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A Multidimensional Assessment of Healthcare Quality in Erbil: A Cross-Sectional Study Among Health Professionals

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Abstract: This cross-sectional study aimed to assess the multidimensional reality of healthcare service quality at Hawler Medical University Hospital in Erbil, Iraq, from the perspective of health professionals. The specific objectives were to evaluate the availability of established healthcare quality dimensions (Responsiveness, Reliability, Assurance, Tangibles, Empathy), measure patient satisfaction with provider roles and service accuracy, and identify key obstacles hindering service delivery. A descriptive-analytical methodology was employed, utilizing a structured questionnaire distributed to a purposive sample of 145 health professionals. Results revealed a significant deficiency in quality dimensions, with an overall mean agreement of 2.05, indicating their general unavailability. Patient satisfaction was low (mean=2.06), and major obstacles, including administrative bureaucracy (mean=4.24) and inadequate infrastructure (mean=4.21), were strongly affirmed. The study concludes that healthcare quality at the studied hospital does not meet established standards, primarily due to systemic barriers. It recommends urgent administrative reforms, infrastructure investment, and enhanced training to improve service quality.

Keywords: Healthcare Quality; Service Dimensions; Patient Satisfaction; Obstacles; Erbil Cross-Sectional Study

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1. Introduction

Developing nations such as Iraq are presently seeing several transformations in administration and the implementation of contemporary administrative principles to attain their objectives quickly and effectively. [1] These developments include heightened global competitiveness among productive institutions and expedited technical advancement across diverse sectors worldwide. Total Quality Management is regarded as a contemporary administrative idea that production organizations prioritize and execute in their plans. It also facilitates an appropriate environment and enables the employment and utilization of individuals' capabilities and skills inside the institution. [2] The implementation of this concept has since expanded to encompass diverse service institutions. The emphasis on service quality is comparable to, or may even surpass, the emphasis on product quality in numerous countries, particularly in industrialized nations. Nevertheless, healthcare quality has garnered more focus than other services, as it pertains to human health and life—a paramount value on Earth [3]. This focus on healthcare quality has manifested

through specialists delineating the parameters of healthcare quality, which act as metrics for assessing the standard of healthcare quality. Given the scarcity of research on healthcare quality dimensions in Iraq, specifically in Erbil, we deemed it pertinent to investigate the potential for establishing and enhancing the quality of healthcare services in the hospitals examined in Erbil, Kurdistan Region, Iraq.

2. Research Problem

The nature of healthcare services necessitates strict and precise specifications, and non-compliance with these requirements results in serious consequences, particularly as it impacts all sectors. Failure to adhere to the mandated quality of healthcare services results in elevated expenses and detriments, especially for human health. This study aims to assess the quality of healthcare in the examined health organizations by evaluating the dimensions of healthcare quality [4]. The aspects of healthcare quality are essential for attaining the objectives of health and therapeutic organizations, including enhancing the quality of healthcare services and increasing their responsiveness to societal needs. [5] Considering the significant focus on healthcare quality dimensions by authors in hospital management, due to its implications for human life and the scarcity of research on this subject in Iraq, particularly in Erbil, Kurdistan Region, Iraq, we deemed it pertinent to explore this topic within a medical hospital in Erbil. From this perspective, the research problem can be delineated through the subsequent primary inquiry:
What is the actual state of healthcare quality in medical hospitals inside the Erbil, Kurdistan Region, Iraq, from the viewpoint of healthcare providers?

Research Questions: Within the framework of this study, the research problem will be addressed through the following questions:

1. Are the dimensions of healthcare quality available in the hospital under study?

2. What is the level of satisfaction of beneficiaries (patients) with the role of service providers and the accuracy of their delivery of healthcare services in the hospital under study?

3. What are the difficulties that hinder the work of service providers and medical staff in the healthcare field?

Importance of the Study: The importance of this study is highlighted in the following:

1. Studying and analysing the reality of health organizations and their ability to face current and renewed crises and challenges.

2. Contributing to increasing awareness among leaders, administrators, and workers in the health sector about the dimensions of healthcare quality and their importance for health organizations, as well as their importance for how to deal with the development and enhancement of human resources in such organizations, considering healthcare quality as an important tool in facing the challenges and changes confronting these organizations, their employees, leaders, and managers.

3. Contributing to serving the local community by focusing on healthcare and social care facilities and the tools for their development and enhancement. Institutions in developing countries, especially Arab countries including Iraq, seek to achieve developmental and reformative goals for society in all service fields to keep pace with global change.

Objectives of the Study: The study aims to achieve the following objectives:

1. Identifying the actual role played by service providers and medical staff in the field of healthcare services.

2. Evaluating and diagnosing the dimensions of healthcare quality in the medical hospital under study.

3. Determining the hospital most responsive to the dimensions of healthcare quality in order to establish them.

4. Identifying the obstacles facing hospitals in general while providing healthcare services.

5. Introducing the concepts of healthcare management and reaching the most important proposals to reduce the difficulties faced by specialists in healthcare and services.

Concept of Healthcare: Healthcare serves as the first point of contact within the health-care system for all emerging needs and issues, providing continuous individualized care, accommodating the majority of cases except for highly unusual ones, and facilitating coordination and integration with care provided by other providers [6]. Furthermore, basic healthcare is a critical component of the state's health system, acting as the primary role and focal point for overall social and economic development in the community. Primary healthcare addresses core health issues, providing both preventive and therapeutic interventions [7].

Concept of Service: Service refers to a set of benefits supplied to each individual based on their request and preference. In this context, service has been described as "every activity that creates value and gives a positive addition to the client at a specific time and place, and brings about a desired positive change for this client." It has also been defined as "any activity or benefit that one party may provide to another that is essentially intangible and does not result in something tangible.[8]" Its manufacturing may or may not be associated with a tangible product. Service is likewise defined as "an activity performed or offered to satisfy a specific need of the service requester, whether performed or offered for a certain amount, such as banking and hotel services, or offered for free, such as educational institution services and government health centers."

Health Service System and How It Is Provided: Health service is defined as "the benefit or set of benefits provided to the beneficiary that they receive upon obtaining the service, which achieves for them a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity [9]." Healthcare services are often provided through medical centers and hospitals, and they consist of three sub-stages that are highly intertwined and increasing [10]. The conditions of healthcare services within the national or local healthcare system can be classified through the main classification of the three subsystem forms: primary care, secondary care, and tertiary care, as shown in Figure (1).

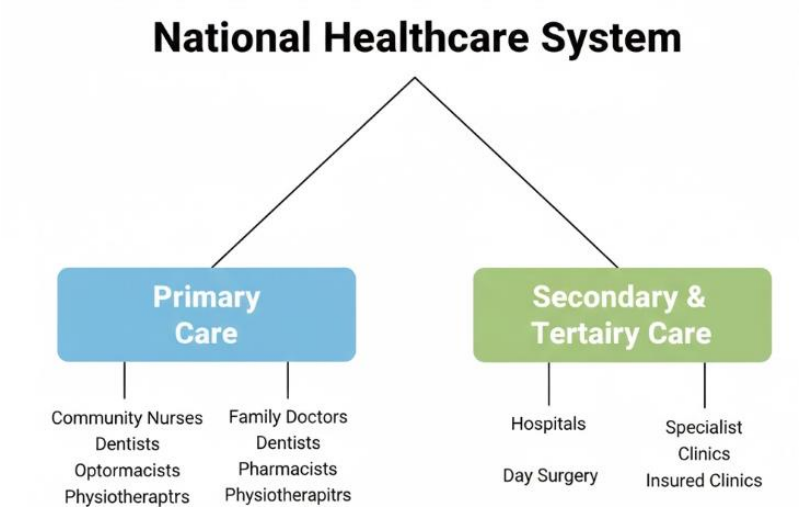

Figure (1) illustrates the levels of healthcare service within the healthcare system.

Primary healthcare is delivered by health professionals, including family doctors, dentists, pharmacists, opticians, nurses, and physiotherapists. These professionals provide health services in close proximity to where beneficiaries reside, making them accessible to all segments of society [11]. Secondary healthcare services are typically provided in hospitals in more developed countries, although this is now beginning to change with greater flexibility in where some of these services are delivered. In any case, secondary care can be described as "the treatment of health problems on a referral basis, generally seen as inpatient and curative in nature." The tertiary level of healthcare requires more specialized care, provided by a broad base of experienced and highly skilled specialists and consultants, which cannot be delivered by primary or secondary care providers [12]. These services are usually offered in large centers and hospitals serving a larger regional population.

Quality: is one of the important strategies for achieving excellence and sustainability in institutions, whether productive or service-oriented. To understand what is meant by quality, we address the following definitions: Quality can be defined from the customer's perspective as being linked to their satisfaction and meeting their needs. It is the result of a comparison between the level of service or product they expect to receive and the level of service actually received.

The Concept of Healthcare Service Quality: The concept of healthcare service quality is one of the most important and vital factors in medical and health institutions, helping them achieve stability, enhance competitiveness, and secure long-term superiority [13]. Definitions related to the concept of healthcare quality have varied, with no general consensus among those interested in this topic on a single, accepted definition, as each views the concept from a particular angle. Quality in healthcare services has been defined as "everything related to the patient's affairs and commitment to the quality of service provided to them through continuous research and selecting the best methods to satisfy their needs and desires [14]." It has also been defined as "a standard for the degree to which the actual performance of the health service matches patients' expectations." Furthermore, healthcare quality is "the application of preventive procedures provided by healthcare systems and their affiliated institutions to all members of the community in general, aiming to raise the community's health level, prevent the occurrence and spread of diseases, and always work to promote and maintain public health." The term "healthcare service quality" refers to a collection of planned policies and procedures that are intended to provide healthcare services to beneficiaries in an objective manner, contributing to opportunities to improve patient care and solve emerging problems scientifically through employees in medical or health hospitals who use their knowledge, skills, and available healthcare techniques to ensure the best results are achieved at the right time and place with the lowest possible cost [15]. Considering the aforementioned, it can be concluded that healthcare quality programs should be defined by offering a way to guarantee that the quality of healthcare services that patients receive aligns with the previously established standards. Additionally, these programs should be created to safeguard the beneficiaries and enhance the quality of care that the health organization provides.

Objectives of Healthcare Service Quality:

1. Ensuring the mental and physical health of beneficiaries.

2. Providing health services with distinguished quality that achieves beneficiary satisfaction and increases their trust in the medical institution they visit.

3. Developing and improving communication channels between healthcare providers and beneficiaries.

4. Improvement in healthcare quality is an indicator of beneficiary trust and satisfaction.

5. Achieving better productivity levels, as reaching the required level of healthcare provided to beneficiaries is the primary goal of applying quality.

Dimensions of Healthcare Service Quality

A number of writers have agreed that the dimensions of healthcare service quality are: Responsiveness, Reliability, Assurance (Safety), Tangibles, and Empathy. Given that this classification covers all characteristics of healthcare service quality, we have adopted these dimensions [16] in our research.

1. **The Responsiveness Dimension:** The ability and quickness with which the service provider responds to requests and questions from beneficiaries is referred to as responsiveness. It shows the readiness or eagerness to assist the client and deliver timely service [17]. The degree of a service provider's ongoing capacity, willingness, and preparedness to offer assistance to recipients when they require it is referred to as responsiveness in the context of health services. It refers to offering genuine support in providing services to all beneficiaries (patients), irrespective of their background, origin, or condition. In the health care industry, responsiveness refers to the readiness to assist the client and offer prompt service. It refers to how quickly service providers respond to the beneficiary's unforeseen or particular demands. Given the foregoing, it can be claimed that the responsiveness dimension of healthcare quality refers to the capacity of employees of health

organizations to act swiftly in order to help beneficiaries, promptly address any questions from patients and other parties, and promptly finish and deliver medical services when required.

2. **The Reliability Dimension:** The ability of healthcare providers to offer the promised health service with a high degree of precision and correctness, as well as in a dependable way, is known as reliability. It also refers to the service provider's capacity to deliver the service precisely and consistently [18]. It also refers to the capacity to carry out or provide the promised service with precision and dependability. The capacity of healthcare professionals to successfully carry out the necessary function under typical operating conditions and for a predetermined amount of time is referred to as reliability in the context of health services. Given the foregoing, it is clear that the reliability dimension in the sphere of health services refers to the capacity of the health organization to deliver and carry out health services for its beneficiaries at the designated time with precision, dependability, and high quality.

3. **The Assurance (Safety) Dimension:** Safety in the healthcare field results from patients' trust in doctors and hospital staff, and trust in their qualifications and capabilities. It can be said that safety and trust, as one dimension of healthcare quality, refers to the attributes possessed by workers, such as knowledge, ability, and confidence in providing service. Criteria for evaluating healthcare quality according to this dimension include the hospital's high reputation and standing, the exceptional training and expertise of physicians and nurses, as well as the character traits of employees [19].

4. **The Tangibles Dimension:** The actual facilities that the health organization has access to, as evidenced by its materials, personnel, and equipment, are referred to as tangibles. Buildings, information technology, communication tools, equipment required to provide services, employees' outward appearance, and the internal organizational structure of the health organization are all considered aspects of service tangibles [20]. The beneficiary may frequently assess the service based on the formal or fundamental features that go along with it. The physical facilities that encourage beneficiaries to utilize and return to the same healthcare provider are referred to as the tangibles dimension, as can be seen from the above. In addition to the appearance and cleanliness of health facilities, this also includes the style and modernity of the technology, equipment, medical, laboratory, radiological, nursing, and other tools, as well as the building's exterior, comfort, and entertainment options, such as educational medical programs that use projectors, educational materials, and books. It also covers the hospital's aesthetics, design, and internal organization, as well as the staff's hygiene and proper clothing, furniture appearance, and décor.

5. **The Empathy (Affective Aspects) Dimension:** Empathy refers to the attention and personal human care that the health organization provides to its customers. It also evokes attention and the degree of personal care and consideration for the beneficiary, interest in their problems, and working to find solutions for them in a humane, refined, and appreciative manner. Empathy also means placing the beneficiaries' interests at the forefront of the workers' and management's concerns, providing personal care for each of them, feeling empathy for the service requester when they face a problem, and respecting the habits and traditions of beneficiaries. In light of the above, it can be said that the empathy dimension refers to the extent of the service provider's ability to identify and understand customers' needs and provide them with the necessary care and attention [21].

Quality Indicators and Measures: For a service institution to provide a service that may align with the expectations of its beneficiary public and meet their needs, the institution must identify the measures and indicators that beneficiaries rely on to judge the quality of the service provided to them. The most important measures relied upon in interpreting service quality are as shown in the following table 1:

Table (1): Measures and Indicators of Service Quality

Indicator	Measures / Metrics
Service	- Degree of service provision efficiency. - Availability of modern service means. - Provider interaction with complaints and suggestions.
Quality	- Number of complaints about service provision. - Service provision in a healthy manner. - Information and communication technology.
Provider (Staff)	- Interaction with public/private sector in service provision. - Provider credibility.
Tangibles	- External organizational environment and facility location. - Waiting areas and comfort facilities. - Provider's verbal communication skill.
Empathy (Human Aspects)	- Provider's attention and respect for beneficiary traditions. - Awareness of beneficiary needs from the service. - Public's interaction with the service. - Feeling of care and attention from management.

3. Field Study

3.1. Methodological Procedures and Data Analysis

3.1.1. Study Methodology

The researcher employed the descriptive-analytical method to achieve study objectives and answer its questions. This method studies phenomena as they exist in reality, provides accurate description, and expresses them qualitatively or quantitatively. Qualitative expression describes the phenomenon and its characteristics, while quantitative expression provides a numerical description showing its magnitude, size, and correlation with other phenomena. The descriptive method extends beyond mere description to identifying relationships between variables affecting the phenomenon and predicting its outcomes.

3.1.2. Data and Information Collection Methods

The researcher relied on the following methods to collect data and information for the theoretical and field aspects to reach results and conclusions:

1. Consulting numerous Arabic and foreign sources related to the research topic to cover the theoretical aspect and support the field aspect.
2. **Questionnaire Form:** The researcher used a questionnaire form as a primary tool to obtain in-depth data and information for the field aspect. Statements related to the variable "dimensions of health service quality" were formulated based on the views and studies of various scholars.

3.2. Study Population and Sample

3.2.1. Study Population

The study population consists of all specialists in the health field and patients present during the study period within Hawler Medical University Hospital. The population size was 360 individuals from January 2023 to December 2023. Due to the large population size, the researcher limited the study to one hospital: Hawler Medical University Hospital. Reasons for selecting this hospital include: it provides health services to all community members; it is a relatively large government health facility in Erbil; it offers comprehensive medical specializations and services; it hosts a large number of health specialists and patient visitors; it is relatively well-equipped with modern devices, equipment, and technology in health services and care; and it has a health and medical staff with relatively good experience and skills.

3.2.2. Study Sample

Given the large target population, the researcher selected a purposive sample from the population to conduct the study. The study sample consists of specialists and health service providers involved in the study at Hawler Medical University Hospital. Using statistical methods, the sample size was determined to be 180 individuals—a simple random sample. The researcher distributed 180 questionnaires and retrieved 150. After review, 5 were excluded due to incompleteness, resulting in 145 valid questionnaires, a response rate of 93.55%.

3.2.3. Statistical Processing Methods and Data Collection Tool Application Procedures

To analyze the collected data, several appropriate statistical methods were used via the SPSS software package. For the five-point Likert scale used in the study axes, the range was calculated (4 = 5 - 1), then divided by the number of scale points to get the correct cell length (0.80 = 4 / 5). This value was added to the scale's lowest value (1) to determine the upper limit for that cell. Thus, the cell ranges became:

- From 1 to 1.80: Represents (Strongly Disagree / Strongly Dissatisfied).
- From 1.81 to 2.60: Represents (Disagree / Dissatisfied).
- From 2.61 to 3.40: Represents (Neutral / Moderately Satisfied).
- From 3.41 to 4.20: Represents (Agree / Slightly Satisfied).
- From 4.21 to 5.0: Represents (Strongly Agree / Highly Satisfied).

To achieve study objectives, the researcher designed a questionnaire to collect field data from the sample. This was done after reviewing most literature related to the concept of health service quality dimensions and previous similar studies. The research tool was developed based on the theoretical review and related studies, using a five-point Likert scale. Item weights were determined as shown below, with the table prepared by the researcher.

Table (2): Likert Scale Weights and Categories

Agreement Level	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
Satisfaction Level	**Highly Satisfied**	**Slightly Satisfied**	**Moderately Satisfied**	**Dissatisfied**	**Strongly Dissatisfied**
Cell Range	4.21 to 5.0	3.41 to 4.20	2.61 to 3.40	1.81 to 2.60	1 to 1.80
Implied Weight	100%	80%	60%	40%	20%

4. Presentation, Analysis of Study Data, and Discussion of Results

4.1. Description of Study Sample Individuals

This study is based on several independent variables related to the personal and professional characteristics of the sample individuals: gender, age, service duration, and educational qualification. Based on these variables, sample characteristics are outlined below.

Table (3): Distribution of Study Sample Individuals by Gender

Gender	Frequency	Percentage (%)
Male	101	69.66%
Female	44	30.34%
Total	**145**	**100%**

Table (3) shows that 101 individuals (69.66%) of the sample are male, the larger category, while 44 individuals (30.34%) are female.

Table (4): Distribution of Study Sample Individuals by Age

Age	Frequency	Percentage (%)
Under 35 years	33	22.76%
From 35 to less than 45 years	52	35.86%
45 years and over	60	41.38%
Total	**145**	**100%**

Table (4) indicates that 60 individuals (41.38%) are aged 45 and over, the largest category. 52 individuals (35.86%) are aged 35 to less than 45, and 33 individuals (22.76%) are under 35.

Table (5): Distribution of Study Sample Individuals by Service Duration

Service Duration	Frequency	Percentage (%)
Less than 10 years	34	23.45%
From 10 to less than 15 years	36	24.83%
15 years and over	75	51.72%
Total	**145**	**100%**

Table (5) shows that 75 individuals (51.72%) have service durations of 15 years and over, the largest category. 36 individuals (24.83%) have 10 to less than 15 years, and 34 individuals (23.45%) have less than 10 years.

Table (6): Distribution of Study Sample Individuals by Educational Qualification

Educational Qualification	Frequency	Percentage (%)
Health Technical Secondary	35	24.14%
Technical Institute Diploma	44	30.34%
Bachelor's Degree (Medical & Other)	58	40.00%
Master's Degree	8	5.52%
PhD	0	0.00%
Total	**145**	**100%**

Table (6) indicates that 58 individuals (40.00%) hold a Bachelor's degree (medical and other), the largest category. 44 individuals (30.34%) hold a Technical Institute Diploma, 35 individuals (24.14%) have a Health Technical Secondary qualification, and 8 individuals (5.52%) hold a Master's degree.

4.2. Results Related to Study Questions

4.2.1. Question One: Are the dimensions of health service quality available in the hospital under study?

To identify the availability or feasibility of establishing health service quality dimensions in the hospital under study, frequencies, percentages, arithmetic means, standard deviations, and ranks for sample responses were calculated. Results are shown in Table (7) below.

Table (7): Sample Individuals' Responses Regarding the Availability of Health Service Quality Dimensions in the Hospital Under Study

#	Statement	SD	D	N	A	SA	Mean	Std. Dev.	Rank
1	The hospital provides health services to patients on time, correctly, and with a high degree of accuracy.	25	80	15	14	11	2.35	0.69	1
2	The hospital has all required health specializations.	22	79	19	13	12	2.41	0.65	2
3	The hospital shows special concern for patient problems and inquiries.	35	75	16	14	5	2.17	0.67	3
4	The hospital has suitable, healthy, and adequate physical facilities.	36	75	10	15	9	2.21	0.63	4
5	The hospital places beneficiary (patient) interests at the forefront of management and staff concerns.	12	99	23	6	5	2.26	0.61	5
6	Hospital staff continuously monitor patient conditions.	48	56	12	29	-	2.15	0.67	6
7	Hospital staff possess appropriate knowledge, skills, and health/administrative experience.	15	110	7	10	3	2.14	0.59	7
8	Hospital staff maintain a high degree of cleanliness, good appearance, and attire.	34	80	11	18	2	2.13	0.60	8
9	The hospital responds immediately to beneficiary inquiries and complaints.	70	32	6	30	7	2.11	0.64	9

10	Hospital staff show permanent readiness to cooperate with patients.	60	39	25	11	10	2.12	0.61	10
11	Hospital staff show understanding and cooperation with patients regarding their personal and social circumstances.	58	52	26	6	3	1.92	0.71	11
12	The hospital possesses modern technical equipment, devices, and tools.	61	60	10	7	7	1.89	0.69	12
13	Hospital management simplifies work procedures as much as possible to ensure speed and fluidity in health service delivery.	65	58	6	8	8	1.87	0.63	13
14	Beneficiary patients feel safe when dealing with the hospital.	77	51	10	7	-	1.63	0.65	14
15	The hospital respects prevailing community customs, traditions, and norms.	101	30	9	5	-	1.43	0.61	15

SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly Agree. Table prepared by the researcher.

The results indicate that the sample individuals **disagree** on the availability of health service quality dimensions in the hospital under study, with an overall mean of 2.05 (out of 5). This mean falls within the second category (1.81 to 2.60) of the five-point scale, indicating the "Disagree" option.

Specifically, respondents disagreed with thirteen statements (Nos. 1, 2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15) regarding the feasibility of establishing quality dimensions, with means ranging between 1.43 and 2.35 (within the "Disagree" category). Statements were ranked in descending order based on responses.

Statement No. 14 ("Beneficiary patients feel safe when dealing with the hospital") ranked fourteenth in agreement level, with a mean of 1.63 and a standard deviation of 0.65. Statement No. 15 ("The hospital respects prevailing community customs, traditions, and norms") ranked last (fifteenth), with a mean of 1.43 and a standard deviation of 0.61.

Conclusion: The results indicate that the dimensions of health service quality (Reliability, Responsiveness, Assurance, Tangibles, Empathy) **are not available** in Hawler Medical University Hospital. The proportion of positive responses was weak, suggesting the current infeasibility of establishing these dimensions in the studied hospital.

4.2.2. Question Two: What is the level of beneficiary (patient) satisfaction regarding the role of service providers and the accuracy of their service delivery in the hospital under study?

Table (8): Sample Individuals' Responses Regarding Patient Satisfaction with the Role and Accuracy of Service Providers

#	Statement	SD	D	N	A	SA	Mean	Std. Dev.	Rank
16	Patients are satisfied with the accuracy of health service delivery.	35	65	15	20	10	2.03	0.65	4
17	Patients are satisfied with the professional conduct of health service providers.	45	55	25	15	5	2.17	0.67	2
18	Patients are satisfied with the service providers' response to their needs.	40	70	18	8	9	2.14	0.59	3
19	Patients are satisfied with the administrative procedures followed in receiving the service.	47	69	15	10	4	2.00	0.64	6
20	Providers help patients choose the best treatment according to their circumstances.	12	65	18	25	25	2.90	0.69	1
21	Patients are satisfied with the time taken to receive the health service.	49	71	8	11	6	1.99	0.80	7
22	Patients are satisfied with the level of cooperation from health service providers.	57	73	5	10	-	1.78	0.77	9
23	Patients are satisfied with the clarity of information provided by health service providers.	61	75	-	4	5	1.74	0.73	10

24	Patients are satisfied with the attention and care received from health service providers.	49	72	5	12	7	2.01	0.62	5
25	Patients are satisfied with the environment and atmosphere during service reception.	50	70	9	10	6	1.79	0.79	8
	Overall Mean						**2.06**		

SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly Agree. Table prepared by the researcher.

The results show that the sample individuals are **dissatisfied** with the role of service providers and the accuracy of their healthcare service delivery in general, with an overall mean of 2.06. This falls within the second category (1.81 to 2.60) of the five-point scale, indicating the "Dissatisfied" option.

There was variation in dissatisfaction levels regarding the role and accuracy of providers across healthcare centers, with means ranging from 1.99 to 2.90. These fall within the scale's second category ("Dissatisfied"), indicating varied dissatisfaction. Sample individuals were dissatisfied with the roles of health service providers in Hawler Medical University Hospital, as reflected in statements (Nos. 16, 17, 18, 19, 21, 24), ranked in descending order of dissatisfaction.

Furthermore, respondents were **strongly dissatisfied** with three statements (Nos. 22, 23, 25) related to provider roles and accuracy in healthcare, with a mean of 1.77 (falling in the fifth category, 1 to 1.80), indicating "Strongly Dissatisfied." These were ranked in descending order. Statement No. 20 ("Providers help patients choose the best treatment according to their circumstances") ranked first in terms of satisfaction level, with a mean of 2.90 (category three: "Moderately Satisfied") and a standard deviation of 0.69.

Conclusion: The results indicate that most roles of health service and medical care providers in Hawler Medical University Hospital **do not receive satisfaction from beneficiaries (patients).**

4.2.3. Question Three: What are the difficulties hindering the work of service providers and medical staff in the health field in general?

Table (9): Sample Individuals' Responses Regarding Difficulties Hindering the Work of Health Service Providers

#	Statement (Difficulty)	SD	D	N	A	SA	Mean	Std. Dev.	Rank
26	Lack of financial allocations for health service.	-	7	21	62	55	4.14	0.82	4
27	Administrative complications and bureaucracy in health service work.	-	5	15	65	60	4.24	0.57	1
28	Shortage in the number of medical and health personnel.	9	10	18	63	45	3.86	0.85	6

29	Lack of significant interest in health research and accurate evaluation.	15	13	15	72	30	3.61	1.07	8
30	Lack of social and moral incentives for health sector workers.	7	9	25	69	35	3.80	1.04	7
31	Lack of continuous training and development for health service providers.	-	18	16	36	75	4.16	0.97	3
32	Lack of a clear and specific quality control system for health service providers.	-	8	10	86	41	4.10	0.69	5
33	Inadequate infrastructure (buildings, equipment, devices) for health service.	1	2	7	90	45	4.21	0.85	2
	Overall Mean						**4.02**		

SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly Agree. Table prepared by the researcher.

The results indicate that the sample individuals **agree** on the existence of obstacles hindering the work of health service providers in the medical field in general, with an overall mean of 4.02. This falls within the second category (3.41 to 4.20) of the five-point scale, indicating the "Agree" option.

There is variation in the level of agreement on obstacles, with means ranging from 3.61 to 4.24 (within the "Agree" category). Respondents agree on the existence of difficulties hindering the work of health service providers in Hawler Medical University Hospital, as reflected in statements (Nos. 28, 29, 30, 31, 32), ranked in descending order of agreement. Furthermore, respondents **strongly agree** on two obstacles (Nos. 27, 33), with a mean of 4.23, ranked in descending order.

Conclusion

The results indicate that all sample individuals strongly agree/agree on the existence of difficulties and obstacles hindering the work of health service and medical care providers in Hawler Medical University Hospital.

5. Study Recommendations

Based on the study's findings, the following recommendations are proposed:

1. Urge specialists and health service providers to adhere to the duties outlined in the executive regulations governing the health service profession.
2. Encourage hospital administrations, particularly in the studied hospital, to embrace and deepen the concepts of Health Administration and Hospital Management as they relate to health service quality and its dimensions, given their significant contribution to enhancing the hospital's capacity to provide high-quality, distinctive services to beneficiaries.
3. Strengthen health awareness among health service providers in the studied hospital and beneficiary patients regarding the concept, objectives, and dimensions of health service and medical care quality, as they pertain to human life.
4. Increase the administration's focus on establishing the dimensions of health service quality and strive to achieve them more effectively than the current state.
5. Call upon workers in hospitals, healthcare centers, and health staff in general to increase attention to beneficiaries (patients and others), prioritizing the efficient achievement of health

service quality dimensions to create a positive and favorable impression of the hospital and its healthcare administration.

6. Urge the administrative units and corresponding healthcare centers in the studied hospital to diligently seek to provide modern medical devices, equipment, and infrastructure that align with contemporary requirements and patient needs. This aims to deliver flexible, high-quality health services and reduce patient travel abroad seeking health services due to a lack of modern diagnostic equipment.

7. Emphasize to hospital administration the necessity of keeping pace with scientific developments related to health services.

8. Ensure sufficient financial allocations for health services and medical care.

9. Work on developing the skills and raising the efficiency of health staff professionally and scientifically.

10. Provide an adequate number of medical specialists according to the services offered by the medical center.

11. Encourage health staff to specialize in healthcare facility management by guiding them to enroll in technical medical and nursing institutes, and pursue university and higher studies.

12. Work to overcome administrative, organizational, technical, and environmental difficulties and obstacles faced by specialists and service providers in the health and medical field.

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