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(340)   .

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(31)   (683)

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(30%)

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(2011

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.(Kuhn et al, 2007)

• :

(Creveling et al, 2003)

$(\alpha \leq 0.05)$:

:   (Verma, 2012)

Murray)

.   :   .(et al,2003

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.(2005   )

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• :   .(Parasuraman et al,1988)

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HbA1c   .(Chu et al,2010 Schneider,2004)

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.(2006   )

(Boyer et.al., 2010)   • :

.(Kossmann, 2006)

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(   )

(377)　　　　　(68)

(30)　　　　　　　　　　　　　　(416)　　　　　　　　　　(238)

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(1,952)　　　　(13,110)

(45)　　　(1,895)　　　(597)　　　　　(212)

.　　　　　　　(2,540)　　　(165)

.(2010　　　　　)

.(2003　　　　　)

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(1853)

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(　　　　　)

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.(2006　　)　　　　　　　　　　　　　　　.(1990　　)

(2002　　)　　　　　　　　.

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.(1)

.(2010　　)

(1)

.	Parasuraman et al, 1988
.	Carman, 1990
.	1999
.	Brown,2005
.	2006
.	Foster, 2007
.	Hayes, 2008
	Nadiri et al ,2009
.	Karatepe, 2010
.	Lonial et al 2010
.	2010
.	Schneider, 2004 Javadi et al, 2011 Chu et al, 2010
.	Vanniarajan, 2010

(Grigoroudis et al, 2010).

.

(2009) .

(Hafeez et al,2011)

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(2008 .(2002 .

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HbA1c

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• (Desai, 2011)

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(2005)

HbA1c

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• 3-) (Zaim et al, 2010) .(2007

(4

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2006)

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(A1c)

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• (Quader, 2009)

.(Crawfoed,2006)

: .1 (6.8%)

. .2 (6.8-7.6%) ( )

.

.3 (7.6%)

. .

• (2006)

• (Zarei et al, 2012)

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(103)

HbA1c

• Yaacob et al,)

. (2012

(57) .

(24%)

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● (Crawfoed,2006)

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(2012-2011).

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( )

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HbA1c

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● (2002)

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(400)

(92%)

(80%)

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HbAc1

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HbA1c .

(5)   (4)   (3)   (2)
.(1)

.   (340)

(0.92)   (0.93)

(0.91)   Black,   2010   ) (%5)
.   .(2010

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SPSS
(3-1)   -1)
(3   :
.   .1   :

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.((22)   .(

)   .(

(3.6)

(Zarei et al, 2012)   :   (3.59-2.33)
(Desai.2011)   Miranda et)   (   )
(al, 2010   .   (2.32)   (   )
(5)
Al-Rubaish, 2011).   )
.(2.   :
.

3. :

. :

4. : (2) (%52.4)

.

5. :

. .

6. : (%70)
(60-30)

. .

(2)

	%		%		%		%
	178	%52.4		162		%47.6	
	30		45-30		60-46		60
27	%7.9	124	%36.5	131	%38.5	58	%17.1
59	%17.4	75	%22.1	52	%15.3	154	%45.3
	5		10-5		16-11		16
95	%27.9	94	%27.6	87	%25.6	64	%18.8

(2) (%60.6)

.

(3)

. .

(%55.5) (10)

. (3.18).

(3)

: (X27–X24)

(X29)

(X32)   . (3.70)

.   (X14–X11)

(3)

(X19–X15)   .(3.44)

.

(2.47)   (3)

.   (3.33)   (X23–X20)

.

(3.05)

.(3.12 -3.59)

(X31–X28)

.(1.12)   (3.16)

.   .

(3)

		.67	3.18		
	1	.67	3.70		
	1	.97	4.10		X25
	2	.92	3.91		X27
	3	.99	3.49		X24
	4	.99	3.29		X26
	2	.79	3.44		
	1	.90	3.81		X11
	2	1.07	3.65		X14
	3	1.19	3.18		X12
	4	1.12	3.09		X13
	3	.87	3.33		
	1	1.13	3.59		X20
	2	1.15	3.46		X21

3	1.19	3.16		X23
4	1.17	3.12		X22
4	.74	3.16		
1	.92	3.91		X29
2	.96	3.17		X31
3	1.14	3.11		X30
4	1.09	2.97		X28
5	1.19	2.66		X32
5	.86	2.47		
1	1.08	3.05		X17
2	1.40	3.01		X16
3	1.19	2.66		X19
4	1.05	2.51		X15
5	.43	1.12		X18

:   (2.89)

(4)   (3.17)

.(3.07)

.

(4)

-	.82	3.07		
1	.95	3.17		Y38
2	1.12	3.09		Y33
3	1.22	2.89		Y39

:

HbA1c

.

(5)   HbA1c
(17%)
.   (32%)

.(2.89)

.   .

(5)

	%		%		%	HbA1c
178	36.6	65	18.5	33	44.9	80
162	29.0	47	19.1	31	51.9	84
340	32.3	112	17.1	64	50.6	164

(10)   (VIF)
.(0.05)

.

.   (6)   .(1)   (VIF)

(6)

0.29	2.25	0.44	
0.28	2.47	0.40	
0.36	2.32	0.51	
0.90	1.91	0.52	
0.23	3.34	0.30	

(7)   (%78)

(F)

(237.52)   (α = 0.00)

($\alpha \leq 0.05$)

(7)

	F				
.000	237.52	36.07	180.37	5	
		.152	50.72	334	
			231.09	339	

$\alpha \leq 0.05$, R^2=.78

:   (%78)

(8)   .   .

(8)

(27.5) T   R   (.83)   ($\alpha \leq 0.05$)   )

.   (R^2

(8)

R²	R			T	Beta	B	
.595	.771	.000		22.29	.771	.332	
.335	.580	.000		13.10	.580	1.70	
.468	.684	.000		17.22	684.	.643	
.403	.634	.000		15.09	.634	.778	
.735	.857	.000		30.58	.857	.946	
078.	.831	.000		27.5	.825	1.02	

.   (%77.7)

Stepwise.   (9)

(R^2)   (%78)   .

(%73.4)   .

(%77.4)

(9)

Stepwise

.734	.857	
.774	.880	
.777	.882	
.780	.883	

: (%42) .

. .

(10)

(10)

(α≤ 0.05) T (15.70)

R (.65))

R² (.

(10)

R²		R			T	Beta	B	
.300		.584		.000	12.029	.548	.842	
.275		.525		.000	11.32	.525	.744	
.403		.634		.000	15.09	.634	.889	
.179		.423		.000	8.58	.423	.772	
.348		.590		.000	13.43	.590	.970	
.422		.649		.000	15.70	.649	1.18	

:

(12) .

ANOVA *)*

.(

F Independent-Sample T Test

(11)

(0.47) .

(11)

Independent-Sample T Test

		T				
	0.47	.719	.69	3.16		
			.65	3.21		

(12)

ANOVA

	F		**df**				
.64	.563	.255	339	153	152.2	.765	
.88	.210	.096	339	153	152.7	.287	
.89	.270	.123	339	153	152.5	.492	

:   3.

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"

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1.   .

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(   )

.   .

(30)   5.   US Agency for International)

Development (2009

(3)   (90)   (%47.4)

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2.

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US Agency for   .

International   Development   (2009)

(%76.2)

(   )

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(Zarei et al, 2012)   6.

.   .

(Desai, 2011)   7.

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8.

(3.70)   HbA1c

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(X27 X25)   .

(X26 X24)

(12)

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9.

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.(3.44)   10.

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(International Hospital Group, 2010)

1.

.(3.18)

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(X20)

.(2.47)

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(3.07)

(3.33)

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(3.17)   (

(   )   .

(3.09)   US   Agency   for   International   )

(   )   (Development, 2009

(2.89)   (   )

(%80)   (10)

.   (20)

(2002)   .

(3.16)

.

.3

.(2.89)

HbA1c

(2012   )

(%50)

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Beta   T   .
.(α≤ 0.05)

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(2006)
(%24)

.   .
.6   .4
(%78)

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.   T   (0.82) Beta
(2012   )   α≤)   (27.5)
.(0.05

.
(Vanniarajan et al, 2012)   .
Madurai   (Yaacob et al, 2012)

.   .
.7   (Zaim et al, 2010)

(Quader, 2009)
.   (Desai, 2011)
(%73.4)

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.   .
.5
(0.65) Beta
:   (15.7)   T
.1   (α≤ 0.05)

.2   .7

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HbA1c

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2010   " .2005
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13   1: 13-18.   27   2: 49-58.
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http://jordan .usaid.gov/ ar/ OurWork/ Program
Areas / Pages/ Health. aspx

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" 2006
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Impact of Application Quality Service Dimensions on Patients Results Field Study in the Jordanian Primary Health Care Centers

*Naser Ibrahim Saif ***

ABSTRACT

This study is based on primary health care centers as a major health care provider within the health service sector in Jordan. The study concentrated upon the application of quality dimensions in primary health care centers. Also, the study aimed at identifying attitudes of diabetic patients at the primary health care centers towards applying the quality dimensions of health services, and towards its impact on their results. This study was conducted in the Central Laboratory (Ministry of Health), using both quantitative and qualitative research and included (340) patients. Data were collected through a questionnaire, interviews and annual report of the MOH. Descriptive and inferential statistics were utilized to analyze data from questionnaires. The quantitative findings revealed that the primary health care centers apply quality service dimensions at acceptable levels. Study results indicated that the level of patients' satisfaction and health results are acceptable and there is a direct positive impact of the levels of the application of total quality service dimensions on the patient satisfaction and health results. The qualitative finding indicated that the primary health care centers need to overcome a range of difficulties associated with the application of quality dimensions of health services. The study concludes with recommendations to the primary health care centers of Jordan; in order to get rid of the negative aspects, improve the experience of the application of quality service dimensions, and patients' satisfaction.

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