



## **THE IMPACT OF SOCIAL RESPONSIBILITY ON THE QUALITY OF HEALTH SERVICES AT GOVERNMENTAL HOSPITALS IN TIKRIT**

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<b>Received:</b> May 20 <sup>th</sup> 2022 <b>Accepted:</b> June 20 <sup>th</sup> 2022 <b>Published:</b> July 28 <sup>th</sup> 2022	This study aimed to clarify the relationship between the dimensions of social responsibility (i.e., economic, human, legal, and ethical) on the quality of health services with its dimensions (safety, reliability, continuity, efficiency and effectiveness, technical and material capabilities) at governmental hospitals in the city of Tikrit. The researcher depended on the descriptive analytical approach; the questionnaire was obtained to collect data from its sources, which were prepared specifically for this study, relying on scientific references, and the study sample was based on the comprehensive sample method. The results of the statistical analysis revealed a positive and statistically significant impact of the dimensions of social responsibility on the dimensions of the quality of health services. The study recommended enhancing the interest of government health institutions in social responsibility and the quality of health services, and working on continuous improvement to improve health services provided by governmental health institutions, and strengthening government health institutions' social responsibility towards the community in which they operate.

**Keywords:** Human dimension, quality of health services, safety and reliability, social responsibility.

### **INTRODUCTION**

The evaluation of institutions no longer depends solely on their profitability or their financial position. Many modern concepts have emerged and contributed to the ability to deal with the rapid development at the administrative, technological and economic levels. Thus, one of these concepts is social responsibility.

It is worth mentioning that the social responsibility of governmental or economic institutions is based mainly on the voluntary commitment of the institution to its social environment. This is reflected positively on the reputation and effectiveness of the institution, which helps the institution in achieving its sustainable development. Therefore, it ensures the continuation of the institution to carry out its activity and development. The quality of services is one of the important factors that institutions seek to achieve in order to obtain a competitive advantage and a greater market share in the markets in which they operate.

The institutions' increasingly interest in quality is a reflection of the increasing level of competition in the markets and the high level of awareness of customers, which made them look for institutions that concerned with raising the level of the quality of their services.

Institutions provide their services to the customer, who is considered a member of the community surrounding the institutions. The customer is one of the two parties

to the service, and he is the beneficiary of them and accordingly they must be according to his desires and needs. In regards with the modern trend of institutions to take into account the social responsibility towards the communities they belong to, there is no doubt that government institutions take care in social responsibility more than private institutions. Therefore, the contribution of this study emerges in an attempt to reveal the nature of the relationship between social responsibility and the quality of services provided by government hospitals in Tikrit.

### **RESEARCH PROBLEM**

Health institutions, especially the governmental ones, are more concerned with social responsibility than any other institutions. It is reflected on society by providing high quality health services. Therefore, the researcher paid visits to some government hospitals and held private personal meetings with some of the beneficiaries of government hospital services, as well as with some employees in those institutions to inquire about the availability and quality of health services. Thus, the problem of the study was crystalized in the following main question: What is the relationship between social responsibility and the quality of health services? The following questions emerge from this main question:



1. What is the relationship between the social responsibility dimensions on safety and reliability?
2. What is the relationship between the dimensions of social responsibility on continuity?
3. What is the relationship between the dimensions of social responsibility on effectiveness and efficiency?
4. What is the relationship between the dimensions of social responsibility on the technical and material capabilities?

government hospitals in Tikrit through the health services they provide, and the quality of those services.

3. The health sector is one of the important and touching aspects of society as a whole and almost all age groups. Hence, the importance of the study stems from the importance of the sector applied in it.

**RESEARCH SIGNIFICANCE**

The importance of this study can be determined through the following:

1. The scarcity of previous studies that dealt with the relationship between social responsibility and the quality of health services provided by government hospitals in Tikrit.
2. The importance of the study is shown by focusing on the social responsibility of

**RESEARCH OBJECTIVES**

1. Disclosing the extent to which social responsibility is achieved by government hospitals in Tikrit towards community,
2. Identifying the quality of health services provided by government hospitals in Tikrit towards the community,
3. Clarifying the relationship between social responsibility and its dimensions on the quality of health services and its dimensions in government hospitals in Tikrit.

**The Study Framework**

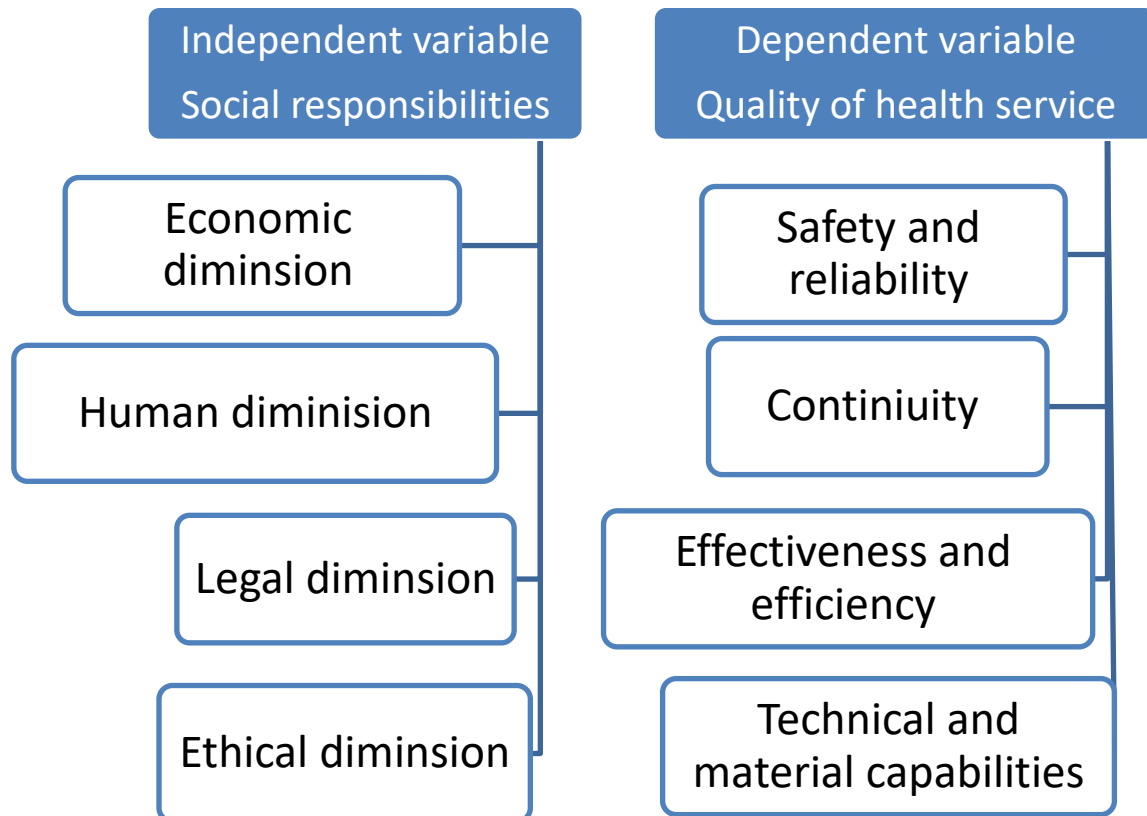


Figure 1. the study variables. Prepared by the researcher with reference to studies: (Ben Harko, 2020; Lakbir & Bosna, 2015).



### THE MAIN HYPOTHESIS OF THE STUDY

There is a statistically significant effect between social responsibility and the quality of (health) services. It is subdivided into sub-hypotheses:

1. The dimensions of social responsibility have statistically significant effect on safety and reliability.
2. The dimensions of social responsibility significantly affect continuity.
3. The dimensions of social responsibility have a statistically significant effect on effectiveness and efficiency.
4. The dimensions of social responsibility affect significantly the technical and material capabilities.

### LITERATURE REVIEW

#### **Social Responsibility**

Many scholars and researchers have defined and discussed the concept of social responsibility. Thus, the concept of social responsibility contains many aspects. Najm (2006) defined social responsibility as the development of programs and activities by organizations that work to achieve social goals that are complementary with economic goals. Likely, Al-Maghraby (2007) defined it as the commitment of decision-makers to work on activities that improve the life of society in general, in addition to protecting their personal interests. Furthermore, the Organization for Economic Cooperation and Development defines it as the commitment of organizations to contribute to economic development and the preservation of the environment while working to improve the quality of life of working individuals, their families and society as a whole (Talib, 2010). Still, Dorker defined it as the commitment of the institution towards the society in which it operates (Cited in Dhiafi, 2010). Based on the definitions, it can be said that social responsibility is the commitment of organizations towards the society in which they operate in and their commitment to improving the life of that society in all economic and social aspects.

#### **Benefits of adopting social responsibility**

The organization can achieve benefits from its adoption of social responsibility. It can be divided into financial and social benefits.

- a) Financial benefits: An institution that does not adhere to the principles of social responsibility will incur additional costs. Likely, the institution's failure to comply with social responsibility will expose itself to boycotting.
- b) Social benefits: The customers' decision-making of purchasing has begun to take the social

responsibility into consideration (Qureshi & bin Sassi, 2006).

#### **Areas of Social Responsibility**

- a) Within the organization: It employs the work conditions, powers and responsibilities, the way workers are operated, and the services provided to individuals working within the organization.
- b) Outside the organization: It represents the organization's efforts towards external parties, whether they are directed to customers, the government, competitors, or the society as a whole (Awwad, 2012).

#### **Elements of social responsibility**

- a) **Attention:** It refers to the emotional attachment with the group, and the individual is keen on the group's safety, cohesion, continuity, and work to achieve its goals. It has several levels, including emotion and unity with the group.
- b) **Understanding:** It means that the individual understands the group to which he belongs and what are the psychological forces that affect its members; he also understands the motives for the behavior that it pursues to achieve its goals and understand the reasons that made it adopt its positions.
- c) **Participation:** It is considered the basic fundamental for the formation of a stable and prosperous social life; it shows the individual's ability to assume his duties and carry out his responsibilities with a live conscience and a strong will (Yaqoub & Alami, 2021)

### DIMENSIONS OF SOCIAL RESPONSIBILITY

There are four dimensions of social responsibility:

1. **The economic dimension** refers to the organization's commitment to produce goods and services of good quality that are useful and desired by the community at a reasonable cost; it should also achieve profits to compensate stakeholders and workers. Institutions must fulfill their basic responsibilities, which are represented as economic units in the community.
2. **The human dimension** represents the voluntary and humanitarian services and initiatives provided by institutions to the community, including community support, solving specific community problems, initiatives to preserve the environment, or donations and support to civil society organizations.
3. **The legal dimension:** The law is an official and approved obligatory tool in society. So, the legal dimension means respect and submission of institutions to the law, regulations and instructions followed and their commitment to implement its paragraphs to



encourage organizations to adopt a legitimate and positive behavior towards society. But they reject illegal and negative acts, and thus the organizations gain the confidence of their society.

4. **Ethical dimension** indicates that the institution takes into account the ethical aspect of society and employees. It works to respect it and ensures that its work and activities are carried out within the limits of those values and ethical controls; it also encourages and rewards moral commitment (Al-Bakri, 2006; Al-Ghalbi & Al-Amri, 2010; Amjoj & Malik, 2019; Sweidan & Haddad, 2003).

#### ***The quality of (health) services***

The concept of quality of service is considered one of the most important elements that institutions seek to achieve, due to the high level of competition between institutions, which seek to gain customer loyalty by providing the customer with the best types of services. The quality of service is defined as a set of qualities and characteristics that characterize the service; it also shows the ability of the service to satisfy the needs of customers (Alyan, 2007). It is also defined as a set of characteristics, advantages and qualities that enable the goods or service provided by the institution to meet specific needs of the consumer, provided that the product or service is free from defects and errors and in conformity with the desires and aspirations of the customer (Abdelkader, 2016). Furthermore, Lovelock and Wright (1999) stated that the quality of service is the level of satisfaction that this service achieves to customers through satisfying their desires, expectations and needs. It has also been defined as the consistent matching or appropriateness between the specifications, characteristics and advantages of the service with the expectations of the customer (Al-Zubaidi & Hassan, 2010). Thus, it can be said that the quality of the service refers to the availability of a set of characteristics, qualities and advantages in the service provided to the customer. The service is required to be free from defects and errors; it meets the customer's need and satisfies his desires and aspirations.

#### ***The concept of health service***

It is worth mentioning that the quality of health services is subjected to the same concepts of quality of services. But, the quality of health service focuses on service provided to patients. The health service can be defined as all the services provided by the health sector, whether they are for the individual as treatment or directed to the community and the environment as prevention and measures, or it may be productive through the production of medicines, goods, services and medical devices to raise the health level of the individual and society (Adman, 2012). Fawzi (1998) also

viewed the health service as the treatment service that the patient obtains through the medical team or one of its members in private or public institutions. Either it is direct curative treatment or it can be preventive for the individual and society. Synthesizing of what has been demonstrated, it can be said that the health service implies that the patient (the consumer) obtains the health service which must have the necessary qualities, advantages and characteristics and be free from defects and errors in order to satisfy the individual's needs and desires for hospitalization, treatment, and prevention.

#### ***Characteristics of the service***

Kotler and Keller (2007) set some characteristics of the service including:

1. **Intangible:** It is not possible to touch or try it before buying it.
2. **Indivisibility:** The service is consumed directly when it is produced and cannot be divided.
3. **Variation:** Sometimes it is difficult to maintain a single level of service.
4. **Perishable:** It is not storable, cannot be owned, but it can be used.

#### ***Dimensions of the quality of (health) services***

1. **Safety and reliability:** Safety refers to the individual's constant feeling of the existence of a health care umbrella that he can resort to; he also feels that he is under correct care and that there are no complications. Reliability refers to the degree of confidence of the individual towards health institutions and the extent of his dependence on them in order to obtain the required medical and treatment services.
2. **Continuity:** It means providing treatment and medical services to the individual and society continuously and without stop or interruption; these services are designed on the principle of their continuity.
3. **Effectiveness and efficiency:** Effectiveness means that the individual obtains the required health service and gets the desired results from it whereas efficiency means that the individual obtains the health service in light of the available resources, i.e. taking into account the return of the service and its cost.
4. **Material and technical capabilities** are the technical capabilities, i.e. the actual qualifications, skills and capabilities of the cadre providing the service. Whereas material capabilities refer to the infrastructure of health institutions, such as buildings, the appearance of buildings and individuals, and the availability of devices, equipment, and organization (Cortell & Boulesbaa, 2013; Souissi, 2012).



## METHODS

### **Research design**

In preparing this study, the researcher used the descriptive analytical approach, where the researcher dealt with this relationship and worked on clarifying its merits and the extent of the correlation between its variables and dimensions.

### **Sample**

The study population consists of heads of departments, directors of divisions and units, and their assistants in government hospitals in the city of Tikrit (Salah al-Din General Hospital, Medical Rehabilitation Hospital, and Emergency Hospital), and the study sample is the comprehensive sample.

### **Spatial and temporal limits**

The spatial limits of this study were represented in government hospitals in the city of Tikrit (Salah al-Din General Hospital, Medical Rehabilitation Hospital, and Emergency Hospital), for the year 2022.

### **Instruments**

It includes the required data and its sources, the study population and the sample, the primary data collection tool, and the statistical methods used in data analysis, as shown in the following:

Secondary data were obtained by reviewing Arab and foreign books, studies and research that dealt with the study variables and related topics, which enabled the researcher to establish concepts and prepare the theoretical framework for the study and investigation. Primary data: The researcher used a questionnaire to collect data for this study. it consists of three sections: the first concerns with collecting demographic information whereas the second part focuses on the independent variable, i.e., the social responsibility and its dimensions (the legal dimension, the economic dimension, the human dimension, and the ethical dimension). The last part has items concerning the dependent variable, i.e., the quality of health services and its dimensions (safety and reliability, continuity,

efficiency and effectiveness, technical and material capabilities).

In collecting the data of the field study from its primary sources, the researcher relied on a survey list that he prepared specifically for this purpose in light of the tools previously used in previous scientific studies. This list included a set of statements indicative of the study variables: the independent variable (social responsibility), and the dependent variable (the quality of health services).

### **Statistical analysis**

The researcher used the SPSS (Version .25) to perform the following statistical methods:

1. Cronbach's alpha coefficient to measure the reliability of the field study tool and its validity for the following stages of analysis.
2. Descriptive statistical analysis to describe the study sample in terms of qualification, job and practical experience in the field.
3. T. test to determine the degree of difference in the opinions of the study sample about the study variables, and to test the first and second hypotheses of the research.
4. Simple regression analysis to determine the effect of the independent variable on the dependent variable, and to test hypotheses.

### **Validity and reliability**

The statistical analysis showed that Cronbach's Alpha Coefficient was obtained to test reliability whereas the validity was test by finding its square root respectively. They are presented in Table 1.

Table 1 shows that the value of Cronbach's alpha ranged between (0.700 - 0.923), and since it is statistically common that the test statistic should not be less than 0.7, so these values are acceptable in a way that reflects the availability of reliability and confidence in the study variables and confirms their validity for the following stages of analysis.

**Table 1.** The validity and reliability test for the dimensions of the study variables

Variables (dimensions)	Reliability coefficient ( $\alpha$ )	Validity coefficient
Economic dimension	(0,723)	0,850
Human dimension	(0,725)	0,851
Legal dimension	(0,702)	0,838
Ethical dimension	(0,923)	0,961
Safety and reliability	(0,854)	0,924
Continuity	(0,876)	0,936
Efficiency and efficacy	(0,883)	0,940





Technical and material capabilities	(0,700)	0,837
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### Descriptive Analysis Of The Sample

Table 2 displays a set of results, the most important of which are:

- With regard to gender, it was found that (73%) of the total sample size were males, while females represented only (27%) of the total sample size. It reflects the inclusion of diverse and multiple points of view.
- For qualification, it was found that (37.8%) of the total sample size were bachelor holders, while (35.1%) were diploma holders. Postgraduate qualification accounted for (18.9%), and finally, only 8.1% of the sample hold secondary school certificate or less. Similarly, these results reflect the inclusion of the study sample of the scientific competencies qualified to answer the survey paragraphs objectively.

- For the variable specialization, it was found that (64.9%) of the study sample occupy medical positions, and (35.1%) occupy administrative positions, and this indicates the diversity of professional practices of the sample members, which may enrich the results of the study with accuracy and objectivity.
- With regard to years of experience, it was found that (37.8%) of the total sample size had practical experience ranging from (10) to less than (15) years, and that (31.5%) years of experience ranged between (5) to less than (10) years, while (18.9%) had more than 15 years of experience. Finally (18.9%) of them had less than 5 years of experience. Thus, these results also reflect the inclusion of the study sample of practical experiences qualified to answer the survey items accurately and objectively.

Table 2. Frequency and percentages of the participants demographic variables

Variables	Categories	frequencies	Percentages
Gender	Male	81	73%
	Female	30	27%
Qualification	High school or less	9	8.1%
	Diploma	39	35.1%
	Ba	42	37.8%
	Master's degree	21	18.9%
Specialization	Medical	72	64.9%
	Administrative	39	48.9%
Years of experience	Less than 5 years	13	11.7%
	From 5 to less than 10 years	35	31,5%
	10 to less than 15 years old	42	37.8%
	From 15 years and more	21	18.9%

### Hypotheses testing

The main hypothesis: There is a statistically significant effect between social responsibility and the quality of (health) services, and the regression analysis showed the results of testing this hypothesis as shown below:

Table 3. The impact of social responsibility on the quality of health services

Independent variable	Dependent variable	(β) beta	(t)	(Sig) Value
Social responsibility	Quality of health services	0.768**	23,947	(0.000)
<b>R= (0,768) r2= (0,590) adj. R2 = (0,589)</b>				
<b>F (sig.) = 573,476 (0.000)</b>				

\*\* Significant at 0.01



Table 3 clearly shows that:

- The significance of the regression model where the value of (F) = 573,476, which is significant at the level of significance of 0.01.
- The effect of the social responsibility is significance (T=23,947), at a level of significance of 0.01. This means that there is a positive significant effect of social responsibility on the quality of health services where the regression coefficient is ( $\beta = 0.768$ ).
- The adjusted interpretation coefficient **Adj. R<sup>2</sup>** was (0.589). It means that social responsibility explains 58.9% of the variation in the level of

quality of health services, while the rest of the percentage is due to other variables that the model did not address.

It becomes clear from the above demonstrations that the hypothesis is validated. It was found that there is a positive and statistically significant effect of social responsibility on the quality of health services at a level of significance less than 0.05.

**The first sub-hypothesis.** The dimensions of social responsibility have statistically significant effect on safety and reliability. This hypothesis was tested using the regression. The results are displayed in Table 4

**Table 4** The impact of the dimensions of social responsibility on safety and reliability

Dimensions of the independent variable	Dependent variable	( $\beta$ ) beta	(t)	(Sig) Value
Economic dimension	Safety and reliability	0.137**	3,000	(0.003)
Human dimension		0,360**	7,274	(0.000)
Legal dimension		0,139**	3,248	(0.001)
Ethical dimension		0.319**	8,670	(0.000)
<b>R= (0,803)      r<sup>2</sup>= (0,645)      adj. R<sup>2</sup> = (0,641)</b>				
<b>F (sig.) = 179,161 (0.000)</b>				

\*\*Significant at 0.01

**The second sub-hypothesis:** The dimensions of social responsibility significantly affect continuity. Table 3 presents the regression analysis results which test the second sub- hypothesis.

**Table 5.** The impact of the dimensions of social responsibility on continuity

Dimensions of the independent variable	Dependent variable	( $\beta$ ) beta	(t)	(Sig) Value
<b>Economic dimension</b>	<b>Continuity</b>	0,165**	3,001	(0,003)
<b>Human dimension</b>		0,376**	6,304	(0,000)
<b>Legal dimension</b>		0,040	0,770	(0,442)
<b>Ethical dimension</b>		0,232**	5,244	(0,000)
<b>R= (0,696)      r<sup>2</sup>= (0,485)      adj. R<sup>2</sup> = (0,480)</b>				
<b>F (sig.) = 92,910 (0.000)</b>				

\*\*Significant at 0.01

It is evident from Table 5 that:

- 1) The regression model shows a significance effect, the (F) value was 92,910. It is significant at 0.01 .
- 2) The human dimension presents a significance effect (T=6,304), the ethical dimension (T=5,244T) and the economic dimension (T=3,001) at a level of significance of 0.01. Therefore, a positive significant effect of all dimensions of social responsibility on continuity is shown and ranked according to the strength of impact as: The human, moral and economic dimension. The regression coefficient ( $\beta=0.376$ ,  $\beta=0.232$ ,  $\beta=0.165$ ) of

the human, ethical and economic dimensions respectively.

3)The adj. R<sup>2</sup> coefficient scored (0.480), indicating that these dimensions together explain 48% of the variation in the level of continuity whereas the rest of the percentage is attributed to other variables that the model did not address. Accordingly, the hypothesis is proved, because a positive and statistically significant effect was found of the dimensions of social responsibility on continuity at a level of morale less than 0.05.



**The third sub-hypothesis:** The dimensions of social responsibility have a statistically significant effect on

effectiveness and efficiency. The regression analysis showed the results of testing this hypothesis in Table 6

Table 6. The impact of the dimensions of social responsibility on efficiency and efficacy

Dimensions of the independent variable	Dependent variable	(β) beta	(t)	(Sig) Value
Economic dimension	Efficiency and efficacy	0,145**	2,798	(0,005)
Human dimension		0,378**	6,706	(0,000)
Legal dimension		0,061	1,250	(0,212)
Ethical dimension		0,276**	6,590	(0,000)
<b>R= (0,733)</b>		<b>r<sup>2</sup>= (0,538)</b>		<b>adj. R<sup>2</sup> = (0,533)</b>
<b>F (sig.) = 114,951 (0.000)</b>				

**\*\*Significant at 0.0**

Table 6 exhibits that:

- 1) The regression model  $r$  is significance of the because the (F) value was 114,951, which is significant at the level of 0.01.
- 2) The significance of the effect of each of the human dimension (T=6,706), the ethical dimension (T=6,590) and the economic dimension (T=2,798) at the significance level of 0.01. Signifying a positive significant effect of all the dimensions of social responsibility on effectiveness and efficiency. They are ordered according to the strength of their impact as: The human, ethical and economic dimension with the regression coefficient ( $\beta=0.378$ ,  $\beta=0.276$ ,  $\beta=0.145$ ) of the mentioned dimensions respectively.
- 3) The coefficient of adjusted interpretation scored (**adj. R<sup>2</sup> =0.533**). It shows that these dimensions

together explain a rate of 53.3% of the variance in the level of effectiveness and efficiency, the remanent percentage is attributed to other variables that the model did not address. From the above, it is clear that the third sub-hypothesis is valid; we found that there is a positive, statistically significant effect of the dimensions of social responsibility on effectiveness and efficiency at a level of less than 0.05.

**Fourth sub-hypothesis:** The dimensions of social responsibility affect significantly the technical and material capabilities. Table 7 shows the regression analysis results used to test the fourth sub-hypothesis as following:

Table 7. The impact of the dimensions of social responsibility on Technical and material capabilities

Dimensions of the independent variable	Dependent variable	(β) beta	(t)	)Sig( Value
Economic dimension	Technical and material capabilities	0,154**	2,598	(0,010)
Human dimension		0,349**	5,402	(0,000)
Legal dimension		0,057	1,014	(0,311)
Ethical dimension		0,169**	3,518	(0,000)
<b>R= (0,628)</b>		<b>r<sup>2</sup>= (0,394)</b>		<b>adj. R<sup>2</sup> = (0,388)</b>
<b>F (sig.) = 64,151 (0.000)</b>				

**\*\*Significant at 0.0**

It is clearly shown in Table 7 that:

- 1) The regression model is significance. The value of (F) is 64,151. It is significant at the of 0.01.
- 2) The significance of the effect of each of the human, the ethical and the economic dimensions (T=5,4022, T=3, 598, and T=3,518T) respectively at a level of significance of 0.01. Therefore, a positive significant effect is found at all dimensions of social responsibility

on the technical and material capabilities. They are ordered according to the strength of their impact as: The human, moral and economic dimension, where the regression coefficient of the human, the ethical dimension and the economic dimension, as ( $\beta = 0.349$ ,  $\beta = 0.169$ ,  $\beta = 0.154$ ) respectively.

3) The adjusted interpretation coefficient scored (**adj. R<sup>2</sup> = 0.388**). It demonstrates that these dimensions





together explain a rate of 38.8% of the variation on the level of technical and material capabilities. The remnant percentage is related to other variables that the model did not address. Therefore, the fourth sub-hypothesis is valid. We found that there is a positive, statistically significant effect of the dimensions of social responsibility on the technical and material capabilities at less than 0.05.

From the demonstrations previously mentioned, it is clear that the commitment of the hospitals under study to social responsibility in a manner that ensures health and safety-friendly working relationships for all parties dealing with them through its implementation in a manner that satisfy all parties, reaps several benefits. The most important is gaining customers' trust and loyalty and creating a positive behavior towards those hospitals and their services. Hence, it was found that there is a positive impact which is also statistically significant for the dimensions of social responsibility on the dimensions of the quality of health services under study (safety and reliability, continuity, efficiency and effectiveness, technical and material capabilities).

## CONCLUSION

1. There is a positive, statistically significant impact of the dimensions of social responsibility i.e., the economic dimension, the human dimension, the legal dimension, and the ethical dimension on the dimensions of the quality of health services i.e., safety, reliability, continuity, efficiency and effectiveness, technical and material capabilities.
2. The dimensions of social responsibility have a positive, statistically significant effect on safety and reliability at a level less than 0.05.
3. The dimensions of social responsibility have a positive significant effect on continuity at a level of less than 0.05.
4. There is a positive, statistically significant effect of the dimensions of social responsibility on effectiveness and efficiency at a level of significant i.e., less than 0.05.
5. The dimensions of social responsibility have a significant effect statistically on the technical and material capabilities at a level of significant, i.e., less than 0.05.

## RECOMMENDATIONS

1. Enhancing the interest of government health institutions in social responsibility. These institutions should pay attention to all the details in social responsibilities dimensions (i.e., the economic, the human, the legal dimension, and the ethical dimensions).

2. Enhancing the attentions of government health institutions in the quality of health services. These public institutions should focus on all details of its dimensions i.e., safety, reliability, continuity, efficiency and effectiveness, and technical and material capabilities.
3. Working to continuously improve the quality of health services provided by government institutions.
4. The government health institutions should take their social responsibility towards the community in which they operate.

## REFERENCES

1. Abdelkader, I. (2016). *The quality of service and its impact on customer loyalty: an applied study on some Sudanese banks* (Unpublished master thesis), Sudan University of Science and Technology.
2. Adman, M. M. (2012). *Entrances to the health administration*, (1st edition), Dar Al-Raya for Publishing and Distribution
3. Al-Bakri, T. (2006). *Marketing foundations and contemporary concepts*. (1 st Edition). Dar Al-Bazouri for Publishing and Distribution.
4. Al-Ghalbi, T. M. M. & Al-Amri, S. M. M. (2010). *Social responsibility and business ethics*, (3rd Edition). Wael Publishing House.
5. Al-Maghraby, K. M. (2007). *Management: the origins of principles and functions of the establishment with the modernity and challenges of the twenty-first century*. (1st Edition), Dar Al-Fikr
6. Alyan, M.(2007). *The foundations of contemporary marketing*, (1st Edition). Safaa Publishing House
7. Al-Zubaidi, G. D. & Hassan, R. A. (2010). The relationship between formality and centralization and their impact on the quality of health service: an exploratory study of the opinions of a sample of workers and patients in some Baghdad / Rusafa hospitals. *Journal of Baghdad College of Economic Sciences*,24, 109-144.
8. Amjoj, S. & Malik, M. (2019). *The role of social responsibility in improving the performance of the public institution*. University of Oum El Bouaghi
9. Awwad, F. A. D. (2012). *Business Administration and the Manager Jobs in Contemporary Institutions*, (1st edition), Dar Safaa for Printing and Publishing.



10. Ben Harko, N. A. (2020). *The impact of the management of pivotal competencies on the quality of health services*, (Unpublished Doctoral dissertation). Universitaire Abdel Hafid Boussouf – Mila Centre
11. Cortell, F. & Boulesbaa, M. (2013). Assessment of the quality of health services in Algeria from the point of view of patients: a field study of some university hospital centers in the East. *Algerian Scientific Journal Platform*, 8(15), 241-272
12. Dhiafi, N. (2010). *Institution social responsibility and human resources*. (Unpublished Master thesis), Abou Bakr Belkaid University.
13. Fawzi, M. S. (1998). *Marketing of health services*, (1st Edition). Itrak for Publishing and Distribution.
14. Kotler, P. & Keller. (2007). *A framework for marketing management*, (3rd ed). New Jersey: Prentice Hall.
15. Lakbir, I. & Bosna, M. R. (2015). *The role of management ethics in achieving social responsibility*. Oum El Bouaghi University
16. Lovelock, C. & Wright, L. (1999). *Principles marketing and management*. Published by Prentice-Hill Inc, U.S.A.
17. Najm, N. A. (2006). *Management ethics and business responsibilities in business companies*, (1st Edition). Al-Warraaq for Publishing and Distribution.
18. Qureshi, Y. & bin Sassi, E. (2006). *Financial management*. Wael Publishing House
19. Souissi, D. (2012). *The information system as a tool to improve the quality of health services in the public hospital institution: a case study of the public hospital institution, Mohamed Boudiaf, and Ouargla*, (Unpublished Master thesis), Kasdi Merbah University of Ouargla
20. Sweidan, N. M. & Haddad, S. I. (2003). *Marketing: contemporary concepts*. Hamed Publishing and Distribution House.
21. Talib, A. F. (2010). *Philosophy of green marketing*. Dar Safaa for Publishing and Distribution.
22. Yaqoub, S & Alami, Q. (2021). Social responsibility and work ethics: a conceptual study. *Journal of Social Studies and Research*, 9(3), 101-111.