

The Extent of Satisfaction of Beneficiaries with the Quality of Health Service (A field study in the Jordanian health centers)

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ABSTRACT

This research aims to identify the extent of the Jordanian health centers' use of the dimensions of the quality of health services, the extent of the knowledge of workers in these health centers of the dimensions of the health services quality, and the interest of the health centers management of the quality of health services provided to beneficiaries from their point of view. For the purposes of this research, a questionnaire was designed and distributed to a sample of (519) beneficiaries of health centers in the governorate of Irbid whose responses regarding the search tool were analyzed. The following results emerged:

1. *There is a medium level which is not statistically significant at the level of ($\alpha = 0.05$) of the satisfaction with the quality of health service available in the health centers from the point of view of beneficiaries.*
2. *There is a statistically significant relationship at ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided at the health centers and the personal variables of beneficiaries (gender, age, number of reviews in the month).*

The research recommends taking care of the general appearance of the buildings of Jordanian health centers, focusing on delivering therapeutic service for beneficiaries in the due time, and urging staff in the Jordanian health centers to respect the privacy of beneficiaries.

Keywords: *quality of health services, health centers, beneficiaries' satisfaction, field study, the governorate of Irbid.*

INTRODUCTION

The quality of service is considered the most important area in the health services sector, which aims to improve the quality of health services that will benefit the health of beneficiaries as well as build confidence between the health sector and the beneficiaries and insure the rights and satisfaction of users of the health service; furthermore, commitment to the security standards and the security of beneficiaries is one of the most important criteria that focus on the adoption of the program of the quality of the health services.

This care has been formed in the quality of the health service by specifying the dimensions of the quality of the health service which are considered the indicators to measure the quality of the health service. Due to the limited studies on the dimensions of the quality of health services in health centers, we have found it appropriate to study the possibility of beneficiaries' satisfaction with the quality of health service in the health centers.

Research problem:

The human health is considered one of the priorities in life; however, the means of maintaining it does not find adequate attention; there is negligence in providing health services to citizens which is represented in the frequent complaints by the beneficiaries of the health centers; therefore, the current research tries to determine the quality of the service provided where health centers seek to achieve their goals, especially those related to providing health services to the beneficiaries. Accordingly, the dimensions of the quality of health services are essential and they are associated with the quality of objectives the center seeks to achieve in order to reach to an advanced level of health services. Here lies the problem of this search which is to know the beneficiaries' satisfaction with the quality of the health service in the health centers.

The importance of research:

The importance of the research lies in the following:

- The importance of the health sector. It is one of the most sectors with regard to investment and competition; therefore, the focus on the quality of health services is one of the things that constitute a key element in the competition in the health sector.
- The importance of the role of health centers in the provision of health services to beneficiaries.
- The importance of the human being the main focus in the health system, and the source of demand for the medical services provided by the health institutions.
- The importance of the tasks and responsibilities entrusted to the human cadres working within the health centers.
- the adoption of a number of measures to mark the level of satisfaction achieved by the beneficiary by linking the service provided and quality through main dimensions used for measuring quality such as concreteness, reliability, response, assurance and confidence because the quality in health services is no longer subject to purely personal considerations or interpretations.

• Research Hypotheses:

- The first hypothesis: there is a medium level that is statistically significant at the level of significance ($\alpha = 0.05$) of the satisfaction with the quality of service available in health centers from the point of view of beneficiaries.
- The second hypothesis: there is a statistically significant relationship at ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided at the health centers and the personal variables of the beneficiaries (sex, age, and number of revisions per month).

Theoretical framework:

The concept of health services

Sometimes, it is difficult to determine a precise definition of a human and intellectual activity that is multidirectional and multidimensional; health services are not away from the content of health marketing that each of the health services and health marketing stem from a specific direction although they share the meaning of one or more of these concepts sometimes.

Health service: a range of health benefits received by the beneficiary for a certain payment and with the use of certain goods (Yousef, 2011, 98).

The service was defined as an activity provided by one party to another and it is considered a concrete basis not resulting in any property; also, its production or submission may be linked to a tangible physical product (Al-Dmuur, 2008, 20).

The service also includes concrete benefits provided by the institution to its customers by a certain price (Al-Tarawneh, 2011, 109).

Accordingly, the health service provided at the hospital does not depart from the content of this definition, whose core is intangible; however, it is possible to use different equipment to provide the service to the patient whose treatment might take either a short or a long time.

Health service is defined by many specialists as being the products offered by hospitals, clinics, health centers, clinics, and other agencies related to maintain the physical and mental health of humans (Al_mussa9id, 2010, 36).

Marketing health includes analysis, planning, implementation and control over programs designed precisely towards achieving optional (voluntary) value with the target markets in order to achieve the goals of health organizations depending on the requirements and needs of the target markets and through the effective use of pricing, communications and distribution in order to inform the market and find the motivation of individuals and serve them (Al-Bakri, 2007, 81).

In the light of the above, the following implications or dimensions can be concluded:

1. Health marketing means choosing the target health markets where each market or market segment has certain needs and desires regarding the health services; meeting the needs of the public is the main goal.

2. The proper application of the principles of marketing can contribute effectively in the use of the health resources of the organization; marketing is the only system that can help the organizations' resources exploit their resources to the maximum to be provided to the patients.
3. The marketing organization helps in the discovery of new opportunities by the organization for the purpose of the development of health services that are provided in the meantime or to be provided in the future.

Characteristics of health services:

Many books have addressed this subject (Al-Bakri, 2005, 56, Kortell, 2009, 31), as shown below:

First: health services consist of elements that complement each other.

Second: the demand for health services is characterized as seasonal in some times.

Third: marketing services are characterized with finding near that the consumer (the patient) is willing to have a near service location.

Fourth: health services are concrete products which are impossible to be seen or touched by the beneficiary before buying, which requires skill in communication between the service and the beneficiary, and the need to this skill will require delivering services directly from the organization in order to achieve an effective communication between the organization and the beneficiaries of the service.

Fifth: some health services are characterized with being personal that it is provided to only one person.

Sixth: the difficulty of identifying, evaluating and measuring the quality of service.

Seventh: health services cannot be kept if not used; they may have substantial losses as a result of not taking full advantage of their potential every time the service is provided; this is evident in the case of incomplete hospital beds and the inaccurate number of reviewers.

Marketing mix of health services:

There are several elements of the marketing mix for the health services; such elements are the following:

First: health products (services):

Health Service: "an intangible product that offers benefits to the beneficiary as a result of the use of a human or automatic effort; such benefits do not yield a physical possession" (Kortell, 2009, 311).

The importance of the product / health service:

Most of the products offered by the hospital are social services or programs to create a positive impact in the community in the interaction with medical conditions that must prevail; so, it can summarize the importance of product health service as follows:

1 – Without the health service provided by the hospital, there would be no justification for the relationship between the parties of the reciprocal marketing process: the patient and the hospital.

2 – Without the health service (product), the other elements of the marketing mix would not work or even exist in the first place.

3 - Providing the health service with a good quality can contribute to and increase the status of the hospital in the competitive market of health.

4 – The medical service is characterized by its development and diversity because of the successive scientific discoveries for reducing and curing the incurable diseases, which appeared recently and was not known in the past, the fact that leads to the importance of developing the service provided with various needs emerging among the members of the community (Al-Bakri, 2005, 170).

Product levels:

The levels of the product are the following:

1 - The core product: the real benefit the consumer seeks to obtain such as treatment from going to the hospital or health service.

2 – The real product: a set of concrete characteristics that distinguish the product or the service from the other competitors such as the hospital building or kind (specialized, public), model (design): old, modern, vertical, and horizontal as well as the level of service quality.

3 – the additional product: the additional services representative as a way of providing services and after-sales services such as (following-up the treatment of the patient and the tests after surgery), warranty, installation, processing, and the procedures of paying medical expenses (Kortell, 2009, 320).

Secondly: the price

The concept of pricing: It is a set of values paid in exchange for the benefits realized from the possession or use of the product (Abu Faara, 2010, 37).

The concept of Pricing health products:

"it represents a group of money that is exchanged with a set of tangible and intangible characteristics in order to meet the needs of consumers and beneficiaries and achieve limited profits for the organization" (Yousef, 2007, 150).

- **The importance of pricing:**

Pricing is the most important and vital element in the marketing mix, whose importance is summed up as follows:

1 – It is the source of income or revenue for the organization, which covers the costs of the rest of the elements of the marketing mix.

2 - It is an indicator of the quality of services on one hand and an appropriate means of communication to the customer on the other since there is a relationship between quality and high prices on which the customer greatly relies according to his mental conception.

3 – The price is considered the easiest field for competition between competitors and the most capable for spreading in the market that it can be a substitute for the promotion of service and goods marketing.

4 – It has an ability to absorb and manage the daily variables of the market and the variables of competitive and legal technology, which have an impact on costs and price to meet the supply, demand, reduction and diversification of services, as the trend of hospitals for funding which means restructuring their prices (Kortell, 2009, 345).

Third: Distribution:

The concept of distribution (marketing channel): it is defined by many writers as: "the set of institutions or individuals on whom lies the responsibility of performing a variety of necessary functions that are associated with the flow of products from producers to customers in the market or the target markets (Al-Dmuur, 2009, 26).

The concept of health distribution is: "the various activities performed by the hospital to make the health service accessible to the patient either spatially, temporally and in terms of price and information" (Bakri, 2006, 294).

Importance of the distribution of health services or products:

The realization of organizations regarding the importance of distribution is considered the key to their success because distribution helps in:

1 – achieving a continuous contact between the producer and the consumer of health goods and between the product and the beneficiary of the health service; It represents the human element and the basis of the distribution process and the direct contact with the beneficiary.

2 - The effective distribution which ensures the continued presence of the product or the service offered in the market will generate confidence and psychological stability among consumers.

3 - achieving gratification and satisfaction of the beneficiaries.

4 - improving the stature of the health organization.

Providers of the "distribution" of health services for the beneficiaries:

1 - The Ministry of Health: it presents health services to all the public through its agencies such as public hospitals, centers spread in the country, health clinics and health centers.

2 - Universities: The universities are involved in the provision of health services to workers and the whole public through university hospitals.

3 - Health insurance bodies: they provide health services to the subscribers through the insurance in hospitals and clinics.

4 - Armed forces: they provide health services to the members of the military and police through military hospitals.

5 - Religious centers and charities: they contribute to the provision of health services to the public through health clinics in their positions to the whole public.

6 – Popular clinics: They provide health services to the public through clinics spread across the country (Nasser, and Turjman, 2006, 364).

Fourth: promotion (promotion of health products):

The concept of promotion: it is the marketing profession related to telling, persuading and affecting the purchasing decision of the consumer (Al-9assi, 2005, 15).

The concept of promoting health products: a group of communication efforts by the health organization to provide customers with information about the advantages and characteristics of the health product and excite and convince them to make a purchase decision (Yusuf, 2007, 133).

The objectives of the promotion of health products:

Promotion has many goals that many health organizations seek to achieve through the use of elements in a way to achieve the following objectives:

- 1 – telling individuals about new goods and services through the characteristics, qualities and benefits of such goods and services.
- 2 - Raising interest in the goods and services through showing the special characteristics of these goods and services in contrast to the competitors' goods and services.
- 3 - Seeking to persuade individuals to make a purchase decision.
- 4 - Focusing on health (the health of individuals within the community) in general.
- 5 - Clarifying the therapeutic effects that can be obtained when using this medicine and the health care that can be obtained (Yousef, 2007, 137).

Health Awareness elements (promotion):

- A) personal contact: the health organization mark some employees, such as health counselors to meet the users of the organization's services.
health counselors make a group of tasks such as a persuasion to get the health service as well as guidance and finally control.
- B) Advertising: advertising is defined as a non-personal means to provide ideas, goods and services and also promote them by a certain agency for a payment; advertising in the field of health care aims to the following:
- C) spreading health awareness among the members of society.
- D) health education.
- E) focusing on some health problems, such as smoking, and blood pressure.
- F) Publishing (propaganda): it means presenting information as news about the organization, service, a health idea, person or a place related to health; the organization in a certain conference can make an advertisement about boycotting the use of one medical drug during a surgical procedure because of its negative health effects.
- G) Public Relations: public relations play an important role in building a high mental image about the health organization in the eyes of its audience; it is necessary to create a good relationship between users, donors, doctors, patients and the public that the organization deals with in order to exploit it as effectively as possible.
- H) activation: it means the aspects of marketing activities other than personal advertising and selling and publishing aiming to raise the interest of the beneficiary and convince him with the health service. There are many tools for activation such as gifts, contests, and free samples. In the field of hospitals, activation can be used through the provision of financial or moral incentives for blood donors, giving symbolic prizes or certificates of appreciation to donors for hospitals that do not aim to get profits or use national, physical or cultural events to urge donors to donate blood, money or materials. Also, various health seminars, conferences and exhibitions can be held throughout the year (Nasser, Turjman, 2006, 262).

Fifth: physical evidences:

The concept of physical evidences: the appearance of buildings, cleanliness and equipment; they are the visual and tangible evidence which provides an evidence for the quality of service (Kortell, 2009, 350).

The importance of physical evidences:

- 1 - add value to customers service.
- 2 - facilitate the process of service by providing information to the customer through symbols, signs, counseling and education.
- 3 - Building the mental vision required by the customer through influencing his perception positively (Kortell, 2009, 351).

Elements of the physical forms of evidences:

- A – cleanliness.
- B - the size of the hospital.
- C. – the type of hospital (private, public-governmental, or women's, children's, or mixed).
- D - Design style (vertical, horizontal, multiple floors, easily heated and cooled ... etc).
- E - Medical Device Technologies (Kortell, 2009, 351).

VI: Individuals people:

The concept of individuals people means: those who provide the service or participants, workers at the organization) who are engaged in the performance and delivery of services to customers. (Kortell 2009, 354).

Importance of individuals (people):

The importance of service provider lies in achieving the following advantages:

- A - the importance of the service provider comes from his position and tasks in the organization.
- B – they are an essential element in providing the service because they are responsible for developing and sustaining the long-term relationship with the customer (the beneficiary).
- C – they are a direct and vital element in the organization due to their impact on the customer satisfaction (the beneficiary).
- D – managing people is important in improving quality (Kortell, 2009, 355).

Elements of the service provider:

- A. Doctor.
- B. Assistants and technicians.
- C. Management personnel.
- D. Donors and volunteers (Kortell, 2009, 356).

Seventh: processes and procedures:

The concept of operations and procedures: the activities and processes done during providing the service and management of the interaction between the provider and the receiver; they are the actual procedures, routine and flow of activities through which the product or the service are delivered to the customer. (Kortell, 2009, 356).

Importance of the processes and procedures: The design and management of processes and procedures of the organization help in:

1. Achieving the quality of service provided by reducing the time of waiting the customer (the beneficiary) as well as the cost.
2. Generating the first impression for the reviewer (patient, visitor) at the moment of entering the hospital.
3. Reducing the routine procedures for the patients' entering and leaving the hospital.
4. Achieving commitment to appointments in accordance with the required operations.
5. Attracting potential customers and gaining the approval of the current ones and ensuring their loyalty to the organization (Kortell, 2009, 357).

Previous studies:**(Thiab 2012)**

This study aims to measure the dimensions of the quality of medical services provided in the public hospitals of Jordan from the perspective of patients and staff; the study population consisted of all the hospitals of the Ministry of Health which amounted to (30) distributed in the various twelve provinces of Jordan; The study sample was randomly selected from the patients and staff at three hospitals in the north, center and south of the kingdom; two questionnaires were used: one for the staff and the other for the patients (as the main tool for data collection for this study which is fit with the objectives and questions of the study; (300) questionnaires were distributed to the patients and (250) ones were distributed to the employees and that 90% were retrieved from the total of the questionnaires. Furthermore, the study used arithmetic means, T test in addition to the analysis of variance to test the hypotheses.

The study found many results, most important of which is: the governmental hospitals have the dimensions of the medical service such as reliability, concreteness, sympathy, and security except for response from the viewpoint of workers in the hospitals taking into account that this application is varied among the five dimensions. The assessment of patients for the same dimensions was converged with respect to all the dimensions except for response and sympathy. Also, the study did not show any differences in the assessment of patients for the dimensions of the quality due to any of the demographic variables.

Al-Tawiil, Julialii and Wahhab, 2010

This study aims to shed light on the possibility of establishing the dimensions of the quality of health services in selected hospitals in the province of Nineveh, where the hospital is considered a service organization responsible for providing integrated health services such as diagnosis, therapies, education and research. The hospital, as an administrative system, uses human, technical and financial resources and its size and values are increasing with the technical and therapeutic progress. The demand on the health services is increasing due to multiple factors, such as: wars and their effects and the increase in population, road accidents and extent of

pollution, and industrial accidents. Accordingly, the challenge in front of the hospital's management and staff lies in providing health services in a distinctive quality; the quality of health services is a very important element in the management of hospitals and this is linked to the most important aspect of human life, health; therefore, we must stand and take a good care of this human requirement in order to establish the dimensions of the quality of health services in our hospitals. Through the theoretical vision and the operational application in our hospitals, we see that there is a gap at the level of the concept and dimensions of the quality of health services. Generally, the study tried to answer the following questions:

1. Do workers in the hospitals have a clear knowledge about the concept, objectives and dimensions of the quality of health services?
2. Are there dimensions of the quality of health services in hospitals under discussion?
3. Do hospitals under discussion vary in the possibility of establishing the dimensions of the quality of health services?

The study found a group of the most important conclusions:

- there is a variation in the agreement among respondents regarding the existence of the dimensions of the quality of health service in hospitals under discussion.
- there is a variation in the response of hospitals under discussion with the dimensions of the quality of health services.

(Al-Farraj,2009)

This study aims to evaluate the quality of health care services in the hospitals of higher education in Syria from the point of view of patients: a model for measuring patients' satisfaction; an easy-to-use questionnaire was developed to detect the quality of health care provided in the Syrian teaching hospitals for patients; such a tool has been the subject of a test to demonstrate its validity, reliability and ability to distinguish between the levels and components of satisfaction.

474 patients were investigated who were from the four largest teaching hospitals in Syria, Al-Muwash, Al-Asad Al-Jami9i, Children and obstetrics and gynecology in Damascus. The questionnaire also contained 39 members who had various personal opinions and impressions regarding the satisfaction with the services of the hospital. Of the total items in the questionnaire that shows personal opinions, seven measurements were designed each of which describes a specific area (professional medical care, professional nursing care, behavioral health care, organizational characteristics, and hospitality with its three aspects).

The questionnaire was filled through a personal interview with the patient. Then, the psychological analysis was adopted to evaluate the various features and characteristics the questionnaire sought to show in addition to the descriptive statistical analysis (means or standard deviations) for the different levels of satisfaction.

The high percentage of the questionnaires correctly filled, which is (86%), indicates the acceptance of the patients of the questionnaire, the way of wording the questions and the easiness of understanding it.

The level of the public satisfaction exceeded the value of 2.5 points by an average on the scale of (1 to 4); over than 75% of patients were satisfied with the services provided by teaching hospitals.

The psychological analysis presented good results that can be trusted by Cronbach alpha coefficient, which means that there is a possibility of applying this questionnaire to survey the viewpoints of patients in the services provided considering it a basic rule in the development of teaching hospitals' services according to the expectations and desires of patients.

(Barhuum et al., 2007)

The objective of the research is to evaluate the scientific principles of the training process, which takes place in the hospitals of the Ministry of Higher Education in Latakia, where there is a training of medical and nursing cadres showing the extent of the reflection of the quality of the training process on the quality of the provided medical services; The study found that there is a need for identifying the training needs in a practical manner and the need to develop training programs around the concepts of quality.

Al-Nsuur, 2007

This study aims to analyze the qualities and characteristics enjoyed by therapeutic tourism in Jordan in order to be used in the development of marketing strategy appropriate to this sector; it is evident that there is a rise in the prices of medical services compared to the neighboring countries and the referential groups have a role in the

decision of purchasing the therapeutic service in addition to the fact that there is a lack of financial allocations for the promotional activities.

(Na9sanii, 2007)

This study aims to measure the perceptions of customers regarding the quality of health services and their impact on their satisfaction and apply that to the Syrian university hospitals. The study found a degree of satisfaction among the patients about the dimensions of concreteness, reliability, security and sympathy for the health services in the Syrian university hospitals.

(Nusseirat and Dmouur, 2004)

This study aims to investigate and determine the impact of the elements of the marketing mix for the medical service on the decision of Arab patients in the Jordanian hospitals as a favorite place for treatment in addition to investigate whether these elements may vary in their relative importance and impact on the selection decision depending on the demographic factors of patients.

Research community:

The research community is composed of all the users of the Jordanian health centers in the governorate of Irbid.

Sample:

In order to take a sample representative of the research community, an exploratory sample composed of (100) members of the research community received a questionnaire. After data collection, the researcher calculated the value of the standard deviation of their answers which was (0.57), and then applied the following equation to determine the appropriate sample size according to the various answers to the questionnaire:

$$n = \frac{z^2 \sigma^2}{e^2}$$

Where:

n: the sample size to be calculated.

z: the area under (1-2/a) and equals (1.96)

σ : the standard deviation amounting (0.57).

e: the error rate which equals (0.05).

After applying the above equation, the value of the sample representative of the community needed for the purposes of applying the research equals is (500) researchers, which is considered a good representation for the research community; the research tool was distributed to a sample of (525) questionnaires; (519) questionnaires valid for statistical analysis were retrieved (Khalil, 2008). Table (1) shows the distribution of the members of the sample depending on the personal variables.

Table (1)
The Distribution of the sample members according to personal variables (n = 519)

Variable	level	frequency	percentage
Sex	Males	269	51.8
	Females	250	48.2
	Total	519	100.0
Age	20-30 years	125	24.1
	31-40 years	124	23.9
	41-50 years	126	24.3
	More than 50 years	144	27.7
	Total	519	100.0
Number of revisions per month	once	76	14.6
	Twice	307	59.2
	Three times	70	13.5
	Four times and over	66	12.7
	Total	519	100.0

The previous table shows that the number of males in the sample amounted to (269) by a percentage of (51.8%), while the number of females was (250) by a percentage of (48.2%). The highest percentage for the distribution of the sample according to the variable of age was (27.7%) for the age group of (over 50 years) while the lowest percentage was (23.9%) for the age group (31-40 years old). The highest percentage for the distribution of the sample depending on the variable of the number of revisions per month was (59.2%) for the category (twice), while the lowest percentage was (12.7%) for the category (four times and over).

Statistical treatments:

The researcher uses the following statistical methods:

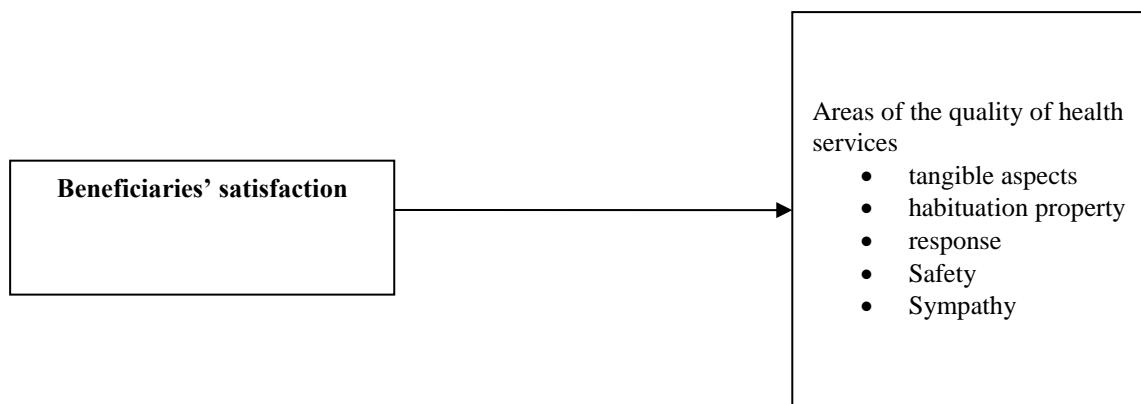
- 1 - frequencies and percentages for the distribution of the members of the research sample.
- 2 - arithmetic means and standard deviations for all the items of the research tool.
- 3 - Independent Sample T-test on the search tool as a whole according to the variable of sex.
- 4 - ANOVA on the search tool as a whole depending on the variables of (age and number of revisions per month).

Search tool:

For conducting this research, a questionnaire was designed to survey the viewpoints of the beneficiaries of health centers on the quality of health services provided. Afterwards, such viewpoints are judged by specialists; accordingly, important improvements have been conducted to come out with the questionnaire in its final form consisting of (19) items distributed on (5) areas as follows:

- tangible aspects, which includes (4) items.
- habituation property, which includes (4) items.
- response, which includes (3) items.
- Security, which includes (4) items.
- sympathy, which includes (4) items.

A) The search form:



B) The stability of the search tool:

To verify the stability of the tool, Cronbach's alpha equation was applied on all the items of the search tool where the value of reliability coefficient was (0.79), an acceptable value for the purposes of the application.

Statistical analysis and hypotheses testing:

In this section, the results of research aiming to identify the beneficiaries' satisfaction with the quality of the health service will be presented:

- Second: the results of assumptions:

The results of the first hypothesis: there is a medium level which is statistically significant at the level of significance ($\alpha = 0.05$) of satisfaction with the quality of health service available in health centers from the point of view of beneficiaries.

To check the validity of this hypothesis, the arithmetic means and standard deviations for the answers of the members of the sample were calculated for all the items of the research tools. Tables (3-7) illustrate this.

- Tangible aspects.

Table (3)

The arithmetic means and standard deviations of the subjects' responses for all the items of the concrete aspects in a descending order (n = 519)

Rank	number	Item	arithmetic means	standard deviation	Assessment degree
1	3	There are modern medical equipment in health centers.	3.30	1.37	Medium
2	2	the internal design and organization of the health centers is good.	3.04	1.29	Medium
3	4	The appearance of workers in the health centers is good.	2.76	1.07	Medium
4	1	the Jordanian health centers' buildings are considered attractive.	2.66	1.23	Medium

It appears from the above table that the arithmetic mean of the items of the "concrete aspects" has ranged (2.66-3.30) by a moderate degree for all the items; the highest was (3) "There are modern medical equipment in health centers." and the lowest was (1) "the Jordanian health centers' buildings are considered attractive."

- Habituation Property.

Table (4)

The arithmetic means and standard deviations of the subjects' responses for all the items of habituation property in a descending order (n = 519)

Rank	number	item	arithmetic means	standard deviation	Assessment degree
1	4	You have confidence in the staff at the health centers.	3.45	1.21	Medium
2	1	Therapeutic service is provided at specific times.	3.27	1.33	Medium
3	3	Medical service is provided accurately.	2.87	1.20	Medium
4	2	There are multiple medical services.	2.78	1.22	Medium

It appears from the above table that the arithmetic means for the items of "the habituation property" have ranged (2.78-3.45) by a medium degree for all the items; the highest was 4) "You have confidence in the staff at the health centers" and the lowest was (2) "There are multiple medical services".

- Responding

Table (5)

the arithmetic means and standard deviations of the subjects' responses for all the items of response in a descending order (n = 519)

Rank	number	item	arithmetic means	standard deviation	Assessment degree
1	2	there is a speed in responding to the needs of patients.	3.70	1.09	high
2	1	There is speed in providing medical service.	3.43	1.01	Medium
3	3	There is cooperation regarding the inquiries of reviewers of health centers.	2.00	0.88	low

It appears from the above table that the arithmetic means of the items of "response" ranged between (2.00-3.70) that the highest was (2) "there is a speed in responding to the needs of patients" and the lowest was (3) "There is cooperation regarding the inquiries of reviewers of health centers".

- **The field of security.**

Table (6)
the arithmetic means and standard deviations of the subjects' responses for all the items of security in a descending order (n = 519)

Rank	Number	item	arithmetic means	standard deviation	Assessment degree
1	2	Workers' specialized knowledge and skill are available.	3.89	1.04	high
2	3	you feel the good manners of workers.	3.02	1.19	Medium
3	4	there is a respect for the privacy of patients.	2.52	0.99	Medium
4	1	You feel safe in treatment.	2.48	1.18	Medium

The above table shows that the arithmetic means for the items of "security" were (2.48-3.89) that the highest was (2) "Workers' specialized knowledge and skill are available." and the lowest was (1) "You feel safe in treatment." by a moderate degree.

- **Sympathy.**

Table (7)
the arithmetic means and standard deviations of the subjects' responses for all the items of sympathy in a descending order (n = 519)

Rank	Number	item	arithmetic means	standard deviation	Assessment degree
2	1	There is a personal interest of each patient.	3.71	0.70	high
1	2	Employees are concerned with the interests of patients.	3.33	0.81	Medium
3	3	There is sympathy and an estimate for patients.	2.71	1.06	Medium
4	4	Working hours are appropriate for reviewers.	2.13	1.05	low

The above table shows that the arithmetic means of the items of "sympathy" were (2.13-3.71) and the highest was (1) "There is a personal interest of each patient" with a high assessment degree and the lowest was (4) "working hours are appropriate for reviewers" by a low degree of assessment.

One Sample T-test was applied on the areas of research and the tool as a whole to identify the level of satisfaction with the quality of service available at the health centers from the point of view of beneficiaries. Table (8) shows that.

Table (8)
The results of applying One Sample T-test on the areas of research and the tool as a whole (n = 519)

Area	arithmetic means	standard deviation	Rank	Assessment degree	T	statistical significance
Concrete aspects	2.94	0.93	5	Medium	-1.42	0.16
Habituation property	3.09	1.16	1	Medium	1.80	0.07
Response	3.04	0.94	2	Medium	1.04	0.30
Security	2.98	0.86	3	Medium	-0.57	0.57
Sympathy	2.97	0.71	4	Medium	-1.03	0.31
Tool as a whole	3.00	0.51		Medium	0.12	0.91

The above table shows that the arithmetic means of the areas of research were (2.94-3.09) by a medium degree for all the areas; the highest was for the habituation property by an arithmetic mean of (3.09); in the second rank came the field of "response" by a mean of (3.04) followed by "Security" which came in the third place by a mean of (2.98), which is followed by the "sympathy" by a mean of (2.97), and finally came the "concrete aspects" by a mean of (2.94). The arithmetic mean for the tool as a whole was (3.00) by a medium degree and (T) values for the areas of research was (0.57-1.80) which is not statistically significant. Form the above, we

note that there is a medium and statistically insignificant level at ($\alpha = 0.05$) of satisfaction with the quality of the health service available at the centers from the point view of beneficiaries; therefore, the first hypothesis of the study is rejected.

The researcher attributes this to the difficulty of determining and assessing the quality of the health service by beneficiaries; the health services are considered intangible that a large segment of the beneficiaries does not have the ability to determine the dimensions of quality through the use of traditional methods that are common in the assessment, so most beneficiaries of these services have a previous mental image about the service by the reputation of the health institution. This result is consistent with (Al-Farraj, 2009) and (Na9sanii, 2007) and inconsistent with (Thiab, 2012), (Al-Tawiil, Al-Jalilii and Wahhab, 2012).

The results related to the second hypothesis: there is a statistically significant relationship at ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided at the health centers and the personal variables of beneficiaries (sex, age, and number of revisions per month).

To validate this hypothesis, Independent Samples T-Test was applied on the tool as a whole according to gender, and analysis of variance (ANOVA) on the tool as a whole due to the variables of (gender, age, and number of revisions per month). Tables (9-11) illustrate this.

Table (9)
The results of applying Independent Samples T-Test on the tool as a whole according to the variable of sex

Area	sex	arithmetic means	standard deviation	T	Freedom degrees	statistical significance
Concrete aspects	male	2.91	0.92	- 0.87	517	0.38
	female	2.98	0.93			
Habituation property	male	3.01	1.21	- 1.72	517	0.09
	female	3.18	1.10			
Response	male	3.02	0.95	- 0.52	517	0.60
	female	3.07	0.93			
security	male	2.95	0.88	- 0.89	517	0.38
	female	3.01	0.84			
Sympathy	male	2.98	0.71	0.26	517	0.80
	female	2.96	0.70			
Tool as a whole	male	2.97	0.53	- 1.55	517	0.12
	female	3.04	0.48			

The table shows that the values of (T) for the areas of research and the tool as a whole depending on the variable of sex were statistically insignificant at ($\alpha = 0.05$), which indicates a lack of statistically significant relationship at ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided in health centers and the variable of sex.

Table (10)
The results of applying ANOVA on the fields of the study and the tool as a whole according to the variable of age

Area	age	arithmetic means	standard deviation	F	statistical significance
Concrete aspects	20-30 years	2.89	0.91	0.19	0.91
	31-40 years	2.96	0.95		
	41-50	2.96	0.93		
	More than 50 years	2.96	0.92		
Habituation property	20-30 years	3.12	1.16	0.77	0.51
	31-40 years	3.06	1.13		
	41-50	2.98	1.21		
	More than 50 years	3.19	1.14		
Response	20-30 years	3.02	0.97	0.80	0.49
	31-40 years	2.96	0.91		
	41-50	3.04	0.91		

	More than 50 years	3.13	0.97		
Security	20-30 years	2.94	0.89	0.27	0.85
	31-40 years	2.97	0.87		
	41-50	2.96	0.87		
	More than 50 years	3.03	0.82		
Sympathy	20-30 years	3.01	0.72	0.59	0.62
	31-40 years	2.90	0.70		
	41-50	2.96	0.70		
	More than 50 years	3.00	0.70		
Tool as a whole	20-30 years	2.99	0.51	0.84	0.47
	31-40 years	2.97	0.50		
	41-50	2.98	0.51		
	More than 50 years	3.06	0.51		

The above table shows that the values of (F) for the fields of study and the tool as a whole according to the variable of age were not statistically significant at the significance level ($\alpha = 0.05$), which indicates the lack of statistically significant relationship at the level of ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided in health centers and the variable of age.

Table (11)
The results of applying ANOVA on the fields of the study and the tool as a whole according to the variable of number of revisions per month

Area	No. of revisions per month	arithmetic means	standard deviation	F	statistical significance
Concrete aspects	once	2.85	0.89	0.77	0.51
	Twice	2.95	0.94		
	Three times	2.93	0.93		
	Four times and more	3.02	0.94		
Habituation property	once	3.13	1.16	0.15	0.93
	Twice	3.08	1.13		
	Three times	3.04	1.17		
	Four times and more	3.12	1.17		
Response	once	3.00	0.97	0.88	0.45
	Twice	2.97	0.93		
	Three times	3.04	0.92		
	Four times and more	3.14	0.95		
Security	once	2.94	0.90	0.22	0.88
	Twice	2.98	0.88		
	Three times	2.96	0.88		
	Four times and more	3.02	0.80		
Sympathy	once	3.01	0.72	0.48	0.70
	Twice	2.91	0.71		
	Three times	2.95	0.71		
	Four times and more	3.00	0.69		
Tool as a whole	once	2.98	0.51	0.71	0.55
	Twice	2.98	0.51		
	Three times	2.98	0.52		
	Four times and more	3.05	0.50		

It appears from the above table that the values of (F) for the fields of the study and the tool as a whole according to the variable of the number of revisions per month were not statistically significant at ($\alpha = 0.05$), which indicates that there is no statistically significant relationship at the level of ($\alpha = 0.05$) between the degree of satisfaction with the quality of service provided in health centers and the variable of the number of revisions per month.

Conclusions and recommendations:

Conclusions

1. The results of the statistical analysis of data related to the level of user satisfaction with the services provided in the centers showed that the degree of satisfaction with the quality of the health service which is available at the centers from the point of view of the beneficiaries was slightly higher than the imposed mean, which might be the reason for the difficulty in determining the quality of the health service and evaluating it by beneficiaries.
2. The results of the statistical analysis of the data on the personal variables of the study sample showed that there is no relationship between the degree of the satisfaction with the quality of service provided at the health centers and the personal variables of beneficiaries (sex, age, and number of revisions per month).

Recommendations

Based on the above, the study recommends the following:

1. paying attention to the general appearance of the buildings of Jordanian health centers, and focusing on delivering therapeutic service for reviewers at specific time.
2. Urging staff in the health centers of Jordan to respect the privacy of reviewers.
3. Intensifying supervision on the Jordanian health centers, and providing them with modern medical equipment.

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