

# Strategic Flexibility and Its Relationship to the Level of Quality of Services Provided in Non-Governmental Hospitals

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**Abstract:** *The study aimed to determine the strategic flexibility and its relationship to the level of quality of services provided, from the viewpoint 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 consisted of (39) 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 revealed many results, the most important of which were: the existence of a moderate degree of approval by the study sample individuals on strategic flexibility, as it was evident through the area of strategic flexibility as a whole having a relative weight (60.44%). The study is on the quality of services, as it became clear through the field of service quality obtaining a relative weight (79.90%). The results of the study revealed a statistically significant relationship between strategic flexibility and the quality of services in non-governmental hospitals in Gaza Strip, with a correlation coefficient of 0.490. The study reached many recommendations, the most important of which were: the need to work on appointing young people and those with potentials, 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 work on updating information systems, archiving and networks through which data and information are transferred between departments And the creation of mechanisms by which stored information can be used to enhance the decision-making process, and 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 dealing with the complaints they submit, and work 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, updating the standards related to measuring the services provided to patients on an ongoing basis, based on the suggestions and complaints of patients, and developing facilities in hospitals As well as updating the medical devices and equipment used in hospitals periodically.*

**Keywords:** Flexibility, Strategy, Strategic Flexibility, Quality, Service, Service Quality, Hospitals, Gaza, Palestine.

## Introduction

The change in the business environment since the beginning of the last century has become an imperative that cannot be bypassed, and one of the most important changes facing institutions at the present time is the expansion of the phenomenon of globalization and changing conditions and its development, especially the emergence of new patterns in work, and other complex phenomena that have pushed institutions to The search for new methods in dealing with rapid and unexpected changes.

There is no doubt that strategic 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, because the traditional strategies of managerial activities can derail their course at an amazing speed (Al-Baghdadi and Al-Jubouri, 2015) ). The concept of strategic flexibility is the most important of the concepts of flexibility, as it provides an element of flexibility to face uncertainty and change in the environment of business organizations. It is considered one of the basic requirements for modern strategic thinking, and strategic flexibility has become one of the most important criteria in determining the strategic choices of enterprises (Ahmed and Al- Sabti, 2015).

Ahmed and Al-Sabti, (2015) defines it as "a capacity possessed by an institution that is reflected in the diversity and renewal of the resources, capabilities and competencies of the institution, and the speed with which these resources, capabilities and competencies can be exploited in order to achieve rapid responses, and to introduce innovations at all levels to deal with uncertainty in Ocean".

Quality is the important and effective element in any aspect, sector or industry, and it has become a measure of the success of any organization, whether industrial or service, and a standard of excellence in providing a product or service. And because the health sector is an important sector in any society, it was imperative to pay attention to the quality of services provided in this sector.

Hitt, et al., (1998): The success of twenty-first century organizations will depend mainly on building strategic 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 what has been witnessed in recent years of a steady increase 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 the strategic flexibility and its relationship to the quality of services provided in non-governmental hospitals 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 strategic flexibility, and how to support and enhance it, leading to improving the quality of services 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, strategic flexibility is 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 level of strategic flexibility of employees in non-governmental hospitals in Gaza Strip?

**Q2-:** What is the degree of improvement in the quality of services in non-governmental hospitals in Gaza Strip?

### **Research Objectives**

The study aims to achieve the following:

1. Determining the relationship of strategic flexibility with the level of quality of services provided in hospitals, from the point of view of the internal user in non-governmental hospitals in Gaza Strip.
2. Identifying the quality of services from the point of view of the internal beneficiary in non-governmental hospitals in Gaza Strip.
3. Determine the nature of the relationship between strategic flexibility and service quality, from the point of view of the internal user in non-governmental hospitals in Gaza Strip.
4. Presenting a set of recommendations to decision-makers in the researched hospitals, which would increase the impact of strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip.

### **Research Importance**

The importance of the study is evident in two aspects:

#### **Scientific (Theoretical) 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 strategic flexibility and the quality of services, 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 strategic flexibility and its role in improving services.

#### **Practical (Applied) Importance:**

Through this study, researchers hope that:

1. It provides decision-makers in non-governmental hospitals in Gaza Strip with a realistic and clearer vision about the concept of strategic 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 relationship of strategic flexibility with the quality of services, as the quality of services and their improvement is the goal of every institution regardless of the nature of its activities. The health sector, on which the study was conducted, is considered one of the most important pillars and pillars of preserving society.
3. Working to improve the quality of the services 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

**H<sub>01</sub>:** There is a correlational relationship of statistical significance at the level of significance ( $\alpha \leq 0.05$ ), between strategic flexibility and the level of quality of services in non-governmental hospitals in Gaza Strip.

From the first main hypothesis, several sub hypotheses are branched, namely:

**H<sub>01.1</sub>:** There is a correlation relationship of statistical significance at a significance level ( $\alpha \leq 0.05$ ) between information flexibility and service quality in non-governmental hospitals in Gaza Strip.

**H<sub>01.2</sub>:** There is a statistically significant correlation between ( $\alpha \leq 0.05$ ) between the flexibility of human resources and the quality of services in non-governmental hospitals in Gaza Strip.

**H<sub>01.3</sub>:** There is a statistically significant correlation at the level of significance ( $\alpha \leq 0.05$ ) between response flexibility and quality of services in non-governmental hospitals in Gaza Strip.

**H<sub>01.4</sub>:** There is a statistically significant correlation relationship at a significance level ( $\alpha \leq 0.05$ ), between proactive flexibility and quality of services in non-governmental hospitals in Gaza Strip.

**H<sub>02</sub>:** There are statistically significant differences at the level of significance ( $\alpha \leq 0.05$ ) between the mean of the respondents' responses, on (the effect of strategic flexibility in improving the quality of services 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, job).

### From The Second Main Hypothesis, Several Sub Hypotheses Are Branched, Namely:

**H<sub>02.1</sub>:** 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 strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip) that is attributed to gender.

**H<sub>02.2</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip) that is attributed to the scientific qualification variable.

**H<sub>02.3</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip) that are attributed to the age group variable.

**H<sub>02.4</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip) that is attributed to the variable of years of service.

**H<sub>02.5</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ) between the averages of the respondents' responses about (the effect of strategic flexibility in improving the quality of services 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 Limitations:** The current study was limited to identifying the relationship of flexibility with the level of quality of services, 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 Boundaries:** Data and information were collected on the subject of the study, which is the impact of strategic flexibility on improving the quality of services in non-governmental hospitals in Gaza Strip, and this study will be completed during the year (2020).
4. **Spatial Boundaries:** 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, and Al-Kuwaiti Hospital).

### Research Terminology

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

- **Strategic Flexibility:** a strategic presence increases the institution's ability to try to adopt a new method or option to try to reduce the existing gap between reality and what is planned by reconciling resources and needs, taking unexpected events into account and diversifying the services provided, and strategic flexibility can be achieved by overcoming inertia. Perception by the organizations' higher management (Abu-Nahel et al., 2020).
- **Quality of Services:** It 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 (Hoffman, Bateson, 2011). (Abu-Nahel et al., 2020) defined it as the indicator by which the beneficiaries' satisfaction with the service that they received is measured in relation to what the service recipients expected before receiving the service and the resulting feedback.

### 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 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, and there are what are related to the current study, and others are partly related to its components. During the presentation, the focus was on the objectives of the main studies, the methodology used, and the most important findings. The studies are arranged from newest 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.
- 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 (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 (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 (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.
- The study of (Al-Tahrawi, 2019) aimed at analyzing the impact of decision support systems on strategic flexibility in Jordanian telecom companies, as a questionnaire was developed to collect primary data and distributed to (240) employees who made up the study sample. Use SPSS software to analyze data. Among the most important findings of the study: The extent of managers' perceptions in Jordanian telecom companies of decision support systems and strategic flexibility were high, and this reflects the management's awareness of the importance of these variables in the success and superiority of their companies. And that the level of managers' perceptions in Jordanian telecom companies for strategic flexibility has reached a high level, and this reflects the management's awareness of the importance of these variables in the success and superiority of their companies. And the existence of a statistically significant impact of decision support systems in its dimensions: (data management system, model base management system, knowledge management system, and user interface system) on strategic flexibility in its dimensions: (market flexibility, production flexibility, and capacity flexibility) in Jordanian telecom companies.
- 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 (Bin Ahmed, 2017) which aimed to measure and assess the level and impact of strategic flexibility in achieving the quality of performance effectiveness and competitiveness of the telecommunications corporation (Mobilis). To achieve the goals of the study, the study method was based on the descriptive, field and analytical approach, which helps clarify and shed light on the important aspects of this study. As for the study sample, it was represented in: (General Manager, Director of Marketing, Director of Operations, Director of Human Resources, Information Director, and Director Financial). The researcher relied on a comprehensive survey method for the purposes of this study. Among the most important results of the study is that strategic flexibility plays an important role in achieving a quality of effective performance to achieve high competitiveness, through its various marketing, production, financial and human functions, at the level of the organizational structure, and at the level of its information system. The study showed through the responses of the sample individuals that the dimensions of strategic flexibility are of varying importance in the Mobilis Foundation, where all the averages of the paragraphs reached a high degree of approval, and this result is due to the awareness of the Mobilis Foundation management of the great importance of strategic flexibility, and taking it into consideration of the career level of the institution while carrying out the strategic planning process.
- 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.

## **Theoretical Framework**

### **First - Strategic Flexibility**

The ability of organizations and institutions to change and adapt according to the circumstances surrounding them, 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. 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.

**Concept of Strategic Flexibility:** Defining a clear concept of strategic flexibility is a difficult matter, like other administrative terms, as the concepts varied and differed due to the different trends and approaches that could be adopted in defining them. What is between reality and what is planned by reconciling resources and needs, taking unexpected events into account and diversifying the services provided, and strategic flexibility can be achieved by overcoming perceptual inertia by the organizations' top management (Abu-Nahel et al., 2020). (Ernest O-Tucker & Patrick Stacey, 2018) defined it as the company's ability to survive and succeed in a rapidly changing, multi-dimensional competitive environment. (Xiu & others, 2017) also defined it as the company's ability to anticipate or respond quickly to change under strong competitive conditions, which leads the company to develop or maintain a competitive advantage. He also defined it (Li et al., 2016) as the dynamic capacity of the organization that enables it to obtain competitive superiority in an unstable environment, by rapidly adjusting the strategies used, and exploiting the resources of the organization.

**Dimensions of Strategic Flexibility:** After searching for the dimensions that could interact with each other to create a general framework for strategic flexibility, the researchers found many opinions that addressed the dimensions of strategic flexibility during previous studies of a group of researchers, and the following dimensions were chosen:

**First: Information Flexibility:** It is the sufficient amount that the institution possesses of accurate information that is collected from the surrounding environment and from the beneficiaries of the services, which helps the organization in setting plans and goals and how to achieve them and increase the satisfaction of the beneficiaries of the service (Abu-Nahel et al., 2020).

It is the ability of the organization to extract and use the old data it has in its archives, and to analyze it to help it make and support decisions in it (William, Gerald & David, 2008). It is also the ability to make a good choice of methods of building information systems with the different needs of the organization for information, to respond to the changing needs of customers, and it is also related to the ability of the organization to do multiple and varied work simultaneously, through the use of communication, exchange and sharing of data within the organization (Lee & Wang, 2000).

**Second: Human Resources Flexibility:** They are the skills, experiences and knowledge that the employees of the organization possess, which can be transformed into human energies that can be directed to diagnose needs and implement complex tasks and tasks, and the ability of the institution to perform a wide range of tasks depending on the capabilities of its individuals (Abu-Nahel et al., 2020). It is also the ability of the human resources system to facilitate the ability of the organization to adapt effectively and in a timely manner to the changing or varied demands of its environment, or from within the organization itself (Zolin, et al, 2010). It includes both numerical flexibility and functional flexibility, as numerical flexibility is the ability to change the number of employees or the number of working hours, and functional flexibility is the willingness of employees to perform the various tasks that are necessitated by the continuous work need (Miltenburg, 2003). It is also the amount possessed by individuals of skills and behaviors that provide the organization with options to implement alternative strategies, and the organization can possess this level of skills to face fluctuations, through human resource practices existing within the organization (Wright & Snell, 1998).

**Third: Responsive Flexibility:** It is the institution's ability to identify the surrounding environmental changes and respond to them effectively and to adapt the available resources in proportion to the external changes (Abu-Nahel et al., 2020).

It is the amount of the organization's rapid capabilities to sense change, determine the response that fits the change, and its ability to reconfigure the capabilities and resources of the organization in line with the response (Lindren & Bandhoold, 2016). It is also the ability of the organization to distribute the available resources and change the pattern of its activities to achieve compatibility with unexpected conditions in the environment (Pratoom & Peommarat, 2015). It creates a state of adaptation to environmental changes (Eryesil, et al., 2015). It is also more profound than organizational conditioning, because responsive flexibility takes into account the organization's adaptation to the environment, as well as the effect that the organization has on restructuring itself (Fan, et al., 2013). It is also the ability to respond to changes that occur in the current environment of the organization quickly and effectively (Johnson et al, 2003).

**Fourth: Proactive Flexibility:** It is what helps the organization to seize opportunities, continuously work to improve the quality of services provided, and strive to provide everything new and correct defects and problems in the services or goods provided (Abu-Nahel et al., 2020).

It is the ability to create and seize opportunities and to be ready and prepared for unforeseen environmental conditions. It also includes resources and capabilities designed to shape the environment and create the desired change (Eryesil, et al., 2015). It also represents the ability of companies to develop new strategies that develop products, to be able to respond to future changes in the competitive environment in the market (Kandemir & Acur, 2012). It also predicts changes that may occur in the external environment in the future (Johnson et al, 2003).

**The Importance of Strategic Flexibility:** Strategic flexibility is one of the most important reasons that work to increase the competitiveness of organizations, and achieve a prominent position in the market, as it works to increase the organization's awareness and knowledge of the market in which it operates, and how to market its products in a manner that increases its sales, and also works to increase the definition of the objectives of the organization accurately, And how to satisfy the desires of customers, and allocate production in specific items or services. The importance of strategic flexibility is shown in the following:

1. Strategic flexibility increases the organizations's ability to deal efficiently and effectively with the surrounding changes, monitor the organization's activities, and increase its ability to control, especially in the case of producing modern technical products, in light of uncertainty by overcoming organizational stagnation. (Khuntia et al., 2014)
2. Increase the organization's capabilities to accurately understand and perceive customers' needs, increase attention to what they need, and improve the ability to respond to their endless needs in a distinctive competitive manner, through effective communication with customers. (Supeno et al., 2015)
3. Enhancing organizations' ability to make use of the available resources to meet their set goals, and enhance their ability to adapt to rapidly changing environmental conditions. (Kamasak et al., 2016)
4. Increasing growth in the long term by increasing the exploitation of new available resources and increasing their adaptation to achieve the competitive advantages of the organization, as well as the ability to overcome issues related to new knowledge and continuous innovation. (Zahra et al., 2008)
5. Continuous improvement of strategic procedures, organizational structure, communication systems, organizational culture, and efficient investment of available assets, resources and strategies. (Hitt et al., 1998)
6. Helping to reinvent models and strategies in line with changes in environmental conditions. (Kazozcu, 2011)

#### **Second- Quality of Services**

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 (Carman, 1990). They considered it difficult to define a specific concept of service quality; There is a big difference in the way it is defined, as (Abu-Nahel et al., 2020) defined it as the indicator by which the beneficiaries' satisfaction

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with the service they received is measured in relation to what the service recipients expected before receiving the service and the resulting nutrition Return.

1. It 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).
2. Exceeding customers' expectations, entertaining and surprising them with features they were not expecting (Zikmund, 2010).
3. To conform to the standards and correct performance in a safe manner acceptable to the community and at an acceptable cost, so that it leads to a change and an impact on the percentage of disease cases, the percentage of deaths, disability, and malnutrition (World Health Organization, 2006).
4. A useful indicator of the quality of health services (O'Connor et al., 1994).

**The Importance of Quality Services:** The importance of the quality of services 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, while in the field of intangible services, customers and employees deal with each other to find a service And marketing, and this dictates that service providers have to deal with customers in a classy manner.

**Analyze the Relationship between Strategic Flexibility and Improvement in Service Quality:** It is certain that there is a relationship between strategic flexibility with its dimensions (information flexibility, human resources flexibility, proactive flexibility, responsive flexibility) and the quality of services provided to customers, especially at a time like this when the rapid and successive change in the institutional and organizational environments must be characterized. In which the organization has the flexibility and ability to maneuver, seize opportunities and exploit them, and respond to the changes that occur in the internal and external environments of the organizations, and that the organization is able to obtain adequate, correct and realistic information about its competitors and the market in which it operates, and to work within it efficient, qualified manpower with distinct capabilities that enables it From competition and achieving its goals, which increases its ability to improve the services provided by organizations, and increase the satisfaction of the beneficiaries of the services, which increases its revenues if it is a profit-making organization or reflects a positive image of it in the case it is a non-profit organization.

**The Flexibility of Information and the Improvement of the Quality of Services:** Flexible information systems also contribute to keeping pace with developments in the external environment surrounding the institution, by increasing spending in the field of information technology, as it is one of the most important elements that institutions can acquire in order to withstand competition, and provide services that increase customer satisfaction, and improve the human element, Developing marketing operations, and improving the quality of services provided. One of the most important factors that institutions must work to strengthen is following up on recent developments in the field of flexible information systems so that customers are reached through the latest technologies and means, given that the information has a direct impact on the quality of services (Dlom and Bahri, 2017).

**Flexibility of Human Resources and Quality of Services:** The organization must also work to develop an organizational culture that enhances the quality of the services provided, so that quality becomes a slogan that the employees of the organization believe in, and work to achieve and implement, meaning that the quality of services becomes one of the organizational values through which a sense of satisfaction and motivation to work is generated among employees, Several requirements are required to be achieved (Mostafa, 2004):

1. The existence of specific and generalized quality standards.
2. Attracting qualified and competent employees who are able to achieve quality standards.
3. Administrative encouragement for any suggestions and opinions on improving the quality of services provided to clients.

**Responsive Flexibility and Quality of Services:** Eryesil, et al., (2015) defined responsive flexibility as creating a state of adaptation to environmental changes. Views varied in the correct definition of the strategies that the organization must adopt to adapt to the surrounding environmental changes. (Brozovic, 2016) believes that The strategic 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 reflected the state of adaptation between the organization and the surrounding environment. , Namely: (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 affects the organization to restructure itself.

**Proactive Flexibility and Quality of Services:** Proactive resilience (Johnson et al., 2003) was defined as anticipating changes that may occur in the external environment in the future. (Eryesil, et al., 2015) defined it as the ability to create and seize opportunities, and to be ready and prepared for unexpected environmental conditions, as well as it also includes the resources and capabilities designed to shape the environment and create the desired change.

Several types of opportunities that the organization must seize have been identified, including as mentioned by (Kim and Mauborgne, 1997), (Lehloul, 2008):

1. Marketing innovation: It focuses on marketing activity and methods of marketing work.



2. Improving marketing efficiency: It is considered in itself a challenge and an opportunity at the same time, as it is an opportunity to find a way to accomplish what is being done at a lower cost and with better results.
3. Creating competitive differentials: It is one of the most common sources of opportunities.
4. Focus on specific market segments: This policy is known as dividing the market into segments, then focusing on a specific segment.
5. Market penetration: Work at this stage is done cautiously, and the market penetration process is carried out by strengthening the marketing mix with its elements.
6. Market development: It is the work to increase sales in the market, often associated with how to reach customers.
7. Product development: as contemporary organizations face severe competitive situations in most markets, as organizations that do not adopt strategies for development expose themselves to a great risk imposed by the constant change in the desires of consumers and the continuous technological development.
8. Diversification: It depends on studying the market and the external environment, identifying market needs and expanding the market share.

### **Third- 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	15th	17	20	0	
Specialists	Full-time	10	16	21	5	15th	
	Unavailable	11	3	3	8	0	
Technicians	Full-time	0	13	15th	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	341
	Unavailable	34	59	26	76	0	195
<b>The Final Total</b>		72	160	138	98	68	536

**Source :**prepared by the researchers based on the Palestinian Health Information Center data(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				434
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	Al-Wafa	Dar Al Salaam		Kuwaiti	434

		friends			
	59	147	92	76	60

**Third: The Study Tool:** The data collection was chosen from the study population through the questionnaire, which consists of three main sections:

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

**Section Two:** Measuring Strategic Resilience

**Section Three:** Measuring Service Quality

Fourth: Description of the scale of strategic resilience: The scale of strategic resilience consists of (24) statements, which measure four sub-dimensions, and the following table explains that:

**Table 3:** Distribution of the paragraphs of the measure of strategic flexibility on the various fields

#	Section	Number of Items
1.	Information Flexibility	6
2.	Human Resource Flexibility	6
3.	Responsive Flexibility	6
4.	Proactive Flexibility	6

**Correcting The Scale:** Each paragraph is answered according to the decimal scale, and this scale is given grades (1-10). Based on that: the highest score on the scale is (240), and the lowest score is (24).

**Description Of The Service Quality Scale:** The services quality scale consists of (15) items.

**Correcting the Scale:** Each paragraph is answered according to the decimal scale, and this scale has been given scores from (1-10). Based on that, the highest score on the scale is (150), and the lowest score is (15).

**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 field of "flexibility of information" and the total degree of the field

#	Item	R	Sig.
1.	The hospital uses the information it has to help support decision-making	.718	0.00
2.	The hospital continuously archives and saves the information available to it	.600	0.00
3.	The hospital builds information systems to suit its different needs	.686	0.00
4.	The required information is made available to each administrative level in the necessary time for its effective use	.568	0.00
5.	The hospital administration works on linking and analyzing information, which helps it to benefit from it	.717	0.00
6.	The hospital allocates part of its human and financial resources for data collection and analysis purposes	.448	0.01

**Table 5:** The correlation coefficient between each paragraph of the field "resilience of skin resources" and the total score of the field

#	Item	R	Sig.
1.	Hospital personnel have the ability to adapt to environmental change	.700	0.00
2.	The hospital administration is keen to develop a human resource management system commensurate with the work environment	.671	0.00
3.	Changes in working conditions are taken into account when designing and planning the hospital's human resources	.656	0.00
4.	Positive changes in human resource practices help maintain the hospital's excellence	.637	0.00
5.	The hospital administration is working to attract human resources that have experience and competence	.838	0.00
6.	The hospital administration is interested in qualifying and developing employees through pre-	.545	0.00

	prepared training programs in a professional way		
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**Table 6:** The correlation coefficient between each paragraph of the "responsive flexibility" field and the total score of the field

#	Item	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 anticipated 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 7:** The correlation coefficient between each paragraph of the field of "anticipatory flexibility" and the total score of the field

#	Item	R	Sig.
1.	The hospital management is keen to use advanced technologies to set new standards for work	.866	0.00
2.	The hospital management is constantly working on creating options for expansion in the medical fields offered to patients	.828	0.00
3.	The hospital administration is developing strategies for handling unpredictable events on the basis of past practical experiences	.821	0.00
4.	The hospital is working on developing strategies that enable it to operate in crisis situations	.770	0.00
5.	The hospital works to improve existing conditions, instead of adapting to negative circumstances directly	.659	0.00
6.	The hospital provides the appropriate organizational climate such as: organizational culture, organizational structure, and technology	.807	0.00

**Table 8:** The correlation coefficient between each area of the "strategic flexibility" scale and the overall degree of the scale

#	Item	R	Sig.
1.	Information Flexibility	.783	0.00
2.	Human Resource Flexibility	.889	0.00
3.	Responsive Flexibility	.705	0.00
4.	Proactive Flexibility	.869	0.00

**Internal Consistency Results for the "Service Quality Scale"****Table 9:** The correlation coefficient between each paragraph of the service quality scale and the overall degree of the scale

#	Item	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.	Patients are being 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.	Basic medicines are provided or patients are directed 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

**The Stability Of The Questionnaire:** the stability of the scale: The researchers verified the stability of the scale on an exploratory sample of (32) individuals. The reliability of the scale was calculated using the half-segmentation and Cronbach Alpha methods.

### 1. Split-Half Method

The correlation coefficient was calculated between the total of the even and the total of the individual statements for the test and its scopes, and by using the Spearman Brown equation, the overall reliability coefficient was (0.959). The reliability coefficients were all high, which indicates that the scale has a high degree of stability. The following table shows that:

**Table 10:** the coefficient of stability of the measure of strategic flexibility by the half-segmentation method

#	Section	Number of Items	Correlation Coefficient before Adjustment	Correlation Coefficient after Adjustment	Significance Level
1.	Information Flexibility	6	0.773	0.872	0.00
2.	Human Resource Flexibility	6	0.616	0.763	0.00
3.	Responsive Flexibility	6	0.835	0.910	0.00
4.	Proactive Flexibility	6	0.884	0.939	0.00
<b>Total Marks</b>		24	0.920	0.959	0.00

### 2. Alpha Cronbach 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 11:** The stability coefficients of Cronbach alpha for each area of strategic flexibility

#	Section	Stability Coefficient
1.	Information Flexibility	0.666
2.	Human Resource Flexibility	0.756
3.	Responsive Flexibility	0.823
4.	Proactive Flexibility	0.881
<b>Total Marks</b>		0.909

It is evident from the previous table that the stability coefficients are all statistically significant, confirming the validity of the scale for application.

### Service Quality Scale:

#### 1. Split-Half Method

**Table 12:** the coefficient of consistency of the service quality scale by the mid-segmentation method

The Scale	Number of Items	Correlation Coefficient Before Adjustment	Correlation Coefficient After Adjustment	Significance Level
Quality Of Services	15	0.886	0.935	0.00

#### 2. Alpha Cronbach Method

The reliability coefficient of the Cronbach alpha was calculated, and the overall scale reliability coefficient was (0.907), 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 13:** shows the stability coefficients of Cronbach's alpha for each area of the service quality scale

The Scale	Stability Coefficient
Quality of services	0.907

It is evident from the previous table that the stability coefficients are all statistically significant, confirming the validity of the scale for application.

The researchers have made sure of 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. The questionnaire was downloaded and analyzed through (SPSS).

### 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 14** : Distribution of the study sample according to personal data

Personal Data		The Number	Percentage%
Gender	Male	273	62.9%
	Female	161	37.1%
	<b>Total</b>	434	100.0%
Qualification	Diploma or less	92	21.2%
	Bachelor	308	71.0%
	Postgraduate	34	7.8%
	<b>Total</b>	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%
	<b>Total</b>	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%
	<b>Total</b>	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%
	<b>Total</b>	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%
	<b>Total</b>	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 :

**Table15 :** 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:**

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

**Overall Score on the Scale of Strategic Resilience:**

The arithmetic mean, standard deviation, relative weight, and order were used to find the degree of approval, and the results are shown in the following table:

**Table 16:** The arithmetic mean, standard deviation, relative weight and ranking for each area of the "strategic flexibility" scale

#	Section	SMA	Standard Deviation	Relative Weight	Rank	Degree Of Approval
1.	Information Flexibility	6.0148	1.56457	60.15%	3	Neutral
2.	Human Resource Flexibility	6.1627	1.61894	61.63%	1	Neutral
3.	Responsive Flexibility	6.0498	1.57259	60.50%	2	Neutral
4.	Proactive Flexibility	5.9490	1.65862	59.49%	4	Neutral
<b>Total Marks</b>		6.0441	1.41613	60.44%		Neutral

From the previous table, the following can be drawn:

- The arithmetic mean of the second field: "Human Resources Flexibility" equals 6.16 (total score out of 10), meaning that the relative weight is 61.63% in the first place, and this means that there is an average approval by the sample members for this field. The researchers attribute this to the fact that most of the employees in the hospitals under study work under the fixed-term contract system, which leads them to exert their maximum effort in order to have a permanent work contract, especially

in light of the unemployment situation in Gaza Strip, also because most of the beneficiaries of health services in these hospitals They pay sums of money compared to the free health services in government hospitals; Therefore, hospitals are obligated to provide adequate and experienced medical and health personnel.

- The arithmetic mean of the fourth domain: “anticipatory flexibility” equals 5.95, meaning that the relative weight is 59.49%, and this means that there is an average approval by the sample members for this field. The researchers attribute this to a clear neglect of the planning aspect, marginalization of planning standards, unclear implementation policies within hospitals, and decisions that do not conform to the criteria for anticipating crises and dealing with them, which is what employees in the hospitals under study see, and what translates on the ground in the absence of proactive measures To work according to it, or to practice it in situations of crisis and disasters.

In general, it can be said that the arithmetic mean of the scale of strategic flexibility equals 6.04, meaning that the relative weight is 60.44%, and this means that there is an average agreement by the sample members on the scale fields. The researchers attribute problems with the level of strategic flexibility to several reasons:

1. Weak funding and external support for hospitals under study, to improve health and administrative conditions.
2. The scarcity of medical expertise and competencies and their migration abroad, and the absence of distinguished and outdated training and development programs inside Gaza Strip.
3. The lack of an information infrastructure that helps in linking and analyzing data and developing new strategies that would help in facing the existing challenges.
4. The changing and volatile conditions inside Gaza Strip, which weaken the planning and improvement efforts inside the hospitals under study.
5. The apparent weakness in providing the appropriate organizational climate and appropriate organizational structures within the hospitals under study.
6. The poverty of resources, the constant shortage of medicines and treatments, the high number of beneficiaries of medicines compared to what is provided of medicines, and the role of the blockade imposed on Gaza Strip in the unavailability of all treatments for patients.
7. Lack of coordination between health institutions and between hospitals and the Ministry of Health in the territories of the Palestinian Authority, which was caused by the Palestinian division and the occupation.

These results are in agreement with some previous studies. As a study (Abdouaoui, 2018), a study (Bin Ahmed, 2017), and a study (Al-Anzi, 2014).

#### The Result of the Second Question, Which States:

**Q2-:** What is the degree of improvement in the quality of services 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 17:** the arithmetic mean, standard deviation, relative weight, and ranking for each paragraph of the service quality scale

#	Item	The Arithmetic Average	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.	Patients are being 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.	Basic medicines are provided or patients are directed 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	7.97	1.758	79.70%	4	Agree



	account when providing medical services					
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
<b>Total Marks</b>		7.7312	1.10796	77.31%		Agree

From the previous table, the following can be drawn:

- The arithmetic mean of the fifth paragraph: "Hospital employees are keen to answer patients' inquiries" equal to 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 of the hospitals under study provide health services to patients for a specific fee. Consequently: 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 a large number as the central hospitals in Gaza, and this is due to the limited financial and spatial resources, and the hospitals The subject of study is directed to benefit from urgent medical services, which do not need to stay in the hospital for several days.

In general, it can be said that the arithmetic average of the service quality scale is 7.73, meaning that the relative weight is 77.31%, and this means that there is high agreement 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-Saaideh and Al-Sa'id, 2020), a study (Al-Nsour, 2019), a study (Al-Anzi, 2014), a study (Budianto, 2019), a study (Julius; Jatmika, 2019), and a study (Dubey, 2019).

**Hypothesis Testing:**

**H0<sub>1</sub>:** There is a correlational relationship of statistical significance at the level of significance ( $\alpha \leq 0.05$ ), between strategic flexibility and the level of quality of services in non-governmental hospitals in Gaza Strip.

To test this hypothesis, the "Pearson Correlation Coefficient" test was used, and the following table shows that.

**Table 18:** The correlation coefficient between strategic flexibility and service quality

Variable	Quality Of Services	Sig
<b>Total Degree Of Strategic Flexibility</b>	0.490	0.000

The previous table shows that the correlation coefficient is equal to 0.490, which is a function at the significance level 0.05, and this indicates the existence of a statistically significant relationship between the strategic flexibility and the quality of services in non-governmental hospitals in Gaza Strip, and this confirms the validity of the hypothesis. The researchers attribute that to the fact that managing institutions that have a clear vision of the concept of strategic flexibility, and are working to develop it, and develop its culture in its institutions, is a successful management and has a good business strategy. Thus: This successful management focuses on improving the quality of its services provided through the concept of strategic flexibility; thus: Supporting the quality of its services provided through the dimensions of the strategic flexibility that this department possesses. These results are in agreement with some previous studies. As a study (Bin Ahmed, 2017), (DIom and Bahri, 2017), (Al-Anzi, 2014), and (Chen, et al, 2017).

From the first main hypothesis, several sub hypotheses are branched, namely:

**H0<sub>1.1</sub>:** There is a correlation relationship of statistical significance at a significance level ( $\alpha \leq 0.05$ ), between information flexibility and service quality in non-governmental hospitals in Gaza Strip.

To test this hypothesis, the "Pearson Correlation Coefficient" test was used, and the following table shows that.

**Table 19:** The correlation coefficient between information flexibility and service quality

Variable	Quality Of Services	Sig
<b>Information Flexibility</b>	0.417	0.000

The previous table shows that the correlation coefficient is equal to 0.417, which is a function at the level of significance 0.05, and this indicates the existence of a statistically significant relationship between the flexibility of information and the quality of services in non-governmental hospitals in Gaza Strip, and confirms the validity of the hypothesis, and this means that the application of information flexibility will lead to improvement Quality of services in non-governmental hospitals in Gaza Strip. The researchers attribute that to the increase in information flexibility, and the expansion in the field of information technology, which will save time and effort, and will increase the logical connection between the input information, which in turn will lead to further improvement in decision-making, and in developing future plans and strategies. Thus: It will further improve the quality of services provided to patients and increase their satisfaction.

These results are in agreement with some previous studies. As a study (Al-Tahrawi, 2019), a study (Dlom and Bahri, 2017), a study (Al-Anzi, 2014), and a study (Chen, et al, 2017).

**H<sub>01,2</sub>**: There is a statistically significant correlation between ( $\alpha \leq 0.05$ ) between the flexibility of human resources and the quality of services in non-governmental hospitals in Gaza Strip.

To test this hypothesis, the "Pearson Correlation Coefficient" test was used, and the following table shows that.

**Table 20:** the correlation coefficient between human resource flexibility and service quality

Variable	Quality Of Services	Sig
Human Resource Flexibility	0.435	0.000

The previous table shows that the correlation coefficient is equal to 0.435, which is a function at the level of significance 0.05, and this indicates the existence of a statistically significant relationship between the flexibility of human resources and the quality of services in non-governmental hospitals in Gaza Strip, which confirms the validity of the hypothesis, and this means that the application of resource flexibility Humanity will improve the quality of services in non-governmental hospitals in Gaza Strip. The researchers attribute this to the increase in the ability to adapt human resources within institutions, raise the level of knowledge, and refine their experiences through training them, and it will increase their level of job satisfaction. Thus: It will make them able to provide the services to their beneficiaries in a better and better manner. These results are in agreement with some previous studies. As a study (Abdouaoui, 2018), a study (Al-Tahrawi, 2019), a study (Bin Ahmed, 2017), a study (Al-Anzi, 2014), and a study (Mostafa, 2014).

**H<sub>01,3</sub>**: There is a statistically significant correlation at the level of significance ( $\alpha \leq 0.05$ ) between response flexibility and quality of services in non-governmental hospitals in Gaza Strip.

To test this hypothesis, the "Pearson Correlation Coefficient" test was used, and the following table shows that.

**Table 21:** the correlation coefficient between the responsive flexibility and the quality of services

Variable	Quality of services	Sig
Responsive Flexibility	0.418	0.000

The previous table shows that the correlation coefficient is equal to 0.418, which is a function at the level of significance 0.05, and this indicates the existence of a statistically significant relationship between the response flexibility and the quality of services in non-governmental hospitals in Gaza Strip, which confirms the validity of the hypothesis, and this means that the application of responsive flexibility will lead To improve the quality of services in non-governmental hospitals in Gaza Strip. The researchers attribute this to the fact that the hospital has rapid capabilities to respond to dynamic variables, whether internal or external, as well as its ability to reconfigure its capabilities and resources to cope with the response, will increase its ability to face any difference or obstruction that may hinder the progress of its work and provide its services. Thus: strengthening the response will increase the stability and improvement of the services provided, in light of any problems or unexpected variables. These results are in agreement with some studies. As a study (Al-Nsour, 2019) and as a study (Budianto, 2019).

**H<sub>01,4</sub>**: There is a statistically significant correlation relationship at a significance level ( $\alpha \leq 0.05$ ), between proactive flexibility and quality of services in non-governmental hospitals in Gaza Strip.

To test this hypothesis, the "Pearson Correlation Coefficient" test was used, and the following table shows that.

**Table 22:** The correlation coefficient between proactive flexibility and service quality

Variable	Quality Of Services	Sig
Proactive Flexibility	0.459	0.000

The previous table shows, that the correlation coefficient is equal to 0.459, which is a function at the level of significance 0.05, and this indicates the existence of a statistically significant relationship between anticipatory flexibility and the quality of services in non-governmental hospitals in Gaza Strip, which confirms the validity of the hypothesis, and this means that the application of proactive flexibility will lead To improve the quality of services in non-governmental hospitals in Gaza Strip. The researchers attribute this to the ability to create and seize opportunities, and that the institution is ready and prepared for unexpected environmental conditions, and that the institution is able to form the resources and capabilities designed to meet the changes will actually improve the quality of the services provided, so that the institution is always advanced, And be able to overcome any difficulties encountered. These results are in agreement with some previous studies. As a study (Mostafa, 2014).

**H<sub>02</sub>**: There are statistically significant differences at the level of significance ( $\alpha \leq 0.05$ ) between the mean of the respondents' responses, on (the effect of strategic flexibility in improving the quality of services 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, job).

**From The Second Main Hypothesis, Several Sub Hypotheses Are Branched, Namely:**

**H0<sub>2.1</sub>:** 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 strategic flexibility in improving the quality of services 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 23:** means, standard deviations, and the "T" value of the scale due to the gender variable

Section	Gender	Number of Items	Average	Standard Deviation	T Value	Significance Level	Indication
Information Flexibility	Male	273	6.0488	1.52124	0.578	0.564	Not Sig.
	Female	161	5.9571	1.63865			
Human Resource Flexibility	Male	273	6.1429	1.63953	0.336-	0.737	Not Sig.
	Female	161	6.1965	1.58793			
Responsive Flexibility	Male	273	6.0855	1.57513	0.616	0.538	Not Sig.
	Female	161	5.9892	1.57133			
Proactive Flexibility	Male	273	6.0068	1.67043	0.951	0.343	Not Sig.
	Female	161	5.8509	1.63889			
Total Degree Of Strategic Flexibility	Male	273	6.0710	1.41170	0.514	0.608	Not Sig.
	Female	161	5.9984	1.42686			
Total Score For The Quality Of Services	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 all dimensions of strategic flexibility and its overall degree, and there are no differences in the quality of services 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 strategic 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 regarding the area of strategic flexibility depending on the gender variable.

**H0<sub>2.2</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services in non-governmental hospitals in Gaza Strip) that is attributed to the scientific qualification variable.

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

**Table 24:** Results of the "one-size-fits-all" test for the level of academic qualification variable

Section	Averages			Test value	Probability value (Sig.)
	Diploma or less	Bachelor	Postgraduate		
Information Flexibility	6.3543	5.9305	5.8598	2.803	0.062
Human Resource Flexibility	6.4091	6.0741	6.2990	1.652	0.193
Responsive Flexibility	*6.4384	5.9462	5.9363	3.609	0.028
Proactive Flexibility	*6.3225	5.8302	6.0147	3.181	0.043
<b>Total Degree Of Strategic Flexibility</b>	*6.3811	5.9453	6.0275	3.394	0.034
<b>Total Score For The Quality Of Services</b>	7.6604	7.7067	8.1451	2.656	0.071

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

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 areas of responsive and proactive flexibility and for the overall degree of strategic flexibility, in favor of those with a lower academic qualification (diploma or less), as they were found to be 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 services depending on the academic 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 25:** LSD test results for comparing the averages of scientific qualification categories for the field of Responsive Flexibility

Section	The Difference Between The Averages		
	Diploma or less	Bachelor	Postgraduate
Diploma or less			
Bachelor	0.4922		
Postgraduate	-*0.5021	-0.0099	

\* 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 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.

**Table 26:** LSD test results for comparing the averages of scientific qualification categories for the field of preemptive flexibility

Section	The Difference Between The Averages		
	Diploma or less	Bachelor	Postgraduate
Diploma or less			
Bachelor	0.4923*		
Postgraduate	-0.3077	0.1845	

\* 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 averages of the scientific qualification categories in the field of anticipatory 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 Bachelor in favor of scientific qualifications diploma or less.

**Table 27:** LSD test results for comparing the averages of the academic qualification categories to the overall degree of strategic flexibility

Section	The Difference Between The Averages		
	Diploma or less	Bachelor	Postgraduate
Diploma or less			
Bachelor	0.4358*		
Postgraduate	-0.3536	0.0822	

\* 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 averages of the scientific qualification categories for the overall degree of strategic flexibility, as the results show the existence of statistically significant differences between the averages of those whose scientific qualification is diploma or less with the scientific qualification Bachelor in favor of scientific qualifications diploma or less, and researchers attribute that to the fact that hospital employees are replaced. The study is of diploma holders or less and they make up 21.1% of the study sample. They perform their job duties more flexibly, and try more to adapt to dynamic conditions, and work with maximum energy to prove that academic qualification does not constitute an obstacle to job excellence, which is what has been touched. Through the researchers' conversations with some employees and managers within the hospitals under study, and they also wish to advance in the functional ranks.

**H0<sub>2,3</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services 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 28:** Results of the "single-factor variance" test - for the age group variable

Section	Averages				Test value	sig
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over		
Information Flexibility	6.8228*	5.8902	5.6015	6.0744	10.172	0.000
Human Resource Flexibility	6.8460*	6.0944	5.5670	6.6333*	10.216	0.000
Responsive Flexibility	6.7300*	5.9762	5.6199	6.0889	7.606	0.000
Proactive Flexibility	6.7679*	5.8664	5.2375	6.5111*	14.309	0.000
<b>Total Degree Of Strategic Flexibility</b>	6.7917*	5.9568	5.5065	6.3269	13.255	0.000
<b>Total Score For The Quality Of Services</b>	7.9676*	7.6600	7.5935	*8.0733	2.968	0.032

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

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 0.05 for all dimensions and for the overall degree of strategic 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, the LSD test was used, as in the following tables:

**Table 29:** LSD test results for comparing age group averages for the field of information flexibility

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.9326*-			
40 Less than 50 years old	1.2212*-	0.2886-		
50 years and over	0.7483*-	0.1842	0.4729	

\* 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 in the field of flexibility of information, as the results show the existence of statistically significant differences between the averages of the age group, in favor of the younger age group (20 - less than 30 years), and no differences were found between the rest of the age group.

**Table 30:** LSD test results for comparing age group averages for the field of human resource flexibility

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.7516*-			
40 Less than 50 years old	1.2789*-	0.5274*-		
50 years and over	0.2127-	0.5389	1.0662*	

\* 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 for the field of human resource flexibility, 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 40 - less than 50 years in favor of the age group 50 years and over, and no differences were found between the rest of the age group.

**Table 31:** LSD test results to compare the averages of age groups for the field of responsive flexibility

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.7538*-			
40 Less than 50 years old	1.1100*-	0.3563-		
50 years and over	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 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. Differences between the rest of the age group.

**Table 32:** LSD test results to compare the averages of age groups for the field of anticipatory resilience

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.9056*-			
40 Less than 50 years old	1.5304*-	0.6288*-		
50 years and over	0.2568-	0.6447*	1.2736*	

\* 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 anticipatory flexibility, as the results show the existence of statistically significant differences between the averages of the 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 category 40 - less than 50 years in favor of the age group 50 years and over, and no differences were found between the rest of the age group.

**Table 33:** LSD test results to compare the averages of age groups to the overall degree of strategic flexibility

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.8349*-			
40 Less than 50 years old	1.2852*-	0.4503-		
50 years and over	0.4647-	0.3702	0.8204*	

\* 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 degree of strategic flexibility, 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 40 - less than 50 years in favor of the age group 50 years and over, and no differences were found between the rest of the age group.

**Table 34:** LSD test results to compare the average age groups to the overall quality of services score

Age Group	The Difference Between The Averages			
	20 - Less than 30 years old	30 Less than 40 years old	40 Less than 50 years old	50 years and over
20 - Less than 30 years old				
30 Less than 40 years old	0.3076*-			
40 Less than 50 years old	0.3740*-	0.0664		
50 years and over	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 degree of quality of services, 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<sub>2.4</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ), between the mean of respondents' responses, about (the effect of strategic flexibility in improving the quality of services 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 35:** Results of the "single variance" test - for the years of service variable

Section	Averages				Test Value	Sig
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over		
Information Flexibility	6.4495*	5.7811	6.3109	5.8823	4.968	0.002
Human Resource Flexibility	6.5356*	5.9329	6.3351	6.5000	3.776	0.011
Responsive Flexibility	6.5045*	5.8493	6.2826	5.8073	4.366	0.005
Proactive Flexibility	6.4532*	5.7069	6.1286	6.0521	4.460	0.004
<b>Total Degree Of Strategic Flexibility</b>	6.4857*	5.8175	6.2643	6.0604	5.309	0.001
<b>Total Score For The Quality Of Services</b>	7.8773	7.5783	7.9247	7.9646*	3.391	0.018

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

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 all dimensions and for the overall degree of strategic flexibility. 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 years category Less service (less than 5 years), while we find that there are differences in the quality of services in favor of the greater years of service category (20 years or more). The researchers attribute that the increase in the quality of services among the group of employees from 20 years or more to the increase in experience and knowledge, which is 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 36:** LSD test results for comparing average years of service in the field of information flexibility

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.6685*-			
10 - Less than 20 years	0.1378-	0.5298*		
20 years and over	0.5673*-	0.1012	0.4289*-	

\* 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 flexibility of information, as the results show that there are statistically significant differences between the averages of 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 and between years of service of 20 years or more for the benefit of the lesser group, and no differences were found between the remaining years of service.

**Table 37:** LSD test results for comparing average years of service in the field of human resource flexibility

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.6027*-			
10 - Less than 20 years	0.2004-	0.4022*		
20 years and over	0.0356-	0.5671*	0.1649	

\* 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 for the field of human resource flexibility, as the results show that there are statistically significant differences between the average years of service, in favor of the category of years of service less (less than 5 years) with the category (5-10 years), as well as It was found that there are differences between the years of service 10 - less than 20 years with the category (5-10 years) in favor of the group (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. It is evident that there are differences between the remaining years of service.

**Table 38:** LSD test results for comparing average years of service for the field of responsive flexibility

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.6552*-			
10 - Less than 20 years	0.2219-	0.4333*		
20 years and over	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 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 39:** LSD test results to compare averages of years of service for the field of preemptive flexibility

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.7462*-			
10 - Less than 20 years	0.3245-	0.4217*		

20 years and over	0.4010*-	0.3451	0.0765-
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\* 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 years of service for the field of anticipatory flexibility, as the results show statistically significant differences between the averages of 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 no differences were found between the remaining years of service.

**Table 40:** LSD test results for comparing average years of service to the overall degree of strategic flexibility

Years Of Service	The Difference Between The Averages			
	Less than 5 years	5 - Less than 10 years	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.6682*-			
10 - Less than 20 years	0.2214-	0.4468*		
20 years and over	0.4253*-	0.2429	0.2039-	

\* 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 to the overall degree of strategic flexibility. The results show that there are statistically significant differences between the average years of service in favor of the category of years of service less (less than 5 years), and there are differences between the years of service - 10 - Less than 20 years with the category (5-10 years) in favor of the category (10-20 years), and no differences were found between the remaining years of service.

**Table 41:** LSD test results for comparing 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	10 - Less than 20 years	20 years and over
Less than 5 years				
5 - Less than 10 years	0.2989*-			
10 - Less than 20 years	0.0474-	0.3464*		
20 years and over	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 years of service less (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<sub>2.5</sub>:** There are statistically significant differences at the level of ( $\alpha \leq 0.05$ ) between the averages of the respondents' responses about (the effect of strategic flexibility in improving the quality of services 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 42:** Results of the "unilateral variance" test - for the function variable

Section	Averages						Test Value	Sig
	A Doctor	Nurse	Specialist	Technical	Administrative	Services Employee		
Information Flexibility	5.8244	5.8363	6.0667	5.8578	6.5417*	6.0200	2.434	0.034
Human Resource Flexibility	6.0896	5.9775	6.2599	6.0882	6.4842	6.2533	1.106	0.356
Responsive Flexibility	5.8383	5.9095	6.0357	6.1863	6.4189	6.1867	1.412	0.219
Proactive Flexibility	5.7985	5.8392	5.8552	6.0931	6.3333	5.9533	1.164	0.326
<b>Total Degree Of Strategic Flexibility</b>	5.8877	5.8906	6.0544	6.0564	6.4445	6.1033	1.752	0.122
<b>Total Score For The Quality Of Services</b>	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 the level of significance ( $\alpha \leq 0.05$ )

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 higher than the significance level 0.05 for all dimensions, and for the overall degree of strategic flexibility except in the area of information flexibility, where there were differences in favor of administrative staff, and no differences were found in the quality of services depending on the job;



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.

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

**Table 43:** LSD test results for comparing the averages of job categories for the field of information flexibility

Occupation	The Difference Between The Averages					
	A Doctor	Nurse	Specialist	Technical	Administrative	Services Employee
A doctor						
Nurse	0.0118					
Specialist	0.2423	0.2304				
Technical	0.0335	0.0215	0.2088-			
Administrative	0.7173*	0.7054*	0.4750*	0.6838*		
Services employee	0.1956	0.1837	0.0467-	0.1622	0.5217*-	

\* 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 LSD test for comparing the averages of job categories for the field of flexibility of information, as the results show that there are statistically significant differences between the average of the administrative employees with the qualification with the rest of the jobs in favor of the administrators, and no differences were found in the other job categories. The researchers attribute this result to the fact that administrators, by virtue of their work, are more aware of information than other hospital employees, so their assessments are higher in the field of information flexibility.

### Conclusions

The study reached several results and were classified as follows: results related to demographic variables, results related to the independent variable (strategic 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 (Strategic Flexibility):

- The results of the study showed a moderate degree of agreement by the study sample on the strategic flexibility in its four dimensions: (information flexibility, human resource flexibility, response flexibility, and proactive flexibility) among employees in non-governmental hospitals in Gaza Strip. The strategy as a whole is at a relative weight of 60.44%.
- The results indicated that human resources flexibility got the highest approval rate, and ranked first with a relative weight of 61.63%.
- The results indicated that the responsive flexibility obtained an approval rating that ranked second with a relative weight of 60.50%.
- The results indicated that the data flexibility obtained an approval rate that ranked third with a relative weight of 60.15%
- The results indicated that the pre-emptive flexibility obtained an approval rating that ranked fourth and last with a relative weight of 59.49%.

#### 2. Results Related To The Dependent Variable (Service Quality):

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

#### 3. Results Related To Hypothesis Testing:

- The results of the study revealed a statistically significant correlation between all dimensions and the overall degree of strategic flexibility with the quality of services in non-governmental hospitals in Gaza Strip.
- The existence of differences in strategic flexibility according to the following variables: educational qualification, age group, years of service.
- There are no differences in strategic flexibility according to the following variables: gender, position.
- The existence of differences in the quality of services according to the following variables: age group, years of service.
- There are no differences in the quality of services according to the following variables: gender, academic qualification, and job.

### Recommendations

Through the findings of this study, the most important recommendations that can 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 the quality of services 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 quality of services in the surveyed hospitals, and to enhance the role of proactive resilience 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 appoint young people and those with potential 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. Recommendations On Strategic Flexibility**

- 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.
- Consolidating the relationship between hospital administrations, universities and institutes, by conducting courses and training programs in the areas of flexibility and how to enhance it.
- 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 the appropriate organizational conditions to develop strategic flexibility, by reducing the degree of centralization in decision-making, and delegating some powers, with an emphasis 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.
- 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 to attract individuals to fill supervisory and medical positions, so that they are experienced, and that they have worked in the health field, and work to train and develop their skills.

**3. Recommendations Regarding Service Quality**

- Removing barriers between doctors and patients, creating a language of dialogue and speaking with patients in a manner 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 they submit.
- Work 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.

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