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TOWARDS IMPROVING HEALTHCARE QUALITY: A COMPARISON OF PATIENT SATISFACTION IN PUBLIC AND PRIVATE HEALTH SECTORS

ABSTRACT: *This study aims to compare patient satisfaction with the quality of health care in two selected Palestinian hospitals, one governmental (Palestine Medical Complex) and the other private (Al-Arabi Hospital for Specialized Care), through a comparative analytical approach using the quantitative method, relying on the SERVPERF model, which measures five dimensions of quality: Tangibility, dependability, responsiveness, assurance, and empathy. Data were collected from a sample of (n=390) patients and visitors from both hospitals using a standard questionnaire. The results revealed that patient satisfaction was generally average, with the government hospital showing a relative superiority. It is clear from this study that human communication and the behavior of the medical staff represent A fundamental determinant of patient satisfaction, the impact of which may exceed the availability of financial resources. The study recommends developing health policies to improve service quality, enhance the efficiency of medical and administrative teams, modernise infrastructure, and adopt a national model for measuring patient satisfaction appropriate to the Palestinian context.*

KEYWORDS: *comparative analysis, healthcare quality, Palestinian hospitals, public and private sector, SERVPERF.*

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INTRODUCTION

In light of the ongoing increase in demand for healthcare services, measuring the quality of these services has emerged as an essential tool for improving performance and directing health policies toward better outcomes for citizens. The quality of healthcare is a core pillar for achieving the Sustainable Development Goals, especially the third goal, which aims to ensure “good health and well-being for all” (Gizaw et al., 2022). Modern health systems are increasingly paying attention to the organizational quality of care, which includes the

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responsiveness of medical staff, the efficiency of administrative procedures, and patient satisfaction with services provided (Agarwal et al., 2021; Ferreira et al., 2023).

Healthcare institutions have made significant efforts to develop and improve services (Ali et al., 2023; Kumah et al., 2020; Van Schoten et al., 2016), aiming to enhance performance levels and ensure citizen satisfaction (Talib et al., 2011). As a result, measuring the quality of healthcare services has become a vital concern in both public and private sectors (Alijanzadeh et al., 2016; Strauss and Schoeman, 2022). In particular, the public sector requires continuous evaluation and development efforts to ensure the provision of effective services (Kruk et al., 2018; Li and Shang, 2019; Zamil and Areiqat, 2022).

Improving the quality of healthcare services necessarily depends on measuring performance accurately and addressing weaknesses (Endeshaw, 2021; Javaid et al., 2024; Oldland et al., 2020). Although healthcare services are inherently difficult to measure due to their intangible nature (Willie, 2023; Mosadeghrad, 2014; Singh and Dixit, 2020), various models have been proposed to capture quality dimensions based on patient perceptions (Amer et al., 2022; Nahi et al., 2022). These efforts aim to enhance patient and visitor satisfaction and support broader policy goals (Ferreira et al., 2023; Hussain et al., 2024).

Measuring hospital performance is crucial for achieving high standards of care, safety, and effectiveness. Effectiveness here refers to the degree to which healthcare processes lead to intended outcomes without errors. Equally important is responsiveness, which reflects the purposefulness, communication, and understanding experienced in the doctor–patient relationship. Recent advancements in performance evaluation also address challenges such as data privacy, disease condition diversity, and the need for accurate causal inference. New frameworks, such as federated causal inference models, enable hospitals to exchange statistical summaries without compromising patient data privacy, thereby improving the accuracy of treatment impact assessments (Catuogno et al., 2017; Zaadoud and Chbab, 2021).

In the Palestinian context, the importance of quality assessment is magnified due to structural, political, and economic challenges. The health sector suffers from limited human and material resources, low government spending, and severe restrictions imposed by the Israeli occupation on the movement of individuals, medical staff, and equipment—factors that negatively affect service quality (Falah et al., 2020; Al Eker et al., 2025). Despite efforts by the

Ministry of Health, particularly through the National Health Strategy (2021–2023), systematic, evidence-based approaches to quality evaluation remain insufficiently developed.

Most previous Palestinian studies have assessed service quality in either public or private hospitals, but few have conducted comparative analyses between the two sectors. Moreover, limited attention has been paid to organizational dimensions of quality from the patient's perspective. While patients may not be equipped to evaluate clinical outcomes, their perceptions are highly relevant when assessing service organization and experience (Mosadeghrad, 2014; Oldland et al., 2020).

Based on this gap, the present study compares patient satisfaction with service quality in one public hospital (Palestine Medical Complex) and one private hospital (Al-Arabi Hospital for Specialized Care), both located in the Ramallah and Al-Bireh Governorate in the West Bank. The SERVPERF model assesses five key dimensions: tangibility, reliability, responsiveness, assurance, and empathy.

Research Questions

Which sector enjoys a higher level of healthcare development: the public or the private sector?
The main question branches out into the following sub-questions:

- To what extent are patients satisfied with the tangibility aspect of service quality in public and private hospitals in Palestine?
- To what extent are patients satisfied with the reliability aspect of service quality in public and private hospitals in Palestine?
- To what extent are patients satisfied with the responsiveness aspect of service quality in public and private hospitals in Palestine?
- To what extent are patients satisfied with the assurance aspect of service quality in public and private hospitals in Palestine?
- To what extent are patients satisfied with the empathy aspect of service quality in public and private hospitals in Palestine?

This question is fundamental given the contrasting operational environments of public and private hospitals. Public hospitals often face resource scarcity and high patient loads,

whereas private hospitals generally benefit from more flexible administrative structures and fewer constraints. However, patients' expectations in private hospitals may be higher, which could influence their perceptions of service quality (Alijanzadeh et al., 2016; Strauss and Schoeman, 2022). Hence, there is a need for an objective, systematic comparison to reveal both actual and perceived differences in service quality.

The importance of the study stems from two aspects: Theoretical importance: The study contributes to the theoretical understanding of healthcare quality in low-resource, conflict-affected settings, applying a validated model (SERVPERF) to compare public and private hospitals in Palestine. The results and framework presented may support future academic research in healthcare management. Practical importance: The findings can provide health administrators, in both the public and private sectors, with concrete feedback on service quality from the patient's perspective. The study highlights priority areas for reform and can guide efforts to enhance performance, address weaknesses, and ultimately improve patient outcomes and satisfaction.

LITERATURE REVIEW

Recent decades have seen growing interest in measuring the quality of health services and their relationship to patient satisfaction, especially amid global shifts toward health systems centered on the patient experience. Despite the abundance of literature, the issue of measuring the quality of health services is still "a complex problem, given the multidimensionality in which clinical, organizational and human factors intersect, and the absence of a single ideal model that can be conclusively relied upon in all cases". Among the most prominent models used in previous international and Arab literature to measure the quality of health services, the SERVQUAL and SERVPERF models stand out, as the latter is more reliable and appropriate for health care environments, as it measures the actual performance of the service rather than expectations, which increases its accuracy and realism in evaluating the quality of services as perceived by patients. (Alraimi and Shelke, 2024; Erekat and Zamil, 2022). A group of studies has proven the effectiveness of this model, as it addresses the ambiguity associated with building expectations, facilitates application and measurement, and increases credibility and realism. It is based on five basic dimensions for measuring and evaluating service quality: tangibility, dependability, responsiveness, assurance, and empathy.

Erekat and Zamil's (2022) study highlights the importance of re-evaluating quality dimensions in Palestinian hospitals and recommends periodic reviews of operational activities to enhance performance. These findings are consistent with those of Martins et al. (2015), which confirmed the superiority of the "dependability" dimension in influencing patient satisfaction, while the "tangibility" dimension had the lowest impact, and also called for strengthening the human relationship between caregivers and visitors. This insight is consistent with what Le and Fitzgerald (2014) found in a comparison of two government hospitals in Vietnam, where they found that "reliability" and "empathy" are the main drivers of service quality from the patients' perspective.

On the other hand, studies such as Ismail and Yunan (2016) emphasize the importance of the dimensions "Response" and "Empathy" as the most able to predict the level of satisfaction, which reinforces the hypothesis of this study about the existence of possible differences in these dimensions between the public and private sectors. The study by Georgiadou and Maditinos (2017) showed that the five dimensions of the SERVPERF model affect, to varying degrees, the quality of health services, indicating the comprehensiveness of the model and its ability to monitor qualitative differences.

Based on the above, the concept of healthcare service quality has undergone a significant transformation, shifting from traditional expectation-based models to more precise, performance-focused approaches. Accordingly, contemporary studies have supported the effectiveness of performance-based measurement tools, particularly SERVPERF, in evaluating the quality of healthcare services (Chawngzikpuii and Lalromawia, 2024; Prasad and Verma, 2022)

Recently, the study of Wulandari et al. (2024) highlighted the importance of the quality of human interaction and the effectiveness of treatment in shaping the patient experience, and called for continuous evaluation and adaptation to patients' aspirations, reflecting the increasing global trend towards patient-centered health care.

Several international studies have examined whether privatization improves the quality of health care services. While some argue that private ownership encourages competition and efficiency (Al-Baali et al., 2022; Bergman et al., 2016; Goodair and Reeves, 2024), others assert that private hospitals can prioritize profit over Comprehensive care (Jindal et al., 2023). In developing countries, the evidence remains inconclusive, with studies

suggesting that private health providers may outperform public health providers in terms of patient satisfaction, especially about physical infrastructure, but not necessarily in terms of clinical outcomes or equity (Kruk et al., 2018; Shaikh and Sarakar, 2024) This study contributes to this debate by providing comparative evidence from Palestine, where the distinction between public and private hospitals is often blurred, and both sectors operate under resource constraints.

In the Palestinian context, the distinction between public and private hospitals is not always clear. Some private hospitals receive significant funding from international sources or from individual donors. This hybrid model of ownership and funding means that private hospitals may face constraints similar to those of public hospitals, particularly regarding staffing, infrastructure, and medical equipment. Thus, analysing quality differences between public and private hospitals in Palestine requires careful attention to resource sources, governance models, and patient expectations.

Based on the above, this study is based on the SERVPERF model to measure the quality of health services from the point of view of patients in two different hospitals, one public and the other private, to understand the differences in the quality of organizational performance between the two sectors, analyze them through the five dimensions of the model, and provide a scientific explanation of the contexts that may contribute. In shaping patients' perceptions of service quality, thus supporting decision-makers in improving health planning and policies.

METHODOLOGY

The dimensions of healthcare service quality are a fundamental gateway to improving and developing hospital performance, as both public and private health institutions bear the responsibility of providing high-quality services that meet patients' aspirations and diverse needs. In recent years, the Palestinian health sector has witnessed a continuous increase in demand for healthcare services amid significant challenges, notably a shortage of qualified personnel, limited availability of devices and equipment, reduced government health spending, and structural constraints and fragile infrastructure (Othmani et al., 2019). Conversely, the Ministry of Health seeks to enhance service quality through policy development and improved oversight and evaluation mechanisms (Harb, 2020).

This study adopted a comparative analytical approach to explore differences in patient satisfaction with healthcare service quality between a public hospital and a private hospital in the Ramallah and Al-Bireh governorates, using the SERVPERF model, which measures service performance. This model includes five main dimensions: tangibility, reliability, responsiveness, assurance, and empathy. It was selected based on a literature review indicating its suitability for healthcare contexts.

Table 1: The five dimensions and their descriptions.

Dimension	Description	Reference
Tangibility	The physical appearance of facilities, equipment, staff, communication materials, and the overall look of the building and care providers.	(Zamil and Areiqat, 2022)
Reliability	The provider's ability to perform duties accurately, adhere to appointments, and deliver test results promptly.	(Hollis, 2006; Willie, 2023)
Responsiveness	Staff readiness to deliver services promptly, handle patient inquiries immediately, and allocate appropriate time to each case.	(Georgiadou and Maditinos, 2017; Wulandari et al., 2024)
Assurance	Service providers' competence, patients' sense of safety, confidentiality maintenance, and quality communication.	(Gonzalez, 2021)
Empathy	The degree of personalized care, respectful and kind behavior, and the ability to understand patients' individual needs.	(Kumah et al., 2020)

The study population included all patients and visitors who received services at public and private hospitals in the Ramallah and Al-Bireh governorates, comprising seven hospitals (one public and six private). For logistical and organizational reasons, one hospital from each sector was selected via simple random sampling:

- Public sector: Palestine Medical Complex
- Private sector: Al-Arabi Hospital for Specialized Care

Accordingly, this study does not claim to comprehensively represent all hospitals in Palestine, but rather reflects an assessment of service quality in these two institutions under specific circumstances. It is important to note that the study does not aim to generalize its findings to all Palestinian hospitals but instead presents a focused comparison based on these representative institutions selected for their prominence, service scope, and accessibility in the central West Bank. The selection was also influenced by logistical and financial limitations commonly encountered in field research.

Data collection involved distributing 400 questionnaires — 200 per hospital—targeting patients and visitors selected through convenience sampling. A total of 390 valid questionnaires were returned, distributed as follows:

- 194 from the public hospital (response rate: 97%)
- 196 from the private hospital (response rate: 98%)

The high response rate is attributed to participant cooperation and the training provided to field researchers on explaining the questionnaire, ensuring confidentiality, obtaining informed consent, and assisting participants throughout the process.

To confirm the adequacy of the sample size, a statistical power analysis was conducted using G*Power software, assuming a medium effect size (f = 0.25), a significance level (α = 0.05), and statistical power (0.95). Results indicated a minimum required sample of 350 participants, confirming the adequacy of the 390-participant sample.

The study employed a questionnaire based on the SERVPERF model, comprising 14 items covering the five quality dimensions. Items were measured on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). The questionnaire was translated from English to Arabic using a back-translation method to ensure conceptual accuracy: initially translated by a bilingual health research expert, then back-translated into English by an independent translator. Subsequently, a panel of three healthcare quality experts reviewed the Arabic version for clarity, cultural relevance, and content validity. A pilot study involving 30 patients further refined the questionnaire's wording and confirmed its face validity.

Internal consistency reliability was assessed using Cronbach's alpha coefficient, yielding an overall alpha of 0.93 (see Table 3).

Informed consent was obtained from all participants, who were informed that participation was voluntary, that confidentiality would be maintained, and that data would be used solely for research purposes.

Table 2: Scoring key:

Rating	Scoring Key
Poor - Very Low Degree	1.00 - 1.80
Acceptable - Low Degree	1.81 - 2.61
Good - Moderate Degree	2.62 - 3.42
Very Good - High Degree	3.43 - 4.23
Excellent - Very High Degree	4.24 - 5.00

Table 3: Reliability Coefficient for the instrument using Cronbach's Alpha

Dimension	Number of Items	Cronbach's Alpha
Overall Score	14	93

RESULTS

Which sector enjoys a higher level of healthcare development: the public or the private sector? To answer this question, the researchers calculated the percentages, averages, and standard deviations of the five dimensions of service quality and their implications for patient satisfaction in government and private hospitals in Palestine, as shown in the following tables:

Table 4: Patient satisfaction in the public hospital (Palestine Medical Complex)

Dimension	Item	Mean	SD	%	Evaluation

Tangibility	Good waiting areas (lounges, parking, and the like)	2.81	1.34	56.2%	Moderate
	Convenient and accessible location	2.49	1.23	47.4%	Moderate
	Comfortable public facilities (cafeteria, gardens, toilets)	2.80	1.36	56.0%	Moderate
	Food quality is suitable for the patient's health	2.87	1.24	57.4%	Moderate
Reliability	Management solves patients' problems	2.20	1.04	44.0%	Low
	Full trust between patients and medical staff	2.25	1.04	45.0%	Low
Responsiveness	Immediate medical services are provided	2.85	1.33	57.0%	Moderate
	Services are completed promptly	3.16	1.25	63.2%	Moderate
Assurance	The hospital has a good reputation in the community	2.45	1.11	49.0%	Low
	Staff are knowledgeable and answer inquiries	2.49	0.96	49.8%	Low
	Patients feel reassured about the promised service	2.34	1.12	46.8%	Low
Empathy	Working hours suit the patient's commitments	2.90	1.17	58.0%	Moderate
	The medical team explains health issues clearly	2.30	1.03	46.0%	Low
	Patients receive compassionate care	2.94	1.29	58.8%	Moderate
Overall Mean (Public Hospital)		2.78	1.25	%55.6	Moderate

Table 5: Patient satisfaction in the private hospital (Arab Specialist Hospital)

Dimension	Item	Mean	SD	%	Evaluation
Tangibility	Good waiting areas (lounges, parking, and the like)	2.37	1.03	47.4%	Moderate
	Convenient and accessible location	2.01	0.97	40.2%	Low
	Comfortable public facilities (cafeteria, gardens, toilets)	3.47	1.30	69.4%	High
	Food quality is suitable for the patient's health	2.47	1.11	49.4%	Low
Reliability	Management solves patients' problems	2.06	0.76	41.2%	Low
	Full trust between patients and medical staff	2.25	1.04	45.0%	Low
Responsiveness	Immediate medical services are provided	2.25	0.82	45.0%	Low
	Services are completed promptly	2.55	0.94	51.0%	Low
Assurance	The hospital has a good reputation in the community	1.88	0.71	37.6%	Low
	Staff are knowledgeable and answer inquiries	2.23	0.97	44.6%	Low
	Patients feel reassured about the promised service	2.11	0.85	42.2%	Low
Empathy	Working hours suit the patient's commitments	2.60	1.13	52.0%	Low
	The medical team explains health issues clearly	2.22	0.86	44.4%	Low
	Patients receive compassionate care	2.23	0.84	44.6%	Low

Overall Mean (Private Hospital)	2.34	0.95	46.8%	Low

It is clear from Tables 4 and 5 that the Patient satisfaction analysis based on the SERVPERF model shows that the government hospital (Palestine Medical Complex) consistently outperforms the private hospital (Arab Specialized Hospital) on most quality dimensions.

While the private hospital showed a relatively strong performance in tangibility, especially in ergonomic facilities, it lagged significantly in reliability, assurance, responsiveness, and empathy. These areas are crucial for building trust and satisfaction.

The government hospital achieved average ratings in most areas, with notable strengths in responsiveness and empathy, indicating better interaction between staff and patients despite potential resource constraints.

These findings challenge the traditional assumption that private hospitals inherently provide superior care and underscore the importance of human interaction, responsiveness, and internal organization in shaping.

Table 6: Differences in patient perceptions according to SERVPERF Dimensions

Dimension	Item	t-value	Sig. Level	95% Confidence Interval of the Difference
Tangibility	Good waiting areas (lounges, parking, and the like)	1.896	0.061	[-0.01, 0.91]
	Convenient and accessible location	2.179	0.032	[0.04, 0.91]
	Comfortable public facilities (cafeteria, gardens, toilets)	-2.583	0.011	[-1.18, -0.15]
	Food quality is suitable for the patient's health	1.741	0.085	[-0.06, 0.86]

Reliability	Management solves patients' problems	0.791	0.431	[-0.21, 0.49]
	Full trust between patients and medical staff	0.843	0.401	[-0.25, 0.63]
Responsiveness	Immediate medical services are provided	2.753	0.007	[0.17, 1.00]
	Services are completed promptly	2.826	0.006	[0.18, 1.04]
Assurance	The hospital has a good reputation in the community	3.114	0.002	[0.21, 0.92]
	Staff are knowledgeable and answer inquiries	1.362	0.176	[-0.11, 0.63]
	Patients feel reassured about the promised service	2.009	0.047	[0.003, 0.46]
Empathy	Working hours suit the patient's commitments	1.342	0.183	[-0.14, 0.71]
	The medical team explains health issues clearly	0.476	0.635	[-0.24, 0.40]
	Patients receive compassionate care	3.319	0.001	[0.29, 1.13]

Table 6 illustrates differences in patient perceptions of service quality dimensions, as defined by the SERVPERF model, between public and private hospitals. The results show statistically significant differences ($p < 0.05$) in several key dimensions, including tangibility—particularly the comfort of public facilities—responsiveness in the prompt provision and completion of medical services, and assurance regarding the hospital's reputation and patients' confidence in promised services. Meanwhile, the reliability and empathy dimensions showed no significant differences across most items, except for the item "patient receives compassionate care," which showed a significant difference ($p = 0.001$). These findings

suggest that the quality of physical facilities, timely service delivery, and patients' sense of reassurance are crucial factors influencing patient satisfaction between government and private hospitals.

Table 7: Comparison of patients' perceptions of service quality dimensions between public and private hospitals

Dimension	Item	Public Mean	Private Mean	Difference (Public - Private)	Evaluation of Difference
Tangibility	Good waiting areas (lounges, parking, and the like)	2.81	2.37	0.44	Moderate difference
	Convenient and accessible location	2.49	2.01	0.48	Moderate difference
	Comfortable public facilities (cafeteria, gardens, toilets)	2.80	3.47	-0.67	Private better
	Food quality is suitable for the patient's health	2.87	2.47	0.40	Moderate difference
Reliability	Management solves patients' problems	2.20	2.06	0.14	Small difference
	Full trust between patients and medical staff	2.25	2.25	0.00	No difference
Responsiveness	Immediate medical services are provided	2.85	2.25	0.60	Moderate difference
	Services are completed promptly	3.16	2.55	0.61	Moderate difference

Assurance	The hospital has a good reputation in the community	2.45	1.88	0.57	Moderate difference
	Staff are knowledgeable and answer inquiries	2.49	2.23	0.26	Small difference
	Patients feel reassured about the promised service	2.34	2.11	0.23	Small difference
Empathy	Working hours suit the patient's commitments	2.90	2.60	0.30	Small difference
	The medical team explains health issues clearly	2.30	2.22	0.08	No significant difference
	Patients receive compassionate care	2.94	2.23	0.71	Moderate difference

Table 7 presents a comparative analysis of patients' perceptions of healthcare service quality dimensions between public and private hospitals based on individual SERVPERF items. The results reveal notable differences across various dimensions. For instance, items related to tangibility (e.g., waiting areas, location accessibility) show moderate differences, with public hospitals scoring slightly higher, except for comfort-related facilities, where private hospitals perform better. In the responsiveness dimension, public hospitals appear to outperform private ones, especially in the timely provision and completion of services. On the other hand, reliability and empathy show mostly small or negligible differences, with only one empathy-related item (patients receive compassionate care) indicating a moderate advantage for public hospitals. These findings suggest a generally better perception of service delivery in public hospitals, particularly in responsiveness and physical accessibility, though some aspects remain comparable.

Table 8: Standardized regression coefficients (β) and significance levels (p-values) of SERVPERF dimensions predicting patient satisfaction

Dimension	Standardized Coefficient (β)	Significance (p-value)	Interpretation
Tangibility	0.09	0.147	Not significant
Reliability	0.15	0.056	Marginal significance
Responsiveness	0.38	< 0.001	Strong predictor
Assurance	0.07	0.221	Not significant
Empathy	0.31	0.002	Strong predictor

To validate the SERVPERF measurement model in the Palestinian healthcare context, an exploratory factor analysis (EFA) was conducted using Principal Component Analysis with Varimax rotation. The analysis revealed five distinct factors, consistent with the original SERVPERF structure, collectively explaining 68.4% of the total variance. All items loaded significantly (>0.60) on their expected factors, affirming the instrument's construct validity in this setting.

To further assess which quality dimensions best predict overall patient satisfaction, a multiple regression analysis was performed. The model accounted for 57% of the variance in satisfaction scores ($R^2 = 0.57$). Among the five SERVPERF dimensions, responsiveness ($\beta = 0.38$, $p < 0.001$) and empathy ($\beta = 0.31$, $p = 0.002$) emerged as significant predictors of patient satisfaction. Tangibility and assurance did not show a statistically significant impact.

These findings are summarized in Table 8, which presents the standardized regression coefficients (β) and their corresponding significance levels for each dimension.

These results support the critical role of interpersonal and communication factors in shaping patient perceptions of care quality.

Table 9: Test of the study's hypotheses according to the gender variable

Hospital Type	Dimension	Gender	#	Mean	SD	t-value	Sig. Level
Palestine Medical Complex	Reliability	male	91	2.3167	.90778	-.186	.853
		female	103	2.3613	.86011		
	Responsiveness	male	91	2.7521	.91194	.188-	.852
		female	103	2.8000	.96056		
	Assurance	male	91	2.3667	.74523	.263	.794
		female	103	2.3097	.83401		
	Empathy	male	91	2.6583	.94635	.024-	.981
		female	103	2.6645	.95553		
	Tangibles	male	91	2.8963	.94265	.794	.431
		female	103	2.6984	.89613		
Overall Score		male	91	2.5975	.77383	.139	.890
		female	103	2.5674	.81097		
Arab Specialized Care Hospital	Reliability	male	82	2.2118	.59359	.738	.464
		female	114	2.0824	.58903		
	Responsiveness	male	82	2.5529	.65011	.599	.552
		female	114	2.4353	.66692		
	Assurance	male	82	2.1294	.59975	.032	.974
		female	114	2.1235	.62283		
	Empathy	male	82	2.4353	.68277	1.251	.217
		female	114	2.1926	.63772		
	Tangibles	male	82	2.8041	.74218	1.821	.075
		female	114	2.4218	.68887		

Overall Score	male	82	2.4265	.55562	1.072	.289
	female	114	2.2509	.54940		

It is clear from Table 9 that the t-test results indicate no statistically significant differences in patient satisfaction between male and female respondents across all five SERVPERF dimensions and the overall score in both hospitals. Although some mean differences emerge (e.g., higher scores among males on tangibility and empathy), the p-values ($p > 0.05$) indicate that gender does not play a decisive role in shaping perceptions of service quality in either the public or private hospital setting.

Table 10: Test of the study's hypotheses according to the type of medical service variable

Hospital Type	Dimension	t-value	Sig. Level
Palestine Medical Complex	Reliability	1.804	158.
	Responsiveness	1.948	134.
	Assurance	2.782	050.
	Empathy	1.031	387.
	Tangibles	539.	658.
Overall Score		1.704	.178
Arab Specialized Care Hospital	Reliability	2.203	.100
	Responsiveness	1.693	.181
	Assurance	1.805	.159
	Empathy	3.575	.021
	Tangibles	1.674	.185
Overall Score		2.590	.064

It is clear from Table 10 that the t-tests across service dimensions by hospital type show that most differences are not statistically significant, with p-values exceeding the conventional minimum of 0.05. However, a dimension approach or achieve levels of significance:

In the Palestine Medical Complex, the assurance dimension shows little difference (p = 0.050), suggesting potential variation in service perceptions by type of medical service.

At the Arab Specialty Care Hospital, the empathy dimension shows a statistically significant difference (p = 0.021), suggesting that patients' perceptions of empathy vary by service type.

In general, differences in scores across service types are not statistically significant at either hospital, suggesting that service type (e.g., inpatient vs. outpatient) does not consistently affect overall patient satisfaction.

DISCUSSION

This study aims to explore the extent of patient satisfaction with the quality of health services provided in public and private hospitals in Ramallah and Al-Bireh Governorates, using the SERVPERF model's dimensions. The results, as shown in the tables, reveal a discrepancy in service quality evaluation between the two hospitals, with the public hospital (Palestine Medical Complex) scoring higher. This finding invites a closer examination in light of the common perception that private hospitals usually provide superior healthcare services.

Interestingly, despite the typical challenges faced by public institutions—such as funding limitations, patient overload, and bureaucratic restrictions—the government hospital outperformed the private hospital in several key quality dimensions, particularly responsiveness, empathy, and internal administrative organization. The above does not necessarily indicate absolute superiority in quality, but it highlights a commendable performance given the resource constraints and adds an important analytical perspective in the Palestinian context.

Although the superiority is not always statistically significant, it reflects the government hospital's ability to achieve patient satisfaction levels beyond expectations. Factors contributing to this include specialized medical services (e.g., kidney transplantation, joint replacement), an advanced emergency department staffed by specialized physicians, and

a flexible administrative system that facilitates patient access to officials—enhancing feelings of respect and care. Furthermore, the hospital's commitment to getting the service right the first time reflects adherence to professional standards.

On the other hand, the private hospital excelled in the tangibility dimension, especially concerning public facilities and environmental comfort. However, it lagged in critical areas of human interaction, responsiveness, and communication quality—elements widely recognized in the literature (Le and Fitzgerald, 2014) as essential to building patient satisfaction and trust.

While this study did not provide precise financial comparisons between the two hospitals, it is known that private hospitals depend primarily on direct revenues. In contrast, public hospitals rely on government and international funding and often face resource scarcity. The public hospital's relative strengths may also be linked to better administrative organization, patients' historical trust in public institutions, or cultural and social factors granting symbolic legitimacy to government facilities.

Overall, these findings suggest that health service quality in Palestine depends not only on funding and infrastructure but also, and significantly, on interpersonal communication, responsiveness, and procedural transparency. The differences underscore the importance of focusing on intangible factors related to staff behavior and patient relationship management in quality improvement efforts.

Finally, the absence of statistically significant differences in patient satisfaction by gender or service type supports the notion that service quality issues are structural rather than dependent on individual patient characteristics.

The results align with other studies pointing to communication between medical staff and patients as a core weakness (Le and Fitzgerald, 2014). Thus, the study recommends implementing communication and ethics training programs to improve satisfaction levels. Additionally, it confirms the findings of Takruri et al. (2023) regarding the challenges posed by outdated equipment and poor patient file management, and advocates for digital health information systems and infrastructure upgrades.

Moreover, the private hospital's advantage in facilities aligns with Georgiadou and Maditinos (2017), who suggested that private hospitals may emphasize physical environment to compensate for care quality gaps. Conversely, the public hospital's strengths in

responsiveness and empathy highlight the pivotal role of organizational flexibility and administrative procedures in shaping satisfaction.

These findings also support the development of a locally adapted patient satisfaction measurement tool that incorporates cultural and contextual factors beyond those captured by global models. Indicators such as ease of accessing officials or respect for patients' time might be more relevant in resource-limited settings than advanced infrastructure.

Consistent with Le and Fitzgerald (2014), this study emphasizes that quality improvements depend more on administrative efficiency, internal organization, and staff interactions than on funding levels or hospital ownership. Public hospitals can achieve high satisfaction levels with administrative flexibility and professional commitment despite limited resources.

In conclusion, there is an urgent need for an integrated approach to improve health service quality in Palestine, including continuous training for medical and administrative teams, modernizing infrastructure, procuring modern equipment, and rebuilding patient trust through improved communication policies and accountability. Enhancing the accuracy of medical records and adopting unified health information systems can improve service efficiency and reduce errors. Furthermore, improving public hospital facilities and wayfinding is necessary to enhance the patient experience.

These findings offer valuable insights for policymakers and healthcare leaders in Palestine. Decision-makers are encouraged to institutionalize standardized tools for measuring patient satisfaction, such as SERVPERF, and embed them within national quality assurance frameworks. Strategic investment in soft skills development, especially in responsiveness and empathy, can yield significant improvements in perceived service quality. Policies that foster collaboration between the public and private sectors should also be prioritized, enabling shared resources, best practices, and mutual capacity-building. Ultimately, improving healthcare service quality in the Palestinian context requires evidence-based policy interventions that are responsive to patient needs, aligned with local challenges, and committed to long-term systemic transformation.

CONCLUSION

This study provides a comparative evaluation of patient satisfaction with healthcare quality in public and private hospitals using the SERVPERF scale. The findings generally indicate low levels of satisfaction in Palestine, suggesting a need for substantial improvement.

The study assists hospital management in identifying weaknesses and patient needs to guide quality enhancement efforts. It enriches the literature by offering the first quantitative comparison of service quality levels between public and private hospitals in Palestine and presents actionable, realistic findings for policy formulation.

Contrary to common assumptions favoring private hospitals, the Palestine Medical Complex showed superior performance in several service quality dimensions. The above aligns with prior research (Le and Fitzgerald, 2014), confirming that public hospitals can perform competitively when administrative flexibility and specialized services are in place.

The study also contextualizes the public-private sector disparity within resource-constrained environments, where financing and expectations often overlap.

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