

Responsive Flexibility and Its Role in Improving Service Quality in Non-Governmental Hospitals

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Abstract: *The study aimed at identifying responsive flexibility and its role in improving service quality, from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip. The study relied on the descriptive and analytical approach, and the questionnaire was designed as a tool to collect data, and the researchers used the comprehensive survey method, and the number of the study population was (536) single, where (434) questionnaires were retrieved, and the recovery rate was (80.97%). The study showed many results, the most important of which were: The presence of moderate degree of approval by the study sample on the responsive flexibility, as it was evident through the response flexibility field obtaining a relative weight (60.50%), and the results of the study indicated that there is a high degree of approval by the members of the study sample. On the quality of service, as it was evident through the field of service quality obtaining a relative weight (79.90%). The results of the study revealed a statistically significant relationship between responsive flexibility and service quality in non-governmental hospitals in Gaza Strip, with a correlation coefficient of 0.418, and the results of the study revealed a statistically significant effect between responsive flexibility and service quality in non-governmental hospitals in Gaza Strip. The study reached many recommendations, the most important of which were: Finding mechanisms by which stored information can be used to enhance the decision-making process, and setting up an effective system to receive patients' complaints in a manner that ensures rapid response and treatment, to achieve continuous communication between patients and the hospital management, and to notify patients of abuse With the complaints that they submit, and working to provide all medical and health specialties in the hospitals under study, by making use of the medical delegations that visit Gaza Strip, involving them in the treatment processes, bringing in doctors and specialists from abroad, and updating the standards related to measuring the services provided to patients continuously, based on On patients' suggestions and complaints, developing facilities in hospitals, as well as updating medical devices and equipment used in hospitals periodically.*

Keywords: Flexibility, Responsiveness, Quality of Service, Non-Governmental Hospitals, Gaza, Palestine.

Introduction

Responsive flexibility represents one of the contemporary intellectual developments in the philosophy of modern strategic management, and one of its most effective practices with the rapid changes in the business environment, due to the fact that the traditional strategies of managerial activities can derail their course with amazing speed (Al-Baghdadi and Al-Jubouri, 2015).

Hitt, et al., (1998) The success of the twenty-first century organizations will depend mainly on building responsive flexibility that will enable them to achieve a competitive advantage, through improving and developing their performance.

Since health organizations are hospitals, clinics and health centers, they are considered the intermediary of the contract and the center of the department in providing health and medical services, and therefore: they are a haven for patients who seek wellness, and healthy people who seek prevention. With unprecedented pressure on all institutions that provide health services at a time when chronic and epidemic diseases spread, and which helped the increasing movement of people and their rapid movement from one place to another in their spread, and the expansion of their scope, the already increasing pressure on these health and medical institutions multiplied. This is in addition to the steady increase in recent years and a growing turnout in the number of hospitalizations. This increase was characterized by characteristics that were previously unavailable, especially with regard to the demand for a rapid response to the requirements of citizens, and their needs with the increase in improving the quality of health and medical services provided to them (Zakhroufa, 2018).

Based on the above; this study comes in order to identify response flexibility and its role in improving service quality in non-governmental hospitals in Gaza Strip. Through this study, the researchers hope to present a realistic and clearer picture for decision-makers in non-governmental hospitals in Gaza Strip about response flexibility, and how to support and enhance it, leading to improving the quality of service provided in light of the rapid and successive changes in Gaza Strip.

Problem Statement

Today's business environment is characterized by rapid and continuous change, which makes the success or failure of institutions dependent on the extent to which their leaders possess managerial skills, including the ability to formulate and adopt flexible

strategic alternatives, and to adopt modern management methods and new scientific approaches that enable them to achieve continuous adaptation to the challenges presented by the environment, Therefore, responsive flexibility is considered one of the strategic entrances to adapt to the developments taking place, which is a feature of successful and pioneering organizations (Abu Rdan and Al-Anzi, 2017).

The environment of the health sector in Gaza Strip is witnessing major developments and challenges in various levels, including: administrative, service, organizational and technological, while hospitals and health institutions in Gaza Strip are still operating according to traditional systems. A fundamental problem, especially in an unstable political and economic environment such as Gaza Strip.

Also, the quality of health services provided to patients is one of the most important issues that health institutions must deal with, not only at the local level, but also at the international level, as there are many factors that impose themselves on these health and treatment institutions to find these institutions themselves are worthy. The necessity to provide a health service that is appropriate to what patients and recipients of health services expect, and also to know the standard by which the service recipient governs the service.

Research Questions

Q1- What is the role of response flexibility in improving service quality in non-governmental hospitals in Gaza Strip?

The main question is divided into the following sub-questions:

Q1-1: What is the level of response flexibility of employees in non-governmental hospitals in Gaza Strip?

Q1-2: What is the degree of improvement in the quality of service in non-governmental hospitals in Gaza Strip?

Q1-3: Are there statistically significant differences between the average respondents' responses, on (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip), which are attributed to the following demographic variables: (Gender, Academic Qualification, Age Group, Number of Years of Service, And Job).

Research Objectives

The study aims to achieve the following:

1. Standing on the reality of responsive flexibility in service quality, from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip.
2. Identifying the level of service quality from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip.
3. Determine the nature of the relationship between responsive flexibility and service quality, from the point of view of the internal user in non-governmental hospitals in Gaza Strip.
4. Knowing the impact of response flexibility on service quality from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip.
5. Presenting a set of recommendations to decision-makers in the searched hospitals, which would enhance the role of response flexibility in improving service quality in non-governmental hospitals in Gaza Strip.

Research Importance

The importance of the study is evident in two aspects:

▪ Scientific Importance

1. This study derives its importance from the vitality of the topic it deals with, and its relative scarcity, as this topic is characterized by both modernity and scientific and practical excellence.
2. The theoretical importance of this study emerges from the scientific enrichment it adds to the studies that dealt with the topic of responsive flexibility and improving the quality of service, and the importance of the variables that it dealt with which represent recent topics that form the general orientation of the distinguished organizations, as it will add a set of theories about the concept of responsive flexibility and its role in improving services.
3. The researchers hope that this study will increase their knowledge and scientific and practical experience on this important topic, and to talk in the fields of business administration.

▪ Practical Importance

1. It provides decision-makers in non-governmental hospitals in Gaza Strip with a realistic and clearer vision about the concept of responsive flexibility as a practical concept that helps organizations adapt to different variables and circumstances, so that the institution can perform its tasks to the fullest.
2. The study should contribute to clarifying the role of responsive flexibility in improving the quality of service, as the quality of service and its improvement is the goal of every institution regardless of the nature of its activities, and the health sector on which the study was conducted is considered one of the most important pillars and pillars for the preservation of society.
3. Working to improve the quality of the service provided will have a vital and visible impact on the development and maintenance of society and will positively affect it, and increase the rates of satisfaction and satisfaction for patients.

Research hypothesis

This study starts from three basic assumptions as follows:

H₀₁: There is a statistically significant effect, at a significance level ($\alpha \leq 0.05$), of the response flexibility on the quality of service in non-governmental hospitals in Gaza Strip.

H₀₂: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$) between the averages of the respondents' responses on (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip), which is attributed to the following demographic variables: (gender Academic qualification, age group, number of years of service, and job).

It is divided into the following sub-hypotheses:

H_{02.1}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the averages of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to gender.

H_{02.2}: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$), between the mean of respondents' responses, on (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip), which is attributed to the scientific qualification variable.

H_{02.3}: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$), between the mean of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that are attributed to the age group variable.

H_{02.4}: There are statistically significant differences at a significant level ($\alpha \leq 0.05$), between the mean of respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to the variable of years of service.

H_{02.5}: There are statistically significant differences at the level of ($\alpha \leq 0.05$), between the mean of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to the job.

Research Limits and Scope

The scope of the study shall be as follows:

1. **Objective Limits**: The current study was limited to identifying the impact of response flexibility in improving service quality, from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip.
2. **Human Limits**: The present study was applied to employees in a group of non-governmental hospitals in Gaza Strip.
3. **Temporal Limits**: Data and information were collected on the subject of the study, which is the impact of response flexibility in improving service quality in non-governmental hospitals in Gaza Strip, and this study will be completed during the year (2020).
4. **Spatial Limits**: This study was applied to a group of non-governmental hospitals in Gaza Strip, namely (Al-Karamah Hospital, Patient Friends Association Hospital, Al-Wafa Hospital, Dar Al-Salam Hospital, Al-Kuwaiti Hospital).

Research Terminology

There are many terms that were used in the study, the most important of which are:

- **Responsive Flexibility**: the ability of institutions to recognize and respond to the variables that occur in the external environment after the occurrence of those changes. Usually, institutions that rely on response flexibility focus on defensive moves, after conducting careful tests. (Rashid; Hamid, 2019). It is also the amount of the organization's capabilities to quickly sense change, determine the response that fits the change, and its ability to reshape the capabilities and resources of the organization in line with the response. (Bandhoold, Lindren, 2016)

The researchers defined procedural resilience as "the ability of an organization to identify the surrounding environmental changes and respond to them effectively and to adapt the available resources in proportion to the external changes."

- **Flexibility**: the boundary between absolute stability that reaches the point of inertia, and the absolute movement that takes something out of its limits and controls, meaning that flexibility is a movement that does not rob cohesion, and stability that does not prevent movement (Al-Sufi, 1995).
- **Quality Of Service**: It is a criterion of the degree to which the actual performance of the service matches the expectations of the customers, or the difference between the expectations of the customers and their perception of the actual performance of the service (Hoffman, Bateson, 2011), which is the provision of services with high quality by those who provide services to individuals, who in turn expect to provide the best services. Them by service providers. (Lubd, 2019)

The researchers defined procedural quality of service "as an indicator by which the beneficiaries' satisfaction with the service they received is measured in relation to what the service users expected before receiving the service and the resulting feedback."

- **Quality:** The extent of product validity for use and its conformity with the specifications contained in its design, which were agreed upon with the customer (Hammouda, 2014), the ability of organizations to satisfy the needs of customers in a manner commensurate with the set and desired goals (Al-Mahyawi, 2006).
- **Service:** An economic activity that takes place from one party to another, often without the transfer of goods, and creates value by renting or benefiting from: goods, manpower, professional competencies, networks or systems, individually or collectively, and the activities, benefits and gratifications that are provided are associated with tangible goods (lovelock , 2006).

Literature Review

The review of previous studies of scientific research is a systematic requirement that crystallizes the researchers' vision, and outlines its steps towards a distinct methodology. Previous studies are also an essential tributary in drawing the frameworks of scientific research. The following is a presentation of the most important studies available to researchers from previous studies that dealt with the subject of this study. The studies were arranged from the most recent to oldest as follows:

- A study (Abu-Nahel, 2020) aimed at examining the quality of service in non-governmental hospitals in Gaza Strip between reality and what is hoped from the viewpoint of the internal beneficiary of non-governmental hospitals in Gaza Strip. The study relied on the descriptive analytical method, and the questionnaire was designed as a tool for data collection and consisted of (15) items. The researchers used the comprehensive survey method, and the number of study population members was (536) singular, where (434) questionnaires were retrieved, and the recovery rate was (80.97%). The study showed several results, the most important of which were: The results of the study indicated that there is a high degree of approval by the members of the study sample on the quality of service with a relative weight (79.90%). The results of the study also showed that there were no statistically significant differences in the quality of service according to the variables (gender, educational qualification, and position). And the absence of statistically significant differences in the quality of service according to the variables (years of service, age group).
- A study (Abu-Nahel, 2020) aimed at examining the reality of applying strategic flexibility in its dimensions: (information flexibility, human resource flexibility, response flexibility, and proactive flexibility) in non-governmental hospitals in Gaza Strip. The study relied on the descriptive analytical approach, and the questionnaire was designed as a tool for data collection and consisted of (24) items. The researchers used the comprehensive survey method, and the number of study population members was (536) singular, where (434) questionnaires were retrieved, and the recovery rate was 80.97%. The study showed several results, the most important of which were: Presence of an average degree by the members of the study sample on strategic flexibility with a relative weight of (60.44%). And that the flexibility of human resources got the largest approval rate, and it occupied the first rank, that the response flexibility occupied the second position, that the flexibility of the information ranked the third, and that the proactive flexibility occupied the fourth and last place. The results showed that the dimensions of strategic flexibility (information flexibility, human resource flexibility, proactive flexibility) had an effect, while there was no effect on the (response flexibility) dimension in improving service quality. The results of the study found that there were no statistically significant differences attributable to the variables of gender and occupation. While the results found that there were statistically significant differences attributable to the variables of the age group, educational qualification and years of service.
- A study (Abu-Nahel et al., 2020) aimed to examine the flexibility of human resources and their relationship to improving the quality of services in non-governmental hospitals in Gaza Strip. The study relied on the descriptive and analytical approach, and the questionnaire was designed as a tool for data collection and consisted of (21) items, and the researchers used the comprehensive survey method, and the number of the study population was (536) individuals, where (434) questionnaires were retrieved, and the recovery rate was (80.97%). The study showed several results, the most important of which were: an average degree of approval by the members of the study sample on the flexibility of human resources, as it obtained a relative weight of 61.63%), and the results of the study indicated a high degree of approval by the members of the study sample on the quality of service, Where it was clear that the field of quality of service had a relative weight (79.90%). The results of the study revealed a statistically significant relationship between the flexibility of human resources and the quality of service in non-governmental hospitals in Gaza Strip, with a correlation coefficient of 0.435. The study reached many recommendations, the most important of which were: the need to work on appointing young people and those with energy, because jobs are vacant in the hospitals under study, and the need to seek the help of an administrative staff with scientific and practical qualifications, and to set up an effective system to receive patients' complaints in a way that ensures prompt response and treatment, to achieve continuous communication. Between patients and hospital administration, notifying patients of dealing with complaints they submit, and working to provide all medical and health specialties in the hospitals under study, by taking advantage of medical delegations visiting Gaza Strip, involving them in therapeutic processes, bringing in doctors and specialists from abroad, and updating standards that It is concerned with measuring the services provided to patients continuously, based on patient suggestions and complaints, developing facilities in hospitals, as well as updating medical devices and equipment used in hospitals periodically.

- A study (Al-Saaideh and Al-Sa'id, 2020), which aimed to demonstrate the impact of logistics management on the quality of services provided by the nutrition departments in Jordanian private hospitals. To achieve the goals of the study, the analytical descriptive approach was relied upon by referring to the previous relevant studies. The study community reached (40) hospitals in the Amman region, and the comprehensive survey was chosen to choose the sample. The sampling unit consisted of (188) persons, including the directors of the nutrition departments, their deputies, heads of the purchasing departments and doctors. Therapists. Among the most important results of the study and the most important results of the study are that the logistic management in its dimensions (supply, storage and transportation) affects the quality of services in its dimensions (the quality of food care, the quality of food services and the quality of food education), and the presence of an impact of logistic management on the dimensions of the independent variable separately.
- A study (Abu-Nahel et al., 2020) aimed to determine the flexibility of information and its relationship to improving the quality of service in non-governmental hospitals in Gaza Strip. The study relied on the descriptive analytical method, and the questionnaire was designed as a tool for data collection and consisted of (21) items. The researchers used the comprehensive survey method, and the number of study population members was (536) singular, where (434) questionnaires were retrieved, and the recovery rate was 80.97%. The study showed many results, the most important of which was the presence of a moderate degree of approval by members of a sample on the flexibility of information, as it obtained an approval percentage with a relative weight of (60.15%). The Quality of Service has a relative weight (79.90%). The results of the study revealed a statistically significant relationship between the flexibility of information and the quality of service in non-governmental hospitals in Gaza Strip with a correlation coefficient of (0.417).
- A study of (Dubey, 2019), which aims to predict the impact of service quality on perceived value, customer satisfaction, and customer loyalty at Chhattisgarh Hospitals. To achieve the objectives of the study, a scale consisting of (22) elements was used, under five dimensions, namely: (compatibility, reliability, response, assertion, empathy), to perform the service developed by Cronin and Taylor in 1994, to reach the quality of service of hospitals under study, and a work was done A self-organized questionnaire to measure customer satisfaction and loyalty in the hospitals in the study community. Data were collected with the assistance of (120) respondents who met the study criteria and five different hospitals were selected for the purpose of the study. Among the most important results of the study is that the quality of service has a positive and direct impact on the perceived value of customers, customer satisfaction, and loyalty in Chhattisgarh Hospitals in India.
- A study of (Julius; Jatmika, 2019), which aimed to determine whether the quality of service has an impact on customer loyalty of the airline "X", where the company "X" is one of the low-cost airlines in Indonesia but low quality. To achieve the objectives of the study, the causal comparative quantitative survey method was used, and data was collected through a questionnaire with a sample size consisting of (250) people on board "X" airline. Among the most important results of the study is a positive impact between quality of service and customer loyalty, the dimensions (reliability, assurance and empathy) are the three dimensions that have the greatest impact on customer loyalty. Based on the results, it is recommended that airline X continue to strive to improve the quality of services, especially with regard to safety and comfort, to increase customer loyalty.
- A study of (Kumar, 2019) study, the study aimed to assess the relationship between the manager's personality and strategic flexibility and the company's performance, using the personality model consisting of five factors, where the study assumes that there is a positive relationship between the personality of the manager and strategic flexibility. Moreover, there is an assumption that states that strategic flexibility mediates the relationship between the personality of the manager and the company's performance. To achieve the objectives of the study, the experimental approach was used, as well as statistical methods and central tendency measures were used to analyze the data, the hypotheses were tested using multiple regression, and the mono-variance test on a sample consisting of (162) managers from different Indian car companies to conduct the experimental analysis. Among the most important results of the study is focusing on the important role of the personality of managers in determining the strategic direction of the company; Thus: the performance of the company, and that the manager's personality, the more rigid, the strategic dimension increases by complexity, especially that the opposite is correct but with a logical degree, and the basic solution to this matter is to avoid bias and flexibility in the broad strategic lines, and the operational dimension can be dealt with more flexibility.
- A study (Chaudhary, 2019), the study aimed to study the critical role that entrepreneurial direction and absorptive capacity play in the relationship between strategic flexibility and company performance, with a particular focus on small companies, guided by the theory of dynamic capabilities and an opinion based on organizational knowledge. To achieve the objectives of the study, the study used survey data collected from the heads of (272) small companies in India, and a linear regression method was followed to assume the establishment of a relationship between strategic flexibility and the company's performance, and the study assumes that the strategic flexibility of a small company affects the entrepreneurial direction and thus its performance, in While absorptive capacity further strengthens this relationship. One of the most important results of the study is that there are empirical evidence for the mediating role of the leadership trend in the relationship between strategic flexibility and the company's performance, and the results also indicate that the potential absorptive capacity of the company increases the relationship between its strategic resilience and its entrepreneurial trends.

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- A study (Al-Nsour, 2019) which aimed to test the effect of the organizational structure as an intermediate variable in the relationship between the degree of readiness for organizational change and the quality of health services provided in university hospitals in Jordan, and the study focused on estimating this effect from the viewpoint of employees of university hospitals in Jordan: (Nurses, doctors, administrators, employees). To achieve the objectives of the study, the researchers adopted the field research method and the descriptive analytical approach to the study, and targeted a sample of (195) singles, using a number of statistical methods, the most important of which are: (simple linear regression and path analysis). Among the most important results of the study, there is a statistically significant effect for the duration of readiness for organizational change on both the quality of the service provided and the development of the organizational structure directly, as well as a statistically significant effect between the development of the organizational structure and the quality of the service provided directly, as the results showed a statistically significant effect The readiness of the organizational change on the quality of the services provided, through the development of the organizational structure as an intermediate change.
 - A study (Budianto, 2019), which aimed to study the effect of service quality on customer loyalty, and to study customer satisfaction in the modern market. To achieve the objectives of the study, a descriptive survey method and an explanatory survey method were used, the primary data was collected from the set of information obtained in the survey by the interview method, and a structured questionnaire was used, and secondary data was obtained by reviewing the data collected from the study community, Study documents, research reports, publications and other literature that supports the study. One of the most important results of the study is that customer loyalty is based on their positive perceptions of the organization in the modern market, and that better quality products will obtain greater customer loyalty, and the quality of service is the cornerstone of obtaining customer loyalty.
 - A study of (Abdouaoui, 2018), the study aimed at the study aimed to analyze the contribution of the strategic flexibility of the national economic institution to creating value for the customer, where production flexibility, human capital flexibility, and market flexibility were adopted as dimensions of strategic flexibility. To achieve the goals of the study, and to answer the problem of the study and its hypotheses, Conder Electronics was chosen to be a representative sample from the community of economic institutions, as it relied on the questionnaire and the interview as tools for collecting data. , And I went to the clients of the organization to measure their awareness of the value that is created at the enterprise level. Among the most important results of the study is that the strategic flexibility of the national economic institution contributes to creating value for the customer, through productive flexibility, human capital flexibility, and market flexibility. The customers of the corporation also realize the value that the corporation delivers to them, especially in terms of reducing total costs.
 - A study of (Al-Jaddi, 2018), which aimed to highlight the impact of quality health services on patient satisfaction in private hospitals in Gaza Strip. To achieve the goals of the study, the study was conducted on the study community, which is composed of all patients receiving health services in private hospitals in the governorates of Gaza Strip, who numbered (35453) patients per month. A questionnaire, and a descriptive analytical approach was adopted, through which the researchers tried to describe the phenomenon under study. Among the most important results of the study, that there is already a relationship between the dimensions of health service quality and the level of performance required, and the impact of this force varies from one dimension to another, but this strength has a positive impact on all indicators, in addition to a kind of awareness and commitment to higher management and staff working to achieve quality from During the achievement of patient satisfaction.
 - A study (Hussein, 2016), the study aimed to determine the nature of the relationship of strategic flexibility, and its effect in rationalizing strategic decisions in business organizations, as strategic flexibility constitutes the primary driver of all changes that the organization can make to adapt to the environment in which it operates, as well as rationalizing Strategic decisions taken by senior management help the organization to stay and continue to work by exploiting opportunities, and to avoid threats posed by the environment surrounding the organization. To achieve the objectives of the study, the researchers relied on the descriptive analytical method, and the General Company for Vegetable Oils was chosen as a field of application, and the research sample was chosen using a simple random sample method, consisting of (76) individuals from human resources. Among the most important results of the study is that there is a correlation and impact relationship with significant significance for strategic flexibility in rationalizing strategic decisions, and based on that the main and subsidiary assumptions included in the research were accepted, and accordingly: The researchers recommended that the researched organization should determine the most important areas that it has in the field of strategic flexibility, Which it can use to rationalize its strategic decisions.
 - A study of (Al Shammasin, 2016) aimed to demonstrate the effect of strategic intelligence on enhancing strategic resilience in the Jordanian Phosphate Mines Company. A questionnaire was built for the purpose of data collection, and the study community was among the individuals working in the Jordanian Phosphate Mines Company in the main administration, and its three sites: (Al-Abyad, Al-Hasa, and Al-Shadia) who occupy the job positions: (director, assistant director, department manager, assistant director of the department, and heads of departments), and they are (150) individuals. To achieve the objectives of the study, a descriptive analytical approach was used and this study was applied to the comprehensive survey on the study community. One of the most important results of the study is that the respondents' perceptions of the level of
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strategic flexibility with its dimensions (productivity, market) in the Jordanian Phosphate Mines Company came with an average degree of application. There is a statistically significant effect of the elements of strategic intelligence: (foresight and vision, thinking with logic of systems, partnership and intuition) at the level of significance (0.05) on enhancing strategic flexibility in the Jordanian Phosphate Mines Company. Among the most important recommendations is the need to pay attention to developing concepts of strategic resilience and enhancing the topic of possible scenarios among study community managers.

- A study of (Al-Anzi, 2014) aimed to identify the effect of strategic flexibility on the quality of institutional performance, and the study was applied to the Kuwait Aviation Company, and the study was applied to a number (104) of the directors of departments and departments in the Kuwaiti airline covered by the study. To achieve the objectives of the study, the questionnaire tool was used to collect data, use the multiple linear regression method to test the hypotheses, and use the multi-meandered regression method to verify the impact of strategic flexibility in its dimensions: (market flexibility, competitive flexibility, information flexibility, human capital flexibility, and simplification of procedures) In the quality of performance in the Kuwaiti airline, a model used the structural equations model to build a model that shows the influence and correlation between the study variables. Among the most important results of the study are the presence of a statistically significant effect of strategic flexibility in its dimensions: (market flexibility, competitive flexibility, information flexibility, human capital flexibility, and simplification of procedures) on the quality of performance in the Kuwaiti airline, and the presence of a statistically significant effect of strategic flexibility in its dimensions in performance effectiveness In Kuwait Aviation Company, and the presence of a statistically significant effect of strategic flexibility in its dimensions on performance efficiency in Kuwait Aviation Company.
- A study of (Byline, et al, 2014) aimed to study the effect of flexibility on quality standards in distance education via the Internet. To achieve the goals of the study, a questionnaire was adopted on the scale of the self-interpretation of (7) points to collect the primary data, and the virtual university in Pakistan was chosen as a study community, where (205) faculty members of the Virtual University of Pakistan completed the questionnaire. Among the most important results of the study, that flexibility has a significant impact on quality standards, as open education and distance education provide many benefits to students, the most important of which is saving time and effort. The online and distance education system has received a great degree of satisfaction from the beneficiary students. Flexibility has played a major role in the acceptance and spread of online learning, but it must be accompanied by students' initiative to learn and the level of students' confidence to participate in online learning courses effectively.

Commenting On Previous Studies:

The researchers reviewed previous studies that included flexibility and service quality. Accordingly, aspects of agreement and differences between the current study and previous studies will be mentioned in the following points:

First: In Terms of the Goal: The study aimed to identify the impact of strategic flexibility in improving service quality in non-governmental hospitals in Gaza Strip, which differed with all previous studies, while the objectives of previous studies were numerous, such as the study (Abdouaoui, 2018) which aimed to identify the extent of the contribution of strategic flexibility For the economic enterprise to create value for the customer. And the study (Hussein, 2016), which aimed to identify the impact of strategic flexibility of business organizations in rationalizing their strategic decisions. And the study (Al Shammassin, 2016), which aimed to identify the impact of strategic intelligence on enhancing strategic flexibility. And the study (Kumar, 2019), which aimed to identify the relationship between strategic flexibility, manager personality and company performance. And the study (Kapitan, et al., 2018), which aimed to identify ways to improve strategic flexibility with information systems. And the study (Chen, et al, 2017), which aimed to uncover the important positive links between IT support for core competencies, responsive resilience, and company performance.

Second: In Terms of the Tool: The current study agreed with all previous studies in its use of the questionnaire as a main tool for collecting the necessary data, with the exception of the study (Abdouaoui, 2018) and the study (Budianto, 2019) that used the interview along with the questionnaire.

Third: In Terms of the Study Method: The current study is in agreement with most of the previous studies in using the descriptive and analytical method, such as: the study (Hussein, 2016), the study (Al Shammassin, 2016), and the study (Al-Suriti; et al., 2016). While it differed with some previous studies, such as: the (Kumar, 2019) study that adopted the experimental method, and the study (Chen, et al, 2017) that used the investigative method.

Fourth: In Terms of the Study Population: The current study is consistent with the study of (Al-Jaddi, 2018), (Dubey, 2019), and study of (Al-Saaideh and Al-Sa'id, 2020) in its conduct in the hospital environment, and it does not agree with other studies. (Abdouaoui, 2018), (Al Shammassin, 2016), (Kumar, 2019), (Chaudhary, 2019), (Kapitan, et al., 2018), (Julius, Jatmika, 2019) study, (Chen, et al, 2017), while (Byline, et al, 2014) was studied in educational institutions.

What Distinguishes The Current Study From Previous Studies:

1. The current study deals with the effect of responsive flexibility on the quality of the service provided from the point of view of the internal benefactor, which has never been prior to any previous study linking the two variables directly according to the researcher's knowledge.

2. The current study took place in the environment of non-governmental hospitals in Gaza Strip, on which no similar study had previously been conducted.
3. This study is distinguished by being one of the few studies that dealt with the issue of strategic flexibility in hospitals in Gaza Strip.
4. This study has the distinction of being the first to study (the effect of responsive flexibility on the quality of service provided) in hospitals in Gaza Strip.

Commentary on Previous Studies

By familiarizing researchers with previous studies, it was noted that most studies agreed that strategic and responsive flexibility is of great importance in preserving organizations in the midst of the successive environmental changes that surround the organizations. The studies have shown that there is an important mediating effect of responsive flexibility in all other variables, the most important of which are the competitive advantage and the competitive position in the market. Resources to enhance innovation, improve production, and increase creativity in the services and products that you provide to the beneficiaries and their beneficiaries, whether internal or external beneficiaries, and previous studies that dealt with the two variables have confirmed that improving flexibility increases the quality of service provided to its beneficiaries and matching prior expectations of receiving the service with the actual service provided and that Increase the satisfaction of the beneficiaries and thus J To enhance the competitive position in the market and to remain in the field in light of successive and uncertain situations.

Theoretical Framework

First - Responsive Flexibility

The ability of organizations and institutions to change and adapt according to the surrounding conditions, whether technological, political, economic or competitive conditions, are the most important factors for their success, especially in the contemporary work environment, which is characterized by rapid change and intense and continuous competition, and in this rapidly changing and highly competitive environment must Institutions must work to follow developments that occur in the market, and to be highly resilient to successive changes. So; Institutions need to be more aware, distinguished and flexible, as the rapid strategic shifts in the market and the surrounding require a more capable management to work flexibly in order to effectively contribute to drawing future strategies, through which the institution can resist and adapt flexibly to environmental factors inside and outside the organization. .

The Concept of Responsive Flexibility:

Defining a clear concept of strategic flexibility is a difficult issue, like other terms in administrative sciences, where the concepts varied and differed due to the different trends and approaches that could be adopted in its definition, as the term response flexibility has been used by several researchers. Despite this, a comprehensive concept of strategic flexibility was not agreed upon, due to the differing opinions of researchers on this concept (Yugiong, et al. 2013). The researchers reviewed a set of definitions of the concept of responsive flexibility. Such as (Lindren & Bandhoold, 2016), who defined it as the amount of the organization's rapid capabilities to sense change, and to determine the response that fits the change, and its ability to reshape the capabilities and resources of the organization in line with the response. And (Pratoom & Peommarat, 2015) defined it as the ability of the organization to distribute the available resources and change its pattern of activities to achieve compatibility with unforeseen conditions in the environment. As well as (Eryesil, et al., 2015), who defined it as creating a state of adaptation to environmental changes. What was mentioned (Fan, et al., 2013) in its definition that it is more profound than organizational adaptation, because responsive flexibility takes into account the organization's adaptation to the environment, as well as the effect that occurs on the organization to restructure itself.

Commenting on the above, most of the researchers who defined responsive flexibility looked at it from the extent to which the organization responds to the environmental changes surrounding it, how it deals with managing change in the internal environment, and how the organization uses the balance of its available resources to adapt to the circumstances and the surrounding variables, which is really What organizations must deal with in order to avoid any problems they may encounter as a result of the dynamic changes surrounding them.

Researchers define responsive flexibility as "the ability of an organization to identify the surrounding environmental changes and respond to them effectively and to adapt the available resources in proportion to the external changes.

Eryesil, et al, (2015) emphasizes that this type of strategic flexibility is highly appropriate during periods of crisis that the organization is going through, in which it is difficult to predict the nature and extent of changes.

Quality of Service

It is difficult to define a specific concept of service quality, and several researchers have seen that the concept of quality is not fixed or specific, such as (Al Shobaki et al., 2018). They considered it difficult to define a specific concept of service quality; there is a big difference in the way it is defined, as they defined it as a measure of matching the level of services provided by the service provider with what is expected of the recipient of the service (Jad Al-Rab and Obaid, 2009). A set of definitions of service quality will be mentioned as follows:

1. Providing services with high quality by entities that provide services to individuals, who in turn expect the best services to be provided to them by service providers (Lubd, 2019).
2. Is a criterion for the degree to which the actual performance of the service matches the expectations of the customers, or the difference between the expectations of the customers and their perception of the actual performance of the service (Bateson, Hoffman, 2011).
3. The degree to which the patient sees in the health service rendered to him, and what he can exceed in relation to what is expected (Nashedah and Bin Abdulaziz, 2011).

The researchers defined the quality of service in a semi-integrated manner so that most of the definitions agreed that the quality of service is to compare the results with the expectations that the recipient of the service was waiting for, which increases directly with the satisfaction of the service recipient, and perhaps the healthy environment and the institutions that provide health services are the ones who should care more. The quality provided because it is related to the souls of the beneficiaries of the services.

Procedurally, the researchers define service quality. It is the indicator by which the beneficiaries' satisfaction with the service that they received is measured, in relation to what the service users expected before receiving the service and the resulting feedback.

The Importance of Quality Services:

The importance of service quality is one of the priorities in all organizations that work on their success and increase their revenues, and the quality of services varies according to the quality of products or services, as tangible products are used in planning their production, and in the field of intangible services, customers and employees deal with each other to find service And marketing, and this dictates that service providers have to deal with customers in a classy manner. (Al-Dradkah, 2006) mentioned that there are four main points that increase the importance of service quality:

1. Increased competitiveness: As the increase in the growth of organizations depends greatly on the strength of the organization in competition in the market, and the increase in the availability of quality services increases its competitive strength and consumer confidence.
2. Expansion of service areas: as the number of organizations that provide services increases dramatically compared to previous time periods, and the tendencies of new organizations to the services sector.
3. The economic value of customer service: as the organizations operating in the market at the present time increase their mixing with customers, and maintain and maintain their satisfaction, which confirms the importance of quality services.
4. Dealing with kindness and understanding with customers: where customers must be dealt with well in conjunction with good services and prices. Availability of quality prices and services without friendly treatment is not sufficient to contain and understand customers.

Analyze the Relationship between Responsive Flexibility and Improved Service Quality

It is certain that there is a relationship between responsive flexibility and the quality of service that is provided to customers, especially at a time like this is witnessing rapid and successive change in institutional and organizational environments in which the organization must be flexible and able to maneuver, seize opportunities and exploit them, and respond to the changes that occur. In the organizations' internal and external environments, and for the organization to be able to obtain complete, correct and realistic information about its competitors and the market in which it operates, and to work within it efficient and qualified manpower with distinct capabilities that enable it to compete and achieve its goals, which increases its ability to improve the services it provides Organizations, and increasing the satisfaction of the beneficiaries of the services, which increases its revenues in the event it is a profit-making organization or reflects a positive image of it in the case it is a non-profit organization.

First: Responsive Flexibility and Service Quality

Eryesil, et al. (2015) defined responsive flexibility as creating a state of adaptation to environmental changes. The organization that occurs through the state of uncertainty, competing forces and environmental dynamic disturbance (Hicks, Cullet, 1984) emphasized that the continuation of the organization's work requires its response to the changes taking place in the environment in which it operates and trying to effect change in it. In order to determine the party of the organization's response in a way that reduces the environmental uncertainty, (Narayanan; Nath, 1993) indicates that there are five types of organizational responses through which a situational framework can be formulated for the case of environmental uncertainty, which can be summarized in: (The roles of examination Environmental planning, organizational structure, simulation, nature of control).

Brozovic (2016) believes that the responsive flexibility of the organization is not related to its response to the changes that occur in the business environment only, but also to its ability to shape the surrounding environment through the leadership of change, while (Miles, Snow, 1978) expressed this through four strategies, which did the opposite. The state of adaptation between the organization and the surrounding environment, which is: (respondent strategy, analyst strategy, researcher strategy, defense strategy), and (Fan et al, 2013) believes that response flexibility is more profound than organizational adaptation as it takes into account the organization's adaptation to the environment, as well as influences The organization has to restructure itself.

Non-governmental hospitals in Gaza Strip

Hospitals are considered to have the pioneering and important role in providing health and medical services to patients, and the health system in Palestine, especially in Gaza Strip, is working under high pressure to be able to provide health and medical services in light of the limited resources, environmental conditions and the blockade and closures, and hospitals are one of the most

important The components of this health system, and the technological changes taking place in this field play a prominent role in challenging this sector. The study will be conducted within five hospitals distributed geographically in the governorates of Gaza Strip, and the following is the definition of hospitals that the study was applied to:

Al-Karamah Hospital: It is a non-profit hospital established in 2007, it works in the field of health, education and care, and it provides services to the residents of the northern and northern Gaza governorates. Al-Karamah Hospital was built on an area of 700 square meters, and it was established in 2007 in an intermediate location between the governorates of Gaza and the North, because the region is empty of institutions that provide secondary health services and the region's need for such services. The hospital was operated at the end of 2008, and it offers its medical services in the areas of reception and emergency, surgeries, obstetrics and gynecology services, overnight services for men and women, gastroscopy services, dental services, radiology, laboratories, pharmacy, and a number of specialized clinics, in addition to services Support, and more than 150,000 people benefit from its services annually.

The Patient Friends Association Hospital: It is a private non-governmental organization founded in 1980, and the association was established under No. (1984) on December 16, 1980, according to the Ottoman Associations Law issued in (1909), and according to the Charitable Societies and Private Associations Law No. (1) For the year 2000. The hospital provides services in the reception and emergency department, the gynecology and obstetrics department, the surgical operations department, the outpatient department, and the support services section (x-ray and television photography, a laboratory, a pharmacy).

Al-Wafa Hospital: Al-Wafa Hospital for Medical Rehabilitation and Specialized Surgery was established in 1996 as one of the most important programs of Al-Wafa Charitable Society to meet the urgent societal need, as it is the first and only medical rehabilitation center in the governorates of Gaza, targeting groups of movement and cognitive disabilities, fractures and their complications, and chronic diseases, And problems of ischemia of the extremities.

The hospital provides services in several areas, including: nursing care, physical therapy, occupational therapy, and outpatient clinics such as: orthopedics, cosmetology, nerves, and rehabilitation. (Hospital page on social media)

Dar Al Salam Hospital: Dar Al Salam Hospital is a charitable, non-profit charitable hospital affiliated to the Dar Al Salam Charity Association, established in 1995 to provide distinguished health service to citizens, to be the first charitable hospital to serve the southern region of Gaza Strip, and it is now the only charitable hospital that serves the Khan Yunis governorate in the southern Gaza Strip Gaza, since the hospital was founded, has benefited thousands of Palestinian citizens from its medical services.

Kuwaiti Hospital: The Kuwaiti Charitable Specialized Hospital specializes in women and childbirth, and it has clinics that include all specialties, and was established in 2007 and its headquarters in the Rafah Governorate, and the hospital plays an important role in alleviating the burden on the patients that they face in government hospitals, and the hospital includes (11) sections Medically, it serves monthly (3000) patients. (Hospital page on social media).

Quality of health services in non-governmental hospitals:

Non-governmental hospitals are obligated to allocate a portion of their human resources to study and confirm patients' satisfaction with their provided health services, in confirmation of obtaining the necessary licenses from the Ministry of Health, and these resources should work to follow up and review health work inside hospitals. Where the competent departments should improve the quality of health services provided in non-governmental hospitals, by conducting studies and continuous checks of the quality of service by distributing questionnaires that collect data about service quality and patient satisfaction, and also opening the way for employees inside hospitals to provide their views and suggestions to improve the service, The results that are set are compared with the established international standards, through which you try to reach a high degree of quality and mastery to ensure patient satisfaction.

Methodology and Procedures:

First- The Study Methodology: The study used the descriptive analytical method that relies on description, analysis and comparison with the aim of describing what is an object, and its interpretation by shedding light on the study problem to be examined, and a close understanding of its conditions, and collecting information that increases clarification of the conditions surrounding the problem. This approach is not sufficient when collecting information on the phenomenon in order to explore its manifestations and relationships; rather, it goes beyond analysis and interpretation in order to arrive at conclusions, and the proposed perception is built upon to increase knowledge of the topic.

Researchers have used two primary sources of information:

1. **Secondary Sources:** Where the researchers moved in addressing the theoretical framework of the study to secondary data sources, which are books and related references, periodicals, articles and reports, previous research and studies that dealt with the topic of study, research and reading in books and articles, refereed research, practical messages and various websites.
2. **Primary Sources:** To address the analytical aspects of the subject of the study, the researchers resorted to collecting primary data through the questionnaire as a main tool for the study, specially designed for this purpose.

Second- Study Community: The study community is defined as all the vocabulary of the phenomenon that the researcher studies, as he used the comprehensive inventory method in collecting data from the study community. Based on the study problem and its

goals; the population of this study is represented by the employees of the non-governmental hospitals in Gaza Strip covered by this study, according to the following schedule:

Table 1: Characteristics of the study population

Work Nature	The Nature Of The Contract	Karama Hospital	Patient Friends Association Hospital	Al-Wafa Hospital	Dar Al Salam Hospital	Kuwaiti Hospital	Total
The Doctors	Full-time	7	21	5	0	17	
	Unavailable	13	38	6	28	0	
Nurses And Wise Men	Full-time	21	27	36	0	11	
	Unavailable	0	15 th	17	20	0	
Specialists	Full-time	10	16	21	5	15 th	
	Unavailable	11	3	3	8	0	
Technicians	Full-time	0	13	15 th	1	5	
	Unavailable	0	0	0	1	0	
Administrators	Full-time	0	20	17	10	9	
	Unavailable	6	1	0	13	0	
Employees And Services	Full-time	0	5	18	6	10	
	Unavailable	4	2	0	6	0	
Total Summation	Full-time	38	102	112	22	67	
	Unavailable	34	59	26	76	0	195
The Final Total		72	160	138	98	68	536

Source :prepared by the researchers based on the Palestinian Health Information Center data and data hospitals (2020) (434) individuals from the study population responded, and the following table shows the distribution of respondents according to the study variables:

Table 2: Distribution of respondents according to Personal variables

Gender	Male		Female			Total	
	273		161				
Qualification	Diplomas or less		Bachelor		Postgraduate	434	
	92		308		34		
Age Group	20 - less than30	30 - Less than40		40 - Less than50		50 years and over	434
	79	238		87		30	
Years Of Service	Less than 5 years	5 - Less than 10 years		10 - Less than 20 years		20 years and over	434
	74	236		92		32	
Occupation	A doctor	Nurse	specialist	Technical	Administrative	Services employee	434
	67	148	84	34	76	25	
The Hospital	Karama		Patient friends	Al-Wafa	Dar Al Salaam	Kuwaiti	434
	59		147	92	76	60	

Third: The Study Tool

The data collection was chosen from the study population through the questionnaire, where the questionnaire was prepared on “the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip,” as it consists of three main sections:

The First Section: is the personal data of the respondents: (Gender, Educational Qualification, Age Group, Years of Service, Job, and And Hospital).

The Second Section: a measure of responsive flexibility

Section Three: Measuring Service Quality Improvement

Description of the Response Flexibility Scale: The Responsive Flexibility Scale consists of (21) statements, and the following table explains that:

Table 3: Distribution of the items of the response flexibility measure on the different fields

#	The Field	Number Of Paragraphs
1.	Responsive Flexibility	6

2.	Quality Of Service	15
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Correcting The Scale: Each paragraph is answered according to the decimal scale, and this scale is given grades (1-10).

Fourth: The Truth of the Questionnaire

The Second Stage: the rationing stage, which included the validity and reliability calculation of the test.

- The Validity of The Arbitrators:** The scale was presented in its current form to a number of specialized arbitrators from business administration professors, to identify the suitability of the questionnaire expressions and their representation of the aspects involved. The required adjustments have been made to the scale, which means that the scale is valid for application.
- The Validity Of The Construction Using The Internal Validity Method:** The scale was applied to the experimental sample and it numbered (32) from the original community members of the study. All paragraphs obtained a significance level of 0.05, and this indicates that the scale is characterized by a high degree of validity of the internal consistency.

– **Results of the internal consistency of the Scale**

Table 4: The correlation coefficient between each paragraph of the "responsive flexibility" field and the total score of the field

#	Paragraph	R	Sig.
1.	The hospital is planning	.675	0.00
2.	The hospital works to exploit the opportunities resulting from the plans that are developed to face the change in the future	.718	0.00
3.	The hospital takes into account a range of emergency events when developing strategies	.733	0.00
4.	Strategic plans focus on dealing with expected situations, so that you can keep up with unexpected events	.778	0.00
5.	The hospital distributes available resources, with the aim of achieving adaptation to unforeseen circumstances	.790	0.00
6.	The hospital has creative plans that determine how to achieve the set goals in exceptional circumstances	.696	0.00

Table 5: The correlation coefficient between each paragraph of the service quality improvement scale and the overall score of the scale

#	Paragraph	R	Sig.
1.	The hospital has comfortable and convenient public facilities for patients	.574	0.00
2.	There are enough beds for patients inside the hospital	.507	0.00
3.	The hospital enjoys an easily accessible location	.671	0.00
4.	Patients are informed of when the service is provided	.503	0.00
5.	Hospital staff are keen to answer patients' inquiries	.722	0.00
6.	The hospital takes care of patients' complaints	.560	0.00
7.	Medical cases are monitored continuously	.729	0.00
8.	The hospital is working to simplify administrative procedures that facilitate the provision of services to patients	.676	0.00
9.	Provide basic medicines or direct patients to their places outside the hospital	.788	0.00
10.	Medical services are provided to patients on a permanent basis	.737	0.00
11.	The hospital management is able to control the external factors that affect the provision of services to patients	.499	0.00
12.	The hospital maintains the confidentiality of patient information	.738	0.00
13.	Community customs and traditions are taken into account when providing medical services	.749	0.00
14.	There is a high level of order within the hospital	.772	0.00
15.	The hospital can handle a large number of patients	.675	0.00

Fifth: The Stability of the Questionnaire

Stability Of The Scale: The researchers verified the stability of the scale on a pilot sample of (32) individuals. The stability of the scale was calculated using the two half-segmentation methods and Cronbach's Alpha.

1. Split-Half Method

The correlation coefficient between the total of the even and the total of the individual statements of the test and its ranges was calculated, using the Spearman Brown equation, and the reliability coefficients were all high, which indicates that the scale has a high degree of stability. The following table shows that:

Table 6: The coefficient of stability of the response elasticity scale by the half segmentation method

#	Dimensions	Number Of Paragraphs	Correlation Coefficient Before Adjustment	Correlation Coefficient After Adjustment	Indication Level
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1.	Responsive Flexibility	6	0.835	0.910	0.00
2.	Improve Service Quality	15	0.886	0.935	0.00

2. Cronbach's Alpha Method

The reliability coefficient of the Cronbach alpha was calculated, and the overall scale reliability coefficient was (0.909), which is a significant and high reliability coefficient, and the reliability was calculated by the Cronbach alpha method for all areas of the scale, and the following table shows that:

Table 7: Alpha-Cronbach stability coefficients for each area of response flexibility

#	Dimensions	Stability Coefficient
1.	Responsive Flexibility	0.823
2.	Improve Service Quality	0.907

It is evident from the previous table that the reliability coefficients are all statistically significant, confirming the validity of the scale for application. By doing; the researchers have confirmed the validity and reliability of the study tool, which makes him fully confident of the validity of the questionnaire and its validity to analyze the results, answer the study questions and test its hypotheses.

Data analysis, study hypotheses, and discussion

It includes an offer to analyze data and test the hypotheses of the study, by answering the study questions, reviewing the most prominent results of the study tool that was reached through analyzing its paragraphs, and finding out the personal data of the respondents; Therefore, statistical treatments were performed for data collected from the study questionnaire, as the Statistical Packages Program for Social Studies (SPSS) was used to obtain the results of the study that was presented and analyzed.

Statistical description of the study sample according to personal data

The following is a presentation of the characteristics of the study sample according to personal data

Table 8 : Distribution of the study sample according to personal data

Personal Data		The Number	Percentage%
Gender	Male	273	62.9%
	Female	161	37.1%
	Total	434	100.0%
Qualification	Diploma or less	92	21.2%
	Bachelor	308	71.0%
	Postgraduate	34	7.8%
	Total	434	100.0%
Age Group	20 - Less than 30 years old	79	18.2%
	30 Less than 40 years old	238	54.8%
	40 Less than 50 years old	87	20.0%
	50 years and over	30	6.9%
	Total	434	100.0%
Years Of Service	Less than 5 years	74	17.1%
	5 - Less than 10 years	236	54.4%
	10 - Less than 20 years	92	21.2%
	20 years and over	32	7.4%
	Total	434	100.0%
Occupation	A doctor	67	15.4%
	Nurse	148	34.1%
	Specialist	84	19.4%
	Technical	34	7.8%
	Administrative	76	17.5%
	Services employee	25	5.8%

	Total	434	100.0%
The Hospital	Karama	59	13.6%
	Patient friends	147	33.9%
	Al-Wafa	92	21.2%
	Dar Al Salaam	76	17.5%
	Kuwaiti	60	13.8%
	Total	434	100.0%

It is clear from the previous table that 62.9% of the study sample are male, while 37.1% are female. The researchers attribute this increase to males compared to females to the fact that there is a noticeable tendency to appoint males more than females, due to the prevailing cultural and societal factors in Palestinian society, in addition to the nature of hospital work that focuses more on males, their ability to withstand the pressure of work in the medical field and what it needs from work and shifts around the clock, in addition to the population distribution in Gaza Strip, and this statistic is consistent with statistics for the male to female ratio of the workforce in Palestine, where the workforce survey published by the Palestinian Central Bureau of Statistics for 2017, showed that a rate of 71 % Of the workforce is male, while 29% are female, which partly explains the increase in the number of males in the study population.

It is clear that 71.0% of the study sample are holders of a bachelor's degree, while 21.2% of diploma holders or less, and 7.8% of graduate students. The researchers attribute that the largest number of individuals in the sample hold a bachelor's degree, as it is the basic academic qualification for employment standards within the hospitals under study.

As it is clear from the previous table, that 54.8% of the study sample is from the age group between 30-less than 40 years, while we find that 20% of the age group between 40-less than 50 years, and that 18.2% of Category: The age group is between 20 - less than 30, and the rest is greater than the older age group. The researchers attribute that the largest proportion of the study population are from the age group less than 40 years, and that the tasks and burdens placed on the occupants of these jobs need to bear the pressure of work, and require the spirit of youth, and this means that the study population is a young community, given the category of 50 Years and above, which was 6.9% of the study population.

It is clear from the previous table, that 54.4% of the study sample have years of service between 5-less than 10 years, while we find that 21.2% of those with years of service are between 10 - less than 20 years, and that 17.1% of Those with years of service between less than 5 years, and the remainder of the years with the largest service. The researchers attribute that the percentage of those who have been serving for less than 5 years is 17.1% to the weakness and lack of job opportunities in the labor market in Gaza Strip in the past five years, according to the Central Bureau of Statistics that the unemployment rate in Gaza Strip for the year 2018 amounted to 53.7%. The researchers attribute the reason that the largest percentage of the study population is for those who served for a period ranging from 5 to less than 10 years, due to the rapid and successive political and security changes in Gaza Strip in the last ten years, which required the departments of these hospitals under study to absorb a greater number of Employees, albeit with fixed-term contracts, to cover the needs of citizens and beneficiaries of medical services.

It is also clear that 34.1% of the study sample are nurses and wise men, while we find that 19.4% are specialists, that 17.5% of administrators, 15.4% of doctors, 7.8% of technicians, and the rest of the service staff. The researchers attribute that the largest percentage of the study population are nurses and sages, because the tasks that fall on them and the experiences they have are greatly appropriate, because of the services provided to patients in these hospitals, and that the number of graduates from the nursing specialties is increasing significantly, especially That high school graduates, both science and humanities, can enroll in nursing programs at universities, especially diploma. The researchers attribute the percentage of doctors, which is 15.4%, because most of the employees in these hospitals work part-time inside.

It is also clear that 33.9% of the study sample is from the Friends of the Patient Hospital. The researchers attribute this to being located in Gaza City and it is the oldest among the hospitals searched, while 21.2% of Al-Wafa Hospital, and the researchers attribute that the number of employees in Al-Wafa Hospital, is the second in terms of the number to that it is the only hospital that provides services to the elderly in Gaza Strip, and 17 .5% of Dar Al-Salam Hospital, 13.8% of Al-Karamah Hospital, and the remainder 13.6% of Al-Karamah Hospital, and this is consistent with the distribution of the study population. In the opinion of the researcher, these ratios are reasonable and logical, and they attribute them to the natural distribution of the population in each of the governorates to which the hospitals under study were distributed.

The Criterion Adopted In The Study (Ozen et al., 2012): To determine the criterion adopted in the study, the length of the cells was determined in the Likert pentaton scale by calculating the range between the degrees of the scale (10-1 = 9), and then dividing it by 5 to get five Categories; Thus: the length of the cell is i.e. (5/9 = 1.80), after which this value was added to the lowest value in the scale (the beginning of the scale which is a correct one), in order to determine the upper limit of this cell, and so the length of the cells became as shown in the following table :

Table 9: Shows the test approved in the study

SMA	Relative Weight	Degree Of Approval
From 1 - 2.79	From 10% - 27.9%	Strongly Disagree
From 2.80 - 4.59	From 28% - 45.9%	Disagree
From 4.60 - 6.39	From 46% % - 63.9	Medium (neutral)
From 6.40 - 8.19	From 64% - 81.9%	Agree
From 8.20 - 10	From 82% - 100%	Strongly Agree

To explain the results of the study and judge the level of response, the researchers relied on the arrangement of arithmetic averages at the level of the questionnaire and the level of paragraphs in each field, and the researchers determined the degree of approval according to the criterion approved for the study.

The Answer to the Study's Questions:

The Result of The First Question: which states: "What is the level of response flexibility of workers in non-governmental hospitals in Gaza Strip?"

To answer the question, the researchers used averages, standard deviations, and percentages, according to the following table:

Table 10: the arithmetic mean, standard deviation, relative weight, and ranking for each paragraph of the field "Responsive flexibility"

#	Paragraph	SMA	Standard Deviation	Relative Weight	Rank	Degree Of Approval
1.	The hospital is planning	6.18	2.188	61.80%	1	Neutral
2.	The hospital works to exploit the opportunities resulting from the plans that are developed to face the change in the future	5.94	2.145	59.40%	5	Neutral
3.	The hospital takes into account a range of emergency events when developing strategies	6.13	2.145	61.30%	2	Neutral
4.	Strategic plans focus on dealing with expected situations, so that you can keep up with unexpected events	6.12	2.044	61.20%	3	Neutral
5.	The hospital distributes available resources, with the aim of achieving adaptation to unforeseen circumstances.	6.01	2.137	60.10%	4	Neutral
6.	The hospital has creative plans that determine how to achieve the set goals in exceptional circumstances	5.93	2.211	59.30%	6	Neutral
Total Marks		6.0498	1.57259	60.50%		Neutral

From the previous table, the following can be drawn:

- The arithmetic mean of the first paragraph: "The hospital intends to plan" equals 6.18 (total score out of 10), meaning that the relative weight is 61.80%, and this means that there is an average (neutral) agreement by the sample members for this paragraph. The researchers attribute this to the fact that planning is one of the most important steps that any institution that wants to succeed must implement and develop, and due to the importance of the health sector, planning is the cornerstone of facing the dynamic challenges surrounding this sector, and it helps it overcome the obstacles that stand in its way.
- The arithmetic mean of the sixth paragraph: "The hospital has creative plans that determine how to achieve the set goals in exceptional circumstances" equals 5.93, meaning that the relative weight is 59.30%, and this means that there is an average approval by the sample members for this paragraph. The researchers attribute that to the fact that the volatile and changing situation in Gaza Strip affects the progress of the plans that are drawn up, and that developing creative plans requires high medical, health and logistical capabilities to be implemented, which is not provided due to the scarcity of these capabilities.

In general, it can be said that the arithmetic mean of the field of response flexibility equals 6.05, meaning that the relative weight is 60.50%, and this means that there is an average agreement by the sample members for the paragraphs of this field. The researchers attribute this to the rapid and sudden change in the conditions in Gaza Strip, which may differ in reality with any plans that are put in place, the weakness of the medical capabilities and resources that are supplied, and the strengthening of the health sector with them, in addition to the deterioration of medical equipment and technologies in these hospitals.

These results are in agreement with some previous studies. As a study (Al-Nsour, 2019), a study (Budianto, 2019), and a study (Byline, et al, 2014).

The Result of the Second Question, Which States: "What is the degree of improvement in service quality in non-governmental hospitals in Gaza Strip?"

To answer this question, the arithmetic mean, standard deviation, relative weight, and the ranking were used to find the degree of approval, and the results are shown in the following tables:

Table 11: the arithmetic mean, standard deviation, relative weight, and ranking for each paragraph of the service quality improvement scale

#	Paragraph	SMA	Standard Deviation	Relative Weight	Rank	Degree Of Approval
1.	The hospital has comfortable and convenient public facilities for patients	7.19	2.150	71.90%	15	Agree
2.	There are enough beds for patients inside the hospital	7.71	1.851	77.10%	8	Agree
3.	The hospital enjoys an easily accessible location	7.97	1.819	79.70%	4	Agree
4.	Patients are informed of when the service is provided	7.98	1.714	79.80%	2	Agree
5.	Hospital staff are keen to answer patients' inquiries	7.99	1.718	79.90%	1	Agree
6.	The hospital takes care of patients' complaints	7.67	1.956	76.70%	10	Agree
7.	Medical cases are monitored continuously	7.69	1.922	76.90%	9	Agree
8.	The hospital is working to simplify administrative procedures that facilitate the provision of services to patients	7.54	1.881	75.40%	13	Agree
9.	Provide basic medicines or direct patients to their places outside the hospital	7.61	1.801	76.10%	11	Agree
10.	Medical services are provided to patients on a permanent basis	7.97	1.744	79.70%	4	Agree
11.	The hospital management is able to control the external factors that affect the provision of services to patients	7.32	1.957	73.20%	14	Agree
12.	The hospital maintains the confidentiality of patient information	7.98	1.762	79.80%	2	Agree
13.	Community customs and traditions are taken into account when providing medical services	7.97	1.758	79.70%	4	Agree
14.	There is a high level of order within the hospital	7.55	1.878	75.50%	12	Agree
15.	The hospital can handle a large number of patients	7.85	1.956	78.50%	7	Agree
Total Marks		7.7312	1.10796	77.31%		Agree

From the previous table, the following can be drawn:

- The arithmetic mean of the fifth paragraph: "Hospital workers are keen to answer patients' inquiries" equals 7.99 (total score out of 10), meaning that the relative weight is 79.90%, and this means that there is high approval by the sample members for this paragraph. The researchers attribute this to the fact that most hospitals under study provide health services to patients for a specific fee. Consequently: The patients tend to benefit from health services in non-governmental hospitals, hoping for better services, and in order to answer their inquiries and questions, and the hospitals under study have a good number of administrators, nurses and wise men, which increases the improvement of services provided to patients, In addition, administrative and organizational regulations within hospitals oblige employees to provide the necessary services to patients and their companions at any time.
- The arithmetic mean of the fifteenth paragraph: "The hospital has comfortable and suitable public facilities for patients" equals 7.19, meaning that the relative weight is 71.90%, and this means that there is high agreement by the sample members for this paragraph. The researchers attribute this to the fact that all the hospitals under study do not have a garden, or a place to rest for patients or their companions, due to the limited space of the hospitals, and the lack of rooms of the size or large number, as in the central hospitals in Gaza, and this is due to limited financial and spatial resources, and the hospitals The subject of study is directed to take advantage of urgent medical services, which do not require a stay in the hospital for several days.

In general, it can be said that the arithmetic mean of the service quality improvement scale is equal to 7.73, meaning that the relative weight is 77.31%, and this means that there is high approval by the sample members for the paragraphs of this scale. The researchers attribute the high approval of the sample members, because the hospitals under study, which are non-governmental hospitals, provide services somewhat better than government hospitals that provide services to citizens on health insurance for free, because non-governmental hospitals provide services for a fee, Or through private insurance institutions; Therefore, it is obligated to provide better health services, provide qualified medical personnel, and try to provide modern medical equipment and devices, so that the recipient of the service avoids delay in receiving the service, which may reach in cases of surgical operations in government hospitals for more than a year, or failure to provide the necessary health aid. In addition, the relative improvement in the organizational structures of non-governmental hospitals, the increase in the level of control, and the correction increase the percentage of job satisfaction among their employees, which reflects positively on the health services provided to patients.

These results are in agreement with some previous studies. As a study (Al-Saaidh and Al-Sa'id, 2020), (Al-Nsour, 2019), (Al-Jaddi, 2018), (Al-Anzi, 2014), (Budianto, 2019), (Julius; Jatmika, 2019), and (Dubey 2019).

Hypothesis Testing

H0₁: There is a statistically significant effect, at a significance level ($\alpha \leq 0.05$), of the response flexibility on the quality of service in non-governmental hospitals in Gaza Strip.

To measure the effect, the researchers used multiple regression analysis using the simple regression method, as in the following tables:

A. Analysis Of Variance

Table 12: Analysis of variance of service quality

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	92.725	1	92.725	91.284	.000b
Residual	438.817	432	1.016		
Total	531.542	433			

Source: Prepared by the researchers with reference to statistical analysis of primary data

Through the previous table, it is clear that there is a significant correlation relationship between responsive flexibility and the overall degree of service quality, which means that the regression model is good.

B. The Coefficient Of Determination

Table 13: Determination factor for quality of service

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Quality service	.418a	.174	.173	1.00786

Source: Prepared by the researchers with reference to statistical analysis of primary data

The previous table shows that the square of the coefficient of determination $R^2 = 0.174$, which means that the response flexibility explains the improvement in the quality of service by 17.4%, which means that the change in the dependent variable (service quality) occurs as a result of the change in the independent variable (responsive elasticity). The remaining ratio is explained by other variables that were not included in the regression variables, in addition to random errors resulting from the method of data collection and the accuracy of the measurement.

C. Analyze The Regression Results

Table 14: Results of regression analysis of strategic flexibility

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	5.951	.193		30.913	.000
Responsive Flexibility	.294	.031	.418	9.554	.000

Source: Prepared by the researchers with reference to statistical analysis of primary data

From the results of simple regression the following can be inferred:

- The quality of service (the dependent variable) is fundamentally affected by a statistically significant response flexibility.
- 1. The values of T-TEST for the dimensions of responsive flexibility were statistically significant at 0.05 significance level, and it shows the strength of the effect of responsive flexibility on improving service quality.
- 2. Through the values of the Beta coefficients, an equation of the regression model can be developed that shows the impact of responsive flexibility on service quality, where the regression equation is as follows:

Y=5.951 + 0.294 X1

From the above, it becomes clear that the alternative hypothesis is correct, which states: There is a statistically significant effect at a significance level ($\alpha \leq 0.05$), of the response flexibility on the quality of service in non-governmental hospitals in Gaza Strip.

H0₂: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$) between the averages of the respondents' responses on (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip), which is attributed to the following demographic variables: (Gender Academic Qualification, Age Group, Number Of Years Of Service, And Job).

It is divided into the following sub-hypotheses:

H0_{2.1}: There are statistically significant differences at the level of ($\alpha \leq 0.05$) between the averages of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to gender.

To verify the validity of the hypothesis, the differences between the averages of the sample members according to the gender variable were calculated using the (T) test, and the following table explains that:

Table 15: means, standard deviations, and the "T" value of the scale due to the gender variable

Domains	Gender	The Number	Average	Standard Deviation	Values T	Indication Level	Significance
Responsive	Male	273	6.0855	1.57513	0.616	0.538	Not Sig.

Domains	Gender	The Number	Average	Standard Deviation	Values T	Indication Level	Significance
Flexibility	female	161	5.9892	1.57133			
Total Score For Service Quality	Male	273	7.7269	1.15480	0.108-	0.914	Not Sig.
	female	161	7.7385	1.02713			

The previous table indicates that there are no statistically significant differences in the scale dimensions attributable to the gender variable in response flexibility, and the absence of differences in service quality in non-governmental hospitals in Gaza Strip. The researchers attribute this result to the fact that employees in non-governmental hospitals in Gaza Strip - regardless of their gender - look at the dimensions of response flexibility in a unified view, because they follow a unified work strategy, live under the same working conditions, and receive the same instructions, the same courses and workshops. Work, as well as usually they receive their education in the same universities, educational, cultural and social milieu; thus: We do not find a difference in their answers about the field of responsive flexibility depending on the gender variable.

H0_{2.2}: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$), between the mean of respondents' responses, on (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip), which is attributed to the scientific qualification variable.

To test this hypothesis, the "unilateral variance" test was used, and the following table illustrates that.

Table 16: The results of the test "mono - contrast" -a variable t level of scientific qualification

The field	Averages			Test value	Probability value (Sig.)
	Diploma Or Less	Bachelor	Studies Graduate		
Responsive Flexibility	6.4384 *	5.9462	5.9363	3.609	0.028
Total Score For Service Quality	7.6604	7.7067	8.1451	2.656	0.071

* The difference between the averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

From the previous table, the following can be drawn:

It was found that the probability value (Sig.) Corresponding to the "one-way variance" test is less than the significance level of 0.05 for the field of responsive flexibility in favor of those with a lower scientific qualification (diploma or less), as it was found that they are more flexible; Thus, it can be concluded that there are statistically significant differences between the averages of the study sample estimates in these fields, due to the scientific qualification variable, while there are no differences in the quality of service according to the scientific qualification. The researchers attribute this to the fact that employees holding a diploma or less are striving for advancement in their job positions and seeking to obtain material and employment incentives. Therefore, they are keen to respond and adapt to environmental changes quickly.

To find out the direction of the differences, the LSD test was used as in the following tables:

Table 17: Test results LSD to compare the averages of the scientific qualification categories for the field of Responsive Resilience

Categories	The Difference Between The Averages		
	Diploma Or Less	Bachelor	Studies Graduate
Diploma or less			
Bachelor	0.4922		
Studies graduate	- 0.5021*	-0.0099	

* The difference between the SMPS statistically significant at the level of significance $\alpha \leq 0.05$

The previous table shows the results of the LSD test for comparing the averages of the scientific qualification categories in the field of responsive flexibility, where the results show the existence of statistically significant differences between the averages of those whose academic qualification is diploma or less with the scientific qualification (postgraduate) in favor of academic qualifications diploma or less.

H0_{2.3}: There are statistically significant differences at the level of significance ($\alpha \leq 0.05$), between the mean of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that are attributed to the age group variable.

To test this hypothesis, the "unilateral variance" test was used, and the following table illustrates that.

Table 18: Test results "mono – contrast" -a variable t age group

The Field	Averages				Test Value	Sig
	20 -Less than 30 years old	30 - Less than 40 years old	40 -Less than 50 years old	50 years or more		
Responsive Flexibility	6.7300*	5.9762	5.6199	6.0889	7.606	0.000
Total score for service quality	7.9676*	7.6600	7.5935	* 8.0733	2.968	0.032

* The difference between the averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

From the previous table, the following can be drawn:

It was found that the probability value (Sig.) Corresponding to the “one-way variance” test is less than the significance level of 0.05 for the response flexibility. Thus, it can be concluded that there are statistically significant differences between the averages of the study sample estimates attributable to the age group variable. The researchers attribute this to the fact that employees in the lower age group work more efficiently and with greater vitality, and this is a natural result of employees under 30 years of age, especially in the field of information.

To find out the direction of the differences, a test was used LSD as in the following tables:

Table 19: Test results LSD to compare age-group averages for the Responsive Resilience Domain

Age group	The Difference Between The Averages			
	20 -less than30	30 - less than40	40 -less than 50	50 years or more
20 -less than 30				
30 - less than 40	0.7538 * -			
40 - less than 50	1.1100 * -	0.3563 -		
50 years or more	0.6411 * -	0.1127	1.4689	

* The difference between the two averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

The previous table shows the results of the LSD test to compare the averages of the age group for the field of responsive flexibility, as the results show the presence of statistically significant differences between the average age group, in favor of the younger age group (20 - less than 30 years) compared with the older age group. Differences between the rests of the age group.

Table 20: Test results of LSD to compare the average age group to the overall quality of service score

Age group	The difference between the averages			
	20 -less than30	30 - less than40	40 -less than 50	50 years or more
20 -less than 30				
30 - less than 40	0.3076 *-			
40 - less than 50	0.3740 *-	0.0664		
50 years or more	0.1058	0.4134 *	0.4798 *	

* The difference between the two averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

The previous table shows the results of the LSD test to compare the average age group to the overall quality of service score, as the results show that there are statistically significant differences between the average age group, in favor of the younger age group (20 - less than 30 years) compared with the older age group, and that there are Differences between the age group 50 years and over with the age group 30 - less than 40 years, and the group 40 - less than 50 years in favor of the age group 50 years and over. No differences were found between the rests of the age group. The researchers attribute that the differences are in favor of the older group because of the accumulated experience that was generated, through working for a greater number of years and possibly working in several different places and environments, which have a significant impact on improving the quality of health services provided to patients, and the employees with the age group 50 years or more, the concepts of services, especially health, have become entrenched in them, due to their personal need for such services, and this is what they wish to present to patients because they know for sure that patients need them.

H0_{2.4}: There are statistically significant differences at a significant level ($\alpha \leq 0.05$), between the mean of respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to the variable of years of service.

To test this hypothesis, the "unilateral variance" test was used, and the following table illustrates that.

Table 21: the results of the test" contrast mono "- the variable t of years of service

The Field	Averages				Test value	Sig
	Less Than 5 Years	5 -Less Than 10 Years Old	10 -Less Than 20 Years Old	20 Years Or More		
Responsive Flexibility	6.5045 *	5.8493	6.2826	5.8073	4.366	0.005
Total score for service quality	7.8773	7.5783	7.9247	7.9646 *	3.391	0.018

* The difference between the averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

From the results shown in the previous table, the following can be concluded:

It was found that the probability value (Sig.) Corresponding to the test of "unilateral variance" is less than the significance level of 0.05 for the responsive flexibility and quality of service. Thus, it can be concluded that there are statistically significant differences between the averages of the study sample estimates attributable to the years of service variable, in favor of the lesser service years category. (Less than 5 years), while we find that there are differences in the quality of service in favor of the larger category of years of service (20 years or more). The researchers attribute that the increase in the quality of service among the group of employees since 20 years or more is due to the increase in experience and knowledge, which are refined with the frequency of

years, and the coexistence of a greater number of patients and cases, which increases the percentage of competence and skill, which translates into the remarkable increase in health and medical services provided to patients.

To find out the direction of the differences, the LSD test was used as in the following tables:

Table 22: Test results of LSD to compare the average years of service for the field of response resilience

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 -Less than 10 years old	10 -Less than 20 years old	20 years or more
Less than 5 years				
5 - Less than 10	0.6552 *-			
10 - less than20	0.2219-	0.4333 *		
20 years or more	0.6972 *-	0.0420	0.4732 *-	

* The difference between the two averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

The previous table shows the results of the LSD test to compare the average years of service for the field of responsive flexibility, where the results show statistically significant differences between the average years of service, in favor of the category of years of service less (less than 5 years), and it was found that there are differences between years of service 10 - less From 20 years with the category (5-10 years) in favor of the category (10-20 years), and between the years of service 20 years or more with the category (5-10 years) in favor of the category 20 years or more, and no differences were found between the remaining years of service.

Table 23: Test results of LSD to compare the average years of service to the overall service quality score

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 -Less than 10 years old	10 -Less than 20 years old	20 years or more
Less than 5 years				
5 - Less than 10	0.2989 *-			
10 - less than20	0.0474-	0.3464 *		
20 years or more	0.0873-	0.3862	0.0398-	

* The difference between the two averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

The previous table shows the results of the LSD test for comparing the average years of service to the total degree of service quality, as the results show that there are statistically significant differences between the average years of service, in favor of the category of fewer years of service (less than 5 years) compared to other categories of years of service. Differences between years of service 10 - less than 20 years with the category (5 - less than 10 years) in favor of the category (10 - less than 20 years). No differences were found between the remaining years of service. The researchers attribute this to the existence of single policies, controls and systems that regulate work within hospitals, and the existence of a homogeneous environment within them.

H0_{2.5}: There are statistically significant differences at the level of ($\alpha \leq 0.05$), between the mean of the respondents' responses, about (the effect of responsive flexibility in improving service quality in non-governmental hospitals in Gaza Strip) that is attributed to the job.

To test this hypothesis, the "unilateral variance" test was used, and the following table illustrates that.

Table 24: the results of the test" contrast mono "-the variable t function

The Field	Averages						Test Value	sig
	A doctor	Nurse/ Sage	Specialist	Technical	Administrative	Officer Services		
Responsive Flexibility	5.8383	5.9095	6.0357	6.1863	6.4189	6.1867	1.412	0.219
Total Score For Service Quality	7.9037	7.7971	7.6596	7.3863	7.7205	7.6213	1.212	0.302

* The difference between the averages is statistically significant at a significance level of ($\alpha \leq 0.05$)

From the previous table, the following can be drawn:

The probability value (Sig.) Corresponding to the "single-variance" test was found to be higher than the significance level of 0.05 for responsive flexibility, and no differences in QoS according to the function were found; Thus, it can be concluded that there are no statistically significant differences between the averages of the study sample estimates attributable to the job. The researchers attribute this to the existence of single policies, controls and systems that regulate work within hospitals, and the existence of a homogeneous environment within them.

Conclusion and Recommendations

Conclusions

The study reached several results and were classified as follows: results related to demographic variables, results related to the independent variable (responsive flexibility), results related to the dependent variable (service quality), results related to hypothesis testing, and results of achieving goals.

1. Results related to the independent variable (responsive elasticity):

- The results of the study showed that there was a moderate degree of agreement by the study sample on the response flexibility of employees in non-governmental hospitals in Gaza Strip, as it was evident through the field of response flexibility having a relative weight of 60.50%.

2. Results related to the dependent variable (service quality):

- The results of the study showed a high degree of approval by the study sample on the quality of service among employees in non-governmental hospitals in Gaza Strip, as it was evident through the field of service quality that obtained a relative weight of 79.90%.

3. Results related to hypothesis testing:

▪ Results related to testing of the first main hypothesis and the hypotheses branching from it

- The results of the study revealed that there is a statistically significant relationship at the level of significance ($\alpha \leq 0.05$), between responsive flexibility and service quality in non-governmental hospitals in Gaza Strip, with a correlation factor of 0.418.

▪ The results related to the second main hypothesis test: the effect between variables

- The results of the study revealed that there is a statistically significant effect at the level of ($\alpha \leq 0.05$) for the responsive flexibility on the quality of service in non-governmental hospitals in Gaza Strip. The results of the analysis showed that the coefficient of determination was 0.174, and this means that the response flexibility explains the improvement in service quality by 17.4%, which means that the change in the dependent variable (service quality) occurs as a result of the change in the independent variable (responsive elasticity), while the remaining percentage is 82.6% are explained by other variables that were not included in the regression variables, in addition to the random errors resulting from the data collection method and the accuracy of the measurement.

▪ Results related to the third major hypothesis test:

- The results of the study found that there were no statistically significant differences at a significant level ($\alpha \leq 0.05$) in response flexibility, and there were no differences in the quality of service in non-governmental hospitals in Gaza Strip, attributable to the variables of gender and employment.
- The results of the study found that there were statistically significant differences at the level of significance ($\alpha \leq 0.05$) in the response flexibility and its overall degree, and the absence of differences in the quality of service in non-governmental hospitals in Gaza Strip due to the variables of the age group, academic qualification, and years of service.

Recommendations

Through the findings of this study, the most important recommendations that may contribute to increasing the flexibility of employees in non-governmental hospitals in the governorates of Gaza Strip can be explained, in addition to recommendations related to strengthening their role in improving service quality in the hospitals under study, and general recommendations in accordance with for sound visions. The researchers here hope that these recommendations will be implemented in order to improve the level of service quality in the surveyed hospitals, and to enhance the role of responsive flexibility in them.

1. Recommendations related to demographic variables

- Work out a balance in the ratio of males and females to the cadres that are hired, by attracting a sufficient number of females.
- Work to recruit young people and those with energy to vacate jobs in the hospitals under study, because this group is dynamic and active, similar to the elderly.
- The use of an administrative cadre distinguished by academic and practical qualifications and holders of certificates, because they may be the most capable of performing administrative functions and understanding their requirements.
- The necessity for the academic experience and qualifications of the title holders and department heads, with experience and higher degrees to be consistent with their work requirements.

2. Responsive flexibility recommendations

- Work to update information systems, archiving and networks through which data and information are transferred between departments, and create mechanisms through which stored information can be used to enhance decision-making.

- Work on attracting individuals to fill supervisory and medical positions, so that they are experienced, and have worked in the health field, and work on training and developing their skills.
- Creating new strategies through which possible future scenarios are developed, so that the hospital cannot deal with any change and determine the required response to the change.
- Increased capacity to create and seize opportunities, and the hospital to be prepared for unexpected environmental conditions.
- Work to strengthen cooperation between hospital administrations, the Ministry of Health, UNRWA, and international and local relief institutions to help provide equipment, devices and medicines.
- Providing appropriate organizational conditions to develop responsive flexibility, by reducing the degree of centralization in decision-making, and delegating some powers, with a focus on interaction between employees to achieve cooperation.
- Increase coordination between employees inside the hospital and between departments, functional units and pharmacies, and determine the nature of the overlap in tasks between each of them.

3. Recommendations regarding service quality

- Removing barriers between doctors and patients, creating a language of dialogue and speaking with patients in a way that they understand.
- Establishing an effective system to receive patients' complaints that guarantees prompt response and treatment, to achieve continuous communication between them and the hospital administration, or to activate the complaints boxes in the hospital, and to notify patients of dealing with the complaints that they submit.
- Working to provide all medical and health specialties in the hospitals under study, by making use of the medical delegations entering Gaza Strip and involving them in the treatment processes, and by bringing in doctors and specialists from abroad.
- Developing the waiting system, and booking appointments for patients, which leads to reducing the waiting time for beneficiaries of health services.
- Development of facilities in hospitals such as: (waiting rooms, cafeterias, parks, toilets), due to their role in further improving hospital service.
- Update medical devices and equipment used in hospitals periodically.
- Continuously updating the criteria for measuring the services provided to patients, based on patients' suggestions and complaints.
- Providing clear information about the prices of medicines and medical supplies or their places of sale, in case they are not available in the hospital pharmacy.
- Encouraging employees inside the hospitals under study to present ideas and proposals that would improve the quality of services in hospitals, and provide better services to patients.

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