

Impact of Geriatric Medical Centers' Healthcare Service Quality on Older Patients' Satisfaction

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Citation: Samer H Sharkiya. *Impact of Geriatric Medical Centers' Healthcare Service Quality on Older Patients' Satisfaction*. *Int Clin Med Case Rep Jour*. 2023;2(12):1-13. DOI: <https://doi.org/10.5281/zenodo.8006942>

Received Date: 01 June, 2023; **Accepted Date:** 05 June, 2023; **Published Date:** 06 June, 2023

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ABSTRACT

This study aim to explore the experiences and expectations of people aged 65 years and above regarding ageing and health services, and the factors that might improve the quality of care services for geriatric patients. The study employs a quantitative exploratory approach. Older people from communities in Medical centers in Israel. Questionnaires were distributed to 200 patients, 180 questionnaires were received, and 20 questionnaires were excluded. The study's sample was 180 older patients. The study results show that there is an impact of health care services quality on older people's satisfaction, there were no changes in patient perceptions of health service quality aspects linked to any of the demographic variables (age, gender, income, education). The study recommends geriatric medical centres' administration to continue their commitment to providing medical services to patients in a timely manner. Furthermore, healthcare personnel must do their utmost to provide the patients with person-centered care. Geriatric medical centers need to give more attention to patients' problems, better response to patients' complaints, and pay special attention to their care.

Keywords Healthcare quality; Patient satisfaction; Geriatric medical centers; Quality dimensions

INTRODUCTION

The aging of the population is a global problem that impacts all aspects of human life. Both developing and developed countries have seen an increase in the ageing population.^[1] The global population would rise from 8.6 billion to 9.6 billion by 2050, posing a tremendous problem for countries all over the world.^[2] Quality of life is defined as "subjective well-being" or "the individual's assessment of their own life," and it plays an important part in the protection, improvement, and evaluation of health. Health-related quality of life, on the other hand, varies depending on an individual's social, demographic, economic, and medical circumstances, as well as their appreciation of and emotional response to their current state of health.^[3] World Health Organization (WHO) described quality of life as "how a person views their role in life in relation to their goals, aspirations, norms and concerns in the setting of cultural value systems in which they live."^[4] Healthcare service industry is one of the fastest growing industries in both developed and developing countries to meet the needs and demands of people in an

economy.^[5] The emergence of global competition in the healthcare industry makes patients increasingly curious and worried about the provision of healthcare services. The increased focus on health and development of the older citizen population has significantly enhanced health needs and the dissemination of healthy lifestyle education to the general public.^[6] Services quality have become important subject due to its significant relationship to revenue, cost saving and market shares. Service quality is difficult to measure due to its characteristics that include intangibility, heterogeneity and inseparability. Service quality principles argue that this is the result of the comparison of customers between their service expectations and their understanding of the delivery of the service.^[7]

Donebedian^[8] defined the quality of healthcare as "the application of medical science and technology in a manner that maximizes its health value without raising the risk accordingly". He distinguishes three components: technical quality (the efficiency of treatment in achieving achievable health gain), interpersonal quality (accommodating patient needs and preferences), and facilities such as physical environment and organizational characteristics.

Quality meanings of health service suggested in the literature can be put into two classes:

- Healthcare facilities that meet predetermined requirements and standards for their characteristics and amenities. In this approach, quality is described as "compliance with specifications, requirements or standards" and "fulfilling the expectations of the provider." The emphasis is on the internal (i.e. supply-side quality). Quality consists of concepts such as precision, reliability and effectiveness in this category.

- Healthcare facilities whose standards and services satisfy or exceed the needs and desires of customers. Quality is defined as "satisfying customer expectations and needs." In this approach, the focus is on external requirements and requirements (i.e. demand-side quality). Quality characteristics include terms such as effectiveness, empathy, protection and affordability in this group.

The dimensions of a quality health service are represented through:

- Relationship with suppliers: the link between hospital supply officers and the corporations who provide supplies to the hospital.^[9]

- Specifications and standards: supply officers' standards stated as conditions for supply in the tender.

- Delivery: shows the delivery dates between the hospital's supply officer and the medical equipment and supply firm. Financial or contractual connections between physicians, hospitals, and patients are referred to as delivery.^[10]

- After procurement service: after-sale maintenance and service, as well as supply components and demands by suppliers to the hospital.

- Compatibility: Supply chain skills are facilitated when company partners' strategic objectives and cultural values are compatible.^[11] The appropriateness of medical equipment and supplies to the requirements and standards agreed upon by the hospital's supply administrator and the company that supplied such equipment and supplies is known as compatibility.

The ability of the elderly to obtain the appropriate medical treatment from health care professionals when they need it can be characterized as access to health care for the elderly. A holistic evaluation of physical, financial and socio-psychological access to services requires a quantitative measurement of access to health care. The aim of ensuring a healthy aging process is to make caregivers aware of age-related changes and to diagnose possible risks by making educated decisions about treatment. The World Health Organization's (WHO) World Report on Aging and Health

urges healthcare systems to prepare for a fundamental change in the focus of clinical care for older people.^[12] There is a critical need for improving geriatric care for patients aged 65 years and older. According to,^[13] one barrier to implementing effective acute geriatric care units is the shortage of qualified medical staff who are properly trained in geriatrics and acute care for geriatric patients. Harrington^[14] stated that approximately 35 million individuals were aged 65 and older in 2002, and 23% of them reported bad or good health. In addition, elderly patients use 23% of outpatient care visits and 48% of hospital days, and constitute 83% of residents of nursing facilities. There is also a strong need for geriatricians to work in interdisciplinary teams and organizations with acute elder care units in the capacity of leaders.^[15] Harrington^[14] pointed that the majority of healthcare providers do not undergo appropriate geriatric training. It has been recorded that 58 % of baccalaureate nursing programs do not have geriatric nursing qualified full-time faculty. Of the 145 medical schools in the country, only three have geriatrics departments, and less than 10% of these schools need a course in geriatrics.

The healthcare system requires significant resources including financial, human, and technological. The United States, for example, expended above \$4.3 trillion on its healthcare system in the year 2022.^[16] This amount was about 17% more than the previous year, highlighting the increasing expenditures and attention being given by leading nations to their healthcare systems. In 2019, countries from the European Union (EU), invested an average of 8.3% of the total GDP in their healthcare sectors.^[17] Past elderly studies have focused on primary care (e.g. the chronic care model or home-based primary care),^[18,19] elderly disease states,^[20] or elderly care processes within the health system.^[21] This research aims to add new knowledge to the field by indicating how the quality of care provided to geriatric patients in geriatric medical centers impact their satisfaction with these care received.

OBJECTIVE AND HYPOTHESES

This study aim to measure the impact of geriatric medical centers' healthcare service quality on older patients' satisfaction

(H01): There is no statistically significant impact at ($\alpha \leq 0.05$) of health service quality (Reliability, Responsiveness, Tangibles, Assurance, Empathy) on older people satisfaction at geriatric medical centers.

(H02): There are no significant differences at ($\alpha \leq 0.05$) in older people satisfaction of health service quality dimensions due to demographic variables (gender, education and staff response).

METHODOLOGY

Study Design

This study is intended to evaluate quality of health services for older people at Geriatric medical center. This study uses a quantitative exploratory design involving people aged 65 years and above attending primary care facilities at geriatric centers to evaluate health services for older people admitted at geriatric medical centers. The exploratory design was chosen to explore older persons' perceptions of ageing and age-related health conditions, and their experiences and expectations of health services. The exploratory study focuses on asking questions, gaining insights, and viewing phenomena from different perspectives and clarifying the researched problem.

Sample

Older people from communities in Medical centers in Israel.

Procedures

The study used self-administered questionnaires for primary data collection from the participants. The study included participants with the ability to speak English and provide informed consent. Questionnaires were distributed to 200, 180 questionnaires were received, and 20 questionnaires were excluded. The questionnaire was in two parts. Part A collected personal information about the sample, such as information regarding their age, gender and staff response. Part B included information on the variable (reliability, responsiveness, tangibles, assurance & empathy). Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) used in this study.

Regarding reliability of the questionnaire, a Cronbach Alpha for each dimension was computed to check internal consistency. As shown in **Table 1**, Cronbach Alpha in this study ranged from (0.894 0-0.951). It is obvious that all values of alpha are high which indicates that for each measure of variable, the items are highly correlated, and hence highly consistent.

Table 1: Reliability test (Cronbach's alpha for measures of variables)

Variable	Cronbach's Alpha
Reliability	0.949
Responsiveness	0.951
Assurance	0.911
Tangible	0.888
Empathy	0.934
Older people satisfaction	0.945
Total	0.926

Study Variables

Independent Variables: Health Service Quality Dimensions (Reliability, Responsiveness, Assurance, Tangible, Empathy).

Dependent Variables: Older people satisfaction

Methods

Data in this study was analyzed using descriptive statistical methods (mean, standard deviation). An interval class was developed as follows: (1) Low; 1-2.33, (2) medium; 2.34 to 3.66, (3) High (3) 3.67 to 5.00. The instrument was validated through a panel of referees; academic and professional experts with high professional backgrounds.

Data was analyzed through the following analytical statistical methods: multiple regression, step wise multiple regression, one-way ANOVA and Pearson correlation coefficient.

RESULTS ANALYSIS

Characteristics of survey respondent's

The personal data taken from the respondents including gender, age and nursing staff responses. As **Table 2** below shows, most of the respondents in this research were male gender (52.8%), between ages 65- 69 years (50%). The question on defining nursing staff response, result showed that (55.6%) of the respondents answer Immediate.

Table 2: Characteristics of the survey respondents

Variable		Frequency	Percent
Gender	Male	95	52.8
	Female	85	47.2
	Total	180	
Age	65-69	90	50
	70 - 79	35	21.1
	80 - 85	32	17.8
	86 & above	23	12.8
	Total	180	
Staff Response	Immediate	100	55.6
	little time	35	19.4
	tolerable time	26	14.4
	unbearable time	19	10.6
	Total	180	

Descriptive Results

Table 3 below show the means and standard deviation values of (22) quality service variables used in this study representing five service quality constructs, and the 6 items for older people’s satisfaction.

Table 3: Descriptive statistics of service quality and older people satisfaction

A. Service quality variables	Mean	S.D.	Rank	Importance
1. Assurance				
1.1 The older people trust Doctor’s expertise and skills	3.77	1	3	high
1.2 The older people trust Nurses expertise and skills	3.81	1.11	2	high
1.3 older people at geriatric feel secure in using its services	3.92	0.88	1	high
1.4 At the Geriatric, the staff courteous and friendly to patients	3.3	0.88	4	medium
Total	3.8	0.97		high
2. Responsiveness				
2.1 At the geriatric, the staff meet promptly needs	3.7	1.06	2	high
2.2 older people are observed according to appointment	3.57	1.11	3	medium
2.3 Doctors/staff efficiently respond to the older people requests	3.74	1.04	1	high
2.4 At the geriatric there is a good feedback mechanism	3.58	1.22	4	medium

Total	3.43	1.11		medium
3. Reliability				
3.1 The geriatric performs the services and procedures correctly from the first time	3.6	1.06	3	medium
3.2 The geriatric shows special attention to the problems and queries of older people	3.55	1.07	4	medium
3.3 The Older people feels confident when receiving medical treatment.	3.7	0.96	2	high
3.4 The geriatric submits documented and reports/services without error	3.76	1.16	1	high
3.5 The geriatric provides services within time	3.78	1.22	5	high
Total	3.61	1.09		medium
4. Tangible				
4.1 The medical equipment of the geriatric is modern	3.77	1.01	1	High
4.2 Waiting facilities for attendants and older people in good status	3.4	1.65	4	medium
4.3 Healthy environment at geriatric	3.79	1.15	2	High
4.4 The geriatric toilets/bathrooms are clean	3.57	1.11	3	medium
Total	3.6	1.23		medium
5. Empathy				
5.1 At the Geriatric, the team pay individual attention to each older people	3.6	1.09	2	medium
5.2 The Geriatric operates at times suitable to the older people	3.32	1.23	5	medium
5.3 The Geriatric takes into account the traditions prevailing in society	3.43	1.22	4	medium
5.4 The Geriatric prioritizes the interests of the older people	3.67	1.17	1	medium
5.5 The medical staff response to older people complaints	3.4	1.19	3	medium
Total	3.48	1.18		medium
B. older people satisfaction				
1 Overall, I am satisfied with the Geriatric location	2.86	0.83	6	medium
2 Overall, I am satisfied with the treatment at the Geriatric	3.22	0.68	1	medium
3 Overall, I am satisfied with medical care at the Geriatric	3.2	0.75	2	medium
4 Overall, I am satisfied with the nursing care at the Geriatric	3.07	0.99	3	medium
5 Overall, I am satisfied with the Geriatric management	3.01	0.84	4	medium
6 I would recommend the Geriatric to others	3.35	0.84	5	medium
Total	3.07	0.85		medium

Quality of health services provided

According to Table 4, respondents' have perceived healthcare service quality practices as medium category with mean (3.61) and standard deviation (1.11). The average value of the respondents' perception about the extent of healthcare service quality practices were ranging from (3.48 to 3.71), with standard deviation that ranges from (0.93 to 1.23).

- Assurance dimension: The assessment focuses on how well the assurance factor is implemented at the geriatric medical centers from the perspectives of older persons. Table 3 shows that Assurance practices were rated as a high practice category by respondents. Statistical analysis revealed that assurance dimension has the first rank and highest arithmetic means with mean (3.73) and standard deviation (0.93). The sample's overall means for all assurance items are higher than the national average, Where the item (1.3) "older people at geriatric medical center feel secure in using its services" has the highest mean which is (3.92), and the item (1.4) "At the geriatric medical center, the staff courteous and friendly to older people ", has a medium category with the lowest mean which is

(3.33). Because Israel's geriatric medical center is known for having highly qualified and experienced health personnel, this result was expected. A significant number of medical experts, competent nurses, and technicians were exposed to demanding and costly training programs both within and outside the country.

- **Reliability dimension:** The assessment focuses on how the reliability factor is implemented at the geriatric medical center from the standpoint of older persons. As **Table 3** show, respondents' have perceived reliability practices as medium category. According to statistical study, the reliability component ranks second after assurance dimension with mean (3.66) and S.D (1.08). Overall means of all reliability items obtained from the sample are above the average, Where the item (3.5) "The geriatric provides services within time" has the highest mean which is (3.78) and the item (3.2) "The geriatric shows special attention to the problems and queries of older people "has the lowest mean which is (3.55).

- **Tangibles dimension:** The goal of the evaluation was to represent older people's perspectives on how well concrete dimensions are implemented in geriatric medical centers. As **Table 3** show, respondents' have perceived tangibles practices as medium category. Statistical analysis revealed that tangibles dimension after reliability dimension with mean (3.63) and standard deviation (1.19). Overall means of all tangibles items obtained from the sample are above the average, Where the item (4.3) "Healthy environment at geriatric" has the highest mean which is (3.79), and the item (4.2)" Waiting facilities for attendants and patients in good status ", has the lowest mean which is (3.40) with medium category.

- **Responsiveness dimension:** The assessment focuses on how responsiveness is implemented in a geriatric medical center from the perspective of older persons. **Table 3** show that respondents' have perceived responsiveness practices as medium category. Statistical analysis revealed that responsiveness dimension has the fourth rank after tangibles dimension with mean (3.54) and S.D. (1.09). The average of all responsiveness items collected from the sample is higher than the national average., Where the item (2.1) "D At the geriatric, the staff meet promptly needs" has the highest mean which is (3.79) with high category and the item (2.4) "At the geriatric there is a good feedback mechanism" has a medium category and the lowest mean which is (3.43).

Empathy dimension: The assessment was aimed at determining how well the empathy dimension is applied at a geriatric medical institution from the standpoint of older persons. From **Table 3** it is obvious that respondents' have perceived empathy practices as medium category. Statistical analysis revealed that empathy dimension has the fifth rank with mean (3.50) and standard deviation (1.18). Overall means of all empathy items obtained from the sample are above the average, where the item (5.4) "The geriatric medical center prioritizes the interests of the older people need" "has the highest mean which is (3.67) and the item (5.5) "The medical staff response to older people complaints" has a medium category and the lowest mean which is (3.40)

Older people Satisfaction: As shown in **Table 3** statistical analysis revealed that respondents' have perceived older people satisfaction practices as medium category with mean (3.07) and S.D (0.854). Overall means of all older people satisfaction items obtained from the sample are above the average, Where the item (B.6) "I would recommend the geriatric center to others" has the highest mean which is (3.35) with medium category and the item

(B.1) “Overall, I am satisfied with the geriatric center location “has a medium category and the lowest mean which is (2.86).

Table 4: Mean, Standard Deviation of Research Variables

Variable	Mean	S.D.	Rank	Importance
Service Quality				
Assurance	3.73	0.91	1	High
Reliability	3.66	1.08	2	Medium
Tangibles	3.63	1.19	3	Medium
Responsiveness	3.54	1.09	4	Medium
Empathy	3.5	1.11	5	Medium
Total	3.61	1.11		Medium
Older people Satisfaction	3.06	0.82		Medium

Analytical Results

Hypothesis (01) there is no statistically significant impact at ($\alpha \leq 0.05$) of health service quality (Reliability, Responsiveness, Tangibles, Assurance, Empathy) on older people satisfaction at geriatric medical centers in Israel. As shown in **Table 5** The ANOVA table shows that the F-statistic was (15.588) and a significance level of (0.000). Therefore, hypothesis is rejected and the alternative hypothesis is accepted, proving that there is an impact of health service quality (Reliability, Responsiveness, Tangibles, Assurance, and Empathy) on older people satisfaction at geriatric medical center in Israel.

Based on the multiple regression models, three predictor variables were found to be significant in explaining older people satisfaction. The reliability dimension had the greatest influence on older people satisfaction, ($\beta_1 = 0.333$), followed by empathy ($\beta_1 = 0.210$), and assurance ($\beta_1 = 0.152$). The R-squared of (0.15%) means that the 15.0 % of the variation in older people satisfaction was explained by three variables. The above results showed that improving reliability, assurance and empathy will have a positive impact on older people satisfaction.

Hypothesis (02): There are no significant differences at ($\alpha \leq 0.05$) in older people satisfaction of health service quality dimensions due to demographic variables (gender, education and staff response).

As shown in **Table 6** below, one-way variance table shows that significance level of all variables are above (0.05). Therefore, the null hypothesis is accepted and the alternative hypothesis is rejected, proving that there are no significant differences at ($\alpha \leq 0.05$) in older people satisfaction of health service quality dimensions due to demographic variables (gender, education and staff response).

Table 5: Regression Analysis of healthcare service quality on older people satisfaction

Model	R	R Square	Adjusted R square	Std. Error of the Estimate		
1	.387 ^a	0.15	0.14	0.44295		
a. Predictors: (Constant), Empathy, Responsiveness, Tangible, Assurance, Reliability						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15.292	5	3.058	15.588	.000 ^a
	Residual	86.723	442	0.196		
	Total	102.016	447			
a. Predictors: (Constant), Empathy, Responsiveness, Tangible, Assurance, Reliability						
Model		B	Std Error	Beta	t	Sig.
1	(Constant)	2.329	0.291		8.014	0
	Reliability	0.336	0.05	0.33	6.761	0
	Assurance	0.149	0.048	0.152	3.129	0

Table 6: One way analysis of variance (ANOVA) results

		Sum of squares	df	Mean square	F	sig
Gender	Between groups	0.216	1	0.277	2.23	0.13
	Within groups	40.525	18	0.091		
	Total	40.763	146			
Age	Between groups	0.239	3	0.119	1.21	0.32
	Within groups	40.309	147	0.098		
	Total	40.637	149			
Staff response	Between groups	0.66	2	0.346	3.84	0.06
	Within groups	40.144	145	0.09		
	Total	40.673	147			

DISCUSSION

This study aimed to measure the impact of healthcare service quality on older people’s satisfaction at geriatric medical centers in Israel. The study revealed the impact of healthcare service quality on older people’s satisfaction. The study results show that the quality of healthcare services provided in geriatric medical centers significantly impacts older people’s satisfaction. Providing high-quality geriatric services to this population enhances their satisfaction with the services and changes their health outcomes. When older people perceive the services they receive as of high quality, they tend to be highly satisfied with the services and highly rate them. Similarly, individuals who perceive the quality of services received as poor are not satisfied with those services, indicating

poor patient satisfaction. The overall means of older people satisfaction from the sample was above average. The reliability of the health services received at geriatric centers has the most significant influence on patient satisfaction. In addition to reliability, empathy, and assurance impact the population's satisfaction with the geriatric medical centers' services. This result is consistent with previous studies.^[5,22,23,24] These studies found a positive correlation between the quality of healthcare services and patient satisfaction. For instance,^[23] found that healthcare service quality impacts overall patient satisfaction. The researcher used correlations and multiple regression techniques that indicated a statistically significant effect of healthcare service quality on patient satisfaction. Ramez^[24] also found a positive and significant relationship between overall service quality and patient satisfaction. Study participants who were satisfied with the overall service quality were highly willing to recommend the services of a particular hospital to other people. Based on the similar outcomes of the different studies, healthcare service quality impacts older adults' satisfaction. These findings indicate that systematic assessment of patients' perceived service quality and satisfaction is fundamental to developing marketing strategies for healthcare services over time. This assessment enables health managers and providers to determine areas of strength and weakness and invest in enhancing the quality of service delivery and patient satisfaction.

Also, the study showed no changes in patient perceptions of health service quality aspects linked to any demographic variables (age, gender, place of residence, income, and education). These results indicate that perceptions of health service quality do not differ between older patients. This result implies that patients of different races, gender, and other factors similarly perceive healthcare quality satisfaction. The result is consistent with the results by^[25] and^[24]. According to^[24], there are no significant differences in patient perceptions of service quality dimensions (empathy, tangibles, assurance, responsiveness, and reliability). In this study, the reliability dimension received the highest average points, followed by responsiveness, while the assurance dimension was rated as minor importance. This study's results reflect the high perceptions of respondents to all service quality dimensions. Ramez^[24] also reported a positive correlation among all the service constructs. Therefore, patients have similar perceptions of healthcare service quality and rate their significance almost similarly.

Results found that the average value of all the respondents' perceptions about the extent of healthcare service quality practices was medium. It was noted that the assurance dimension has the highest mean and first category, followed by the responsiveness, reliability, tangibles, and empathy dimension has the lowest mean and category out of other service quality dimensions. The participants rated the assurance dimension high because they felt secure in using the geriatric medical center services and had highly experienced health personnel. The assurance of quality services from qualified providers enhances their satisfaction with the services received. The participants felt the services at these centers are reliable as they are timely and focus on the older adults' health problems, ranking the reliability component second after the assurance dimension. Tangibles dimension ranks third as the geriatric medical centers provide a healthy environment and are maintained a good status that enhances recovery. Responsiveness ranked fourth and is perceived as a medium category because the providers working in these centers do not promptly meet the older adults' health needs and have a relatively efficient feedback mechanism. The participants rated empathy fifth as they perceived that the medical staff working in these geriatric medical centers do not adequately and effectively respond to the older peoples' complaints.

Results show that perceived overall older people satisfaction was in the medium category, with a mean of 3.07 and a standard deviation of 0.854. Older people were moderately satisfied with the medical, nursing, and management services provided in the hospital. The means of all patient satisfaction items obtained from the study's sample are above average. The older people indicated medium satisfaction with the geriatric medical center location, treatment, medical care, nursing, and centers' management and would recommend the center to others. This result is consistent with previous studies.^[26,27,28] These results indicate the perceived value of patient satisfaction. Healthcare managers and providers serving in geriatric medical centers should understand how older patients determine the value of the health services received. According to,^[28] patients assess their satisfaction level to be high when they are pleased and happy with the received services. In contrast, patients have a lower assessment of their satisfaction level when they feel sad or embarrassed. Therefore, pleasing and comforting patients enhance their satisfaction perceptions, which shapes their decisions to receive further treatment at geriatric medical centres and recommend the centers to others. Patients have particular satisfaction expectations. Based on the above results, geriatric medical centres must increase their patients' satisfaction expectations by maintaining excellent performance.

CONCLUSION

This study explored the experiences and expectations of people aged 65 years and above regarding aging, the quality of health services, and the factors that might improve the quality of care services for geriatric patients. The study employed a quantitative exploratory approach. Older people from communities in Medical centers in Israel, were the study's sample. Questionnaires were the primary data collection method. Questionnaires were distributed to 200, 180 received, and 20 excluded. The study found that healthcare service quality impacts older peoples' satisfaction; there were no differences in patient perceptions of health service quality aspects linked to any demographic variables (age, gender, income, residence, or education). Providing high-quality geriatric services to this population enhances their satisfaction with the services and changes their health outcomes. When older people perceive the services they receive as of high quality, they tend to be highly satisfied with the services and highly rate them. Similarly, individuals who perceive the quality of services received as poor are not satisfied with those services, indicating poor patient satisfaction. The overall means of older people satisfaction from the sample was above average. The reliability of the health services received at geriatric centers has the most significant influence on patient satisfaction. In addition to reliability, empathy, and assurance impact the population's satisfaction with the geriatric medical centers' services. Results found that the average value of all the respondents' perceptions about the extent of healthcare service quality practices was medium. It was noted that the assurance dimension has the highest mean and first category, followed by the responsiveness, reliability, tangibles, and empathy dimension has the lowest mean and category out of other service quality dimensions. Based on the above results, the study recommends geriatric medical centers' administration continue their commitment to providing medical services to patients on time. Furthermore, healthcare personnel must enhance their skills and knowledge to provide patient-centered care. Geriatric medical centers need to give more attention to patients' problems, better respond to patients' complaints, and pay special attention to their care. Geriatric medical center need to give more attention to patients' problems, better response to patients' complaints, and pay special attention to their care. Geriatric medical centers

should develop their employees' communication skills in respect of dealing with older people and the level of response to their needs, giving them empathy and safety. Geriatric medical centers should provide employees with incentives and training courses which will have a positive effect on their job satisfaction and retention.

ACKNOWLEDGEMENTS

I am deeply grateful to all participants and administrators who participated in the study and facilitated the study respectively.

COMPETING INTERESTS

The author reports no conflicts of interest in this study.

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