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310

(Agris et al,2003)

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Maureen Lewis,)
Gunnar Eskeland and Ximena Traa-Valerezo,
(2004

(Gupta, 2008) (Sahim et al,2007)
302

%15

(B. Hudnall Stamm,
David Lambert, Neill F. Piland & Nancy C.
S, 2007)

(Hartmann w et al,2008)

Antelope valley Hospilevl
30

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(Cronbach Alpha)

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.(1)

:(1)

0.80		5-1
0.86		11-6
0.87		-12 16
0.90		-17 21
0.86		-22 31
0.94		-32 34
.87166		

(2)

:(2)

%41.4	134		
%58.6	190		
%15.7	51	25	
%41	133	35	25
%29.6	96	45	35
%9.3	30	55	45
%4.3	14	55	
%35.5	115	200	
%40.1	130	300	201
%8.3	27	400	301
%16	52	400	
%13.6	44		
%86.4	280		
%85.81	278		
%14.19	46		

: :

(3)

:(3)

	1	1.170	3.61	6
	2	0.895	3.48	2
	3	0.919	3.38	1
	4	0.936	3.36	55
	6	1.075	3.34	3
	7	1.071	3.26	4
	-	-	3.40	

(3)

(3.40)

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(4)

	1	1.164	3.65		1
	2	1.087	3.63		2
	3	1.137	3.57		3
	4	1.144	3.25		4
	5	1.554	2.79		5
	-	-	3.38		

(4)

3.38

(2.79)

(5)

(4)

(1) (3.65)

:(5)

	1	1.060	3.77		6
	2	1.026	3.55		7
	3	1.079	3.55		8
	4	0.980	3.40		9
	5	1.309	3.40		10
	6	1.450	3.24		11
	-	-	3.48		

(5)

(6) : (6) (3.77) (10) (3.24)

:(6)

	1	1.211	3.86		12
	2	1.228	3.57		13
	3	1.223	3.52		14
	4	1.542	2.90		15
	5	1.432	2.86		16
	-	-	3.34		

(6)
 : (2.86)
 (7) (14) (3.86) (16)

:(7)

	1	1.185	3.74		17
	2	1.158	3.60		18
	3	1.318	3.14		19
	4	1.238	2.97		20
	5	1.411	2.81		21
	-	-	3.26		

(17) (3.74) (7)
 (21) (2.81)
 :
 (8)

:(8)

	1	1.006	3.61		22	
	2	1.121	3.41		23	
	3	1.094	3.38		24	
	4	1.076	3.30		25	
	5	1.248	3.04		26	
			3.348			
	1	1.177	3.60		27	
	2	1.160	3.47		28	
	3	1.242	3.46		29	
	4	1.298	3.15		30	
	5	1.216	3.13		31	
		-	3.36			

(30) (3.13) (8)
 (28) (3.60) (24) (3.04)

(9) (25) (3.61)

(8)

(9):

	1	1.164	3.70		32
	2	1.250	3.68		33
	3	1.291	3.45		34
	-	1.170	3.61		

(9) :
 (3.45) (32) (3.70) (33)

(33)

(0.05 = α)

(10)

1.96	0.122	3.405	324	0.00	8.070

(0.05= α)

(0.05 = α) () (11)

T (10)

8.070 t

0.05

0.00

() : (11)

*0.000	322	4.178	0.804	3.34	
			0.700	4.05	

(0.05=α) *

(4.178) () (11)
(0.000)

(0.05)

:(

)

.(0.05 = α) () 3.34
(12) : 4.05

() : (12)

0.055	322	1.927	0.860	3.50	
			0.779	3.32	

(0.05=α) *

(13) : (1.927) () (12)
(0.055)

(0.05)

.(α=0.05)

:(13)

*0.000	6.571	4.101	4	16.403	
		0.624	319	199.073	
			323	215.476	

(0.05=α)

*

(6.671) () (13)

(0.000)

(14)

(0.05)

:(14)

55 (4.05)	55 (2.90)	-45 (3.38)	45 (3.38)	-35 (3.36)	35 (3.36)	-25 (3.63)	25 (3.63)	
	*					-		25 (3.63)
*					-			35 -25 (3.36)
				-				45 -35 (3.38)
*		-						55 -45 (2.90)
-								55 (4.05)

(0.05=α)

*

(15)

:

(14)

(55)

.(α=0.05)

:(15)

0.277	1.293	0.860	3	2.581	
		0.665	320	212.895	
			323	215.476	

(16) : (1.293) () (15) (0.277) (0.05)

() :(16)

0.694	322	0.394	0.979	3.44	
			0.790	3.39	

T

() (16) (0.694) (0.394) (0.05)

(2000) (1999) (1991)
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						2006	
2008		-					
				.328-312	2	33	
		1997				2000	

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Evaluating the Level of Health Services Provided From the Point of View of Beneficiaries of the Health Insurance in Jordan

Firas Al-Rawashdeh and Ziad Al-Smadi***

ABSTRACT

This study aims at evaluating and identifying the level of health services provided to the beneficiaries of the health sector (private and public) through measuring certain variables such as: reception procedures, treatment of health and nursing staff, health awareness, procedures of services provided, internal and external environment, and the level of health insurance. The study showed that the level of health services provided to the beneficiaries of the health insurance in Jordan is low in the private and public hospitals, and there are statistical differences due to the demographic variable of the age group. The study showed also that there are no significant differences due to the rest of the demographic variables such as (sex, monthly salary, residence), and according to the type of sector the study revealed positive significant differences for the private hospitals.

The most important recommendation of this study was that the personal relation and favoritism mustn't affect the hospital management, medical and nursing staff in both sectors. Also, it is recommended to provide brochures and deliver seminars and lectures on health awareness. Health insurance should provide beneficiaries with sufficient health care particularly in the public sector to increase individuals' productivity which results in increasing the country's national income.

KEYWORDS: Health Services, Public Hospitals, Private Hospitals, Health Insurance, Beneficiaries, Study Variables.

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