a result, the fourth faulty auxiliary theory, which recruits no actually critical link between the quality of health care provided by public and private hospitals and patient satisfaction, was rejected.

H2: There was no obvious impact on patient satisfaction from the quality of health care provided by public hospitals.

To test this hypothesis, a different inquiry was conducted to measure the relationship between the quality of health care provided by public hospitals and patient satisfaction, and the results were presented in two groups. First, this collection depicts the findings of an inquiry into the relationship between the quality of health care provided by public sector hospitals and patient satisfaction.

The aftereffects of difference testing for relapse to quantify the effect of the

relationship between the quality of health care provided by public sector hospitals and patient satisfaction.

A critical influence on the degree of measurable importance of quality health service provided by public hospitals and patient satisfaction, several direct relapse examinations were performed to quantify the relationship effect of health service quality provided by public hospitals and patient satisfaction.

After demonstrating that the quality of health care provided by public hospitals affects patient satisfaction and assurance; as well as demonstrating the quality of health care provided by public hospitals, it seems appropriate to diversify the dependent variable of patient satisfaction. This results in the rejection of the primary auxiliary invalid supposition, which recruits no statistically significant link between the quality of health care provided by public hospitals and patient satisfaction.

H3: There is no measurable link between the quality of health care provided by private hospitals and patient satisfaction.

To test this hypothesis, a relapse analysis was conducted to measure the relationship between quality health care provided by private hospitals and patient satisfaction, and the results were presented in two groups: Group 1: This group depicts the findings of an investigation on the relationship between the quality of health care provided by private hospitals and patient satisfaction.

Various relapse investigations were conducted to track down the influence of health service quality provided by private hospitals, and patient satisfaction demonstrates the examination's aftereffects.

This shows that the quality of health services provided by private hospitals influences patient satisfaction, and the assurance demonstrates that the quality of health services provided by private hospitals changes in the dependent variable of patient satisfaction. This resulted in the rejection of the primary invalid auxiliary theory, which expresses no genuinely crucial relationship between the quality of health care provided by private hospitals and patient satisfaction.

H4: There were no measurable differences in the quality of health care and patient satisfaction in private sector hospitals compared to public sector hospitals.

Demonstrates the presence of factual significance contrasts in health service quality and patient satisfaction between private hospitals and public sector hospitals, the thing that matters was agreeable to private sector hospitals in all aspects, as an explanation for their high number juggling implies which are higher than those of the public sector hospitals, resulting in the rejection of the third invalid auxiliary theory which states: There are no measurable major differences in health service quality and patient satisfaction between private and public sector hospitals

2. Literature Review

2.1. Conductive Definitions

The Quality of Health Service
A health care system that responds to patients' concerns and wants, delivers them carefully on time, and eliminates outside influences.

Tangibles

The availability of patient-accessible material goods such as therapeutic instruments and equipment, hospital

appearance, and visual appeal of outside specialists.

Reliability

The extent to which you rely on the service provider's ability to deliver service accurately and as promised.

Responsiveness

The desire to provide immediate and on-demand assistance to the patient.

Assurance

Knowledge and good manners of care providers, as well as their ability to foster a sense of trust and well-being among patients.

Empathy

The hospital gives the patient individual attention and consideration.

Satisfaction

Whether the patient is pleasant or non-pleasant after receiving the health treatment.

2.2. Service concept

The service is identified as a process or benefit provided by one party to another that is basically intangible (not requiring possession) and whose creation may or may not be tied to a material item (Chernev2018). Lutfi & Alnsour (2020) distinguished the qualities and attributes of the service as follows:

1- Intangibility

This means it lacks a substantial and tangible beneficiary who can make a decision based on their previous experiences with scent, touch, taste, hearing, and viewing it before purchasing and witnessing the actual result. As a result, some people approach the service through an enticing concept that offers it intangibility.

2- Inseparability

Some services consider the buyer to be an important part of the service development, and as a result, the service shopper should be in the same region as the service creator. This is also true in the health care industry, where a beneficiary at a similar location of creation is required.

3- Variability

It means the failure to establish a similar service like clockwork, the difficulty of homogenizing certain services based on people, and, as a result, the difficulty of maintaining a given quality level. For example, a medical operation performed on a patient has a success rate that varies from one specialist to the next and also varies for a similar clinician from one patient to the next.

4- Perishability

The swaying issue of service demands, the interest for service is intermittent, which gives the endeavor the opportunity to orchestrate their ability and the size of the staff on this premise, however, there are appeal periods that require essential limit and personnel, and there are times of low interest where the large staff becomes an expensive weight on the organization, that the work cycle in hospitals fluctuates via seasons, social and general states of individuals, that the work cycle in hospitals fluctuates via seasons, social and general states of individuals.

When work is slow, you can't keep non-occupied beds and disabled employees for top-level tasks, so there's a lost benefit and a valuable open door at that time, and this necessitates tremendous and delicate management to shift between high and low-interest times of service.

We see them as immaterial, which can't be viewed as genuine items and can only be determined by receiving, and can't be possessed by them, as a result of the aforementioned and reducing their service by and large credits to health service. Its creation is also simultaneous with its receipt; thus, the patient should be in the same area as the presence of service; it can't separate creation from utilization, and the beneficiary is an essential component of their creation; they are heterogeneous, with a variety of service providers and collectors; and it can't be put away.

2.3. Quality Concepts

The quality component can be estimated, and the job of quality comes in achieving (Competitive Advantage) for the concerned establishment. Quality of health service is applied by medical science and innovation in a way to achieve the fullest conceivable public health without expanding risk, thus not set in stone by the most ideal harmony among dangers and advantages. (Sekhon, Cartwright & Francis2017)

2.3.1. Quality Types

As to Bakti&Sumaedi (2015) quality types are as follows:

a. Technical Quality

A service obtained by the client as a result of a course of association with the foundations providing help or, at the end of the day, is the last benefit accruing to the beneficiary of the service and communicated in the topic of what has been submitted.

b. Functional quality

A methodology or approach for moving the result of the service to the recipient and

communicating it in the inquiry about how the Service is submitted.

c. Mental impact on the association

The client's mental company reputation or foundation, or the client's perception of what a service organization is, and this part is an unavoidable result of the specialized and utilitarian components of quality and client assessment. (Bakti&Sumaedi2015) as well as (Sari, Bulut&Pirnar2016) on the following aspects of health service quality:

d. The health service's specialized quality

This means that the accuracy of the analytic and therapeutic techniques is difficult to determine by the service's recipient.

e. Functional quality of health service

Instructions for providing health services to patients; this aspect of the service may be perceived and decided by the receivers.

2.3.2. Service Quality Measurements

There are two methods for determining service quality: One credited to Tan, Hamid& Chew (2016), and based on client assumptions for service level and understanding of the degree of service previously provided, and then choosing the gap (or match) between these expectations and perspectives using quality of service five elements of intangibility, reliability, responsiveness, empathy, and certainty. The focal point of the service quality measurement model is the gap between the impression of the real performance level of the client service and his expectations about the quality of this service, which is known as the measurement gap or SERVQUAL scale. This hole, however, is based on the concept of the holes

associated with the plan, market, and conveyance of goods. Five significant gaps exist:

Gap No. 1: arises from the distinction between client expectations for the service level and the board's grasp of client expectations, resulting in the organization's inability to know the needs and desires of clients.

Gap No. 2: it originates from the distinction between previously communicated service determinations and the impression of the client's expectations, which suggests that regardless of whether the client's demands and wants are standard from the administration, they will not be changed into standard details due to restrictions in the organization's assets, or the inability to embrace the quality management way of thinking.

Gap No. 3: it arises because the service's details do not match what the department perceives about these measurements. This could be due to the lack of skilled representatives responsible for the service, which is due to the lack of limits and ability of laborers.

Gap No. 4: it arises from an unequal relationship between the organization and its clients, as the organization's promises of having an equal service through client contact (specific deals and other limited-time activities) differ from the level of service provided and its true particulars.

Gap No. 5: client perceptions and expectations gap, client perceptions of service quality are based on the sum and heading of this gap, which is based on previous gaps where this action was done to a variety of services, including banking, air transportation, instruction, low-cost food,

Health Service, design service, warning, cleaning service, and others.

The second strategy for evaluating service quality (Rasyida, Ulkhaq, Setiowati & Setyorini 2016) focuses on assessing the true exhibition of the service offered to the client because service quality is transmitted as a sort of pattern, and this technique in estimating service quality is called a genuine performance measure or SERVPERF. In the assessment of service quality of tangible aspects, reliability, responsiveness, certainty, and empathy, the new method did not change. According to the creators of this scale, it differs from others in terms of simplicity and ease, as well as a higher level of validity and authenticity, as it prohibits deductions between client expectations and service level perception.

2.4. Customer/Patient Satisfaction

(Hill, Brierley & MacDougall 2017) The term "satisfaction" was coined to describe the feeling of being satisfied with the evaluation of customers on a service or product and does it fulfill their needs and expectations. (Hill, Brierley & MacDougall 2017) Factors identified as impacting satisfaction:

Service profiles and properties: the extent to which consumer perception of service profiling and benchmarking influences satisfaction.

-Client emotions: personal emotional aspects affecting customer satisfaction, such as feelings and sentiments of those clients that have been found to affect satisfaction.

-Equality and justice: the customer will frequently raise the same question: was I treated properly in comparison to other customers?

-Quality: the perception of quality dimensions by customers influences satisfaction.

-Conditional factors: those over which the client has no influence, such as weather and traffic, as well as service provider characteristics such as enterprise size, personnel count, and geographical location.

-Family members, coworkers, and friends affect the client's perspective.

2.4.1. Measuring Customer Satisfaction

Customer satisfaction, according to Kotler and Keller (Kotler and Keller 2016), can be measured in a variety of ways:

1- Customer interview, particularly through salespeople and direct questions.

2- Periodic monitoring: dissemination of questionnaires or use of websites.

3- Secret client: one of the Administration members disguises himself as a customer and asks clients about their happiness and determines their level of satisfaction.

4- The impact of service quality on customer satisfaction and profitability in banks (Selvakumar 2015).

5- Conducting a comparative research between two local banks.

Three questionnaires were distributed, one for clients, one for staff, and one for directors. The goal was to identify quality banking services actually provided in each of the banks, as well as to link the relationship between bank service quality and profitability increase represented at the rate of return on investment. Where did the research end with the need for each bank to

develop strategies and policies in order to improve the quality of the service actually provided by the bank through the development of intangible aspects, showing interest and personal knowledge of customers, as well as working to improve the mental impression of quality banking service actually provided, through the intensified promotion of personal communication with customers and conduct more market research to determine the causes of the gap between management's perception of actual banking service quality and customers' perception of banking service quality.

The impact of perceived quality on profitability and growth (Muala2016) study (a comparative study between the sectors of commercial banks and Islamic banks in Jordan applying the model of service and profitability series). The purpose of this study is to investigate the impact of perceived quality on profitability and growth in Jordanian service institutions, with the study using a categorized sample from customers and personnel. The study concluded that there is a need to increase the interest of Islamic banking departments and commercial banks in providing a comfortable working environment for staff and improving various aspects of interior quality, specifically respect and appreciation of staff, development of their skills, increasing the level of participation, raising morale, and enhancing engagement, morale, assurance in assessing and pinpointing client needs, increasing attention to front-line workers in service organizations, and upgrading their skills and talents in dealing with consumers.

(Ibrahim2020) conducted a study titled identifying perceived service quality health in governmental hospitals sought to investigate the feasibility of implementing quality management in the health care system

by identifying the already applicable and perceived service level in Jordan's public and private hospitals. A questionnaire based on a sample of employees and patients has been developed. The study concluded that the majority of hospitals did not have a functional system that identifies all types of actions imposed in this direction; the study revealed different trends and differences between care and service recipients to aid in understanding and identifying the receiving process for the service, and the study revealed a direct relationship between service procedures and patient satisfaction in all hospitals. Furthermore, staff attitudes and values are not just related to patient satisfaction but have a direct impact on all hospital activities.

Khraisat et al. (2017) conducted SERVQUAL study and model of service quality gaps. This study was conducted in Amman in some private hospitals, and the study sample consisted of 52 customers from these hospitals. The study was designed to use the SERVQUAL scale for measuring service quality by identifying gaps between customer expectations and actual service rendered to him. It also aims to help manage and improve quality by identifying important dimensions of quality and identifying priorities in improving quality and reducing the gap.

Through an examination of previous studies, this study can be distinguished from others in that it will focus on the genuine performance of health services visible by patients in Jordanian hospitals and link it to their level of satisfaction, and with the specialist's information, this study will be the first of its kind in Jordan in this space utilizing this scale where quality data will be given on the degree of utilizing this scale to provide quality data on the degree of utilization of Jordanian

hospitals to health service aspects, so hospital administration can gauge health service quality and raise it to the perceptions for patients, which leads to sloppiness.

Most previous studies aimed at estimating service quality and customer satisfaction in various sectors, including financial foundation services such as inns, restaurants, and others, but didn't address the quality of health services, however, not many of them in a portion of the world either in Jordan can't seem to keep any focus around here as inside the information on the scientist until this second.

3. Methodology

Local area study: all hospitals in the public and private sectors in Jordan's Hashemite Kingdom, 103 according to Ministry of Health statistics.

Sampling

The review sample was limited to hospital patients in the public and private sectors in Amman, Jordan's capital city, which contains the majority of disciplines in most types of health services, and classified the concept of the Ministry of Health (NHS) hospital patients were implying control over the number of families on 120 beds.

As a precaution, a sample of 450 patients was taken and distributed across the relevant institutions in comparison to the number of beds. The patients in the hospital were picked at random for the sample.

Collecting tool

To achieve the review's objectives and test the review's theories, which were mentioned by social event data from primary and secondary sources. Secondary data has been derived from textbooks and scientific

references, as well as research and theory, as well as journals, and official measures. Primary data was acquired in the field by concentrating on polls designed to achieve the review's objectives. These surveys are divided into three sections:

Part (1) of data collection included a portion focusing on sample vocabulary (for example, age, gender, monthly pay, health insurance, societal position, scholarly capability, schooling level, and the country).

Part (2) contained twenty sentences that addressed the five main factors of health service quality SERVPERF scale for measuring the genuine performance of the health quality of service provided to patients across the components of quality of service as follows:

- Sections were used to estimate intangibility (1-4)
- The paras judged reliability (5-8)
- The paras estimated the response (9-12)
- Passages were used to measure assurance (13-16)
- In sections, empathy was estimated (17-20)

Part (3) only featured one survey to determine overall satisfaction with the quality of health care.

4. Discussion

Through several survey investigations, the review established that there is an effect of hospital health service quality on long-term satisfaction. (Akdere, Top & Tekingündüz2020) discovered that there is a constant increase in patient satisfaction that correlates with the most popular method of further enhancing health care.

Expansion to a review (Pakurár et al, 2019), a review (Paul, Mittal & Srivastav 2016), and a review (Abu-Rumman, Mhasnah & Al-Zyout2021), all of which confirmed the existence of a link between the quality of service provided to clients and their satisfaction.

The review found measurably large differences in the effect of health service quality on persistent satisfaction in private sector hospitals versus public sector hospitals, as evidenced by the findings that the midpoints of the five quality aspects in private hospitals are higher than the typical quality elements in public sector hospitals.

This is due, in large part, to the cycles of advancement, modernization, and staying aware of all new clinical fields by private hospitals, so they can carry on fighting the wild rivalry in the business sectors of the health sector, we observe that the private sector hospitals are constantly seeking to supply exceptional health service because it affects the productivity of these establishments and consistency.

By and large, public sector hospitals are as complex as private sector hospitals because the organization, congestion, long queues, and protracted holding up processes have made their characterization of the quality of service differ from that of private sector hospitals.

This result is consistent with the findings of the review (Kansra & Jha2016), which attributed the reasons for low levels of quality of health service in public hospitals to the quantity of commentators pressure, and the patient doesn't have the choice of picking the hospital yet by a location of the home, as well as the investigation of (Batbaatar, Dorjdagva, Luvsannyam, Savino & Amenta2017), which

concluded that the quality of health service provided to patients in private hospitals is superior.

The review revealed that the response aspect containing passages, online patient service cutoff time to answer their necessities and offer the support to him right away, as well as the extremely persistent craving among staff in offering support to the patient, has gotten the most reduced number of juggling means between aspects of quality of service in public sector hospitals, and this is by all accounts caused by a lack of training and experience of honchosthe requirements of patients where replicates the limit of staff to apply the rule of direction towards the client (Customer-oriented), so they stay an all set staff to meet the prerequisites of the patient and this demands the divisions of the hospitals to zero in on this part of the quality of service (reaction) to improve service performance by bringing in new talent and focusing on working employees by focusing on more important compensation in the health field.

It was discovered that confirmation has the greatest point of math means, and this element provides a sense of safety to the patient while receiving service, and that hospital laborers have outdated information and are managing the patient, which aids certainty. This is due to the high level of clinical benefit in private sector hospitals and their ownership of recognized doctors, regardless of proficiency.

Because of recent cycles of modernization and improvement in public sector hospitals, private hospitals often acquired a number of juggling mean not far from the high report as indicated immateriality.

5. Conclusion and Recommendation

1-Continue to really buckle down by those responsible for public sector hospitals in redesigning the quality of health service and proceeding with the course of improvement and modernization, notably in the area of HR preparation and staff upgrading.

2- Improving health care personnel, with a focus on response time, is one of the critical components of service quality that directly meets the needs of the patient.

3-The demand for hospital divisions to audit quality aspects by using quality estimations on occasion throughout close periods, manage quality and patient satisfaction levels, and correct errors in order to maintain feasible health quality.

4-Furthermore, the branches of hospitals to foster an instrument to speak with patients and oversee after their service is finished and returning, and on the grounds that a few patients conceal sentiments and assessments, particularly if they express disappointment, dreading maltreatment by clinical and nursing staff at hospitals, and this accomplishes two advantages:

- a) Examine what is occurring with service quality.
- b) Furthermore, in the case of patient satisfaction, it makes profundity and without a trace of agreeing to ease the effect of discontent and distinguishes the areas of deficiency in service, which replicates the psychological picture of the hospital and mitigates the effect of the low degree of service.

This research has explored the effect of health service quality on persistent satisfaction based on previous review results and discussion of the outcomes, as well as

sketching the main ideas for working on the quality of health service, but there may be reciprocal and produced research points and for this inquiry:

- Research and exploration of hospital divisions' and staff's consciousness and grasp of the concept of service quality and tools for use and support.
- Suggest wide research into elements influencing patient satisfaction and reinforcing systems.
- Extensive studies of each of the five quality elements (intangibility, dependability, responsiveness, empathy, and assurance) separately measure everything on service quality as well as the weight of each aspect on customer satisfaction.
- Conducting thorough studies on the cost of using health care services and the quality of these hospitals.
- Conducting research on the relationship between work performance quality, service quality, and its impact on tolerant satisfaction and undertaking benefit.

References

1. Abu-Rumman, A., Mhasnah, A., & Al-Zyout, T. (2021). Direct and indirect effects of TQM on the patients' satisfaction and loyalty in the Jordanian health care sector. *Management Science Letters*, 11(2), 493-502.
2. Akdere, M., Top, M., & Tekingündüz, S. (2020). Examining patient perceptions of service quality in Turkish hospitals: The SERVPERF model. *Total*

- quality management & business excellence, 31(3-4), 342-352.
3. Bakti, I. G. M. Y., & Sumaedi, S. (2015). P-TRANSQUAL: a service quality model of public land transport services. *International Journal of Quality & Reliability Management*.
 4. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: a systematic review. *Perspectives in public health*, 137(2), 89-101.
 5. Chernev, A. (2018). *Strategic marketing management*. Cerebellum Press.
 6. Fragoso, J. T., & Espinoza, I. L. (2017). Assessment of banking service quality perception using the SERVPERF model. *Contaduría y administración*, 62(4), 1294-1316.
 7. Hill, N., Brierley, J., & MacDougall, R. (2017). *How to measure customer satisfaction*. Routledge.
 8. Ibrahim, M. S. (2020). Validating service quality (SERVQUAL) in healthcare: Measuring patient satisfaction using their perceptions in Jordan. *Journal of Information & Knowledge Management*, 19(01), 2040021.
 9. Kansra, P., & Jha, A. K. (2016). Measuring service quality in Indian hospitals: an analysis of SERVQUAL model. *International Journal of Services and Operations Management*, 24(1), 1-17.
 10. Khraisat, A., Sweis, R. J., Saleh, R., Suifan, T., Hiyassat, M., & Sarea, A. (2017). The assessment of service quality in private hospitals in Amman using the gap approach. *International Journal of Productivity and Quality Management*, 22(3), 281-308.
 11. Kotler, P., & Keller, K. L. (2016). *A framework for marketing management* (p. 352). Boston, MA: Pearson.
 12. Lutfi, K. M., & Alnsour, M. (2020). The Role of Strategic Entrepreneurship on Quality of Services in the Hotels of the Jordanian capital Amman.
 13. Ministry of Health, (2007), *Annual Statistical Book*. Amman, Jordan.
 14. Muala, A. A. (2016). The effect of service quality dimensions on customers' loyalty through customer satisfaction in Jordanian Islamic Bank. *International Journal of Marketing Studies*, 8(6), 141-146.
 15. National Human Resources for Health Strategy for Jordan 2018-2022 link: [National Human Resources for Health \(HRH\) Strategy FOR Jordan \(who.int\)](#)
 16. Pakurár, M., Haddad, H., Nagy, J., Popp, J., & Oláh, J. (2019). The service quality dimensions that affect customer satisfaction in the Jordanian banking sector. *Sustainability*, 11(4), 1113.
 17. Paul, J., Mittal, A., & Srivastav, G. (2016). Impact of service quality on customer satisfaction in private and public sector banks. *International Journal of Bank Marketing*.
 18. Private Hospitals Association Jordan: [PHA \(phajordan.org\)](#).
 19. Rasyida, D. R., Ulkhaq, M. M., Setiowati, P. R., & Setyorini, N. A. (2016). Assessing service quality: a combination of SERVPERF and importance-performance analysis. In *MATEC Web of*

- Conferences (Vol. 68, p. 06003). EDP Sciences.
20. Sari, F. O., Bulut, C., & Pirnar, I. (2016). Adaptation of hospitality service quality scales for marina services. *International Journal of Hospitality Management*, 54, 95-103.
 21. Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC health services research*, 17(1), 1-13.
 22. Selvakumar, J. J. (2015). Impact of service quality on customer satisfaction in public sector and private sector banks. *PURUSHARTHA-A journal of Management, Ethics and Spirituality*, 8(1), 1-12.
 23. Tan, L. H., Hamid, S. R., & Chew, B. C. (2016). Service quality audit based on conceptual gaps model of service quality: a case study of top three largest local banks in Malaysia. *International Journal of Productivity and Quality Management*, 18(1), 99-115.
 24. Teeroovengadum, V., Kamalanabhan, T. J., & Seebaluck, A. K. (2016). Measuring service quality in higher education: Development of a hierarchical model (HESQUAL). *Quality Assurance in Education*.
 25. Zamil, A. M., Areiqat, A. Y., & Tailakh, W. (2012). The impact of health service quality on patients' satisfaction over private and public hospitals in Jordan: a comparative study. *International Journal of Marketing Studies*, 4(1), 123.