



Evaluation of expressive and automated procedures For health sector institutions in Basra to prevent the effects of the Corona epidemic

-Survey Study In sum Private &public Basra Hospitals -

Assistant prof Dr.Hani Fadhil Jumaah Al-Shawi

work place-Shat Al- Arab college University -Business Administration Department-Iraq –Basra

Abstract:-

This research represents an administrative scientific contribution to reveal the required procedures from local hospitals in Basra in particular and in Iraq in general to improve ways to prevent infections and deadly epidemic viruses in the contemporary period to find a model interested in identifying the characteristics of hospitals driven by customers, especially when we know the scarcity of this topic in theory and practice. The proposed model, which was applied in Basra hospitals, to design health activities that fit the current or expected needs of clients (patients). For this questionnaire was designed and distributed to a sample of ten hospitals with a response rate of 80%.

The research concluded that the hospitals under study were not provided by clients sufficiently. Therefore, the research ends with many recommendations on the importance of considering the client (external or internal) as a cornerstone of hospital success, the customer must be an active driving force for the purpose of hospitals, and health activities must be designed to meet this trend.

Key words:(Automated dimension components, Expressive dimension components, The impact of continuous improvement efforts, The value of medical work results)

Introduction

The possibility of providing the requirements for the success of the results of medical work in our local hospitals is through providing the dimensions of patient care practices, and its components represented in the two dimensions (the automatic dimension and the expressive dimension) that the medical service provider can use and which indicates its use of the art of medicine and indicates its prowess in the art of persuasion The human being through the principles of appropriate dealing that follows him with the different classes of society (urban and rural(that he meets and converses with as it includes the components of the automatic dimension testing, examination, diagnosis, treatment)

While it includes components of the expressive dimension (kindness, social, personal behavior, literature, respect and affection, reassurance of the patient and his family as well as his understanding and achieving the necessary well-being for him), in order to reach advanced medical procedures believed to affect the patient, doctor and disease.

Achieving the above requires a variety of actual medical efforts to cultivate modern concepts that enhance the ability of (the doctor and his assistants, including anesthetists, nurses, technicians, and administrators, workers in the corridors, medical professionals, and pharmacists) and they are the sample of the research that was randomly chosen in the formed study community Out of ten hospitals in Basra (private, public, and specialized).

To show the art and origins of dealing with patients required to support them, and reduce the gap of social contradiction to understand contemporary society problems by encouraging cooperation and eliminating the deviation of the relationship from its course and planned layout, which is dangerous if it is not correct in time, it may lead to the customer's transformation from official medicine hospitals to Practices of alternative folk medicine such as (cauterization, cupping, hospitalization with guardians, herbal medicine, midwives, home prescriptions, veils, magicians and charlatans) and thus stigmatizing formal medicine with matters that should not be mentioned.

Medicine should focus on improving integrated human health (mental, physical, social) and not just the absence of disease or illness, as well as combating the concerns in human life, so it is necessary to deal with the customer as each unified and not a theoretical disease or a testing field, And support the patient in the days of his ordeal through advanced practices directed towards dealing with many types of diseases of the age that have become impossible to limit and diagnose without winning the patient's cooperation and bestowal of the health service by giving and the use of modern mechanisms in persuasion and expression and confront customer inhibitors, detection and early and immediate treatment of diseases and rehabilitation of the patient to the lips Physically to be able to work and dependent on the production itself and not support their community.

On the other hand, the customer must show cooperation, remembrance and beauty, with patience and avoiding whining and groans.

Therefore, this study was divided into three aspects, the first concerned the methodological aspect and the conceptual approach, and the second was devoted to the applied aspect, while the third was for conclusions and recommendations.

The first aspect: Research methodology and the conceptual approach

Research Methodology

The methodology was reviewed through eight paragraphs, as follows

First: - Research problem:-

The limited interest in providing health supplies in our local hospitals, in addition to poor care and attention to the customer, and the lack of reliance on our local hospitals for awareness programs to meet patients' high doubts about the available medical specialties and the start of manifestations of the relative transformation of patients towards cooperative and folk medicine centers, raised in the mind of the researcher many questions that must be addressed To her, the researcher summarized it as follows:-

1. Does (the customer, the health service provider) benefit from spreading a culture of excluding medical practices with the customer?
2. How appropriate is the expression dimension and the automated dimension of the prevailing systems in our local hospitals?
3. Will the current research efforts succeed in bringing the transaction to the level of ambition between the service provider and its recipients?
4. How far do these efforts contribute to supporting formal medicine to counter folk medicine and its methods of disturbing customer confidence in local hospitals?

Second: - The importance of research:

The importance of the research stems from the necessity of clarifying ways to enhance intimacy between the customer and the contemporary health service provider, which has already been applied in the developed world countries and as reviewed by the researcher, which made its way in the literature of management science, to imitate them in improving medical performance locally

Third :Research objectives

- 1.Culture of an interactive relational medical work culture in our local hospitals between the doctor and the health service student.
- 2.Call for the publication of marketing theoretical concepts to document the relationship between the doctor and the customer in our health institutions.
- 3.Examining the patient's relationship with the medical workforce "prevailing now, and studying the social and functional structure prevailing in Basra hospitals as a model of our local hospitals in general".
- 4.Supporting formal medicine in the face of folk medicine methods to discredit it and discourage its attempts to intentionally abuse it and reduce its importance.
5. Building and testing a systematic model consistent with the reality of the prevailing medical organizations in the country.
- 6.A review of some of the experiences, attempts and previous models of the development of medical practices in patient care in clinically advanced hospitals "to trace their effect and track their stages in establishing these practices locally".
- 7.Study the social role of the doctor and the patient and present the most important procedures for their typical interactions in medical situations.
8. The embrace between the basic health concepts in the health sector, such as the doctor, the patient, and the disease, in order to know the communication obstacles inherent in the local medicine, and to provide appropriate instructions to improve it and correct the deviation that has its meaning.

Fourth: - The hypothetical research model and its hypotheses

1. The default search model

The model was designed on the idea that "providing medical practices that emphasize customer care in our local hospitals through its components represented by the components of the automatic dimension including the sub-variables (testing, examination, diagnosis, treatment) and components of the expressive dimension (emotional, social, personal behavior, literature, Respect, tenderness, reassurance, well-being, and understanding) can create advanced results in medical work that increase the patient's satisfaction and increase his loyalty and cooperation and contribute to the bestowal of medicine fame and healthy giving and is close to discovering diseases and eliminating or combating them. And the following figure (1) explains and approaches The photo of the above: -

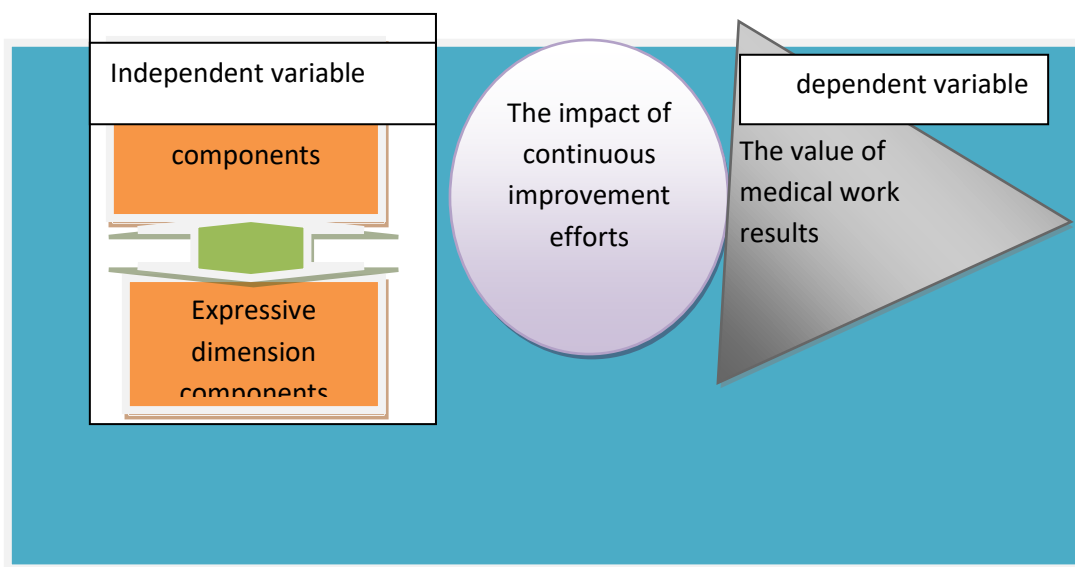


figure (1) research model

2.Hypotheses:-

The hypothesis emerged from the three hypothesis as below :-

A. There is an association of correlation and effect relationship with statistically significant effect between medical procedures (automatic, expressive) and the results of medical performance that add value to customer satisfaction and treatment.

B. There is a correlation relationship and relationship of influence with statistically significant between medical procedures (mechanism, expressive) and the value of medical performance results add value to the doctor's reputation and his bid.

C. There is a correlation relationship and relationship of influence with statistically significant between medical procedures (mechanism, expressive) and the results of medical performance add value to the process of disease discovery and elimination.

Fifth: - The research community and its sample

The current research was taken from health personnel (represented by doctors, administrators, workers in the corridors, pharmacists, anesthetists, nurses and medical professionals) as a random sample Hospitals in Basra (the research community) with a 10% rate represented by (Ibn Ghazwan) specialized in childbirth and children, and the public by 50% represented by Basra,(Al Fayhaa, Al Shifa, Al Tahrir, and Sadr Hospitals) and the remaining for the private and by 40% conducted at (Al Musawi, Al Rahma, Al Saadi and Ibn Al Bitar).

Thus, the percentage of representation has become 100%, as it is the group who is aware of all health matters that can be relied upon for their knowledge in obtaining accurate information in order to meet "the research goals. Below: -

sequence	Hospital type	name of the hospital	The percentage of their participation in the sample	number of participants	Their jobs							
					Doctor	Administrative	worker	pharmacist	anesthetic	Nurse	Medical profession	Physician Associate
1	Specialized in childbirth and children	Ibn Ghazwan	10%	8	1	1	1	1	1	1	1	1
2		Basra government		8	1	1	1	1	1	1	1	1
3		Al Fayhaa		8	1	1	1	1	1	1	1	1
4		Al Shifa	50%	8	1	1	1	1	1	1	1	1
5	Public	Al Tahrir		8	1	1	1	1	1	1	1	1
6		Sadr Hospitals		8	1	1	1	1	1	1	1	1
7		Al Musawi		8	1	1	1	1	1	1	1	1
8		Al Rahma		8	1	1	1	1	1	1	1	1
9	Special	Al Saadi	40%	8	1	1	1	1	1	1	1	1
10		Ibn Al Bitar		8	1	1	1	1	1	1	1	1
total	3	10	100%	80	10	10	10	10	10	10	10	10

Table (1) Detailed data about the study population and its sample n = 80

Sixth: - search variables:

For the purpose of achieving the objectives of the previous research, its explanatory and responsive variables were defined as follows:

1. Independent variables, which are the sum of the components of the automatic and expressive dimensions. My agencies :- (Tarabya and Shadi, 2019, p. 93):-

A. Tactical automatic dimension: - It includes the aspects that medicine uses in treating the patient ((laboratory tests, examinations (- auditory - ring - palpation - inspection - physical movement), disease diagnosis, disease treatment((Pekio et al. 2013, p. 43))

B. The expressive dimension, which represents the medical art of the doctor's interaction with the patient and consists of (emotional components, social components, the physician's personal behavior, literature, respect, tenderness, reassurance, achieving patient well-being, and understanding)

2 . and dependent variables determined by the following medical procedures: ((www.Healthy body healthy mind 2009p33eg for medical systems)

a. Patient reactions (satisfaction, cooperation) by notifying him that he is an integrated human being (psychological, physical, and social) and not treating him as a quantum disease (quantum) to try to advance the level of medical care he seeks from its providers, that is, this case involves replacing the degree of Focus in marketing from focusing on commercial business concepts to relational focus. (Al-Ta'i and Al-Alaq, 2019, p. 100)

b. B. The doctor's bid. The therapist (celebrity, bestowal) through the doctor's departure from unfriendly utilitarian relations between him and the patient and removing obstacles to communication between him and the patient by not using medical terms that the patient cannot understand in interpreting the pathological condition.

c. . Addressing the disease (early detection, control). There are chronic diseases, endemic diseases, and undiagnosed diseases, so it must be understood that dealing with them for the purpose of early detection and preventing their spread and reaching the stage of danger and good planning to eliminate them by various technical means ..

Seventh :research scale:-

The researcher relied mainly on a questionnaire he prepared based on the variables of the proposed model. The questionnaire settled in its final form on (19) paragraphs on the Five-Point Likert scale (its range from completely disagree "to totally agree"). .

Eighth: - The statistical methods used in the research

1.Data were analyzed using the SPSS statistical program

2. Standard deviation.

3. Arithmetic mean.

4. Correlation and regression coefficient

Literature Reviews or the conceptual approach

First: - The concept of customer care procedures

There are procedures and features that the patient observes in the health service and other hidden ones that he does not notice, and this can be illustrated through table (2) below- :

Table (2) visible and hidden procedures in the health service

Visual procedures	Implicit procedures
Providing the service on time (through commitment to professional values and standards)	Informational update for the doctor and support workers
Complete the service with all its components	Participate in medical research
The courteous and courteous reception staff (front line)	Attending scientific seminars
Ease of access to the service	Attending and participating in scientific conferences
Getting accuracy in service from the first time (blood analysis)	Continuous training for improvement indefinitely
Positivity and rapid reaction in emergency situations (reduced cycle time in analysis laboratories)	Evaluating medical operations and trying to develop them through (employee training, maintenance, staff meetings, computer systems)

Source: Derma Clinics (2004), p. 4, Saudi Arabia, Riyadh, clinic DRM, (Al-Taie and Al-Alaq, Service Operations Management, Al-Yazuri, Arabic Edition, Amman, Jordan, 2019, p. 84) and (Louis Cannon (2005) "The Secret of the Profession" How to preserve Business Continuity with Your Customers, p. 174)

In the same context, (Barhoum and others: 2017: p. 211) indicate that achieving a high level of quality of patient medical care is one of the primary functions of the hospital, which is linked to the availability of good technical management of medical care related to the application of medical technology sciences and good mutual relationship between medical service providers and beneficiaries and the appropriateness of its quantity For patients without increase or decrease in a way that guarantees the achievement of health benefits.

It also confirms (Canon, 2005, p. 175) and as an example of those procedures that add value to the customer but in another area which is the entertainment industry that emphasizes fun and beauty as a way to satisfy the customer stresses the need to include the views and observations of each of (the theater production team, audience responses, critics, A review of the spoken and spoken words of the Friends of the Organization) after each previous stage performance to preserve the vitality and purpose of the next stage show. The organization's craft must focus on the success of the show, after those next few hours. From the above we conclude that the immediate correction of performance deviations by the organization's thinkers and creators has a profound impact on maximizing the value of the customer and his happiness and increasing his response and sense of the organization's interest in its aspirations, aspirations, needs and desires. The sooner the solution is, the actual administrative costs for the organization are lower, the more that leads to a strong return of the customer to dealing with the organization and contributed to maximizing his loyalty and dedicating his satisfaction to it heavily, which increases his adherence to it and increases his desire to sacrifice in allocating part of his time to positive talk about it to other customers. It is in the health field.

Health organizations that adhere to quality believe that the patient is respected and involved in making treatment decisions and that this is translated into a set of procedures that they consider to be the patient's rights, namely: -

1. Give him the fullest possible care.
2. Discuss his illness and treatment plans.
3. Provide him with full information to obtain his consent to perform surgeries.
4. Detecting the degree of seriousness of his illness and the process he will perform.

- .5.Ensure that he is informed of the results of the operation and respect his privacy.
- 6.Not participating in medical research without his prior written consent.
7. Consider the patient a very important person. "V.I.P. That is, Vary Important personal and must feel this.
8. Give him the fullest possible care.
9. Discuss his illness and treatment plans.
10. Provide him with full information to obtain his consent to perform surgeries.
11. Detecting the degree of seriousness of his illness and the process he will perform.
12. Ensure that he is informed of the results of the operation and respect his privacy.
13. Not participating in medical research without his prior written consent.
14. Consider the patient a very important person. "V.I.P. That is, Vary Important personal and must feel this.
15. Allow him the opportunity for complete treatment if he decides to withdraw from research after having participated in it.
16. Allow him the opportunity for complete treatment if he decides to withdraw from research after having participated in it.
17. It is the patients who provide important and credible data in various fields on the quality of the hospital service such as (nursing services, confidentiality of medical information, patient privacy, waiting time before obtaining the service).
18. Providing the patient with a future medical added value away from the utilitarian interests of the physician, such as providing automated facilities in the advanced devices and improving the scheduling of their use and their transfer between the different departments.
19. Keeping pace with the huge technological development that requires reviewing the plans, goals, resources and operations and fulfilling the requirements of providing current knowledge, experiences and skills with learning new and updating capabilities to meet the requirements of the times (environmental, volcanoes and earthquakes, viral epidemics, H1N1 epidemics of bird, pigs, goats, Ebola and Syndrome The Middle East, SARS, SK, covid19, and Hanta Virus appeared in China and we do not know where to get tomorrow. "(Render & Keizer, 2019, P182). Years) and aspirations of folk medicine rival official medicine.
20. Increasing the effectiveness of operators in operations and reducing the process of transforming workers and moving them between hospitals.

In the same context, the researcher believes that it is necessary to provide pre-sale services in addition to after-sales services that he believes will add value to the customer, as an example of this ((provide clarifications for dentist clinic patients about their inquiries and concerns by the receptionist, and to provide magazines, mural and advertising publications and newspapers to eliminate Boredom waiting time in the doctor's hall for the patient's relatives and companions)) Adopting the art of harmony management (Ta'i, Al-Alaq, previous source, p. 94) between clients themselves, such as providing modern means of exchange by providing close seats and comfortable seating or opposite seats to facilitate interaction between customers to eliminate boredom attacks or dialog management activities in long queues or flyers Advertising and e-promotion in different halls and in the same context it states (Al-Taie, Al-Abadi, 2019, p. 87) Companies started sending missionaries about their products and activities and it is considered pre-sale activity or services.

The need to understand its content in dealing with and applying the principle of "focusing on the customer and starting from it" in the introduction of the pleasure factor is highlighted.

The researcher agrees with what was previously mentioned that it is very clear "and in health institutions and their medical departments in particular, that each department depends on others to complete the performance, the doctor relies on the analysis section to diagnose the treatment for the patient and the pharmacist depends on the doctor's prescription for the dispensing of the drug or treatment for the patient and so on."

Working with the above marketing concepts is called the interactive customer relationship management approach (sufficient, previous source, p. 59) or mix customer relationship management. The key to this approach is that the organization invests time "to know the needs and desires of customers and it is important to satisfy them, especially in competition cases until They do not migrate to other competitors, and this means that the organization must go beyond the customer's expectations and focus on making the customer happy. If so, he will inform a limited number of people of that, but if he is upset, he will complain to a large number of people and this propaganda can lead The bad ones are to harm the organization, so please A customer is a good indicator of the future benefits of the company, and feedback from customers should be encouraged in order to maintain their level of satisfaction.

The principles of management of a relationship with the customer extend in the medical field from the beginning of the emergence of Arab medicine, as it was used by (Abu Bakr Al-Razi) as his method of giving gifts to patients to accelerate the recovery from illness and was interested in two important elements to improve health performance (Nahida and Zaid, 1990, p. 57):-

a. Clinical medicine, i.e. clinical observation and study of the patient's history and development.

B. The suggestion of implanting hope in the patient with recovery.

The scientist (Ibn Sina) initiated the study of immunity in overcoming diseases through studying his emotional states such as joy, sadness and anger that the injured person feels, and discovered the extent of their influence on the course of the disease and its development.

In the year 200 AD, (Galen) put his hand on the pulse of a sick girl, the doctors had despaired of her treatment, as he chanted the names of her ears to people she knew inside her father's czar palace, and he discovered the increase of her pulse when someone's name was mentioned. By him for fear of her father, and thus realized the importance of the emotional and physical life of the patient or customer.

Human and primitive medicine interpreted morbidity ten thousand years ago as a sign of the disturbance of the relationship between a person and the social environment surrounding him, while the churches at that time considered him as a disturbance of the relationship between man and the Lord and determined his demise by confessing and regretting his sins committed against others (which is a psychological and moral factor).

Some Arab thinkers and writers discussed the main topics closely related to social medicine during the ninth century AD and they interpreted the social image of the physician and the medical work system among physicians specializing in different branches of medicine, including the internists and specialists in treating women, as the medicine was not then short. On men only, but it was extended to the participation of women, where Arab women practiced the medicine and medication industry since the dawn of Islam, so it was the "Islamic Ridfa" that used to heal the wounded in the battle of the ditch. Kahale (as a popular eye medicine). Also, the sister of "Abu Bakr bin Zahr and her daughter" was aware of the treatment of women and the treatment of their ailments, and on the other hand the women contributed to helping the doctor in his work. Sina and others in the type of appropriate food, the size of the required sport, the nature of the appropriate healthy atmosphere and lifestyle used to alleviate human pain and health suffering (Tarabay and Shadi, 2009, p. 65).

From the above, it can be said that this is the first indication of the procedures of caring and customer care, as it opened new horizons for the concept of added value.

As a result of this, some advanced airlines have taken the initiative, in order to satisfy the broader customer, the principle of "providing the pleasure factor" by providing space for every seat in the plane so that the traveler can extend his legs and enjoy lying in the plane, without adding to the price of the ticket any other fees.

The "pleasure factor" application extended to include hotels as well, "not only by providing soap, perfumes, chocolate pieces and toiletries on the pillow of the customer staying at the hotel, but also asked its employees to call the customer in his name, which is the new pleasure factor for the hotel's work.

The researcher believes that this is a shift from a customer's mini-vision to an open view toward customer relationships. It is imperative that organizations take social causes of disease.

After that, the German German Alfred Kurtjan blended the social preventive health in which he specialized and sociology and economics, as well as the Swiss Gerlst used a social perspective to study the history of medicine

while he was teaching in Leiberg.

Thus, the roots of the medical meeting lie far from the depths of the ninth century AD and the subsequent Arab Muslims, and then interest in it began in Europe and America during the nineteenth century - that is, after ten centuries until it reached a high level over the last quarter of the century 1950-1975 and therefore it can be said That it did not attract much attention towards the customer's problems and complaints about health services in third world countries, except within narrow limits.

Thus, the roots of the medical meeting lie far from the depths of the ninth century AD and the subsequent Arab Muslims, and then interest in it began in Europe and America during the nineteenth century - that is, after ten centuries until it reached a high level over the last quarter of the century 1950-1975 and therefore it can be said That it did not attract much attention towards the customer's problems and complaints about health services in third world countries, except within narrow limits.

As for the modern era, he sees ((Naylor, 1999.p601) that building a relationship with the customer is a "purely marketing" effort by organizations and the entrance points of their study revolve under three issues. Service), as for the entrance to deepen the relationship with the customer, it is produced through the things that are more focused "on (direct interaction with the customer, good professionalism, mutual cooperation in the positions of the two parties, the customer and the service provider), and as the study deals with the following attempts and experiences: -

First :-Various attempts of international hospitals are locked in the same context

1. Attempting to include medical practices in maternity hospitals. ((Dobyns and Crawford-1994-p170) A number of gynecologists in the United States hospitals have attempted to absorb and study the reasons for the desire of women who give birth through caesarean section once, to give birth in the same way each time as well, "even if there is no medical necessity necessitating a cesarean delivery, and after the above-mentioned doctors have studied this phenomenon And on the data they obtained by their own means to see if there are factors related to:- (The infant. The mother .. the doctor) However, they did not find from all these attempts a good reason to heal the illness and the illness, and when they asked the mothers, they answered that they wanted to perform a cesarean delivery because their mothers told them that there is no other safe method in hospitals than cesarean surgery. For mothers and fathers about safe childbirth, they left the important source of information and when reviewing the system they discovered the error. And they decided that the mothers of the mothers (the grandmother) be included in the program on safe childbirth , so that the grandmother through the new relationship mentioned , can provide reliable information, and it was not easy to find this simple solution to the problem without the cooperation it showed .

The women believed the disclosure of their feelings and insight into some serious doctors in the intensive study of the medical system. From the foregoing it is concluded that the combination of the above concepts with each other can bring the relationship of customer and physicians to the mutual characteristic of complementarity. It may allow access to the concept of T.C.R.M .-- meaning the overall customer relationship management and the researcher eagerly awaits the maturity of this perspective to see its merits.

2. . Uncover health reports in American magazines (Ingar Nilsson: 2001: p34)

The CEO of one of the largest health care companies in America issued his orders to the director of his company in 1993 to announce the disclosure of quality report cards in American newspapers and magazines and disclose everything related to the following: -

a. Vital data on customer satisfaction.

B. Quality of health care.

T. Administrative efficiency.

D. Cost reduction method.

This new perspective was remarkable, "as it occurs for the first time in the United States of America.

Because many of the conditions of health care companies were rigid without change or development, neither in methods nor in creativity.

This comprehensive publication and disclosure recorded a great importance for health care companies in America, and as a result, all health company departments in Wall Street followed in 1996 a comprehensive publication of their performance reports in their newspapers and compared their performance with the performance rates of their operating branches in America. (Note that this newspaper is famous in the world Money and business as it established and established a stock index called (Dow Jones) in the year 1897 AD, where the average price of thirty represents the value of an industrial company selected in a way that reflects the general trend of stock prices in New York and is still concerned with publishing the indicators since the fourteenth century AD ((www.VBULLETINV3). 6.0./2008/P12.)).

The publication and circulation of report cards in quality markets is considered the first step for evaluating health performance and this is what is required of companies today.

This requires companies to actually develop their systems and methods in searching for new external data and information based on the above modern concepts to bear information trends through which it can receive data from an information system that is reviewed from abroad.

From the previous presentation, it is clear from the effect and benefit of the integrated interaction and advanced communication between the organization and its positive customers and the degree of their actual contribution to the clarity of the relationship between the organization and its clients.

3. Augusta University Hospital Experience, Georgia State (Lewis Cannon, 2005, p. 227)

A medical team led by Dr. Cindy Lindsford, Vice President of Community Services, increased appreciation and respect for the patient's family through her experience in the emergency department in which she works, and the patient's perspective was undoubtedly the natural focus, however, when doctors and nurses began, And staff monitoring the emergency department from the wider ocean view that family members encounter, were able to uncover several experimental elements at the University Hospital UH that are routinely ignored, "and the morgue was one of them.

The morgue consists of a stretcher placed in the corner of the old and used object store room.

The effect of the place was cold and ominous, albeit unintended, and what makes matters worse is the disturbed light. In addition to that, the employees enter by force and periodically using the room for another purpose as a store for surplus equipment, such as scanners and other used tools.

Incredibly, families were invited to this room as a gathering place, feeling sad and dealing with the bitter truth of the death of one of their loved ones. However, Dr. Sindi's team tried to look at this issue in more than one perspective and for the farthest details, as this led them to go immediately "to take practical measures and practices that represented a response to the emotional basis that the patient and his family will remember over the years. They do simple, low-cost things for the family.

In the following week, in particular, the doctors, nurses, and staff came on their own and during their own time and devised a whole new package of human (expressive) and mechanical procedures for the morgue. Flowers added chairs, and placed an "attractive" curtain to block the storage area.

This experience gives us a "simple and inexpensive" lesson on interactive human practices towards patients carried out by a medical team that resulted from their feeling of the patient and his family and that was outside the framework of the job stemming from their literal awareness of the customer's needs and feelings of patience, attachment and mercy.

Second: - The results of medical procedures

Medical work has several procedures, the most important of which are the two procedures below (WWW.HEALTHY BODY HEALTY MAIND, 2009, P33) and (PQ, et al., 1993, pp. 11-45).

1. The human being has a relationship with the process of interaction between patients and doctors through the welcome, desirability and medical care required in dealing with the feelings of the patient. (WWW.HEALTHY BODY HEALTY MAIND, 2009,33) believes that the most humane procedures in dealing with patients come from interest in the following aspects: -

A. Sensory considerations: It includes all the feelings and feelings that the customer expresses, whether by dealing or frequenting several times to the hospital or praising and promoting towards the services provided by the hospital to him, and his dignity can be protected by placing a curtain that falls around his bed, and preparing the bed for him And arrange it in an open manner in order to feel that he is an honorable person and everyone welcomes him.

B. Certification considerations is the extent to which the test is recognized for a person or organization by conforming to the minimum international standards after passing a specific exam.

2.The professional includes the following matters: - (Relates to the variable performance of the treating physician - his reputation and his bid(

A. Licensing (conformity to the minimum global health standard requirements.(

B. Dependence on setting standards for each level of health care or the best way to practice health determined by experts in the field of occupational health.

It is inferred from the above that medical work is a complex system (it mixes specialist medical science with humanities).

Al-Ta'i, Qadadah, 2008, p. 156) believes that the requirements of the patient's reactions can be classified into three types of agencies- :

a. The basic requirements or to be met: - These are the requirements that the patient implicitly believes and it is imperative that they meet them, and their availability does not lead to an increase in his satisfaction and a positive reaction to him, and vice versa.

B. Performance requirements: - It is expressed and explicitly requested, and there is a positive relationship between meeting these requirements in the product or service and its level of satisfaction and reactions.

C. Attractive or cheerful requirements: It is what the patient does not expect and therefore does not express them, and providing these requirements raises the feelings of patients' satisfaction, but their absence does not make them feel unhappy with them.

So the basic requirements for the patient's reactions are opposite to the delightful or attractive requirements, and the hospitals must pay attention to the latter to reach beyond the expectations of the patients.

And the elite of saying that the components of the patient's reactions that satisfy him and the hospitals must :take care of are three

1. Care components that can be evident to him before entering the hospital. (Components of the automatic dimension) (quality in laboratory tests, flexibility in dealing while examining the customer's medical condition and using the most accurate technical means in them, and reducing the time of obtaining treatment, reservations and complicated and long entry procedures, And the level of willingness to help, the appearance, show respect in the method of providing the service to the customer, providing adequate and qualified beds for diagnosis, diagnosis and treatment, the luxury of hotel and accommodation services in the hospital (relaxing atmosphere and calm).
2. Care components that he discovers while entering the hospital. (Components of the expressive dimension) It includes (emotional components such as welcoming, kindness, tact, and hygiene - and refinement in dealing and providing food and drug assurance, providing treatment alternatives, and expanding paths to facilitate the smooth flow of movement, proper delivery of drugs, awareness and good guidance using treatment. With the right place, time and amount, the quick response to the patient's call, i.e. entertainment and understanding).
3. Care components that are felt after discharge from the hospital (performance results or medical work) such as (reducing the time of discharge procedures, achieving customer demands, handling complaints and benefiting from the patient's cooperation in disclosing the truth of the service, good listening to his suggestions and concerns, responding to the patient's reactions Behavioral behavior, following up on the patient's medical condition even after receiving a complete recovery).

(Al-Ali, 2009, p. 97) believes that customer service is a measure that indicates the effectiveness of giving a benefit or added value to time or time and an added value for possession and formal benefit to improve his convictions and the greater the benefit or added value, the customer's conviction will increase. They also affirm that customer care is described, observed and measured in a simple way by its reflection of the customer's smile and his satisfaction with the care he received.

From the above, we conclude that hospitals, in light of contemporary concepts of marketing, should focus on the customer's education, knowledge, and the power of his influence as an influential figure in her career and development.

- Third: - Health, the role of the disease, the patient and the doctor

1. The concept of health:

In the past, "Health" was said to be a crown on the heads of healthy people, whose value is known only to patients".

Perkins knew health "is a state of relative balance of body functions and this condition results from the body's adaptation to the harmful factors it is exposed to."

As for the World Health Organization (W.H.O), it was defined as the positive state of BODY, physical and mental well-being, and mental (neurological and psychological) MENTAL and social, and not just freedom from disease, disability or handicap.

It is noted from the above that there is a close correlation between the relations of the three aspects (mental, social, physical) and that any defect in one of them undoubtedly will affect negatively "on the other two sides and thus lead to a defect in the state of health and thus deviate with the individual his condition and become sick.

For the purpose of identifying the scale for measuring safety and adequacy, the following matters can be explained below (Tarabya, Shadi, 2009, p. 126) :-

- a. Optimal Health: It is the state of optimal integration and is above the highest degree and is rarely reached.
- B. Positive health: - Provides a healthy positive energy that enables the individual to face problems without the appearance of any symptoms or signs.
- c. Average state of safety and sufficiency: - There is no positive energy from health and the individual is prey when exposed to harmful effects (specific causes of diseases).

2.The disease

A. The invisible disease: - The patient does not complain of clear symptoms, but the doctor can discover the disease with clinical signs and laboratory tests (blood, urine, feces, spit, diagnostic radiology) and others.

B. Apparent disease: - The patient complains of symptoms of the disease and shows visible signs of disease in the naked eye, such as (weakness, skin pimples, coughing, yellowing, itching)and others

C. Chronic Diseases (These are the diseases that the patient approaches all medical and popular medical methods in order to reduce their severity, impact and effects on them)

D. Undiagnosed diseases, i.e. the patient revolves in a vicious circle on the clinics of doctors and public and specialized hospitals and revolves around folk medicine, beliefs and herbal medicine practitioners until hospitalization with guardians to get rid of anxiety of his unknown condition.

E. Endemic diseases are diseases that find a host environment, hosting them, entering, penetrating, transmitting, killing and infringing due to insufficient control from health agencies. They need basic care and drugs and provide immunization against them by vaccination, sterilization, and effective vaccines.

F. And the. Dying: The patient's condition worsens to the extent that a medical benefit stops him, and then this condition leads to death.

From the foregoing it becomes clear that the disease (Disease) is a state of relative imbalance in the body's functions and that it is a condition without medium safety and adequacy, and it may also be apparent. It is "the science and art of disease prevention, health promotion and sufficiency, through organized and targeted efforts by society to achieve the following things: -

- a. Environmental Health (under the slogan for a healthy environment and a healthy society) (Alma Declaration, 1976)
- b. Disease Control.
- c. Educating the individual to develop and build his personal characteristics.
- d. Organizing medical and nursing services to work on early diagnosis and preventive treatment of diseases.
- e. Development of social life.
- f. To improve the standard of living of individuals.

3.The doctor: -

He is the person the patient turns to in order to help him in treating his medical condition with the help of scientific medical means. Therefore, the doctor's preparation was one of the important issues that keen on taking care of the scientific and medical bodies in all societies and for this reason medicine studies were among the arduous studies that need effort Continuous, long time, appropriate mental and personal abilities, and high-class ethics.

4.The role of the doctor: -

The doctor is required to intervene effectively to treat the disease and must believe in the fact that the patient's interest is more important than achieving his interest, and if the primary task of the doctor is to diagnose and treat the disease, the reality is that the diagnosis and treatment process includes several aspects, it is deeper and much more comprehensive than what is included in the theory The scientific aspect of the disease, on the other hand, a large part of what is provided to patients from medical services is in fact attempts to help them to better align with their social conditions rather than a cure for organic diseases and details of the role of the doctor and the patient can be clarified according to Parsons analysis as follows: - (Taraby and Shadi, 2009 , P. 155)

Table (3) the role of the physician and the role of the patient from Parsons' point of view

series	The role of the doctor	The role of the patient
1	Expectations (duties) He has a lot of skills and experiences that he can use to treat various diseases	Duties and rights: The patient must wish to achieve recovery from the disease as soon as possible.
2	It works to achieve the interests of the patient and society more than it works to achieve special interests, whether material or not	He must search for a medical treatment for his illness and cooperate with the attending physician
3	It has to be objective	He has the right to be allowed to relinquish some of his usual responsibilities and activities (such as work, study, or housework)
4	He must abide by the rules and decisions of the professional practice of medicine	The patient is seen as in need of support and care as he cannot recover from his illness based on his desire or personal decision.
5	Rights The doctor has the right to examine the patient's body and to interrogate the patient about his privacy, whether related to his condition or his private life, as Galen did with a girl.the palace.	His secrets must be kept confidential
6	The doctor grants greater authority in his work and in his relationships with his staff.	It should not be treated as a satisfactory quantitative condition, but rather it should be considered an integrated human presence

7	The doctor is occupying a situation "that represents strength and influence in his relationship with the patient.	It may not be considered a field "for theoretical and laboratory studies except with his permission or the consent of his family.
---	---	---

Source: - Muhammad Essam Tarbayyeh, and Shadi Ahmad Abu Khadra, Fundamentals of Medical Sociology, Hammurabi Publishing House, First Edition, Amman, Jordan, 2009, p. 155.

The second aspect of the research: - Statistical testing

First: - medical practices:

1. **Automated Dimension Variable (x1):** This variable reflects the degree to which the hospital administration is committed to providing the components and components of the mechanical and clinical medical work to the customer, which is (laboratory test, examination, diagnosis, and treatment). Table (4) shows the responses mentioned in this aspect.

Table (4) responses received from the sample looking for the components and components of the expressive dimension (n = 80).

series	The question	code	mean	Standard deviation	Availability
1	Usually, we perform laboratory tests in suspicious cases to reach accurate results.	S1	3.23	0.54	With a slight degree
2	We consider careful examination the most important step in our hospital's medical principles	S2	1.5	0.70	Weak
3	The hospital attaches great importance to the care of diagnosing the disease at a level that achieves a definite recovery for patients	S3	3.45	0.60	With a slight degree
4	We diagnose high quality treatment and continually strive to achieve this	S4	1.68	0.77	Weak
the average :			2.56	0.961	Limited

Table source prepared by the researcher based on computer outputs from the statistical program spss.

Note: - The availability of the variable is measured in the following grades: - (Arithmetic mean = 3 is available to some extent),

(3- 3.5) = Available in a small degree, (from 3.5-4 = average abundance) (from 4-4.5 is very available), () From 4.5-5 excellent abundance) ((less than 3 = limited abundance), (less than 2 = poor abundance)

Analysis of the results of a table (4)

It is noted from the above table that hospital administrations in Basra and the officials of its various scientific departments believe in a limited degree of the necessity of providing these practices with their medical work, expressed in a general arithmetic average of (2.56), and the two variables (s1, and s3) indicated positive arithmetic with a simple degree of embodiment of what Its amount (3,23 and 3.45), respectively, which confirms their availability in our local hospitals with a very simple degree, "as they specialize in laboratory testing and diagnostic laboratory practices, and the need to go towards providing automated dimension requirements. Two simple aspects have contributed to this degree: -

A. The failure of Basra hospitals studied in their meetings to provide these practices, especially to raise awareness of patient rights concepts and covenants.

B. The lack of attention of the departments in private and public research hospitals in Basra to the trends of modern medical work in medically advanced hospitals by providing medical practices with intensive and advanced patient care, and considering this as a modern strategy in the most open and "interacting" and "communicating" with clients.

2. Expressive dimension (x2)

This variable deals with determining the degree to which the customer is implicated in the reason for establishing hospitals and the scientific departments therein. In order for the customer to be an important component of the organizational purpose of the health organization, hospitals must provide elements of the expressive dimension of dealing represented by (emotional s5, social s6, personal behavior s7, Literature s8, respect for s9, tenderness 10, contentment s11, entertainment 12, understanding s13) for customers.

Table (5) Availability of Expression Dimension Variables in Researched Hospitals N = 80

series	The question	code	mean	Standard deviation	Availability
5	We sympathize with the patient and we keep reducing the pain condition that comes with it at the beginning until his emotional state stabilizes.	S5	3.15	0.79	With a slight degree
6	Achieving familiarity between the service provider and its recipients is our social goal	S6	2.89	0.19	Limited
7	We rely on high behavior in dealing with patients	S7	1.47	0.39	Weak
8	The hospital holds meetings with its cadres to consolidate medical ethics and ethics, and we are working on rooting them	S8	1.87	0.89	Weak
9	We respect and respect patients' opinions and suggestions, listen to their concerns and work hard to overcome them	S9	2.35	.092	Limited
10	We give a touch of tenderness and tenderness, and we often use it to relieve the pain the patient feels	S10	2.22	0.96	Limited
11	We support and support the patient to feel reassured before and after the operation	S11	2.29	.1.1	Limited
12	We provide patients with entertainment and provide them with everything that helps them to recover from the recovery period to quickly recover	S12	1.63	0.79	Limited
13	We are keen on understanding the customs and habits of customers, understanding their origins and social classes, and our dealings with them are based on that.	S13	3.15	0.19	Moderate
the average			2.28	0.99	Limited

Table source prepared by the researcher based on computer outputs from the statistical program spss-

Analysis Information Table (5)

The above table shows that the determination of the availability of the expressive dimension and its variables represented by its paragraphs above in the studied organizations has come to a limited degree, expressed by an arithmetic mean of (2.28) and a general standard deviation of (0.99), which indicates the homogeneity of responses about the variable, as well as seeking by these organizations To practice the kindness variable it provides to its customers.

As indicated in the table above at a rate of (3.15) and achieved a variable (s13), which represents the understanding of customers, whose mean was (3.98), which indicates the hospital's practice of these two expressive variables only from among the components of this secondary variable x2, which indicates what

achieved these two variables as noted From the same table, the poor performance of local hospitals and their medical departments by paying attention to the three practices indicated in the table with clients in obtaining social interaction, required personal behavior, and weak profession adherence (which is what most Basra hospitals suffer in dealing with patients at the appropriate level appropriate for this accompanying profession) Attached).

Second: - Testing the value-added variables to improve the Mister in health performance

1 .The table below can explain what the dependent variable achieved by the secondary variables achieved by the patient variable (x3) and its sub variables were represented by (satisfied s14-, co-operation-s15), the secondary variable - doctor x4 and its sub variables (popularity s16-, tender-s17) as well On the last secondary variable - illness - may God protect you from it - its variables are represented by (early detection s18, and control and complete elimination of it s19): Therefore, table (6) should be considered.

Table (6) focuses on secondary and sub health performance variables n = 80

series	The question	code	mean	Standard deviation	Availability
14	It can be said that our customers receive a distinct value that rises to the level of satisfaction that they aspire to	S14	2.69	0.99	Limited
15	The hospital administration believes in the importance of strengthening relations with customers at all times to achieve cooperation in overcoming emergency work obstacles	S15	2.29	0.25	weak
16	Keeping pace with science, refining knowledge and achieving medical accomplishments is our way to achieve the reputation of our doctors in the country	S16	1.22	0.75	Weak
17	Bestowal of medical giving is a principle that hospital doctors depend on establishing their medical work and achieving the targeted loyalty to the medical specialty	S17	1.26	0.75	Weak
18	Our medical staff make great efforts to discover medical conditions before they arise and endemic.	S18	1.41	0.42	Weak
19	The hospital is keen on combating deadly epidemics with medical activities that are compatible with the seriousness, monitoring financial allocations for their complete elimination, and constantly training its preventive cadres on that.	S19	1.79	1.01	Weak
the average		1.67	0.766		Poor abundance

Table source prepared by the researcher based on the outputs of the statistical program statistical analysis spss.

Analysis of results of table (6)

It is clear from the above table that the orientation of local health organizations towards (the satisfaction of their customers, their cooperation, the reputation of their doctors, their giving and their activities in discovering and controlling diseases and epidemics and controlling them) is not clear from a practical point of view, which was confirmed by the arithmetic mean of this variable, which amounted to (1.67), and their responses were homogeneous, expressed with a standard deviation. General reached (0.766). It shows the weak interest of Basra public and private hospitals in this variable in general, and that its performance in this direction is weak and requires it to continuously improve this poor health status.

Third: - Evidence and discussion of the study hypotheses

To measure the effect of customer care procedures on the medical value-added in the ten hospitals examined, table (7) below was used.

Table No. (7), the correlation relationships between the main variables

Dependent response variables			
Explanation or independent variables	Patient reaction x3	Doctor Give x4	Respond to disease X5
Automatic dimension x1 Pearson Correlation	.287**	.206	.174
Sig. (2-tailed)	.006	.051	.099
N	80	80	80
Expressive dimension X2 Pearson Correlation	0.623**	.664**	.649**
Sig. (2-tailed)	0.02.	0.02	0.010

**Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Source: - Table prepared by the researcher, based on the outputs of the SPSS statistical program

And In below we will show the relationships of influence

Table (8) results of the influencing relationships between the dimensions of medical practices (the automatic dimension and the expressive dimension) combined and the (results of the three health performances (patient, doctor, disease

Independent dimensions	Dimensions variables for medical practices (automatic, expressive) (-s2-s1-) combined							
	Dependent or responsive dimensions	Sign.	R ²	R	المجدولة z standards	Z -test	F-standards	F-tes t
	Patient reactions	0.01	0.500	0.667	1.358	3.297	1.229	21.914
	The doctor give	0.02	0.435	0.675	1.286	7.365	1.327	24.308
	Respond to disease	0.02	0.412	0.676	1.218	7.788	1.129	24.372

Source: The table prepared by the researcher, based on computer results

Analysis of table information (8):-

It is clear from the previous table (8) that:

1. The presence of a significant effect of (for expressive and mechanical care procedures) in the patient's reactions (R²) that the percentage of the difference in explanation for that is due to the effect of an amount of (0.5) and the remaining percentage (0.5) due to variables that cannot be controlled and supported

Because the calculated value of (F) of 21.914 is greater than the tabular value of (F) at the level of significance (1%) and with a degree of freedom (3.00) while the correlation coefficient was 0.66 between the two orders, which confirms the validity of the first sub-hypothesis, there is a significant effect between providing dimensions Medical procedures (automatic, expressive) and results of medical performance contribute to improving patient satisfaction and reactions (satisfaction, cooperation)

2. The presence of a significant effect between the variable of patient care practices (mechanistic and expressive) and the doctor's bid - bestowal of service and doctor's popularity ,and the percentage of the difference explained by the reason for the explained variables is not less than (0.435) and the rest of the ratio

is (.655) for the variables that cannot be controlled, and this supports that the calculated value of (F) of (24,308) is greater than its tabular value (F) at a significant level (1%) And with a degree of freedom (3.00), which confirms the validity of the second sub-hypothesis, there is an effect of significant significance between providing the dimensions of medical procedures and improving health performance that contributes to the tender and performance of the doctor .

3. The presence of a significant effect on disease coping practices where the determining coefficient (R²) indicates that the percentage of the difference explained in the aforementioned dimension is a behavior caused by an effect of not less than (0.41) and that the remaining ratio (0.59) is due to variables that cannot be controlled and supported by that the value of (F) calculated greater than its tabular value (F) at the level of significance (1%) and with a degree of freedom (2.999) which confirms the validity of the third hypothesis there is a significant effect of patient care procedures (automatic and expressive) in the results of medical performance contributes to addressing the disease from the discovery Fighting can eliminate it "completely".

The final aspect of the research: Conclusions and recommendations

First: - Conclusions

1.The research showed a simple degree of commitment of local hospitals to the importance of the customer and the creation of the components and components of the automated dimension destined to be seen as a very important figure "for her and her medical departments, as well as a weak emphasis on the importance of customer care and all that relates to the development and improvement activities required for this variable.

2.Lack of emphasis on providing requirements to remove laboratory tests, diagnosis and treatment for its customers in terms of accurate identification of the type of needs and the nature of the desired care from these customers, and then the limited use of feedback about them and including them within the limits of the reason for the existence of these hospitals.

3.The degree of care in examining medical conditions is very high "in all hospitals, which means that this service is available in Basra hospitals, and there is no cause for concern among customers, which was confirmed by the results of the survey..

4. Local hospitals possess limited and simple administrative knowledge of what quality and requirements are, spread awareness and accompany them, and achieve what supports their means of implementation.

5. The efforts to tackle diseases have been characterized by simplicity with the requirements of the current stage, which is crowded with deadly epidemics and efforts to prepare for the dangers of the nature revolution and the lack of control over excessive technology (as happened in Japan) due to technology and nuclear energy programs due to the radiation leaks and the requirements to control it.

Especially since Iraq is now surrounded by the Iranian nuclear plant in Bandar Abbas, which is very close to Basra. "Therefore, our hospitals must be prepared to protect the visual citizen from the possibility of similar conditions occurring to him, as happened in Japan, as Iran is part of the line of countries exposed to potential earthquakes and keeping pace with the efforts and procedures of neighboring countries such as the Arab Gulf states. Creating virtual and extensive rescue plans, training them, and educating all members of institutions on the methods of dealing with them and using them instead of just waiting and hoping for reassurance.

Second: - Recommendations

1. The necessity to include the concepts of customer care in the vision and directions of hospital management in the country as a whole, because the customer represents the essence of the marketing process for the medical service and its satisfaction is evidence of the correctness of business organization orientations. Attention must be given to the expressive and automatic dimensions to achieve excellence in field medical procedures by all responsible and subordinate employees.

2. Health sector officials should pay attention to strategies that take into account that these organizations exist only to serve the various segments of society. Also among the most important priorities are to take ways to achieve the satisfaction of these entities and to ensure that they obtain the target value and work to manage the bonds of the cooperative relationship with the customer and the doctor.
3. It is desirable for local public and private hospitals to replace the current prevailing methods in the field of medical and behavioral work in the interaction of care providers and their recipients (clients) with a more benign one in all the health sector environment and the necessity of early training in it in preparation for "the future stage in facing external threats to formal medicine from folk medicine.
4. It is desirable for all hospitals, especially those working in Iraq, to work on the principle of working with a team spirit commensurate with the field of medicine and hospitals should include this concept on the priorities of the list of meetings with its cadres by promoting work with quality concepts and using the expertise of the departments of business administration to educate the concept.
5. It is useful to go towards dealing with the concepts of patient rights and spreading its culture throughout the health organization and the health sector, because this is conclusive evidence of development, as do the countries of the developed world and its health organizations and holding the patient legally accountable to the patient in that.

References

First: Arab references

- 1 .Al-Taei, Hameed and Al-Alaq, Bashir (2015), Service Operations Management, Yazuri Scientific Publishing and Printing, Arabic Edition, Jordan.
2. Al-Taie, Youssef Hajim, Al-Abadi, Hashem Fawzi Dabbas (2016), Customer Relationship Management, Amman, Jordan, First Edition.
- 3 .Al-Taei, Raad Abdullah, and Qadada Issa (2008), Total Quality Management, Al-Yazouri, Amman, Jordan.
- 4 .Barhoum, Adeeb, Bassam Zahir and Wael Suleiman ((2007) "The effect of training on improving the quality of health services Villa of Higher Education Hospitals" An applied study on Al-Assad University Hospital in Lattakia. Tishreen University Journal for Studies and Scientific Research Series of Economic and Legal Sciences Volume 29 No. 2.
5. Peking, Ahlam Faraj, Khader, Saadia Ahmed, Sidqi, Elham Ahmed, (1993) Basic Principles in Nursing, Dar Al Salam Press
- 6 .Nahda Abdul-Karim Hafiz, Zaid Abdul-Karim Jaid (1990), Social Medical Service, University of Mosul,
- 7 .Mustafa Youssef Kafi (2009), electronic marketing, in light of contemporary technological changes, the Raslan Press and Publishing Corporation and Foundation, Syria, Damascus.
8. Mohamed Essam Taraby, and Shady Ahmed Abu Khadra (2019), Basics in Medical Sociology, Hamrabi Publishing, first edition Amman, Jordan.

9. Ali, Abdul Sattar Mohammed, Al-Kanaani, Khalil Ibrahim (2009), Supply Chain Management, Al Masirah House for Publishing, Distribution and Printing, First Edition, Jordan.
10. Lewis Canon (2015) "The Secret of the Profession" How to maintain continuity in dealing with your customers "Arab Science House, First Edition, Beirut, Lebanon.

Second: - Foreign sources

- 1- Aquilano, N.J., and Chase, R.B., and Jacobs, F.R. (2018), Operations management for competitive advantage, McGraw-Hill, Irwin.
- 2- Hitt, M.A., Ireland, R.D., and Hoskisson, R.E. (2014), Strategic management: Competitiveness and globalization, Thompson, South-Western.
3. Kano, N. et al (1990) "must be quality and attractive", the best quality, Vol, 7,.
- 4- Kotler, Philip. (2003), Marketing management, Eleventh Edition, Prentice Hall of India.
5. Kotler, Philip. (2003), Marketing management, prentice-hall international, Inc, 2003.
6. Keenan, G. (2001), Six degrees of perfection, The Glob and Mail, December 20.
- 7- Kotler, Ph. (2000), Marketing management: The millennium edition, Prentice Hall, N.J.
- 8- Kotler, P., and Armstrong, G. (2008), Principles of marketing, Twelfth Edition, Prentice Hall.
9. Lloyd Dobyns and Clare Crawford Mason (1994), "Thinking About Quality" international and pan-american-U.S.A..
10. Lee, J., Krajewski & Larry R. Ritzman and Manojk. K. Malhotra (2017) "Operation Management" Second edition Pearson Hill-U.S.A.
- 11- Muller, J. Ford. (2001),: Why its worse than you think, Business Week, June 25; Ford 1999 Annual report.
- 12- Noe, R.A., Hollenbeck, J.R., Gerhart, B., and Wright, P.M. (1996), Human resource management: Gaining a competitive advantage, Second Edition, McGraw-Hill Co., Irwin.-
13. Oakland, John (2001): Total Quality Management. Text with Cases, Butterworth Heineman, Oxford, UK, ..
14. Peter k. MILLS (1986) "Management Service Industries "organizational Practices in a Postindustrial Economy' ballinger publishing company, U.S.A.
15. Pettitt, S. & Brassington, F. (2000), Principles of marketing, Second Edition, Prentice-Hall.
16. TUNKS, Roger (1992), fast track to Quality, McGraw, hill,:
17. www.Healthy (2009) p33eg gb (للانظمة الطبية).
18. Naylor, John (1999) "Management 'Financial Times Prentice Hall. Pearson Education. England.
19. Donald R., Russel S (1997). "Product Management" mcGraw-Hill. international edition, printed in Singapore
- 20.. John Nicholas (1998) "Competitive Manufacing Management" the McGraw, hill Companies .U.S.A.
21. Ingar Nilsson (2001), Integrating Environmental Management to Improve Strategic Decision – Making, master thesis, Chalmers University of Technology, ..sweden.

Third:- Websites

1. www.VBULLETINV3.6.0./2018/P12 .
2. www,healthy body healthy mind.2019