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THE QUALITY OF HEALTH SERVICES IN BECHAR PUBLIC HOSPITAL INSTITUTION

Abstract:

The Health sector became recently a great interest and at all levels, where the subject of quality of health services became of an international increasing interest, This Research coming to put the highlight on Possibility to Establish the Dimensions of Quality Health Services, then the hospital consider Service organization responsible for provide health services Integrated , diagnose, Remedially, Educationally , and serachical . and the hospital as Managerial System used human, technical ,physical , and financial increased It size and value continuous with healthy and technically advance . and increased the demands on health services for several factors , it important increase in numerous populations , increased road accidents , percentage of pollution , industrial accidents , and war causes . and agreement with that , appearance the challenge forward hospital management and employees in it to provide health service with excellence quality . where quality health service consider important element for extreme in scope of hospitals management where associated with important aspect from aspects human life and is it health . However , absolute our that stopping at this humanly required and give it our attention continuous trend possibility to establishment the dimensions of quality health services in our hospitals and through conceptual vision and operationally applying in our hospitals we see that there gap on level of concept and dimensions of quality health service ,so the hospital institutions tray to provide health services with a high quality to achieve the maximum possible satisfaction for the patient, this research aims at studing the fact of health service quality in public hospital institution for the town of bechar and impact on patient satisfaction, basing on the dimensions of quality of health services (Tangible, Reliability, Responsiveness, Assurance and Empathy).

Keywords:

Quality, Quality of health services, Dimensions of quality of health services, Patient satisfaction, Public hospital institution

JEL Classification: A14, D12, I18

Introduction

Service quality has become an important topic in view of its significant relationship to profit, cost saving and market share. Researchers of Service marketing have developed nineteen service quality models during the period 1984-2003, These models share a single primary goal .

The service quality model "SERVQUAL" ranks as the most important of these models. It is based on the assumption that service quality is a function of differences (gaps) between customers' expectations and perceptions along five quality dimensions: reliability, responsiveness, tangibles, assurance and empathy. In addition, favorable customer perception of service quality will have a positive relationship with overall customer satisfaction and in turn their behavioral intention; repeat purchases and willingness to recommend the service to others Consequently, providing high service quality to customers, offers a firm an opportunity to differentiate it's self and gain a competitive advantage in the market.

In Algeria, the Ministry of health and population is responsible for setting the policy of providing health services. But the spending on health in Algeria has declined during the period 1991-2001, the budget for health in 1989, representing 2.2% of GNP, and then declined in 2001 to 1.4%, returning later to hit in 2005 to 3.5%. This raises the question of why and how his relationship with rising health care costs, and an increase in population.

In spite of the relative increase in spending on health ,but the health service sector in algeria still faces many obstacles,which affect the level of services quality in it, and the performance of health institution,which gives importance to the reform of the health services sector to ensure quality and excellence in health services .

Facing the increasing demand for health care has not only a quantitative but also a qualitative dimension .In this context, this paper investigates: (1) Patient expectations and perceptions toward the service quality of algeria hospitals. (2) The relative importance of service quality dimensions. (3) The relationship between overall service quality and overall patients' satisfaction and their willingness to recommend the services of healthcare providers to others.

Objectives of the Study

The main objectives of this research is:

1. To define the constructs and sub-constructs used by algeria consumers in the evaluation of healthcare service quality in sector hospitals in algeria.
2. To analyse the best method for measurement of service quality among the tested measures.
3. To determine relationships between variables of the study (overall consumer satisfaction on one hand and return behaviour, outcome and value for money on the other hand).
4. To determine relationships between consumer demographics characteristics and their effects on the variables in the research.

5. To recommend a healthcare service quality model for the healthcare sector
In algeria.

Statement of the Problem

The Algerian healthcare sector is in need of elevation of the level of service quality. In order to achieve this goal, there is a need for a model for healthcare service quality applied and tested on the Algeria healthcare market as well as a scale to enable researchers to measure healthcare service quality in the hospitals aiming to pin-point areas of service quality short-falls for short and long-term improvement strategies.

Currently, there is lack of existing knowledge about a healthcare service quality model that takes into consideration a complete coverage of all the constructs and sub-constructs that consumers use in evaluating healthcare service quality in Algeria that is probably quite different than those used for other industries and in other countries. In Considering this, the problem of this paper can be formulated as the following question: what is the level of quality of health services provided in public health institution ,the bechar?

Hypotheses of study :

To achieve the purpose of this study, the following hypotheses were formulated:

The dimensions of quality of health services availability in the hospital under study.

H1: The dimensions of quality of health services in the field of tangibility availability in hospital under study.

H2: The dimensions of quality of health services in the field of reliability availability in hospital under study .

H3: The dimensions of quality of health services in the field of Responsiveness availability in hospital under study.

H4 The the dimensions of quality of health services in the field of assurance availability in hospital under study.

H5 The dimensions of quality of health services in the field of empathy availability in hospital under study.

H6 The dimensions of quality of health services in the field of Hospitality availability in hospital under study.

Theoretical Background

Parasuraman et al. (1985, 1988, 1991) undertook a series of research projects which gave birth to the service quality model "SERVQUAL". Initially, the model was based on 10 dimensions of service quality – later reduced to 5 dimensions, The SERVQUAL instrument contains 22 pairs of Likert scale questions designed to measure customers' expectation of a service and the customers' perception of a service provided by an organization.

To assess a service quality, the gap for each question is calculated based on comparing the perception score with the expectation score. The positive gap score means that customers' expectations are met or exceeded, while the negative score means the opposite. In general, service quality, to which the health sector is no exception, is divided into two main components; namely they are,: technical and functional quality (Gronroos,1984; Parasuraman et al., 1985. Technical quality (clinical quality) is defined as the technical diagnosis and procedures (e.g., surgical skills), while functional quality refers to the manner of delivering the services to the patients (e.g. attitudes of doctors and nurses toward the patients, cleanliness of the facilities, quality of hospital food....). Because most patients lack medical expertise for evaluating the technical attributes, the service marketing approach, which focuses on functional quality perceived by patients, has been widely used to evaluate the health services, (Buttle, 1996; Dursun and Cerci, 2004). Combined with some modification or additional operational measurements, the SERVQUAL instruments have been used to gauge service quality in a variety of service industries including, but not limited to: banking (Roig et al., 2006; Yavas, Bilgin and Shemwell, 1997), hotels (Olorunniwo et al., 2006), sport tourism (Kouthouris & Alexandris,2005), retails stores (Eastwood et al., 2005), library setting (Ho and Crowley, 2003), government local authority (Wisniewski, 2001), professional business (Accounting) (Aga and Safali, 2007), education (Arambewela and Hall, 2006), airlines (Prayag, 2007), mobile communications (Lai et al., 2007), and web portal (Kuo et al., 2005). Regarding the health care industry Within the Arabic Gulf Region, Jabnoun and AL.Rasasi (2005) investigated the relationship between transformational leadership and service quality in six UAE hospitals. The results showed that patients were generally satisfied with the quality of services provided by their hospitals, and a positive relationship was also found between service quality and all dimensions of transformational leadership. Tangibles dimension had the lowest score of expectation of all five dimensions. Within the context of Arabic countries, Mostafa (2005) analyzed patients' perceptions of service quality in Egypt's hospitals. The results reveal a three - factor solution inconsistent with the five-components associated with SERVQUAL. However, all 22 attributes of service quality in both expectation and perception sectors were statistically significant. Alasad and Ahmed (2003) examined satisfaction of patients with nursing care at a major teaching hospital in Jordan. Data obtained from 266 in-patients of three wards showed that patients in the surgical ward had a lower level of satisfaction than patients in the medical or gynecological wards. With respect to the conditions of developing countries, Andaleeb (2001) proposed and tested a five dimensional instrument for assessing perception of patients availing of hospital services in Bangladesh. The results indicated that a significant relationship is found between the five factors and patients' satisfaction. The discipline factor, encompassing "tangible' and "assurance", had the greatest impact on patients' satisfaction, while the baksheeh (tips) factor had the lowest effect. In the same direction, Baker, Akgun and Assaf (2008) used an adapted SERVQUAL scale to assess patients' attitudes toward health service in Turkey. Data collected from 472 patients revealed that patient perceived scores are higher than their expected scores for ordinary hospitals and lower than their expected scores for high- quality hospitals. Responsiveness and reliability dimensions get the lowest expected scores of all dimensions.

Based on the application of a modified SERVQUAL instrument, Choi et al. (2005) found a significant relationship between service quality dimensions and patient satisfaction in the South Korea health care system. In particular, "staff concern" followed by "convenience of the care process" and "physician concern" dimensions are the most determinants of patients satisfaction. However, Narang (2010) adopted 20-item scale that had been initially developed by Haddad et al. (1998), to measure patients' perceptions of health care services in India. The study reveals that the four factors -health personnel practices and conduct, health care delivery, access to services and, above all, adequacy of resources and services- were perceived positively by patients. Pakdil and Harwood (2005) applied SERVQUAL construct for measuring patients' satisfactions in Turkey by calculating the gap between patients' expectations and perceptions. The study found that patients are highly satisfied with all elements of service quality; specifically, "adequate information about their surgery" and "adequate friendliness, courtesy" items. However, Robini and Mahadevappa (2006) investigated patients' satisfactions of service quality in Bangalore - based hospitals in India. Data collected from 500 patients revealed that expectations exceeded their

perceptions in 22 items of service quality. The assurance dimension got the least negative score in all hospitals. In contrast, Sohail (2003) found that patients' perceptions exceeded their expectations for all items of services provided by private hospitals in Malaysia. Karassavidou, Glaveli and Papadopoulos (2009) used a modified version of SERVQUAL instrument to investigate patients' perception of National Health system (NHS) in Macedonia, Greece. The study resulted in three factors in which patients' expectations exceeded their perceptions. The human factor proved to be the most critical dimension in as much as it registered the highest gap score of all. Regarding the studies in developed countries, Andaleeb (1998) proposed and tested a five - factor model that influences patients' satisfaction with hospitals in Pennsylvania. The study results showed that all factors, though especially perceived competence of the hospital staff and their demeanor, significantly affect patient satisfactions. Dean (1999) investigated the applicability of a refined SERVQUAL instrument, consisting of 15 statements, in both medical care and health care settings of Australia. The study results revealed a four- factor structure which approximates, in both environments, the dimensions identified by Parasuraman et al. studies (1988). Assurance and Empathy were the most important dimensions in the health care environment, while Reliability/ Responsiveness dimensions came first in the medical care environment. Frimpong, Nwankwo and Dason (2010) explored patients' satisfaction with access to public and private healthcare centers in London. The results showed that public patients, as opposed to private counterparts, were dissatisfied with the service climate factors. In general, the study concluded that both public and private healthcare users faced major problems in accessing healthcare. However, Wisniewski and Wisniewski (2005) had applied a modified SERVQUAL instrument, consisting of 19 items, for a colonoscopy clinic in Scotland. They found that although patient overall satisfaction with the services was high, improvements were needed in specific service dimensions, especially the reliability dimension.

Literature Review

The quality of the health service:

The quality of health service features a new advanced service attract users, and characterize the performance of doctors or characterize unit to provide health service to others, such as integrated services; Place wait comfortably; medical record on the computer; meals hot in the inner section; follow-up cases by telephone; instructions and clear and committed by members of the health team; provide some services at home (home follow-up visits). I have suggested that both (J-S).Roberts,(J-A).Prevost (1987), and also Khaled Saad Abdul Aziz bin Saeed(1997) that the concept of quality health care depends on who will be selected, in the sense that the quality is intended to be the basis of agreed criteria to determine a consensus that concept. And know body the Inter-American Accreditation of Healthcare Organizations quality as "the degree of compliance with current standards and agreed to assist in determining the level of good practice and know the results expected for the service or making the diagnosis or treatment of a medical problem specific." And can be seen through the definition because it contains specifications or standards Note Practice Then the comparison between standards and actual practice and research to improve and continuous improvement in procedures and diagnosis and treatment.Through their report on the study conducted by the American Institute of Medicine has definition quality as "the extent of the potential increase of the health outcomes envisaged of health services for individuals and populations that are consistent with professional knowledge current(K-N).Lohr,(J).Harris(1991).and we Can be defined as the quality of health services as the maximum treatment as possible in the light of scientific and medical advances prevailing wadia kmel (1986), and Abd alaziz ben zayer (2005) defined " the quality of health care are summarized in the application of science and medical technology to achieve the maximum benefit from public health, without increasing exposure to risk, and on this basis, the degree of quality determines the extent of a better balance between the risks and benefits. "and the World Health Organization Quality definded quality as" cope with the standards and performance right in a safe manner acceptable to the community, so that lead to make an impact on the proportion of cases of disease and the proportion of Alovayat, disability and malnutrition Abdul Aziz mukhaimar (2003).

From the foregoing can determine what quality, at least through three main angles, namely:

- Technical quality of care provided to the patient;
- The quality of the art of care provided to the patient;
- Exterior Quality Health Foundation.

Therefore noted that the calendar of health services provided to the patient can be measured from the perspective of knowledge and skills of the doctor, it can also be measured in terms of the patient's psychological and illustrated by the attention of the staff and the attention span of nurses and Bagthen with the patient. On the other hand, some patients believe that the assessment of quality of service can be determined based on the outward appearance of health institutions through the availability of hygiene, good ventilation and provide adequate meals

..... etc.. the absolute freedom to act in the best interest of the patient. As for service providers is noticed that some doctors believe that defining concept of high quality lies in the out patient from the hospital free of disease, and in return, we find that another group of doctors or employees in managerial thepositions believe that the concept of quality is determined by reducing costs and increasing the effectiveness of service provided., and can be seen for the high quality from the perspective of the availability of the latest technology in the medical hospital, in addition to giving the doctor the absolute freedom to act in the best interest of the patient

Dimensions of health services quality :

It also contained these dimensions on the twenty-two words translate aspects of the quality of service for each dimension of these dimensions , it is noticeable that these five dimensions are from the perspective of researchers dimensions generally reliable client in measuring the quality of service regardless of the quality of service was launched on this method of measurement quality of service name or measure the gap measure SERVQUAL. These gaps occur if there is a difference between customer expectations and perception between the administration of these expectations and this is illustrated as follows:

Gap (1) the gap between the perceptions of management and between customer expectations and produce this gap is the difference between perception management to customer expectations , the inability of any knowledge management needs and desires of customers expected .

Gap (2) : the gap between the perceptions of management and the specifications for quality and result from differences between the specifications of the service already provided and between the perceptions of management to customer expectations , in the sense that even if the customer needs anticipated and desires known to the administration , it will not be translated into specifications defined in the service provided because of restrictions related to the resources the institution or organization , or the inability of the administration to adopt the philosophy of quality.

Gap (3) : The gap between specifications for quality and what actually offers . The specifications appear due to the fact that the service already provided do not match with the administration aware of regarding these specifications , which may be due to the low level of skill based on the performance of the service , which in turn is due to the weakness of the ability and willingness of these workers .

Gap (4) : the gap between the service provided and the communication of Foreign Affairs, and the result from the imbalance in the credibility of the institution of service , in the sense that the promises offered by the institution about the service , contact the customer (personal selling efforts other promotions) vary with the level of service provided and specifications already .

Gap (5) : the gap between perceived service and between the service provided , and this gap is the result of occurrence of one or some or all of the previous gaps .The second method is to measure the quality of service is called the measure of actual performance or SERVPERF This is a method modified from the first method . Based on the direct evaluation of the methods and processes associated with the performance of the service , in the sense that it depends on the

measurement of the quality of service as a form of trends towards the actual performance of the quality and the goal of the five dimensions : a tangible material respects in service, reliability , responsiveness , security , empathy. These dimensions also contains a twenty-two words translated manifestations quality of service for these dimensions .It also features this scale for the previous measurement of simplicity and ease of use as well as to increase the degree of credibility. However, that this method was not spared from criticism , although most of them focus on the methodology of measurement and statistical methods used to verify its stability and credibility. And still ongoing debate about the effectiveness of each of these two measures of the quality of service. Researchers have split into two teams between supporters and opponents of each measure them .When the transition to these standards to the field of health service , the quality of the health service is measured by the availability of the five dimensions in the health service provided by the hospital .

Tangibles would include those attributes pertaining to physical items such as equipment, buildings, and the appearance of both personnel and the devices utilized to communicate to the consumer. Bitner (1992) presented her conceptual framework for examining the impact of physical surroundings as it related to both customers and employees. Berry and Clark (1991) provided

validation of the physical appearance on the consumer's assessment of quality. With the research by Bitner (1990), it was noted that physical appearance might influence the consumer's level of satisfaction. "Tangibles" was one of the original dimensions that was not modified by Zeithaml, et al (1988). and include the following variables :

- Attractive buildings and physical facilities;
- The design and the internal organization of the buildings;
- Modern medical equipment and devices ;
- The appearance of the doctors and staff.

Reliability relates to the personnel's ability to deliver the service in a dependable and accurate manner. Numerous researchers, including Garvin (1987) found that reliability tends to always show up in the evaluation of service. Parasuraman, et al (1988) indicated that reliability normally is the most important attribute consumers seek in the area of quality service. It was also determined by Parasuraman, et al (1991) that the conversion of negative wording to positive wording as suggested by Babakus and Boller (1991) and Carman (1990) increased the accuracy of this dimension. Negative wording in the request for a customer response caused the customer to misinterpret this particular determinant. Walker (1995) found that if there is an adequate delivery of the basic level of service, then peripheral performance leads consumers to evaluate the service encounter as satisfactory. Reliability was one of the original dimensions not modified by Zeithaml, et all (1988), and include the following variables :

The fulfillment of providing health service in a timely manner ;

- Accuracy and lack of errors in the examination , diagnosis, or treatment ;
- The availability of different disciplines ;

- Confidence in the doctors and specialists ;
- Trying to solve the problems of the patient ;
- Maintain records and files minutes.

Responsiveness : The desire and willingness to assist customers and deliver prompt service makes up the dimension of responsiveness. Parasuraman, et al (1991) include such elements in responsiveness as telling the customer the exact time frame within which services will be performed, promptness of service, willingness to be of assistance, and never too busy to respond to customer requests. Bahia and Nantel (2000) disregarded responsiveness in their research, claiming a lack of reliability even though they recognized SERVQUAL and all of its dimensions as the best known, most universally accepted scale to measure perceived service

quality. Responsiveness was also one of the original dimensions not modified by Zeithaml, et al (1988), and include the following variables :

- Speed in the provision of health service required ;
- Immediate response to the needs of the patient , whatever the degree of preoccupation ;
- Permanent prepping for workers to cooperate with the patient ;
- Immediate response to inquiries and complaints ;
- Tell the patient the exact deadline for the completion of service from them.

Assurance : Knowledgeable and courteous employees who inspire confidence and trust from their customers establish assurance. In studies by Anderson, et al (1976), it was determined that a substantial level of trust in the organization and its abilities was necessary to make the consumer comfortable enough to establish a relationship. Parasuraman, et al (1991)

included actions by employees such as always courteous behavior instills confidence and knowledge as prime elements of assurance. Assurance replaces competence, courtesy, credibility, and security in the original ten dimensions for evaluating service quality (Zeithaml, et al, 1988), and includes the following variables :

- A sense of security in dealing ;
- Specialized knowledge and skill for physicians ;
- Literature and good manners among workers ;
- Continuity of follow-up the patient's condition ;
- The confidentiality of patient information ;
- Support and administration support for employees to perform their jobs efficiently.

Empathy : is the caring and personalized attention the organization provides its customers. Individual attention and convenient operating hours were the two primary elements included by Parasuraman, et al (1991) in their evaluation of empathy. The degree to which the customer feels the empathy will cause the customer to either accept or reject the service encounter. Empathy replaces access, communication, and understanding the customer in the original ten dimensions for evaluating service quality (Zeithaml, et al, 1988).

Showing the results of the study

Through the similarities and differences in views, taking into account the environment of the Algerian, the study identified the elements (indicators measuring) the dimensions of quality of health services: Tangibility, Reliability, Response, Safety, Empathy, And hospitality). **The Table 01** represents the dimensions of quality of health services and questions that illustrate every dimension of quality health services:

Number	Dimensions of quality health services	variable symbol	Phrases that translate key dimensions of quality of health services
1	Tangibility	X1	Buildings and rooms in the hospital where the attractive and available financial facilities
		X2	The hospital is located conveniently located within easy reach
		X3	Medical equipment and devices in the hospital modern and sophisticated
		X4	Doctors and nurses have a decent appearance and neat and clean, and uncluttered
		X5	Medicines and tests are available within the hospital
2	Reliability	X6	Is committed to the medical staff to provide medical service in a timely manner.
		X7	Available all specialties in the hospital
		X8	There are a lot of errors in the field of medical diagnosis and treatment
3	Response	X9	There accuracy in scheduling surgeries and treatment in the hospital
		X10	We have nurses quickly when patients need them
		X11	The right to request patient physician when needed
		X12	Hospital administration seeks to find out when he saw the patient leaving the hospital
4	Safety	X13	The patient feels that the hands of the safe inside the hospital

		X14	Doctors at the hospital are highly skilled in diagnosis and treatment
		X15	Accounts of patients inside the hospital is characterized by accuracy
		X16	Physician and medical staff take into account the customs and the traditions and customs of the patient
		X17	There are strict confidentiality in regards to the health condition of the patient
		X18	Hospital administration confirmed that lead doctors and staff and their duties efficiently
5	Empathy	X19	The behavior of doctors and administrators a patient with kindness
		X20	There is a personal interest of the patient's medical staff
		X21	There is a full listen to the patient's complaint by the hospital staff
		X22	There is great interest in the patient and his companions
		X23	Consider the hospital to the patient that he is always right
6	Hospitality	X24	Patient rooms are equipped with good furniture
		X25	There are services for heating , electricity and water inside the patient rooms
		X26	Meals are provided to patients in quantities and qualities of good
		X27	The hospital administration is keen boil provide comfort and calm
		X28	There is sufficient hygiene care patient rooms
		X29	There careful organization of the dates of visits within the hospital

Analysis of the results:

	questions	Measuring response									Mean	Standard Deviation	The calculated value of T	
		Ok to a great extent	OK	Ok to some extent	I do not agree	Not sure								
Tangibility	X1		1	3.70	9 4	32.1 8	28.5	9	32.14	2.3	0.85	- 3.989		
	X2		1	3.70	4 1	14.8 1	13	48.14	9	32.14	1.9	0.64	- 8.43	
	X3				6	22.2 15	62.5	6	22.2	2.4	0.76	- 3.92		
	X4				12	44.4 4	15	55.55		2.2	0.5	- 6.00		
	X5				6	22.2 16	59.25	5	18.51	2.2	0.577	- 2.064		
				1.48		27.1 5		39.68		20.99	2.24	0.66	- 10.016	
Reliability	X6	1 3. 70	3	11.1	14	51.8 5	5	18.51	5	18.51	2.27	0.678	- 2.06	
	X7		2	7.40	11	40.7 4	10	37.03	4	14.81	2.68	0.802	- 1.995	
	X8		5	18.5 1	4	14.8 1	11	40.74	7	25.92	2.88	1.013	- 0.59	
		1. 2		12.3		35.8		32.9		19.74	2.76	0.831	- 3.068	
	X9		2	7.40	8	28.5	10	37.03	7	25.9	2.44	0.711	- 3.93	
	X10		4	14.1	10	37.0	8	29.62	5	18.51	2.64	0.90	-	

				8		3								1.984
X11			7	25.9	10	37.0	5	18.51	5	18.51	3.11	0.70	00	
X12			6	22.2	3	11.1	10	37.03	7	25.92	2.64	0.99	-	1.809
											2.67	1.106	-	2.874
X13			2	7.40	8	29.6	10	37.03	4	14.81	2.92	0.99	-	0.440
X14			2	7.40	10	29.6	8	29.92	3	11.11	2.97	0.862	-	0.464
X15			3	11.1	10	29.6	7	25.92	6	22.22	3.16	0.850	-	0.941
X16	1	3.	2	7.40	14	51.8	5	18.51	5	18.51	3.1	0.850	-	0.194
X17	1	3.			16	59.2	3	11.11	7	25.92	3.04	1.019	-	0.196
X18					8	29.6	10	37.07	9	32.7	2.48	0.822	-	0.641
X19		1.		5.5		38.5		26.53		20.85	2.92	0.818	-	0.641
X20			2	7.40	6	22.2	11	40.7	8	29.62	2.84		-	0.941
X21	1	3.			5	18.5	10	37.03	11	40.7	2.32	0.852	-	4.571
X22			2	7.4	7	25.9	9	32.7	9	32.9	2.96	0.640	-	0.214
X23			5	18.5	8	29.6	4	14.81	10	37.03	2.64	0.766	-	3.098
		0.		0.74		22.9		36.67		33.23	2.64	0.766	-	
		74				5								

													3.286	
X24		2	7.04	2	7.04	11	44.4	13	48.13	1.96	0.577	-	11.438	
X25		2	7.04				40.7	12	44.4	2.24	0.77	-	4.87	
X26						3.70	13	48.12	13	48.13	1.56	0.678	-	11.066
X27		1	3.70			10	37.03	16		1.56	0.802	-	6.363	
X28					3	11.1 1	14	51.85	10	37.03	2.24	1.013	-	10.647
X29		1	3.70	1	3.70	11	40.7	14		1.08	0.500	-	18.851	

T =1.703**n=27****sig=0.05**

Source:Table prepared by the researcher, based on the outputs by spss

Through the table illustrated above include the following :

1 - **tangibility** : the percentage of agreement individual respondents on this dimension (1.48 %) as the mean of the paragraph tangibility reached 2.24 and the standard deviation (0.66) , and ranged circles computational subparagraphs between (1.99) and (2.4), all of which are less than the middle hypothesis (3) which shows that the hospital in question does not attach importance to after tangibility , where not characterized by the hospital hygiene and sterilization as the Buildings hospitalized older and do not have the physical facilities in addition to the lack of medicines and analysis within the hospital , the value of t calculated after tangibility (- 10.016), which is less than the calculated value of t the (1.703) and therefore rejected the hypothesis which states that the possibility of the availability of the dimensions of quality of health services related to tangibility in the hospital under study .

2 - **Reliability** : As shown by the table that the percentage of spending individual respondents on this dimension was (13.53 %) as was the mean of the paragraph reliability (2.76) and standard deviation (2.88), all of which are less than the middle hypothesis (3) , which indicates a lack of the ability of the hospital in question to provide reliable service , where not available in the hospital all the competencies required also does not adhere to the medical staff and the nursing staff to provide timely service to the patient , as the value of t calculated (- 3.068) which is less than the value of t . tabular amount (1.703) . this confirms the validity of the hypothesis where the second tier is not available in the hospital under the dimensions of quality health words .

3 - **the response** : shows through the table that the percentage of agreement individual

respondents on this dimension (6.3%) and the percentage of the lack of agreement on this dimension (47.38 %) as the mean of the paragraph response (2.67) and standard deviation (1.106), and ranged circles calculations for all subparagraphs between (2.44) and (2.64) and are all less than the middle hypothesis (3) , which shows that the hospital under study is not characterized by fast response for patients where there exists nurses quickly when severe to them , as there are no precise the dates of surgeries and treatment , and the T. calculated after the response was (-2.874) which is less than the value of T. tabular amount (1.703) , and therefore not valid as the third sub- hypothesis is not available in the hospital under study dimensions of quality of health services for the response .

4 - Security: the percentage of the agreement to members of the respondents on this dimension (6.8%), while the proportion of non- agreement of the members of the respondents on this dimension (47.38 %) as was the mean of the paragraph safety (2.92) and standard deviation (0.881) , have ranged circles calculations subparagraphs between (2.36) and (2.84), all of which are less than the middle hypothesis (3) , which means that the patient does not feel it's in the hands of Amina , and do not possess the accounts of the hospital precise as that T. calculated after safety was (-0.641) which is less than T. tabular value of \$ (1.703) , which means no hypothesis fourth dimension and the lack of quality health services in the hospital under security-related .

5 - empathy : the percentage of the agreement to members of the research sample (8.14 %) , and the percentage of the lack of agreement (69.9 %) was achieved paragraph of empathy the center of my account was (2.64) and standard deviation (0.766) , and ranged circles computational subparagraphs between (2.96) and (2.44), all of which are less than the middle hypothesis (3) , which means that the medical staff and nursing is not characterized by kindness with patients , as there are no specific destination within the hospital heard the complaints of the patients , The value of v calculated after empathy (-3.286) It is less than the value of T. spreadsheet (1.703) , and thus lack the fifth hypothesis which states that the possibility of the availability of the dimensions of quality of health services for the sympathy in the hospital under study .

6- hospitality : seen through the table that the percentage of agreement of the members of the respondents within the hospitality (2.40 %), while the ratio was not the lack of agreement (76.05 %) was the mean of the following hospitality (1.946) and standard deviation (0.58) , while ranged circles calculations subparagraphs of this dimension between (1.56) and (1.96), all of which are less than the middle hypothesis (3) which shows that the hospital under study are not available where a good quality of furniture also does not have the refrigeration service and rooms of patient , the value of t calculated after hostility (-18.851) which is less than the value of t. tabular amount (1.703) , which means no hypothesis sixth rejected any are not available in the hospital under study dimensions of quality of health services related of hospitality .

Conclusion

This paper measures of the dimensions of quality of health services provided by the hospital Bechar, and so addressing standards to measure the degree of quality of health services provided by the hospital, This can be illustrated most important findings of the study in the following points:

- There is a lack of agreement about the availability of respondents dimensions of quality health services ,
- The lack of tangibility after regarding the quality and timeliness of the rooms and the cleanliness of the hospital and the availability of modern techniques and devices in the hospital Bechar .
- Lack of response from the medical staff and the nursing of patients , and the lack of response to their complaints ,
- A low level of quality services empathy with the patient by the medical staff in the hospital ,
- Not available all medical specialties as medicines are not available in the hospital ,
- Many of the staff at the reception and public relations at the hospital under study do not have good moral character in the treatment of patients and their companions.

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