

Healthcare Sector Service Quality & Residents' Satisfaction in as a Model for Emerging Countries

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Abstract

The purpose of this paper is to identify Ajman residents' satisfaction on healthcare service. The proposed measurement for Ajman Residents' Satisfaction was tested using data collected from the three areas of Ajman, namely Ajman City, Masfout, and Manama. A total of 95,531 households are living in the Emirate of Ajman. Out of these 1,167 households' responses were collected. About 48.6% of them were United Arab Emirates (UAE) nationals and about 51.4% were foreign nationals. All of them were permanently residing in the Emirate of Ajman and has prior experience in availing any healthcare service in the same emirate. Data were analyzed using Microsoft Excel, the Statistical Package for the Social Sciences (SPSS) version 22. Findings show that in the government sector only tangible and empathy correlate positively with healthcare service quality, which also had a strong positive correlation with residents' satisfaction, while reliability, assurance and responsiveness were not sufficiently correlated to healthcare service quality. On the other hand, for the private sector, except for responsiveness, assurance and tangible dimensions, reliability and empathy correlate positively with healthcare service quality, which also had a strong, positive correlation with residents' satisfaction.

Keywords: Critical Materials, Renewables Technologies, Low Carbon Emission, Competition, Geopolitics.

Introduction

This chapter discusses the rationale for this study of residents' satisfaction on healthcare services in the context of the Emirate of Ajman. This topic encompasses investigation of identification of the factors that influence healthcare service quality, the relationship between healthcare service quality and residents' satisfaction. This chapter also covers the significance of quality healthcare services and residents' satisfaction. The purpose of this chapter is to identify research objectives, define the research question, and outline the research framework used in this study.

The Healthcare sector has also gained attention from researchers over the past years, whether it's private or government, seeking solutions to the existing problems or aiming for modernization. As the population grows, its needs change as well in volume, facilities, expertise and supplies. The World Health Organization has defined in 2019, quality of care as "the extent to which

health care services provided to individuals and patient populations improved the desired health outcomes [1]. To achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered. It is important that patients are assured that the health care services are safe, risk-free, preventing further injuries and medical malpractices.

The healthcare system in the United Arab Emirates is regulated at both Federal and Emirate level. Several health ministries and authorities, administer the public healthcare services such as the Ministry of Health and Prevention, Health Authority-Abu Dhabi (HAAD), the Dubai Health Authority (DHA) and the Emirates Health Authority (EHA). Health care in UAE has been funded mainly by the Government, to date the infectious diseases such as malaria, measles, poliomyelitis that were once rampant in the UAE have been eliminated. Currently, the Government is focusing on the modernization and reform of health care sector enhancing the service through public – private partnership.

Healthcare Services in the Emirate of Ajman

According to the study conducted by the US - UAE Business Council, on UAE healthcare sector (2018), the country's health sector has dramatically expanded over the past four decades; from just seven hospitals and 12 health centers in 1971 to over 126 public and private hospitals with a combined bed capacity of more than 12, 000 according to the latest statistics data provided by the statistics authority in the UAE for 2015. With the growing size of the population, it is the desire of the nation to become a "regional medical tourism hub". According to 2017 Ajman Statistics data, the healthcare sector in the Emirate of Ajman has 3,445 healthcare practitioners and has 4 government and 2 private hospitals with complete facilities and combined bed capacity of 404. Aside from these, there are 181 clinics both for adults and infants including general dental clinics, and a network of pharmacies [2].

For Ajman government to align with the country's vision in the healthcare sector, this study is expected to hear the voice of its residents. Their awareness of healthcare services matters in this study and how satisfied they are with the current healthcare services they avail or receive. The target respondents of this study are from Ajman city, Masfout and Manama.

Significant improvements in the healthcare services over the past years were observed. One of these was through immunization that prevented outbreaks of communicable diseases that resulted to prolong life. Governments from different countries are exhausting their resources to provide better well-being for their residents in terms of healthcare services. In the Arab culture, citizen's expectations from governments regarding provision of quality public services are rising. The primary responsibility of governments is to deliver the essential services to their

community. For emirates like Abu Dhabi and Dubai, healthcare system was governed by their own health authorities. These health authorities strategize, monitor and analyze both the health status and healthcare system performance of their respective emirates. In the case of Ajman, it is part of the northern emirates which is under the umbrella of the Federal Ministry of Health and Prevention.

Local governments of these emirates provide the basic services that communities need in the absence of private providers, or in some cases, costs are subsidized to provide the services at affordable cost to their community.

Table 1: Research Questions and Objectives

Research Question	Research Objectives
What factors influence healthcare service quality in Emirate of Ajman?	To determine the factors that influence the healthcare service quality provided within Emirate of Ajman.
What is the relationship between healthcare service quality and residents' satisfaction?	To get a deep insight into the influence of factors that have been identified in study in accordance with residents' perception. To determine the relationship between the quality of healthcare service and the residents' satisfaction
What is the residents' satisfaction level on availed healthcare services?	To determine residents' level of satisfaction on availed healthcare services

The health care system in general has the influence on how health services are provided to the community and the importance of measuring the residents' satisfaction on the available healthcare services will determine the level of performance of the emirate. Healthcare service quality may affect the decision of the residents to avail the healthcare services within the Emirate of Ajman. If the quality they received is not aligned with what they desire to receive, then it could be a reason for them to find an alternative service provider. In a fast-phasing environment with competitive healthcare services, residents have plethora of healthcare services to choose from in other emirates, as healthcare providers can no longer disregard the level of quality of the services they provide.

The factors that influence the quality of healthcare services they provide to their residents affect the residents' satisfaction. Although there are efforts to improve the current healthcare services, yet ignoring other factors such as responsiveness to emergency cases, empathy in understanding the needs of the residents as customers or patients, assuring them that the healthcare practitioners have adequate knowledge and competence, reliability and quality of the healthcare services provided, and availability of the needed supplies and equipment to support the healthcare services that may affect the healthcare service industry in the long run.

The definitive goal of this study is to measure the residents' satisfaction in healthcare services. The healthcare providers should understand the indicators important to their stakeholders, especially the residents as customers or patients, not to overlook the areas that need improvement. Therefore, it is important to learn more about the service quality that pertains to healthcare services. By developing a tool to beseech information from Ajman residents to measure and interpret the level of service quality they received in relation to their experience in availing healthcare services in the Emirate of Ajman.

Research questions and objectives

The research questions and objectives are designed to explore the factors affecting service quality, examine the relationship between quality and user satisfaction, and assess the overall satisfaction level of service users [3]. They serve as a guide to identify key areas for improvement and to understand how services can better meet the needs and expectations of the community. These questions and objectives are shown in the following Table.

Research Scope

The scope of this study is to measure residents' satisfaction with healthcare services, to identify and gain deep insight into evaluations regarding factors that influence healthcare quality service and residents' satisfaction and the relationship. A conceptual model that describes interactions among all factors was developed. This study targeted UAE national and non-UAE national residents of the Emirate of Ajman, who availed healthcare services. Based on the statistical poll made available by Ajman Census in 2017, about 95,531 households are situated in the Emirate of Ajman. A total of 1,233 households were targeted in each study, with a minimum of 1,000 responses ensured per study, combining both UAE nationals and non-UAE nationals across the areas of Ajman City, Manama, and Masfout.

Significance of the Study

Aside from adopting standard scientific design and implementation procedures, the significance of this study is in establishing a baseline for satisfaction studies and documentation for future references and enabling the concerned decision makers to identify priority areas for improvement, using residents' perspective and focus all efforts on enhanced healthcare in the Emirate of Ajman.

Research Methodology

Introduction

This chapter describes the process followed in conducting the Ajman residents' satisfaction study. It contains the following subsections: research questions, sampling, designing the questionnaire, data collection, data analysis, To examine the three elements related to healthcare service quality and residents' satisfaction: that v is, factors that influence healthcare service quality in Emirate of Ajman; the relationship between healthcare service quality and residents' satisfaction; and residents' satisfaction level on availed healthcare services [4].

The purpose of this study addresses the following:

1. Are the service quality dimensions (tangible, reliability, responsiveness, assurance, empathy) correlate positively with healthcare service quality?
2. Are healthcare service quality correlates positively with resident's satisfaction?

Table 2: The Percentage Distribution of Completion Rate

Completion Rate	n	%	Remarks
Total visited	1,391	100%	-
Non-Qualifier, screening failed	125	8.9%	From Total visited
Not completed	2	0.3%	From Total visited
Total Completed Survey	1,264	90.8%	From Total valid respondents
QC Rejected	97	6.9%	From Total valid respondents
Total Valid Survey	1,167	83.9%	From Total valid respondents

The Survey Results

Household Role

The following Table presents the classification of respondents according to their role in the household. Most of respondents in the Emirate of Ajman were the spouse (47.2%), head of household/breadwinner (33.7%). Sons or daughters accounted for 15.5% of respondents, while the proportions for father/mother

3. What is the residents' satisfaction level on availed healthcare services?

Sampling

The Emirate of Ajman has 95,531 households based on the data collected in 2017 Census by the Ajman Statistics Center. These administrative records were used to compute the sample needed to do the study survey. The respondent selection was in random sampling; the goal is to have respondents both for UAE national and non-UAE national residents. The total respondents for UAE national are 567 and non-UAE national residents are 600 each with 5% margin of error (MOE) at 95% confidence level (CL). This sample size is applicable to the three areas identified in scope of this study.

The respondents are 18 years of age and above, both UAE national and non-UAE national residents in the region and have prior experience of availing the healthcare service. The respondents were selected randomly which means that groups of different social class, occupation, and income strata and geographic proximity to government presence will have an equal chance to participate in the study.

Research Findings

Forward

The objectives of the study were to identify and understand factors that influence residents' perspective by measuring their satisfaction with healthcare services.

The Basic Characteristics of the Sample Population

The total number of households identified and visited was 1,391. Out of which, 125 households did not meet the eligibility criteria and were classified as non-qualifiers (8.9%), while 2 households did not complete the interview (0.3%). The remaining 1,264 households successfully completed the survey, accounting for 90.8% of the total valid respondents.

Following quality control and validation procedures, 97 completed surveys (6.9%) and were rejected. As a result, the final number of completed and verified valid interviews used for analysis stood at 1,167 households, representing 83.9% of total valid respondents. As depicted by the following Table.

(1.2%), brother/sister (1.0%), relatives (0.6%), and grandson/granddaughter (0.2%) were much smaller [5].

Ajman City reflects a similar pattern to the emirate overall, with 48.0% of respondents being spouses and 32.7% being heads of household. In Manama, the proportion of spouses was 41.5%, followed by heads of household at 28.3% and sons/daughters at

26.4%. In Masfout, heads of household/breadwinners dominate at 62.2%, while spouses make up 35.6% of respondents; and all

other categories are negligible or not represented, as presented by the following Table.

Table 3:The Percentage Distribution by Household Role

Household Role	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Spouse	513	48.0%	22	41.5%	16	35.6%	551	47.2%
Head of household / Breadwinner	350	32.7%	15	28.3%	28	62.2%	393	33.7%
Son/Daughter	167	15.6%	14	26.4%	0	0.0%	181	15.5%
Father/Mother	13	1.2%	1	1.9%	0	0.0 %	14	1.2%
Brother/Sister	11	1.0%	1	1.9%	0	0.0 %	12	1.0%
Relative	7	0.7%	0	0.0 %	0	0.0%	7	0.6%
Grandson/ granddaughter	2	0.2%	0	0.0%	0	0.0%	2	0.2%
Others*	6	0.6%	0	0.0 %	1	2.2%	7	0.6%

Source: Ajman Statistics Center

Household Size

Most of the respondents' household sizes ranged from 3 to 5 members, representing 46.4% of the total, followed by households with 6 to 10 members at 42.6%. Smaller households with 1 to 2 members comprised 3.4%, while larger households with 11 to 15 members accounted for 6.4%. Very few respondents reported living in households with 16 to 20 members (1.1%) or

21 members and above (0.1%). In Ajman City, the majority lived in households with 3 to 5 members, accounting for (48.2%) and 6 to 10 members (40.8%). In Manama, the distribution is ranged between 3 to 5 members (20.8%) and 6 to 10 members (58.5%), while Masfout has the highest proportion in the 6-to-10-member category (66.7%) [6].

Table 4:The Percentage Distribution by Household Size by Household Size

Household Count	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
1 - 2	39	3.6%	1	1.9%	0	0.0%	40	3.4%
3 - 5	515	48.2%	11	20.8%	15	33.3%	541	46.4%
6 - 10	436	40.8%	31	58.5%	30	66.7%	497	42.6%
11 - 15	68	6.4%	7	13.2%	0	0.0 %	75	6.4%
16 - 20	11	1.0%	2	3.8%	0	0.0%	13	1.1%
≥ 21	0	0.0 %	1	1.9%	0	0.0%	1	0.1%

Source: Ajman Statistics Center

Age Distribution

Across the Emirate of Ajman, the majority of most respondents were aged 40–59 years, representing 42.8% of the total, followed by those aged 30–39 years at 33.1%. Respondents aged 18–29 years accounted for 16.2%, while those aged 60 and above represented the smallest proportion at 7.9%. Ajman City reflects a similar pattern, with 42.0% of respondents aged 40–59,

followed by 30–39 (33.0%) and 18–29 (16.6%). In Manama, the largest group was 40–59 years (39.6%), followed by 30–39 years (35.8%), 18–29 years (20.8%), and 60+ (3.8%). In Masfout, a significant majority of respondents were aged 40–59 (66.7%), followed by 30–39 years (31.1%), with very low representation in the 18–29 age group (2.2%) and none in the 60+ group.

Table 5:The Percentage Distribution by Age Distribution

Respondent Age group	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
18 - 29	177	16.6%	11	20.8%	1	2.2%	189	16.2%
30 - 39	353	33.0%	19	35.8%	14	31.1%	386	33.1%
40 - 59	449	42.0%	21	39.6%	30	66.7%	500	42.8%
60+	90	8.4%	2	3.8%	0	0.0%	92	7.9%

Nationality Distribution

The study sample was structured to include both UAE nationals and non-UAE nationals to enable a comprehensive analysis. According to following Table, non-UAE nationals made up 51.4% of the total respondents across the Emirate of Ajman, while UAE nationals accounted for 48.6%. In Ajman City, non-UAE

nationals were the majority at 53.8%, compared to 46.2% UAE nationals. In Manama, the trend reversed, with UAE nationals comprising 69.8%, and non-UAE nationals only 30.2%. Masfout had the highest proportion of UAE nationals at 80.0%, and only 20.0% non-UAE nationals [7].

Table 6:The Percentage Distribution by Nationality Distribution

Nationality	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
UAE National	494	46.2%	37	69.8%	36	80.0%	567	48.6%
Non-UAE National	575	53.8%	16	30.2%	9	20.0%	600	51.4%

Gender Distribution

The study sample shows a gender distribution where male respondents constitute a larger proportion of the sample. As illustrated in the Table below, male respondents accounted for 49.2% (574 individuals) of the total, while female respondents made up 50.8% (593 individuals).

By region, Ajman City had the highest proportion of male re-

spondents at 50.9%, followed by Masfout at 31.1% and Manama at 30.2%. In contrast, female respondents were the majority in all three regions, with Manama having the highest proportion of female respondents at 69.8%, followed by Masfout at 68.9% and Ajman City at 49.1%. This highlights a regional variation in gender participation, particularly with stronger female representation across most regions.

Table 7: The Percentage Distribution by Gender Distribution

Gender	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Male	544	50.9%	16	30.2%	14	31.1%	574	49.2%
Female	525	49.1%	37	69.8%	31	68.9%	593	50.8%

Civil Status Distribution

Distribution of respondents by marital status is shown in the following Table. The highest proportion of respondents across the Emirate of Ajman were married (81.1%), followed by singles (14.6%), divorced (2.3%), and widowed (2.0%).

In all of the three regions, the majority of respondents were mar-

ried. Masfout had the highest percentage of married respondents at 93.3%, while Ajman City and Manama followed with 80.9% and 75.5% respectively. The second highest group in Ajman City and Manama were singles, at 15.0% and 17.0%, respectively. In Masfout, however, widows made up the second highest proportion at 5.7%.

Table 8: The Percentage Distribution by Civil Status

Civil Status	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Married	865	80.9%	40	75.5%	42	93.3%	947	81.1%
Single	160	15.0%	9	17.0%	1	2.2%	170	14.6%
Divorce	24	2.2%	1	1.9%	2	4.4%	27	2.3%
Widow	20	1.9%	3	5.7%	0	0.0%	23	2.0%

Source: Ajman Statistics Center

Highest Educational Attainment

Educational attainment of respondents is presented in the following Table. The highest proportion of respondents across the Emirate of Ajman held a bachelor's degree (41.2%), followed by those who completed high school (32.2%). Respondents with less than secondary education made up 9.1%, while diploma holders accounted for 9.3%. A smaller portion of respondents

had attained a master's degree (3.9%), and 3.4% were illiterate, and 0.9% Ph.D. Ajman City reflects a similar pattern to the emirate overall, While, Masfout had the highest percentage of bachelor's degree holders at 57.8%, while Manama had the highest proportion of high school graduates at 45.3% and the highest rate of illiteracy at 5.7%.

Table 9: The Percentage Distribution by Educational Attainment

Educational Attainment	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Illiterate	36	3.4%	3	5.7%	1	2.2%	40	3.4%
Less than secondary	93	8.7%	12	22.6%	1	2.2%	106	9.1%
High school	336	31.4%	24	45.3%	16	35.6%	376	32.2%
Diploma	104	9.7%	4	7.5%	1	2.2%	109	9.3%
Bachelor	446	41.7%	9	17.0%	26	57.8%	481	41.2%
Master	44	4.1%	1	1.9%	0	0.0%	45	3.9%
Ph. D	10	0.9%	0	0.0%	0	0.0%	10	0.9%

Source: Ajman Statistics Center

Years of Living in Ajman

The following Table presents the distribution of respondents by duration of stay in the Emirate of Ajman [8]. The highest proportion of respondents have lived in Emirate of Ajman for more than 30 years (26.9%), followed by those who have stayed for 6–10 years (15.9%), and 3–5 years (15.3%). Only 3.3% of respondents have lived in Ajman for less than a year.

Regionally, Masfout and Manama show a strong concentration of long-term residents, with 66.7% and 71.7% respectively having resided there for over 30 years. In contrast, Ajman City displays a more balanced distribution across different residency durations, though it also has a significant share (23.0%) of long-term residents.

Table 10: The Percentage Distribution by Years of Living in Ajman

Years of residency in Ajman	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
less than 1 year	38	3.6%	0	0.0%	0	0.0%	38	3.3%
1 - 2 years	141	13.2%	0	0.0%	0	0.0%	141	12.1%
3 - 5 years	176	16.5%	3	5.7%	0	0.0 %	179	15.3%
6 - 10 years	182	17.0%	2	3.8%	2	4.4%	186	15.9%
11 - 15 years	108	10.1%	6	11.3%	3	6.7%	117	10.0%
16 - 20 years	76	7.1%	2	3.8%	7	15.6%	85	7.3%
21 - 30 years	102	9.5%	2	3.8%	3	6.7%	107	9.2%
More than 30 years	246	23.0%	38	71.7%	30	66.7%	314	26.9%

Source: Ajman Statistics Center

Work Location

The following Table shows the distribution of respondents based on their place of work. At the Emirate level, Dubai has the most common work location, accounting for 41.6% of respondents, followed by Ajman (30.0%), Sharjah (15.8%), and Abu Dhabi (9.4%). Other emirates such as Fujairah, Ras Al Khaimah, and Umm Al Quwain together make up only a small fraction (each around 1%).

In Ajman City, the distribution mirrors the emirate-level trend, with 42.7% of respondents working in Dubai, 29.3% in Ajman, and 16.6% in Sharjah. In Manama, the most common work location is Abu Dhabi (33.3%), followed by Ajman (23.8%), Dubai (19.0%), and Sharjah (9.5%). In Masfout, half of the respondents (50.0%) work in Ajman, followed by 30.0% in Dubai and 16.7% in Abu Dhabi.

Table 11: The Percentage Distribution by Work Location

Work location	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Dubai	307	42.7%	4	19.0%	9	30.0%	320	41.6%
Ajman	211	29.3%	5	23.8%	15	50.0%	231	30.0%
Sharjah	119	16.6%	2	9.5%	1	3.3%	122	15.8%
Abu Dhabi	60	8.3%	7	33.3%	5	16.7%	72	9.4%
Fujairah	6	0.8%	3	14.3%	0	0.0%	9	1.2%
Ras Al Khaimah	8	1.1%	0	0.0 %	0	0.0%	8	1.0%
Umm Al Quwain	8	1.1%	0	0.0 %	0	0.0%	8	1.0%

Source: Ajman Statistics Center

Job Sector

The following Table presents the job sector distribution of respondents. At the emirate level, 52.9% of respondents work in the private sector, followed by 26.6% in the federal government, and 20.5% in the local government.

Ajman City follows a similar trend, with the majority (55.6%) employed in the private sector [9]. In contrast, Manama and Masfout show a different pattern, where the majority of respondents are employed in the federal government, accounting for 38.1% and 46.7%, respectively. Additionally, 42.9% of respondents in Manama and 43.3% in Masfout work in the local government, while private sector employment remains the lowest in these areas.

Table 12: The Percentage Distribution of Respondents by Job Sector

Job Sector	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Private	400	55.6%	4	19.0%	3	10.0%	407	52.9%
Federal	183	25.5%	8	38.1%	14	46.7%	205	26.6%
Local	136	18.9%	9	42.9%	13	43.3%	158	20.5%

Source: Ajman Statistics Center

Medical Insurance

According to following Table, around 71.6% of respondents in the Emirate of Ajman have medical insurance. Of whom, 43.8% are covered by government insurance, and 27.8% by private insurance, while 28.4% of respondents are not insured.

In Masfout, the vast majority (91.1%) are covered by govern-

ment insurance, with only 2.2% relying on private insurance and 6.7% having no insurance. In Manama, 66.0% are covered by government insurance, 9.4% by private insurance, and 24.5% have no insurance. In Ajman City, 40.7% are covered by the government, 29.7% by private insurers, and 29.6% have no insurance.

Table 13: The Percentage Distribution of Respondents by Type of Medical Insurance

Type of Medical Insurance	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Government	435	40.7%	35	66.0%	41	91.1%	511	43.8%
Private	318	29.7%	5	9.4%	1	2.2%	324	27.8%

Source: Ajman Statistics Center

Monthly Income

The following Table presents the distribution of respondents by categories of monthly income. The largest proportion of respondents in the Emirate of Ajman earned between 5,000 and 9,999 Dirhams, accounting for 26.8 percent. This was followed by those earning less than 5,000 Dirhams (17.1%), 25,000 Dirhams and above (16.5%), and 10,000 to 14,999 Dirhams (16.4%). The proportions of respondents earning 15,000–19,999 and 20,000–

24,999 Dirhams were 12.2 percent and 11 percent, respectively.

Ajman City exhibited a similar income distribution pattern. In Manama, the majority of respondents earned 25,000 and above (47.2%), while the income group less than 5,000 Dirhams (18.9%). In Masfout, the highest share of respondents earned 25,000 Dirhams and above (48.9%), indicating a concentration of higher-income individuals in that region.

Table 14: The Percentage Distribution by Monthly Income

Monthly Income Range	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Less than 5,000	186	17.4%	10	18.9%	4	8.9%	200	17.1%
5,000 - 9,999	300	28.1%	6	11.3%	7	15.6%	313	26.8%
10,000 - 14,999	184	17.2%	4	7.5%	3	6.7%	191	16.4%
15,000 - 19,999	133	12.4%	4	7.5%	5	11.1%	142	12.2%
20,000 - 24,999	120	11.2%	4	7.5%	4	8.9%	128	11.0%
25,000 and above	146	13.7%	25	47.2%	22	48.9%	193	16.5%

Source: Ajman Statistics Center

Safety Measures

Aside from collecting data on satisfaction with Infrastructure being utilized and characteristics pertaining to the respondents and household, additional data were collected regarding safety measures available at the household especially regarding protection from fire.

The following Table shows that around 48.3% of households in

the Emirate of Ajman reported having a fire alarm in their building. This feature was most prevalent in Ajman City (52.0%), followed by Manama (13.2%) and Masfout (2.2%).

Regarding fire extinguishers, about 51.0% of households across the emirate reported availability. Ajman City again had the highest share (54.2%), followed by Manama (28.3%) and Masfout (2.2%).

Table 15: The following Table Presents Respondents by Type of Building Safety Measures Availability

Building Safety Measures	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Available fire extinguisher	579	54.2%	15	28.3%	1	2.2%	595	51.0%
Available fire alarm	556	52.0%	7	13.2%	1	2.2%	564	48.3%

Source: Ajman Statistics Center

Analysis of Reliability

Any research based on measurement must be concerned with the accuracy or dependability or, as we usually call it, reliability of measurement (Cronbach, 1951). The purpose of evaluating internal reliability of the questionnaire is to test the reliability of the dimensions used to measure each construct, with this Cronbach's alpha test being utilized. The test results by using SPSS 22 indicated that all item values were > 0.800 and were reliable

to measure each construct. (Hair et al., 1998). In the following Table, Cronbach's alpha coefficient results presented for each dimension in the health care sector questions ranged from 0.886 to 0.930, which are all considered acceptable levels of internal consistency. Specifically, Tangibles and Reliability both recorded a value of 0.886, Empathy scored 0.887, Assurance showed a slightly higher value at 0.906, while Responsiveness and Quality shared the highest reliability score of 0.930. This confirms that

the internal consistencies of the measures were verified, and each dimension reliably measured its corresponding construct.

Table 16: The following Table Depicts the Results of Reliability – Health Care

Construct	Number of Questions	Cronbach's Alpha
Tangibles	2	0.886
Reliability	3	0.886
Responsiveness	7	0.930
Assurance	3	0.906
Empathy	5	0.887
Quality	3	0.930

Residents' Satisfaction Results

Residents' Overall Satisfaction with Healthcare Services

The following Table presents the residents' overall satisfaction across various dimensions of healthcare services, including assurance, tangibles, reliability, quality, responsiveness, and empathy. Results show that 44.6% of respondents were very satisfied with the services received, while 49.2% were satisfied. On the other hand, only 2.2% were dissatisfied and 0.5% were very dissatisfied, indicating a generally high level of satisfaction with healthcare services in Ajman. However, the satisfaction rate decreased this year compared to previous years due to the increase

in sample size. Additionally, a question was added regarding the reasons for not using healthcare services.

Among the different dimensions, Tangibles received the highest proportion of very satisfied respondents (49.1%), followed closely by Reliability (48.5%) and Safety/Assurance (45.2%). The Quality Dimension also scored high, with 41.9% very satisfied and 53.1% satisfied. Empathy was the lowest-rated dimension, with 39.4% very satisfied and 50.7% satisfied, and it also showed the highest combined dissatisfaction at 4.5%. The following Table details the above results.

Table 17: The Percentage Distribution of Residents' Overall Satisfaction on Healthcare Services

Main Dimensions Satisfaction - Healthcare Services	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Safety / Assurance	45.2%	51.3%	2.4%	1.0%	0.2%
Tangibles Elements	49.1%	46.4%	2.5%	1.8%	0.2%
Reliability	48.5%	46.6%	3.2%	1.4%	0.3%
Quality	41.9%	53.1%	3.0%	1.5%	0.5%
Responsiveness	43.3%	46.8%	5.8%	3.4%	0.8%
Empathy	39.4%	50.7%	5.5%	3.8%	0.7%
Average	44.6%	49.2%	3.7%	2.2%	0.5%

Source: Ajman Statistics Center

Overall, about 93.7% of respondents were either satisfied or very satisfied with the compiled dimensions of healthcare services in Ajman. The safety/assurance dimension received the highest satisfaction level at 96.5%, followed closely by tangibles (95.5%), reliability (95.1%), and quality (95.0%). The responsiveness dimension scored 90.1% satisfaction, while empathy had the lowest satisfaction level at 90.1%. Dissatisfaction remained low across all dimensions, with the highest being empathy at 4.5%, and the lowest in safety/assurance at 1.2%.

emirate stating their expectations were exceeded. This was followed by doctors and medical services (36.5%) and vaccination of infants, children, and/or pregnant women (29.2%).

By area, Ajman City showed the strongest performance in the provision of medicines, with 53.1 % of respondents expressing exceeded expectations. In Manama, vaccination of Infants, Children, and/ or Pregnant Women received the highest satisfaction, with 67.9 % of respondents delighted, followed by medical fitness check-up with 28.3 %

In Masfout, exceeded expectations were primarily concentrated in provision of medicines (68.9%), basic dental/oral hygiene (57.8%), doctors and medical services (51.1%), control of communicable diseases (40.0%), and ambulance and emergency services (15.6%).

Healthcare Service Performance and Improvement

Healthcare Service that Exceeds Expectations

The following Table 4.5.3.1 presents healthcare services that exceeded respondents' expectations across different areas in the Emirate of Ajman. Overall, provision of medicines had the highest proportion of delighted respondents, with 52.3 % across the

Table 18: The following Table Shows the Healthcare Services that Exceeded Expectations of Ajman Residents*

Healthcare Services	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Provision of Medicines	568	53.1%	11	20.8%	31	68.9%	610	52.3%
Doctors and medical services	394	36.9%	9	17.0%	23	51.1%	426	36.5%
Vaccination of Infants, Children, and/ or Pregnant Women	300	28.1%	36	67.9%	5	11.1%	341	29.2%
Control of Communicable Diseases	277	25.9%	6	11.3%	18	40.0%	301	25.8%
Basic Dental/ Oral Hygiene	204	19.1%	13	24.5%	26	57.8%	243	20.8%
Secondary/ Tertiary Health Care (In the hospital)	212	19.8%	0	0.0 %	3	6.7%	215	18.4%
Ambulance and emergency Services	176	16.5%	1	1.9%	7	15.6%	184	15.8%
Pre-natal Services	161	15.1%	0	0.0%	5	11.1%	166	14.2%
Family Planning/ Reproductive Health and /wellness services	131	12.3%	0	0.0 %	5	11.1%	136	11.7%
Medical fitness check-up	106	9.9%	15	28.3%	1	2.2%	122	10.5%
Nutritional Assistance	103	9.6%	1	1.9%	1	2.2%	105	9.0%
Home health care services	87	8.1%	0	0.0 %	4	8.9%	91	7.8%
Medical Records including birth/ death records	71	6.6%	0	0.0%	3	6.7%	74	6.3%
Animal Health	67	6.3%	0	0.0%	1	2.2%	68	5.8%
Mobile healthcare	55	5.1%	0	0.0%	3	6.7%	58	5.0%
Financial aid for treatment	47	4.4%	0	0.0%	5	11.1%	52	4.5%
Environmental Health Field Inspection	46	4.3%	1	1.9%	1	2.2%	48	4.1%
Cosmetic and plastic surgery centers	32	3.0%	0	0.0%	1	2.2%	33	2.8%

Source: Ajman Statistics Center

*Note: Multiple answers per respondent possible.

Suggested Room for Improvement in Healthcare Service

Financial aid for treatment topped the list with 22.7 % of respondents across the emirate indicating it requires improvement, this was followed by basic dental/oral hygiene services with 22.3 %, and ambulance and emergency services with 18.3 %.

At the city level, Ajman City followed a pattern similar to the emirate overall, with financial aid for treatment (24.3%), basic dental/oral hygiene (23.1%), and ambulance and emergency services (17.2%) identified as the top three services requiring improvement [10]. However, doctors and medical services ranked higher in Ajman City than in the emirate overall, with 16.8 % noting it needs improvement.

In Manama, the strongest concern was secondary/tertiary healthcare (71.7%), This was followed by Pre-natal Services (60.4%), ambulance and emergency services, cited by 47.2 % of respondents. and home healthcare services (32.1%).

In Masfout, 57.8 % of respondents called for improvements in cosmetic and plastic surgery centers, far exceeding all other services in that area. Other notable mentions included basic dental/oral hygiene and medical fitness check-up.

While priorities varied by region, the findings highlight common areas for enhancement in healthcare provision across Ajman, especially regarding emergency response, financial support, and oral care services.

Table 19: The 41Table Suggested Room for Improvement in Healthcare Service*

Healthcare Services	Ajman City		Manama		Masfout		Emirate of Ajman	
	n	%	n	%	n	%	n	%
Financial aid for treatment	260	24.3%	3	5.7%	2	4.4%	265	22.7%
Basic Dental/ Oral Hygiene	247	23.1%	8	15.1%	5	11.1%	260	22.3%
Ambulance and emergency Services	184	17.2%	25	47.2%	4	8.9%	213	18.3%
Doctors and medical services	180	16.8%	5	9.4%	3	6.7%	188	16.1%
Control of Communicable Diseases	160	15.0%	6	11.3%	1	2.2%	167	14.3%
Provision of Medicines	138	12.9%	10	18.9%	0	0.0%	148	12.7%
Home health care services	129	12.1%	17	32.1%	1	2.2%	147	12.6%

Secondary/ Tertiary Health Care (In the hospital)	93	8.7%	38	71.7%	0	0.0 %	131	11.2%
Environmental Health Field Inspection	110	10.3%	1	1.9%	3	6.7%	114	9.8%
Mobile healthcare	82	7.7%	4	7.5%	2	4.4%	88	7.5%
Cosmetic and plastic surgery centers	56	5.2%	5	9.4%	26	57.8%	87	7.5%
Pre-natal Services	46	4.3%	32	60.4%	1	2.2%	79	6.8%
Family Planning/ Reproductive Health and /wellness services	58	5.4%	9	17.0%	0	0.0%	67	5.7%
Nutritional Assistance	63	5.9%	2	3.8%	0	0.0%	65	5.6%
Vaccination of Infants, Children, and/ or Pregnant Women	62	5.8%	2	3.8%	0	0.0 %	64	5.5%
Medical fitness check-up	45	4.2%	1	1.9%	5	11.1%	51	4.4%
Medical Records including birth/ death records	40	3.7%	3	5.7%	0	0.0%	43	3.7%
Animal Health	30	2.8%	2	3.8%	0	0.0%	32	2.7%

Source: Ajman Statistics Center

*Note: Multiple answers per respondent possible.

Introduction- Introduction

This chapter presents the discussion of results, implications and recommendations for future research. Results from the review of literature, quantitative exploration, are discussed in line with the research questions. Implications of study findings, limitations and recommendations on future studies were discussed.

Discussion

What is the resident's satisfaction level on availed healthcare services?

Study findings show that the overall satisfaction of Emirate of Ajman residents with healthcare services provided by government and private sectors reached 93.7%. The government healthcare sector reported an overall satisfaction rate of 92.0%, while the private healthcare sector reached approximately 95.1%. Six dimensions were used to evaluate residents' satisfaction with healthcare services.

The tangible dimension satisfaction reached 97.3%, with satisfaction rate observed in the private sector compared to the government. This dimension includes two elements: availability of equipment, supplies and medicine, and quality of healthcare facilities. For the government sector, the availability of equipment, supplies, and medicine had the highest influence, whereas for the private sector, the quality of healthcare facilities was the leading element [11].

The responsiveness dimension recorded 90.1% satisfaction. Similar to tangibles, satisfaction was higher in the private sector. Among the seven elements in this dimension, the geographical location of healthcare facilities was the most satisfying factor in the government sector, while access to avail healthcare services was the top-rated element in the private sector.

The reliability dimension showed an overall satisfaction rate of 95.1%, with 93.4% in the government sector and 96.5% in the private sector. All three elements cleanliness and sanitation of

facilities, effectiveness of services, and health improvement after treatment had high satisfaction scores, all above 91.0% in both sectors.

The assurance dimension showed a satisfaction rate of 96.5%, with both sectors exhibiting high satisfaction across all three elements: competence and knowledge of healthcare staff, confidentiality, and safety and security of the healthcare delivery environment.

The empathy dimension had an overall satisfaction rate of 90.1%. The government sector reported slightly higher satisfaction than the private. Most elements under this dimension exceeded 90.0%, except for the cost of healthcare services, which had the lowest satisfaction score in both sectors.

Finally, the quality dimension, which includes quality of services, satisfaction with treatment, and comprehensive care recorded satisfaction levels exceeding 92.2 % in both government and private healthcare sectors.

Implications

A vast number of studies have examined satisfaction with healthcare services, with most researchers focusing on developing theoretical frameworks to assess service delivery and customer satisfaction. However, only a limited number of studies have addressed residents' satisfaction, particularly within the context of public and private healthcare sectors. This represents a significant gap in the literature, which this study seeks to address.

The current study provides empirical evidence on the relationship between healthcare service quality dimensions—such as tangibles, reliability, responsiveness, assurance, and empathy—and residents' satisfaction in the Emirate of Ajman. Unlike general customer satisfaction models, this research contributes to the understanding of how healthcare quality impacts actual residents in a government service context, providing a foundation for evidence-based policy and healthcare reform [12].

Moreover, the findings emphasize the importance of empathy as a consistently influential factor across both sectors, and reliability in the private sector, offering practical insights for healthcare managers and decision-makers to enhance service quality and better align healthcare offerings with residents' expectations.

Theoretical Implications

This study presents a theoretical framework to assess healthcare service quality and its influence on residents' satisfaction. The proposed model for Ajman resident satisfaction is structured around five core dimensions—tangibles, assurance, reliability, responsiveness, and empathy—along with service quality elements to evaluate the relationship between healthcare quality and residents' satisfaction.

A comprehensive approach was adopted, using households as the primary unit of data collection on satisfaction across multiple healthcare services in the Emirate of Ajman. This method enabled the linkage of satisfaction levels across more than one availed service, allowing deeper analysis of patterns and clusters within service use.

Although this approach demands greater effort in terms of design, implementation, and quality control, the value it adds by capturing multi-dimensional service experiences outweighs the complexity. Compared to vertical models that assess each service in isolation, the integrated household-based model offers a more holistic understanding of satisfaction.

This model can serve as a reference for future research on healthcare service quality and satisfaction, both in Ajman and across other emirates. Other regions may replicate this model to monitor and improve residents' satisfaction levels based on locally delivered healthcare services.

Practical Implications

Healthcare services encompass a broad spectrum of needs. This study provides valuable insights to the local government of Ajman, enabling a better understanding of residents' perspectives regarding the current quality of healthcare services. By analyzing various factors influencing service delivery and their impact on residents' satisfaction, the findings serve as a guide for healthcare providers to deliver more effective, equitable, and resident-centered services [13]. Every resident is entitled to equal access to quality healthcare.

In recent years, global attention has primarily focused on combating non-communicable diseases such as cardiovascular conditions, cancer, diabetes, and others.

Simion (2017) emphasized that healthcare systems significantly influence a nation's economic growth through factors like GDP and life expectancy. The pandemic highlighted the fragility of healthcare infrastructures in many regions, leading to lockdowns, the closure of educational institutions and businesses, and disrupted services across sectors such as tourism, transportation, and education. This chain reaction illustrated how essential a strong healthcare system is for national stability.

The crisis also underscored the urgent need for resilient healthcare systems supported by adequate infrastructure, equipment,

medication, and human resources. Countries around the world faced shortages and urgently required assistance. The experience has taught that healthcare is not only a social service but a national strategic priority.

Improving healthcare systems today will have long-lasting effects across all sectors. Investing in innovation, infrastructure, and human capacity will strengthen the healthcare sector's ability to meet future demands and contribute to building a healthy, resilient society. A well-developed healthcare system enhances public trust, supports national productivity, and ensures preparedness for future crises.

Healthcare remains a fundamental and primary need for every society.

Recommendations, Limitation and Future Research

This study primarily focused on evaluating residents' satisfaction with healthcare services in the Emirate of Ajman. While most existing research emphasizes hospital-based or patient-level satisfaction, few studies consider community-wide resident satisfaction. The model employed in this study to assess satisfaction with healthcare services in Ajman proved to be effective for both government and private healthcare sectors. Therefore, the model may serve as a valuable framework for other local governments seeking to understand and monitor residents' satisfaction levels with healthcare services in their respective jurisdictions.

A comprehensive dataset was collected in this study, warranting further analysis—especially with regard to variations in satisfaction based on respondent characteristics. Deeper insight could be gained by examining specific segments of the population who expressed either satisfaction or dissatisfaction across the different service dimensions.

The current analysis grouped all respondents together, including both UAE nationals and non-UAE nationals. However, analyzing these groups separately in future studies could offer a more nuanced understanding of the diverse healthcare needs of Ajman's population. Furthermore, the study included only those who had availed healthcare services. Future research should also explore the challenges faced by residents in accessing services, as well as how socio-demographic factors relate to satisfaction outcomes [14].

Given the importance of healthcare as a basic human need and the ongoing evolution of healthcare expectations, continuous updates to healthcare service provisions are vital to meet emerging community needs. Based on the study findings, the following recommendations are made:

1. A study should be conducted to evaluate the effectiveness of telehealth care services in delivering appropriate treatment while ensuring diagnostic and prescription accuracy.
2. The local government, in collaboration with the Ministry of Health and Prevention (MOHAP), may consider establishing specialized facilities for patients with communicable diseases. This will help contain the spread of infections and ensure dedicated care for chronic and vulnerable patients.
3. The cost of healthcare services was found to be a point of dissatisfaction, especially in the private sector. Although services under MOHAP are generally more affordable,

oversight from a dedicated authority is essential to monitor cost-effectiveness and enhance transparency.

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Appendix A

HEALTH CARE SATISFACTION SURVEY

Based on the leaders of Ajman's commitment to improving performance in line with the goals of Ajman Vision 2030, the needs and expectations of various community segments are identified, and the results are translated into action plans and programs that respond to those needs and reflect future aspirations. This survey has been designed and developed to gauge the impressions and satisfaction levels of the emirate's community through their experiences and benefits from the public services provided in the emirate, enhancing inclusivity and ensuring the participation of all individuals in the decision-making process

Data confidentiality is guaranteed by Emiri Decree No. (6) of 2017 and is only used for statistical purposes

White: Optional question, red: Empty entry OR Non-normative entry. Green: Normative entry

Save button appears automatically if questions are highlighted in white or green

English العربية

Part 1: Benefiting from Health Care Services

Thinking of the past 12 months, have you or any of your family member used any of the health care services twice at least?

yes No

Was it in Ajman?

yes No

Select the reasons why you have selected ajman health care services: (Multiple Choice)
(Multiple choice allowed)

Location of the health care facilities Competence of the health care practitioner Health care service cost

Health care resources availability Information confidentiality Sterilization and hygiene of health care facilities

Rapid response to emergencies Safe environment for healthcare Rapid and effective response to complaints

Easy access to health care services Ease of choosing a physician Medical insurance network coverage Overall quality

In the future, select any of the list that may influence your decision to avail health care service in the emirate of Ajman: (Multiple Choice)
(Multiple choice allowed)

Location of the health care facilities Competence of the health care practitioner Health care service cost
 Health care resources availability Information confidentiality Sterilization and hygiene of health care facilities
 Rapid response to emergencies Safe environment for healthcare Rapid and effective response to complaints
 Easy access to health care services Ease of choosing a physician Medical insurance network coverage Overall quality
 Others

Choose the reasons for not benefiting from government healthcare services:
(Multiple choice allowed)

Location of the health care facilities Competence of the health care practitioner Health care service cost
 Lack of modern equipment and devices Lack of availability of a specialist doctor Others

Choose the reasons for not benefiting from private healthcare services:
(Multiple choice allowed)

Location of the health care facilities Competence of the health care practitioner Health care service cost
 Lack of modern equipment and devices Lack of availability of a specialist doctor Others

Part 3: Awareness of Government Health Care Services

Government sector: HEALTH CARE SATISFACTION SURVEY - PART 3: HEALTH SERVICES AWARENESS AND AVAILMENT

(Government) Vaccination of Infants, Children, and/ or Pregnant Women

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Pre-natal Services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Family Planning/ Reproductive Health and /wellness services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Provision of Medicines

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Control of Communicable Diseases

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Basic Dental/ Oral Hygiene

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Secondary/ Tertiary Health Care

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Government) Medical Records including birth/ death records

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

Part 2: Use of Health Care Services

Have you used healthcare services in the governmental sector?

Yes No

Have you used healthcare services in the private sector?

Yes No

(Government) Ambulance and emergency Services
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Nutritional Assistance
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Environmental Health Field Inspection
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Animal Health
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Cosmetic and plastic surgery centers
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Mobile healthcare
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Home health care services
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Doctors and medical services
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Financial aid for treatment
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
(Government) Medical fitness check-up
<input type="radio"/> Aware of it and availed from it <input type="radio"/> Aware of it and not availed from it <input type="radio"/> I am not Aware of it
Part 4: Satisfaction with Government Health Care Services
Government sector
TANGIBLES
(Government) Availability of equipment , supplies and medicine
<input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply
(Government) Quality of healthcare facilities
<input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply
RELIABILITY
(Government) Cleanliness and sanitation of healthcare facilities
<input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply
(Government) Effectiveness of the healthcare services provided
<input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply
(Government) Improved health after treatment
<input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply

RESPONSIVENESS						
(Government) Geographical location of healthcare facilities <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Access to all healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Access to emergency and ambulance facilities <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Access to choose a health practitioner <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Response time to emergency cases <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Response time with regards to financial healthcare assistance <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Response time to rectify complaints <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
ASSURANCE						
(Government) Competence and knowledge of healthcare staff <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Handling Confidential Information <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Safety and security of the service delivery environment <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
EMPATHY						
(Government) Working hours <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Access of the healthcare services Information <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Cost of healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Information dissemination about the healthcare programs <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Appropriateness of health condition by medical care providers <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
SERVICE QUALITY						
(Government) Quality of healthcare services provided <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Satisfaction with recent treatment received <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Comprehensive care proved by the medical staff as a patient/customer <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
OVERALL PERCEPTION						
(Government) Satisfaction with healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Government) Satisfaction with healthcare system in general <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						

Part III: Awareness of Private Health Care Services

Private sector: HEALTH CARE SATISFACTION SURVEY - PART 3: HEALTH SERVICES AWARENESS AND AVAILMENT

(Private) Vaccination of Infants, Children, and/ or Pregnant Women

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Pre-natal Services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Family Planning/ Reproductive Health and /wellness services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Provision of Medicines

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Control of Communicable Diseases

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Basic Dental/ Oral Hygiene

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Secondary/ Tertiary Health Care

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Medical Records including birth/ death records

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Ambulance and emergency Services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Nutritional Assistance

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Environmental Health Field Inspection

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Animal Health

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Cosmetic and plastic surgery centers

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Mobile healthcare

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Home health care services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Doctors and medical services

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Financial aid for treatment

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

(Private) Medical fitness check-up

Aware of it and availed from it Aware of it and not availed from it I am not Aware of it

Part 4: Satisfaction with Private Health Care Services

Private sector

TANGIBLES

(Private) Availability of equipment , supplies and medicine

very satisfied Satisfied neutral not satisfied Not satisfied at all do not apply

(Private) Quality of healthcare facilities

very satisfied Satisfied neutral not satisfied Not satisfied at all do not apply

RELIABILITY

(Private) Cleanliness and sanitation of healthcare facilities

very satisfied Satisfied neutral not satisfied Not satisfied at all do not apply

(Private) Effectiveness of the healthcare services provided

very satisfied Satisfied neutral not satisfied Not satisfied at all do not apply

(Private) Improved health after treatment

very satisfied Satisfied neutral not satisfied Not satisfied at all do not apply

RESPONSIVENESS						
(Private) Geographical location of healthcare facilities <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Access to avail healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Access to emergency and ambulance facilities <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Access to choose a health practitioner <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Response time to emergency cases <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Response time with regards to financial healthcare assistance <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Response time to rectify complaints <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
ASSURANCE						
(Private) Competence and knowledge of healthcare staff <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Handling Confidential Information <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Safety and security of the service delivery environment <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
EMPATHY						
(Private) Working hours <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Access of the healthcare services information <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Cost of healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Information dissemination about the healthcare programs <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Appropriateness of health condition by medical care providers <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
SERVICE QUALITY						
(Private) Quality of healthcare services provided <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Satisfaction with recent treatment received <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Comprehensive care proved by the medical staff as a patient/customer <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
OVERALL PERCEPTION						
(Private) Satisfaction with healthcare services <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						
(Private) Satisfaction with healthcare system in general <input type="radio"/> very satisfied <input type="radio"/> Satisfied <input type="radio"/> neutral <input type="radio"/> not satisfied <input type="radio"/> Not satisfied at all <input type="radio"/> do not apply						

PART 5: SUGGESTION FOR IMPROVEMENT

Which health care services do you think exceeds your expectation?

(Multiple choice allowed)

Vaccination of Infants, Children, and/ or Pregnant Women Pre-natal Services

Family Planning/ Reproductive Health and /wellness services Provision of Medicines Control of Communicable Diseases

Basic Dental/ Oral Hygiene Secondary/ Tertiary Health Care Medical Records including birth/ death records

Ambulance and emergency Services Nutritional Assistance Environmental Health Field Inspection Animal Health

Cosmetic and plastic surgery centers Mobile healthcare Home health care services Doctors and medical services

Financial aid for treatment Medical fitness check-up

Notes

Which health care services do you think needs Improvement? And why?

(Multiple choice allowed)

Vaccination of Infants, Children, and/ or Pregnant Women Pre-natal Services

Family Planning/ Reproductive Health and /wellness services Provision of Medicines Control of Communicable Diseases

Basic Dental/ Oral Hygiene Secondary/ Tertiary Health Care Medical Records including birth/ death records

Ambulance and emergency Services Nutritional Assistance Environmental Health Field Inspection Animal Health

Cosmetic and plastic surgery centers Mobile healthcare Home health care services Doctors and medical services

Financial aid for treatment Medical fitness check-up

Notes

Final

Which health care services do you think should be available in the Emirate of Ajman?

Which health care services do you think should be available in the Emirate of Ajman?