

Hermas Mohamed

"Sociology of Healthcare Service Quality in the Algerian Public Hospital Institution: A Field Study"

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Dr. Hermas Mohamed ¹

¹Ziane Achour University of Djelfa (Algeria)

Email Author: hermasmehamed@gmail.com

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Abstract:

The aim of this study is to diagnose the level of healthcare service quality in the Algerian public hospital institution, specifically in a field study conducted at the public hospital institution in Djelfa. The research problem was defined as follows: What is the level of healthcare service quality provided in the public hospital institution in Djelfa? This is examined across three dimensions: technical, psychological, social, and material. To achieve the aforementioned research objective and address the research problem, the researcher applied the comprehensive survey method to a sample consisting of 500 individuals from the community. The mentioned individuals were selected using this method. The questionnaire was employed as the primary tool for data and information collection. The collected data were analyzed using appropriate statistical methods for the nature of the research, such as mean, standard deviation, percentages, and Spearman's correlation coefficient. The statistical analysis was carried out using the SPSS software on the computer.

Keywords: Sociology, Healthcare Service Quality, Medical Team"

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Introduction

The healthcare sector is considered one of the primary and influential sectors in bringing about social and economic development. This sector concerns itself with the most valuable and precious possession of society: individual health. Investing in human resources is one of the foremost and essential investments in the modern era, as there is an inherent relationship between health and productivity. Consequently, this sector, through its various components, directly contributes to social and economic progress within the comprehensive development process. Recent years (2019 to 2021) witnessed the global spread of the COVID-19 pandemic, which highlighted the immense significance of the healthcare sector. Ministries of health around the world took the forefront, assuming sovereign roles, and their workers became known as the "white army." They were tasked with combating and containing the COVID-19 pandemic,

which emerged in Wuhan, China, and spread worldwide, causing over two million deaths. This toll surpasses the combined death toll of diseases such as AIDS, malaria, cholera, and various forms of influenza during the same period. Additionally, millions of survivors continue to suffer the long-term effects of the disease.

The World Health Organization (WHO) has long recognized the human right to attain the best possible state of health. This right is rooted in individuals' capacity to access acceptable and high-quality healthcare services in a timely manner. Therefore, no country anywhere in the world has neglected the importance and necessity of developing and enhancing its healthcare services to achieve an acceptable level of health for its citizens. They aspire to follow in the footsteps of advanced countries that have evolved their healthcare systems, adopting modern methods and administrative approaches that have led to remarkable successes. Quality management has become a pivotal aspect of this philosophy. In an era plagued by chronic and epidemic diseases, and with mounting pressures on the healthcare sector, providing vague healthcare services is no longer a viable option. This new management philosophy has started to permeate within Arab countries, including Algeria. Algeria strives to improve the healthcare conditions for its citizens, meet the needs of its patients in the fields of health, treatment, and medical services across all specialties, and elevate the country's status on the global stage. Within this context, we pose the following primary question: What is the level of healthcare service quality provided by the public hospital institution in Djelfa? This will be explored across three dimensions: technical, psychological, social, and material.

Firstly: Field Study Procedures:

1. Research Methodology Employed:

The aim of this study is to explore the nature of healthcare service quality by comparing the reality of the public hospital institution in Djelfa. To achieve this, we adopted the descriptive methodology which we find suitable for this type of research. The descriptive method is one of the most widely used approaches, especially in the fields of psychological, educational, and social research.

Study Population and Sample Selection: The original study population consists of a total of 500 doctors and nurses from the Martyr M'hadda Abdelkader Public Hospital Institution in Djelfa. The sampling method used in selecting the sample was comprehensive surveying of the entire research community.

2-Data Collection Tools: The Questionnaire: The survey is a diagnostic tool for the research questions and contains questions directed to the respondents to measure the quality of healthcare services. Regarding the response method for scale items: It included five choices ranging from strongly disagree to strongly agree, following a Likert-type multiple-choice scale. These responses are rated from 1 to 5, as shown in the following table:

Table (01): Likert Multiple-Choice Scale Used in the Study.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

Source: Prepared by the Researcher

2. Content Validity and Instrument Reliability:

A. Content Validity or Expert Validity: The researcher presented the initial form of the study instrument to a significant number of experts. They provided their opinions on the appropriateness of the phrases for measuring the intended aspects, the phrasing of the statements, their relevance to the axis or dimension they belong to, and their adequacy in covering each dimension of the study's main variables. They also suggested any necessary modifications in the phrasing, deletions, or additions of new statements to the study instrument.

B. Instrument Stability: Before conducting research and testing hypotheses, it is essential to ensure the reliability of the measurement instrument used. Reliability reflects the consistency level of the measurement instrument. Thus, we used Cronbach's alpha coefficient to measure the internal consistency of the instrument's statements. The minimum value of the alpha coefficient should be 0.60, and a higher value indicates greater stability of the measurement instrument.

After incorporating the statements into the survey, excluding those related to personal data, and clicking "Agree," the stability coefficient was calculated to be 0.924. This indicates a high level of stability in the survey instrument (close to 1). The stability coefficient for the "Healthcare Service Quality" dimension was calculated to be 0.865.

Table (02) illustrates the stability of the measurement instrument for the survey dimensions.

Variables	Number of phrases	Cronbach's Alpha Value
Healthcare Quality	20	0.865

Source: Prepared by the Researcher, relying on SPSS outputs.

C. Internal Consistency of the Study Instrument: By internal consistency, we refer to the degree to which all the questionnaire items align with the axis they belong to. Each statement measures the intended aspect and does not measure something else. We calculated the Spearman correlation coefficient between each statement and the total score of the dimension it belongs to. Using SPSS outputs, we found that all the scale statements are consistent.

D. Statistical Analysis: After collecting and encoding the data, they were processed using the Statistical Package for the Social Sciences (SPSS). We employed means, standard deviations, Spearman's correlation coefficient, frequencies, percentages, and graphical representations to provide a clear insight into the research community's characteristics.

E. Spatial Context: The Public Hospital Institution in Djelfa was established in 1957. It is located in the Mohamed Chaâbani neighborhood to the east of the city of Djelfa. It is a public

institution with legal and financial independence and is under the supervision of the governor. The institution is managed by a board of directors and overseen by a director appointed by the Minister of Health, Population, and Hospital Reform. It was previously known as the Health Sector of Djelfa, covering the healthcare needs of the population through its basic units, including health centers, maternal and child centers, spread across the two districts: Djelfa and El Sharf.

However, after the issuance of Executive Decree No. 07/140 dated May 19, 2007, which concerns the establishment of Public Hospital Institutions (EPH) and Public Local Health Institutions (EPSP), it came to be known as the Public Hospital Institution in Djelfa. The institution comprises a central hospital with four floors, a subsidiary hospital for respiratory diseases, and a medical emergency unit. The study was conducted from April 8 to January 15, 2020.

II. Presentation and Discussion of Study Results: A. Presentation and Discussion of Healthcare Service Quality Results: Statistical analysis of field data related to the healthcare service quality variable was performed.

Table (03) illustrates the statistical analysis of the healthcare service quality data.

the expression	strongly disagree		disagree		neutral		agree		strongly agree		Arithmetic Mean	standard deviation	Expression Estimation
	T	%	T	%	T	%	T	%		%			
1	206	59.9	97	28.2	20	1.5	16	4.7	5	1.5	1.60	0.90	strongly disagree
2	193	56.1	102	29.7	23	1.2	22	6.4	4	1.2	1.67	0.94	strongly disagree
3	201	58.4	118	34.3	17	1.2	4	1.2	4	1.2	1.52	0.75	neutral
4	84	24.4	95	27.6	104	2.0	54	15.7	7	2.0	2.43	1.08	neutral
5	41	11.9	46	13.4	73	2.9	174	50.6	10	2.9	3.19	1.10	disagree
6	211	61.3	100	29.1	13	1.5	15	4.4	5	1.5	1.56	0.87	neutral
7	186	54.1	113	32.8	24	1.2	17	4.9	4	1.2	1.66	0.90	neutral
8	185	53.8	117	34.0	29	1.7	7	2.0	6	1.7	1.64	0.86	strongly disagree
9	25	7.3	42	12.2	116	2.9	151	43.9	10	2.9	3.23	0.96	disagree

10	17	4.9	44	12.8	119	3.2	153	44.5	11	3.2	3.28	0.91	strongly disagree
11	38	11.0	135	39.2	112	1.7	53	15.4	6	1.7	2.58	0.94	strongly disagree
12	41	11.9	88	25.6	141	2.3	66	19.2	8	2.3	2.74	0.98	strongly disagree
13	51	14.8	57	16.6	186	1.5	45	13.1	5	1.5	2.70	0.93	agree
14	172	50.0	128	37.2	13	1.2	27	7.8	4	1.2	1.73	0.94	neutral
15	87	25.3	114	33.1	21	2.6	113	32.8	9	2.6	2.54	1.25	neutral
16	171	49.7	140	40.7	22	0.9	8	2.3	3	0.9	1.64	0.78	strongly disagree
17	189	54.9	119	34.6	24	0.9	9	2.6	3	0.9	1.60	0.80	strongly disagree
18	196	57.0	118	34.3	19	0.9	8	2.3	3	0.9	1.56	0.78	neutral
19	25	7.3	21	6.1	87	13.1	166	48.3	45	13.1	3.54	1.04	neutral
20	29	8.4	35	10.2	143	3.2	126	36.6	11	3.2	3.16	0.95	disagree
21	32	9.3	36	10.5	145	4.4	116	33.7	15	4.4	3.13	0.99	neutral

Source: Study Questionnaire based on Statistical Data from SPSS.

From the statistical data presented in the table above, it can be observed that the study sample perceives healthcare service quality as of paramount importance due to its crucial association with human life. The results of participants' responses closely mirror the dimensions of quality within the Djelfa Public Hospital Institution. The responses varied between strongly disagree and disagree for the questionnaire items.

The questionnaire items have been organized as illustrated in the following tables, in alignment with the dimensions of healthcare service quality. This approach follows the practice of researchers in the field, who have divided healthcare service quality into dimensions. These dimensions serve as indicators to measure the level of healthcare service quality in the study field. Our choice of model aligns with Donabedian's framework, as it is suitable for our study. This model consists of three sets of dimensions for healthcare service quality:

1. **Technical Dimension:** This involves the application of science and technology within the hospital. In our scale, this dimension is represented by indicators as shown in the table below, which were derived from the questionnaire items.

Table (04) presents the statistical data for the Technical Dimension of Healthcare Service Quality:

the paragraph.	the ranking	The percentage	Arithmetic Mean	standard deviation
The medical team is keen on providing the health service correctly the first time, accurately, and without errors in examination and diagnosis.	15	60%	2.14	1.07
The medical team operates according to scientific standards to protect and ensure the safety of the patient	09	78%	1.86	1.03
The medical team operates according to the findings of modern medical science	07	82%	1.71	0.9
The medical team is committed to the promises they make towards the patient in providing therapeutic services	12	75.3%	1.89	1.01
The hospital provides all auxiliary services including laboratory tests.	10	77.4%	1.90	0.96
The hospital provides all auxiliary services including laboratory tests.	08	81.4%	1.74	0.90
All surgical medical specialties are available at the hospital	02	93.3%	1.51	0.65
The hospital effectively covers all emergency cases.	11	76.4%	1.84	0.93
In the hospital, modern and advanced medical equipment and devices are available	05	87.5%	1.56	0.81
The necessary medications are available at the hospital.	20	36.6%	2.88	1.17
The hospital provides medications in appropriate quantities.	13	74.4%	1.93	0.91

Source: Prepared by the researcher based on statistical data from SPSS.

The table opposite was constructed based on the survey statements using the Likert scale. Paragraphs corresponding to the technical dimension were matched with the statistical results obtained from the SPSS program. These results encompass percentages, mean values, and standard deviations. (This methodology applies to all obtained tables).

Through statistical analysis tables (03) and (04), it becomes evident that the general trend of the study sample in responding to the statement: "The medical team strives to provide healthcare correctly from the first time, accurately, and without errors in examination and diagnosis" is strongly disagree and disagree, accounting for 60.8%. The researcher attributes this result to the awareness among the medical team treating patients at El Djelfa Hospital. They not only acknowledge but also recognize significant imbalances in healthcare delivery, which might lead to diagnostic errors and consequently disrupt the establishment of appropriate treatment plans. These imbalances have repercussions on the patient's health, potentially resulting in disability or delayed recovery, and in some instances, even death. These imbalances are linked to factors and indicators that led to this outcome, some of which were addressed in our assessment, such as the absence of laboratory and radiological analysis. This absence significantly contributed to the widening of the error margin and delays in diagnosis.

Furthermore, it's worth noting that medical and quasi-medical students are taught a principle that emphasizes, "Before learning how to treat a patient, you must first learn how not to harm them." Human errors, in general, can be categorized into three types:

Types of errors: 1. Negligence errors. 2. Technical errors. 3. Intentional errors.

Here we are discussing two types of errors, negligence and technical, which are the most common and widespread within hospitals. Medical practice is based on providing the necessary care to patients, exerting effort and attention in assisting them and promoting their healing without causing harm. However, errors are inherent to human nature, a concept frequently exchanged among doctors and nurses in hospitals (*L'erreur est Humaine*) – humans, despite their scientific, social, and economic advancements, have not been able to eliminate errors. In essence, this phrase signifies, firstly, the inherent uncertainty and speculative nature of medical and disease sciences and, secondly, it is attributed to humans themselves, who are imperfect and fallible beings. While not immune to errors, the significance of medical errors lies in the fact that they revolve around humans – their bodies, health, and lives. As you can see, societies consider "the most precious possession" because humans are the building blocks and drivers of progress for any community.

These errors can be attributed to the actions of individual physicians or medical staff, or to the medical team as a whole, during their interactions with physicians. These errors manifest in the daily activities of hospitals, recurring in various forms, times, and places. The contributing factors to the occurrence of errors or delays in patient diagnosis can be summarized as follows:

- Errors in application due to lack of focus or memory failure.
- Errors related to insufficient knowledge and technical skills, not application.
- Factors related to work pressures.
- Personal characteristics of healthcare providers.
- Factors related to the patient themselves.

- Factors related to the hospital, including the administrative and organizational capacities to manage, organize, and control medical work, as well as the provision of resources such as medical equipment and auxiliary services in healthcare.

Laboratory Errors: Laboratory tests in medical practice serve to:

- Determine accurate diagnoses based on laboratory results.
- Monitor disease progression over time.
- Evaluate the body's response to specific treatments.
- Identify changes associated with certain health issues before symptoms manifest.
- Support the development of appropriate treatment plans for diseases.

The study's sample results address the statement "The hospital provides all necessary services, including laboratory tests." The response strongly disagrees and disagrees by 77.4%, indicating that the laboratory at El Djelfa Hospital does not provide all necessary medical tests. In our discussions with doctors and nurses, some have complained about the lack of credibility of certain laboratory test results. They believe this is due to the laboratory technicians' lack of seriousness in their work or the outdatedness of laboratory equipment. As a result, some doctors send samples to private labs for testing. Some doctors have also lost confidence in the accuracy of the laboratory results.

Laboratory staff at El Djelfa Hospital also complain about the excessive number of samples sent to the laboratory. They believe that doctors order tests for patients solely to appease them and are not genuinely interested in the results. This is evidenced by the delay in reviewing the test results, with some results lying in the laboratory for several days without being reviewed.

B - Radiology: Radiological examinations are essential diagnostic tools that no hospital can do without, much like the laboratory. The radiology department is headed by a radiologist, assisted by specialized physicians in radiology along with a team of specialized nurses operating the radiological equipment.

- Traditional Radiological Examinations: These include routine examinations needed by a large number of patients daily, such as chest X-rays and bone X-rays.
- Advanced Radiological Examinations: These encompass examinations like magnetic resonance imaging (MRI), ultrasound (sonar), and computed tomography (CT) scans. In terms of the nature of work in this department, it requires a certain level of coordination and prior agreement with clinical departments to schedule examination appointments and determine how the examinations are conducted. Patients must also be prepared in advance for radiological imaging, whether by fasting or abstaining from fluids, depending on the specific requirements.

A response of 81.4% from the study sample regarding the availability of radiology at El Djelfa Hospital indicates its lack of proper availability. Some nurses have expressed frustration with the behavior of the radiology department's doctors, alleging favoritism, particularly within the CT scan unit. This has drawn attention to the practice of doctors dividing their workdays within the month, where they only work during their shifts and spend the rest of the month at home. This practice is widespread across all hospital departments, particularly among specialist doctors. This

takes place under the administration's watch, which lacks authority over the doctors, for fear of losing these doctors from the hospital. Meanwhile, the workers in this department complain about the significant pressures they face, especially due to the absence of specialist doctors throughout the region. This prompts patients in the region and those in need of urgent scans to seek these services.

C - Advanced Medical Devices: Medical devices comprise a collection of electrical and mechanical machines that aid doctors in prevention, diagnosis, treatment, and patient rehabilitation following illness. They ensure safety and effectiveness, contributing significantly to the speed of recovery and enabling physicians to diagnose diseases rapidly. Their presence is necessary alongside doctors, as certain diseases can only be detected through them, while some diseases can only be treated using these devices.

- Preventive Medical Devices: These include sterilization devices used to eliminate germs. They are indispensable in hospitals.
- Diagnostic Medical Devices: Used for rapid and accurate disease diagnosis in patients. Examples include electrocardiogram (ECG) devices, which should be available in all departments, and vital sign monitoring devices (blood pressure, respiration rate, heart rate, etc.), which are also essential in all departments. There are also heavy medical devices like X-ray machines (CT scanners, ultrasound machines)...

-Medical Treatment Devices:

Medical treatment devices aid doctors in providing appropriate treatment to patients, significantly accelerating their recovery from diseases. Kidney dialysis machines are an example of such devices. Medical devices vary in quantity and quality based on the healthcare institution. Local clinics differ from hospitals, and general hospitals differ from specialized ones. Providing for the needs of specialists, technicians, and healthcare professionals relies heavily on the quantity and type of medical devices available.

There is a growing demand for medical devices in hospitals and healthcare centers, particularly those equipped with medical laboratories, radiology technology, medical analysis, endoscopy, and physical therapy facilities. Operating rooms also require advanced, modern, and precise devices. These devices necessitate regular maintenance by skilled technicians capable of accurately and swiftly addressing malfunctions, with spare parts available throughout the year.

However, the study's results are alarming. Around 87.5% of the sample believe that the Algiers Hospital lacks modern and advanced medical devices. This deficiency reflects on the quality of provided services. For instance, the operating room requires numerous devices, as do all departments, such as the need for vital signs measurement devices and the absence of patient room sterilization devices. In essence, there is a scarcity and absence of means and devices for early detection, treatment, and prevention.

- Issues contributing to this include:
- Lack of appropriate organizational climate.
- Absence of monitoring and supervision.

- Encouraging innovation while combatting resource wastage and inefficiencies.
- Having examined the factors hindering the medical team at Algiers Hospital from delivering error-free medical services, the question arises: Can Algiers Hospital provide healthcare services that meet societal expectations and reach an acceptable level of quality? To delve deeper into this, we must analyze indicators mentioned in the survey:
- About the availability of surgical medical expertise at Algiers Hospital, the study's result shows that 93.3% of the sample believe that the hospital lacks all required medical and surgical specialties. This high percentage reflects the reality of insufficient medical and surgical specialties. Examples include cases requiring specific expertise that the hospital may lack, leading to patient referrals to university hospitals. Often, appointments are given at distant dates, potentially worsening the patient's condition.
- Regarding Algiers Hospital's effectiveness in handling emergency cases, 76.4% of the sample believe that the hospital is ineffective in this aspect. This aligns with previous responses indicating the lack of laboratory tests, radiological examinations, and complete medical and surgical specialties. Additionally, 36.6% of the sample report a lack of available medications in the hospital, impacting emergency care.
- The safety and well-being of patients at Algiers Hospital are perceived as ambiguous. Around 78.5% of the sample believe that the hospital does not employ scientific methods to protect patients' safety. Moreover, 82% believe that the medical team at Algiers Hospital does not follow modern medical practices, potentially endangering patients.
- Safety and security are responsibilities of healthcare institution management and medical teams. It's unreasonable for a patient seeking treatment to be exposed to harm due to inadequate procedures. Safety means protection from danger, and safety measures are essential in healthcare institutions to safeguard patients from harm resulting from medical services.
- Numerous countries have undertaken statistics on patients who suffered complications due to medical errors during medical procedures, emphasizing the significance of patient safety.
- Estimates indicate that one out of every 10 patients is harmed while receiving care in high-income countries' hospitals. Globally, at least four out of every 10 patients suffer harm during primary healthcare and outpatient services, with most significant errors stemming from diagnoses, prescriptions, and medication usage. Patient safety has become a cornerstone of healthcare systems, leading to the emergence of an independent field known as Patient Safety Science. This field conducts research to improve medical performance and prevent complications resulting from errors in various medical procedures.
- Statistical and sociological analysis of the technical dimension of healthcare quality has led to findings that generally point to factors hindering the general medical team at Algiers Hospital from achieving accurate diagnoses from the outset. Among these factors are the absence of certain laboratory tests and radiological examinations, shortages in medical and surgical specialties, and inadequate availability of equipment and medical devices. These issues impact patient safety within the hospital and delay patients' recovery and healing process.

2-Psychological-Social Dimension: This dimension is represented in our scale by indicators presented in the following table, derived from scale paragraphs:

Table No. (05) illustrates the statistical data for the psychological-social dimension of healthcare quality.

the paragraph.	the ranking	The percentage	Arithmetic Mean	standard deviation
The medical team's commitment to the promises they make towards the patient in delivering therapeutic services	12	75.3%	1.89	1.01
The behavior of the medical team members is characterized by human compassion in treating patients	20	15.7%	3.18	0.96
The medical team works on instilling hope and reassurance in the patient's psychology.	19	18.6%	3.12	0.98
The patient responds to all the instructions and guidance of the medical team	16	58.4%	2.17	1.03
The patient places complete trust in the competence of the medical team	14	68.8%	2.12	1.04

Source: Prepared by the researcher based on the statistical data from SPSS.

From the tables (03) and (05) and the statistical analyses, it is evident that the overall trend of the study sample in responding to the statement "The medical team adheres to the promises made to patients regarding the provision of treatment services" is largely in disagreement or strongly disagree, with a percentage of 75.3%. The researcher attributes this result to the acknowledgment of the treating medical team at Algiers Hospital of fundamental imbalances in providing healthcare services, particularly in fulfilling promises made to patients. This is due to several obstacles, including:

- Disruptions in the availability of medications and pharmaceutical supplies, especially those related to anesthesia and resuscitation, leading surgeons to postpone operation dates for their patients.
- Scarcity of equipment and medical devices, and frequent malfunctions, which disrupt surgical programs and delay treatment schedules.
- In recent years, a culture of absenteeism among specialized doctors has spread, as they divide their workdays among themselves. This culture has become widespread across the entire

province, with specialized doctors working for only ten days per month, during which they are on duty. On days when they are not on duty, doctors are required to work for 8 hours a day. In reality, however, many specialized doctors work for 24 hours straight for ten consecutive days. Additionally, the lack of overnight on-call rooms for specialized doctors poses a challenge, especially in urgent cases.

- Surgical procedures are a top priority in healthcare, and they often suffer from scheduling disruptions. Algiers Hospital lacks sufficient operating rooms.
- The high number of traffic accident victims being referred to the hospital leads to a higher demand for emergency surgeries and occupies the operating rooms.
- Patients' rush to undergo surgeries and the use of favoritism practices disrupt and delay appointments for other patients.

These factors collectively hinder the medical team's ability to fulfill the promises made to patients and create challenges in maintaining scheduled treatment appointments.

The population census in the area results in increased pressure on surgical procedures due to the rise in the population.

Approximately 46.48% of the study sample perceive that the general medical team at Algiers Hospital "demonstrates humanistic behavior in patient interactions." On the other hand, 40.1% of the sample remained neutral. It is noteworthy that the study sample holds positions between agreement and neutrality, and we can discern the following stances by contrasting them with the reality:

- Some actors within the healthcare system believe that patients and their companions need to be managed firmly and not dealt with smoothly, especially in departments crowded with patients and visitors, such as the emergency department, laboratory services, and radiology examinations.
- Complaints from hospital and clinic visitors often arise not solely from equipment shortages or appointment delays but also from poor conduct exhibited by some doctors and nurses – not all of them. Some doctors fail to listen attentively to patients' complaints, respond to their questions, allocate sufficient time, or choose the most gentle approach to explain their conditions and treatment methods. As is known, good communication and psychological support are half of the healing process.
- The statement "The medical team works to instill hope and reassurance in the patient's psyche" closely aligns with the preceding statement. About 46.48% of the sample feel that the general medical team at Algiers Hospital works to instill reassurance in patients' minds, while 40.1% remained neutral. This statistical observation highlights a third stance:
- Often, the medical team surpasses disagreements that might occur between them and the patients or their families, especially when the patient's health is severely deteriorated, such as cases involving cancer or traffic accidents. In such instances, everyone strives to intervene quickly to provide treatment or effective solutions to alleviate the patient's suffering and address the situation as promptly as possible.

These paragraphs indicate the social interaction that takes place between the patient and the medical team during healthcare service delivery. This prompts us to consider the roles of both the doctor and the patient – influenced by theoretical heritage – as they intertwine with expectations, rights, and obligations. The patient is expected to possess certain privileges, particularly as they require care from a doctor who will lead them towards improved health.

Patients and their families carry preconceived notions about symptoms, hopes, and fears regarding the social and personal consequences of the illness. They have a prior understanding of the doctor's roles, how to approach them, and how to structure consultations. When these notions do not align with reality, conflict between the patient and their doctor becomes inevitable.

The reciprocal roles between the medical team and the patient are natural. Both parties share in the social situation, attempting to anticipate each other's behaviors, reactions, and possible outcomes. The doctor's role in this context is to restore the patient's natural and functional state, contingent on available means and the doctor's specialized skills. Meanwhile, the patient is expected to be aware of how to seek specialized assistance and attain healing.

Approximately 58.4% of the study sample believe that "patients do not respond to all the medical team's instructions and guidance," while 32.3% remain neutral. In this context, theoretical heritage suggests that medical practice is a type of social activity aimed at resolving patients' medical problems. The doctor-patient relationship now represents a request for assistance. This scene indicates that the general medical team at Algiers Hospital fully comprehends that a substantial portion of patients and their families no longer adhere to the medical team's treatment instructions. Instead, they seek other, less costly yet more effective alternatives in their opinion. For instance, many patients resort to traditional Algerian treatments, alternative medicine, or religious healing practices.

Furthermore, in recent times, patients have sought treatment abroad, especially in Turkey, Tunisia, and Jordan. Vulnerable segments of society and middle-class individuals use social media networks to request financial aid from the community. Some civil society organizations join in this effort by raising funds to support severe medical cases, particularly among youth and children. These cases are often difficult to treat within the country. For instance, the case of the child Maya garnered significant financial support from civil society to facilitate her treatment in Turkey. On the other hand, elderly individuals often travel to Tunisia for medical care, especially ophthalmic treatments

The study sample supported this observation by responding to the statement "The patient places complete trust in the competence of the medical team." Approximately 68.8% of the respondents indicated that patients do not place complete trust in the competence of the medical team treating them in Algiers. The sample justified this response based on considerations mentioned earlier in the study.

It is noticeable in hospitals and health centers that some families bring patients in an advanced stage of illness, and occasionally, patients breathe their last breath after entering the emergency

room. Additionally, some of these families engage in protests and accuse medical teams of negligence. Such a stance might be taken to deflect blame from the family's perceived neglect. Numerous studies have highlighted that it is exceedingly rare for a patient to seek medical care without discussing this decision with their reference group or others. Suchman conducted a study on this subject and found that three-quarters of the study's sample had discussed their symptoms with at least one other person, usually a relative, before seeking specialized medical assistance. Thus, the entire process of seeking medical help involves a series of consultations that the patient conducts with their family, relatives, the general public, figures of authority, and finally, doctors.

The Algerian society's openness to seeking medical treatment abroad is evident through the experiences of certain patients. Society has been able to obtain comprehensive information about treatment options abroad through social media networks or by word of mouth from relatives. This is facilitated by the fact that Algerian individuals now travel between countries with ease, a transition that was previously limited to specific segments of society seeking medical care.

It's worth noting that most doctors, if not the majority, no longer have sufficient time to fulfill the patient's rights. This could be attributed to the workload, as doctors often examine over 100 patients in a day. In theoretical heritage, Parsons emphasizes that for a doctor to fulfill their therapeutic responsibilities, they must align with the patient's social context. They need to understand the consequences of the illness on the patient, their family, and their work. Furthermore, they must assess the impact of the patient's environment on the course and progression of their condition.

The material aspect, which includes the aesthetics of the service delivery location and the appearance of the service provider in the hospital, is a crucial dimension.

This aspect is represented by indicators in our scale, as illustrated in Table (06) which presents statistical data for the material dimension of healthcare service quality.

the paragraph.	the ranking	The percentage	Arithmetic Mean	standard deviation
The hospital attaches great importance to medical records	6	84.9%	1.63	0.90
The medical team members have a professional appearance.	7	40.7%	2.50	1.09
The hospital provides suitable waiting areas and clean, beautiful patient rooms	4	92.7%	1.38	0.75
The hospital provides rooms for overnight shifts for specialized doctors	2	93.3%	1.32	0.7

Source: Prepared by the researcher based on statistical data from SPSS.

From the above table and statistical analysis table number (03), it is evident that the general trend of the study sample in responding to the statement: "The hospital administration attaches great importance to medical records" is in disagreement to a strong extent and in disagreement, with a percentage of 84.9%. This is a very high percentage indicating the significance of the medical record in the healthcare service framework, especially since it is considered a legal medical document. The study sample's responses do not imply that the hospital administration does not provide medical records and files for patients; on the contrary, such provision is mandatory in all hospitals. The study's expression implies that the hospital administration does not prioritize the content of the records, such as the registration of patients' data by doctors and nurses.

The medical records present at the DJelfa Hospital are as follows:

- Medical File for the Patient (Dossier Médical): It includes the patient's name, medical history, laboratory test results, radiological images, and daily clinical notes by the attending physician, along with any adjustments to the treatment plan based on the patient's evolving condition.
- Prescription Record (Registre Prescription Médical): The medical team visits patients daily and updates their treatment plans in this record, adjusting medication dosages and documenting the treatment regimen.
- Patient Movement Record (Registre du Mouvements des Malades): This record includes the patient's name, admission date, registration number, and suitable dietary recommendations.
- Task Handover Record (Registre du Passation des Consignes): The attending nurse records prescribed medications for each patient, as well as medical equipment available in the department, along with their own information and signature.
- Medication Accounting Record (Registre du Comptabilité des Médicaments): Managed by the quasi-medical staff, this record tracks medication movement within the department, including supply from the central pharmacy.

It should be noted that medical records are the primary source of medical data, encompassing medical, nursing, and administrative information related to the patient's medical condition. This includes symptoms, medical history, clinical and diagnostic test results, final diagnosis, medical interventions, surgical procedures, treatments, progress, response to interventions, and the patient's impact on his/her family, work, and environment.

Regarding the statement "The medical team members have an appropriate appearance," the general trend of the study sample's response indicates a disagreement to a strong extent and in disagreement, with 40.7% of the respondents expressing that the medical team lacks a suitable appearance. Another 40.7% remained neutral on the matter. This division in responses suggests that some perceive the medical team at DJelfa Hospital to lack proper appearance, possibly due to dissatisfaction with the provided uniforms and their condition.

Regarding the statement "The hospital provides suitable waiting areas and clean, beautiful patient rooms," there is strong disagreement to a significant extent, with 92.7% of the respondents indicating that DJelfa Hospital lacks appropriate waiting areas and clean, beautiful

patient rooms. This points to a dire situation with waiting areas being unclean and patient rooms in poor condition.

Patient rooms are not far from the description above. They often contain worn-out beds ranging from two to six beds, poorly maintained shared bathrooms, and deteriorating beddings due to heavy usage. Sometimes, due to high patient numbers, the hospital requests that patients' families bring their own beddings.

Patient rooms should provide comfort and contribute to patients' recovery, meeting their basic needs and requirements. As the saying goes, "The hospitalized patient's room is a private home."

The general trend of the study sample's response to the statement "The hospital provides suitable rooms for night shifts for specialist doctors" indicates strong disagreement and disagreement, with a percentage of 93.3% of the respondents stating that Djelfa Hospital does not offer suitable rooms for night shifts for specialist doctors. This response came in the second position of the sample's answers due to their understanding of the importance of this factor in the hierarchy of healthcare service provision. As previously mentioned, specialist doctors are not required to stay at the hospital during their mandatory shifts; they can stay at home or attend to their personal needs. In case of emergencies, they can be called to the hospital. In reality, specialist doctors on duty should remain within the hospital, similar to nurses and general doctors on duty. They should have a designated room within the hospital equipped with all essential amenities such as a bed, proper meals, and even recreational facilities like a television and internet access. However, the hospital management provides facilities for specialist doctors, offering them equipped accommodations in compliance with the law. The hospital does not enforce mandatory shifts for them and allows them to divide their workdays amongst themselves. What is crucial for the hospital management is to ensure that emergency coverage remains guaranteed. All these concessions are provided by the hospital management in exchange for the specialist doctor's presence at the hospital.

The general trend of the study sample's response to the statement "The hospital provides a meal suitable in quantity and quality for the patient's health condition" indicates a percentage of 97.1% of the respondents stating that the nutrition at Djelfa Hospital is not appropriate. Notably, this response came in the first position, highlighting the significance of nutrition as a demand that burdens healthcare workers in the institution. Nutritional meals are provided obligatorily for shift workers according to the law, including lunch and dinner. However, it is observed that most shift workers, including doctors and nurses, consume fast food purchased from nearby shops. In some cases, especially during dinner, the attending nurse might share a meal with the patient's companion or the patient themselves, as patients' families or friends often bring food to the hospital. These external sources generally provide ample quantities of good-quality food, and the attending nurse might join them for dinner.

Regarding patient nutrition, it is often of poor quality and is typically consumed by patients from vulnerable and financially challenged backgrounds or by patients in dire circumstances.

Ideally, hospital nutrition should primarily focus on providing patients with appropriate dietary options based on their health conditions while staying at the hospital. It's important to recognize that all patients require specialized nutritional care. Hospital menus are developed under medical supervision on a weekly basis, with doctors adjusting dietary systems to suit each patient's condition. In some hospitals, this role is carried out by a registered dietitian.

After analyzing the results from the statistical analysis table number (03) regarding the level of healthcare service quality among the study's targeted sample, it is evident that the mean is 39.63 with a standard deviation of 9.88, indicating a low level of quality.

Table number (07) presents the statistical results for the level of healthcare service quality at DJelfa Hospital.

Axis	Arithmetic Mean	Standard Deviation	Axis Level
Healthcare Quality	39.63	9.88	Low

Source: SPSS Data Results

The researcher has measured certain elements related to the quality of healthcare services, especially those associated with working in the healthcare field, within the medical framework of the treatment process at Algiers Hospital. These patterns or elements interact and result in combinations and compositions that contribute to improving performance and achieving healthcare service quality.

The sociologist's first observation is that when faced with a pattern or modern institutions at the height of modernity, such as a management board, unions, a medical council, etc., the relationships, stakes, and conflicts that drive these institutions are traditional relationships. Thus, we find ourselves in a situation where modern institutions coexist with stagnant traditional relationships that stifle creativity and initiative.

Thirdly: Extracting the General Study Results:

Through the study conducted by the researcher on the quality of healthcare services in Algerian hospital institutions, specifically a field study within the public hospital institution in DJelfa, the following results were obtained:

The researcher measured the level of healthcare service quality among the targeted sample of the study. The calculated mean was 39.63, with a standard deviation of 9.88, indicating that this level is low

Finally, the researcher emphasizes that generalizing these study results is only relevant to the characteristics of the study sample from which they were derived. The study was conducted within the context of the hospital healthcare institution. Therefore, such generalization necessitates numerous studies that differ in terms of characteristics from the current study sample.

Conclusion:

Healthcare institutions are among the most sensitive to quality, as they provide services for the most valuable asset of societies, which is human beings. They believe that humans are the primary means for development. On the one hand, citizens no longer accept low service levels; they have become significant stakeholders. Consequently, healthcare services have become a human right, making quality a necessity, particularly for patients. In this context, our study aimed to identify the factors hindering the improvement of healthcare services and achieving patient satisfaction, factors that can only be addressed through a quality-oriented approach.

We approached the medical staff as the main actors in the healthcare service, considering them as a vital resource within the public hospital institution, represented by CHU Mohamed Abdenour in Djelfa. We measured quality indicators within this institution, yielding statistical results that indicate a low level of healthcare services. These findings led us to formulate a hypothetical model to deepen our understanding of the factors linked to the decline in healthcare service quality.

The results of our study demonstrate the importance and correlation of certain variables that can serve as fundamental pillars in developing a roadmap for adopting a quality approach. Such an approach should be comprehensive, extending from the family to the school and to the institution itself. Working within a hospital setting involves human lives, making quality and excellence imperative. The study confirms that three essential pillars are required for building this approach: technical competency, which pertains to the medical team's technical skills and their proper execution of patient care; advanced medical equipment; and the human aspect characterized by politeness, kindness, and excellent interpersonal skills.

From this study, we deduced that neglecting the healthcare service practitioners, who are the primary drivers in achieving the organization's healthcare goals, adversely affects the quality of healthcare services provided within the public hospital institution in Djelfa.

While we acknowledge the challenges in generalizing our findings to all public hospital institutions, given the variations between institutions due to surrounding circumstances, cultures, and values, we have attempted, to the best of our ability, to follow the course of this study in both theoretical and practical aspects. This was done in order to gain insight into the conclusions reached by others in different places and times.

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