

# Health Services and their Relationship to Social Adaptation among Patients: a descriptive study among sample of patients at Al Noor Specialized Hospital in Makkah

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## Abstract

This study aimed to explore the relationship between health services and social adaptation among patients at Al Noor Specialized Hospital in Makkah. It also sought to examine the role of social workers in helping patients achieve better adaptation, as well as to identify the awareness and educational programs provided for individuals with chronic illnesses. The study adopted the social survey method and was conducted on a purposive non-probability sample consisting of 101 patients receiving services at the hospital. The main data collection tool used was a questionnaire, and data were analyzed using the SPSS statistical software.

The findings revealed several important results. Most notably, participants agreed that the hospital provides health services that are linked to social adaptation, with a mean score of 2.35. One of the most significant services identified was the hospital's attention to patient feedback and inquiries. The study also showed agreement among participants regarding the active role of social workers in enhancing social adaptation

among patients, with a mean score of 2.57. Among the key roles identified was the ability of social workers to reduce feelings of fear, pain, and anxiety experienced by patients. Furthermore, participants agreed on the presence of awareness and educational programs for individuals suffering from chronic illnesses, with a mean score of 2.52. One of the main aspects highlighted was the hospital's efforts in providing information about the complications of chronic diseases.

The study recommended the need to train social workers and hospital staff to recognize signs of poor social adaptation among patients and to develop appropriate guidance programs to address these challenges.

**Keywords:** Health services, Social adaptation, Patients.

## 1. Introduction

The health services sector is one of the most vital and essential sectors, as it provides care to all individuals regardless of their social levels or categories. Governments strive to offer comprehensive health services not only to internal hospital staff—such as medical, nursing, and service personnel—but also to external users, including outpatients and inpatients.

In the Kingdom of Saudi Arabia, health services receive significant attention from the state, reflected in the large financial allocations and substantial budgets dedicated to developing health centers. This transition moves these centers away from their traditional role as basic medical institutions—operating with limited services, lacking rigorous oversight, follow-up, or clear development plans—to becoming modern healthcare institutions based on strategic vision, clear standards, and structured plans characterized by high-quality service (Abdulrazzaq, 2020, p. 433).

Due to this growing state interest, the healthcare sector in Saudi Arabia has undergone several social transformations, which require adaptation by both service providers and recipients. One of the most important elements of this adaptation is the

integration of quality concepts, aimed at enhancing healthcare institutions' ability to meet the needs of their patients (Madallah, 2019, p. 2).

As a result, achieving patient satisfaction and ensuring their social adaptation has become an essential component of the strategic plans of modern healthcare institutions. Understanding the extent to which patients are socially adapting to the services provided allows these institutions to improve their performance and identify gaps or deviations from the expected level of service quality (Ramzi & Urwah, 2020, p. 858).

### 1.1. Research Problem:

The need to improve health services has become increasingly apparent due to major developments in the field of healthcare, treatment, and medical services. This need is further driven by rising demand, the complexity of the health service system, and the competitiveness of private hospitals that aim to offer high-quality care. Consequently, public hospitals are now under pressure from patients who no longer accept substandard or merely acceptable levels of care (Darah, Gharib & Salem, 2018, p. 335).

A review of previous literature shows that many studies have examined health services in relation to different variables. For instance, the study by Bahr and Aljadi (2019) explored the impact of healthcare quality on patient satisfaction in private hospitals, emphasizing the importance of comprehensive care that includes psychological, adaptive, and physical aspects (Yousef & Bilal, 2019).

Additionally, the study by Rogers (2021) highlighted the impact of the COVID-19 pandemic on the flexibility of healthcare systems worldwide. The study recommended building a new framework for organizing health and social services post-pandemic, strengthening the core components of resilient healthcare systems, and enhancing their capacity to function under pressure. It also emphasized the

importance of combating misinformation, strengthening collaboration among professionals, promoting community health workers and informal care, and focusing more on mental health and social adaptation (Rogers, 2021).

In light of these findings, the current research problem has emerged: improving health services is not only a necessity but becomes increasingly crucial as patients adapt to these services and as institutions aim to meet their full needs and expectations. This places a significant burden on healthcare institutions to improve their performance in terms of efficiency and effectiveness in achieving social adaptation among patients.

This aligns with the broad and rapid developments across various sectors in the Kingdom of Saudi Arabia as part of Saudi Vision 2030, where the level of health services is considered a key development indicator. The failure to provide adequate healthcare can hinder overall development efforts. Therefore, more studies and performance indicators are needed to assess service levels and improve delivery. Enhancing service quality and social adaptation is of great importance to the government and the Ministry of Health in Saudi Arabia.

### 1.2. Research Questions:

1. What are the health services provided to patients that are related to social adaptation?
2. What is the role of social workers in achieving social adaptation among patients?
3. What awareness and educational programs are offered to individuals with chronic illnesses?
4. Are there statistically significant differences in the responses of the study sample regarding the relationship between health services and social adaptation?

### 1.3. Significance of the Study:

#### 1.3.1. Scientific Significance:

1. The importance of this study lies in its focus on a vital topic: health services provided to patients and their relationship with social adaptation.
2. The study may serve as a scientific reference for future researchers working in this field.
3. It represents an initial step encouraging more research, as one of the first studies aiming to explore the relationship between health services and social adaptation within the Saudi context.

#### 1.3.2. Practical Significance:

1. The study aligns with national priorities, particularly those of the Makkah region and Saudi Vision 2030, which seek to transform the healthcare sector into a more integrated, efficient, and comprehensive system. Therefore, it offers indicators on the level of health services provided by Al Noor Specialized Hospital in Makkah.
2. The results may assist decision-makers and administrators in addressing healthcare-related challenges by improving service quality and effectiveness, and by promoting social adaptation among patients, which plays a crucial role in recovery and overall well-being.
3. The study sheds light on patients' perspectives, which can be used to develop and enhance health services, leverage strengths, and address weaknesses from the perspective of service providers.

### 1.4. Objectives of the Study:

The main objective of this study is to identify the relationship between health services and social adaptation among patients.

From this main objective, the following sub-objectives are derived:

1. To identify the health services provided to patients that are related to social adaptation.
2. To explore the role of social workers in achieving social adaptation among patients.
3. To examine the awareness and educational programs offered to individuals with chronic diseases.
4. To determine if there are statistically significant differences among the participants' responses regarding the relationship between health services and social adaptation.

### 1.5. Study Terminology:

#### a. Social Adaptation:

The concept of *social adaptation* refers to "submission to the demands, restrictions, and norms of society, including the ability to live and work harmoniously with others and engage in satisfying interactions and relationships" (Sherman et al., 2022). Social adaptation is also described as "the individual's adjustment to changes in social institutions such as the family, school, and work or production environments, where the individual modifies his behavior to integrate with others, especially by following traditions and necessary submission to the group" (Hussein, 2019, p. 13). Sociologists define social adaptation as "a process through which individuals seek to maintain harmony, stability, and sound relationships with their new environments. Through this process, the individual alters desires and responses to align with the demands of the new environment" (Allen, 2009).

**Operationally**, the researcher defines *social adaptation* as the score that a respondent obtains on the social adaptation scale, including their ability to build social relationships with family, peers, and the community.

#### **b. Health Services:**

*Health services* are "a set of preventive services and procedures provided by healthcare systems and affiliated institutions to all members of society in general, aiming to improve the public health level, prevent the spread of diseases, and continuously upgrade and maintain public health services" (Yousef & Bilal, 2019, p. 5).

They are also defined as "a group of preventive services which, if applied, can protect individuals from many diseases. These include proper nutrition, regular comprehensive check-ups, prevention of infectious diseases, safety, first aid, and bodily care for healthy individuals, in addition to providing assistive devices for individuals with disabilities and therapeutic services" (Wasan, 2016, p. 135). Furthermore, health services are defined as "all services aimed at promoting, maintaining, and restoring health, managed and delivered in a way that ensures health promotion, disease prevention, diagnosis, treatment, and rehabilitation. These services are coordinated across different levels and settings of care both within and beyond the healthcare sector, tailored to the needs of people throughout their lives" (World Health Organization, 2016, p. 2).

**Operationally**, the researcher defines *health services* as the score that a respondent obtains on the health services questionnaire.

#### **c. Patients:**

*Patients* are individuals who suffer from a functional disorder in their bodies that may last for a short or long period but eventually ends in full recovery, death, or

stabilizes in a way that prepares the body to adapt to new conditions (Rehab, 2014, p. 175).

They are also defined as individuals who receive medical care and treatment for specific illnesses and require medical intervention (Amarah, 2021, p. D). **Operationally**, the researcher defines *patients* as individuals receiving health services at Al Noor Specialized Hospital in Makkah.

## 2. Previous Studies and Theoretical Framework

### 2.1. Previous Studies:

#### 2.1.1. Local Studies:

1. Shahin and Al-Otaibi (2021) – "*Quality of Life among Saudis in Light of Some Demographic Variables during the COVID-19 Crisis*"  
This study aimed to assess the level of different dimensions of quality of life (physical health, psychological health, social relationships, and environment) among a sample of Saudi individuals during the COVID-19 pandemic. It also aimed to identify differences in quality of life based on variables such as gender, educational level, monthly income, overall health status, presence of chronic conditions, and region of residence.

The total sample consisted of 1,532 individuals (786 males and 746 females). The study utilized a descriptive analytical method.

Findings revealed that Saudi individuals generally enjoyed high levels of quality of life across most dimensions. Statistically significant differences were found in the physical and psychological health dimensions in favor of males, while no significant differences appeared in the social and environmental dimensions between genders. The study also found no significant differences in most quality of life dimensions based on educational level, except for the environment. Significant differences were identified in all dimensions except social

relationships based on monthly income, and significant differences in all dimensions except environment between healthy individuals and patients, favoring the healthy.

2. Al-Qahtani (2019) – *"Beneficiaries' Satisfaction with the Quality of Health Services in Primary Healthcare Centers: A Field Study in Riyadh City"*  
This study aimed to identify the level of satisfaction among beneficiaries regarding the quality of services provided at primary healthcare centers. It also aimed to explore the challenges beneficiaries face in accessing healthcare services and to gather their suggestions for improving service quality.

The study followed a descriptive analytical approach and used a questionnaire as the primary data collection tool from a sample of 30 beneficiaries. The findings showed that the sample participants were generally satisfied with the quality of services provided. The highest satisfaction scores were related to ease of access to the healthcare center, simplicity of opening a medical file, and staff interactions at the center.

The study also highlighted some of the main challenges, such as an insufficient number of doctors to serve all cases and a shortage of medical staff at the center. As for improvement, participants recommended recruiting more skilled and experienced medical personnel and increasing health awareness and education activities.

### 2.1.2. Arab Studies:

1. Jibril, Wael (2020) – *"Quality of Health Services in Libya During the COVID-19 Pandemic"*  
This study aimed to assess the quality of health services in Libya during the COVID-19 pandemic and to explore differences in perceived service quality based on gender, age, educational level, type of healthcare facility, and region. A

descriptive-analytical design was employed using a researcher-designed questionnaire. The sample included 362 participants—users of social media and visitors to healthcare facilities during the pandemic. The results showed that the quality of health services was rated as average. Significant differences in perceived quality were observed based on region, educational level, and type of health facility, but not based on gender or age. The study recommended enhancing and improving health service quality in Libya.

2. Bahr, Yousef & Al-Jaddi, Bilal (2019) – "Effect of Health Service Quality on Patient Satisfaction in Private Hospitals in Gaza Governorates" This study highlighted the impact of perceived health service quality on patient satisfaction in private hospitals across Gaza. The population included all patients receiving care in these hospitals, and a stratified random sample was used. The descriptive-analytical method with a questionnaire was applied for data collection. Results demonstrated a relationship between dimensions of perceived service quality and the required performance level. Although the strength of this relationship varied across dimensions, overall effects were positive across all indicators. There was also evidence of awareness and commitment among senior management and staff to achieve quality through patient satisfaction. The study recommended consolidating the concept of comprehensive care that ensures both psychological and physical treatment for the patient.

### 3.1.2. International Studies:

1. Moynihan, et al. (2021) – "Impact of COVID-19 Pandemic on Utilisation of Healthcare Services: A Systematic Review"

This systematic review examined the nature and extent of changes in health service utilization during the COVID-19 pandemic. Literature from 3,097 studies was reviewed, comparing usage during the pandemic with at least one equivalent period in previous years. The analysis covered outpatient visits, admissions,

diagnostics, and treatments. The findings showed a one-third reduction in health service utilization: outpatient visits dropped by 37%, diagnostics by 31%, and treatments by 30%. The study concluded that unmet healthcare needs during the pandemic must be addressed, and that recovery-phase services deserve attention.

2. Torkian et al. (2020) – "Social Support and Adjustment During the COVID-19 Epidemic: A Community-Based Study in Iran"

This cross-sectional national study conducted between April and May 2020 involved 1,145 participants in Iran. It measured social adaptation and social support using questionnaires. Results revealed moderate levels of both social support and adaptation. Differences in social adaptation were observed according to educational level, gender, and economic status. The study recommended offering guidance programs to support individuals' social adaptation during crises.

#### 4.1.2. Commentary on Previous Studies:

The reviewed studies all addressed the quality of health services, social adaptation, and social support during the COVID-19 pandemic. For example, Shahin & Al-Otaibi (2021) examined quality-of-life dimensions (physical health, mental health, social relationships, environment) among Saudis during COVID-19, aligning with Moynihan et al. (2021). Similarly, Jibril (2020) focused on health service quality during the pandemic. Al-Qahtani (2019) assessed patient satisfaction in primary care, aligned with Bahr & Al-Jaddi (2019), who explored perceived service quality's effect on patient satisfaction. Torkian et al. (2020) studied social adaptation and social support amid COVID-19.

The current study differs in that it explores the level of health services and their relationship with social adaptation among patients. It also investigates the level of

social adaptation among service recipients at Al Noor Specialized Hospital in Makkah during the academic year 2022.

## 2.2. Theoretical Framework Guiding the Study:

Theory plays a key role in social studies by helping to explain complex social realities and predict social changes at the individual, family, institutional, or societal levels (Ali Hussein, Helmy et al., 2013, p. 22). To interpret the results of this study, the researcher chose the **social role theory**, taking into account the research problem and objectives.

### Social Role Theory:

This theory holds an important place in social sciences. The concept of *role* is foundational in social psychology and has expanded into associated concepts such as status, position, class, and social identity. The theory is especially relevant in **social work** and understanding individual interaction with social environments, including small groups, socialization, role requirements, and responsibilities according to cultural norms and how individuals adhere to them or fail (Suleiman, 2012, pp. 23–26; Fayez, 2020, p. 19).

Historically, the term *role* evolved from a reference to a rolled paper to its theatrical usage, and later expanded in meaning to encompass **social function or profession**. Its meaning shifted from subjective to objective and from psychological to sociological, transitioning from philosophical concepts to scientific applications (Mutasam Al-Dalaa'een, 2012, p. 33). Social role is defined as the set of actions and duties expected by society from individuals in certain social statuses or positions (Fayez, 2020, p. 19).

This theory focuses on understanding human behavior in light of interactions among the individual, the environment, and culture (Suleiman, 2012, p. 24). According to the researcher, the social role theory offers important criteria related to social

adaptation. However, formal role definitions may not always lead to adaptation; individuals often adjust their behaviors or redefine their responsibilities to achieve functional alignment with social expectations. This leads to behavioral differences even among individuals occupying similar roles.

### **Application of the Theory in This Study:**

- Identifying which **health services** relate to social adaptation from the perspective of patients, based on the role healthcare institutions play.
- Exploring how the **social worker's role** influences social adaptation among patients through the knowledge-based services they provide as part of their professional function.

## **3. Theoretical Framework**

### **First Axis: Health Services:**

#### **• Concept of Health Services:**

The term *service* has been defined by several researchers. Before delving into these definitions, we present the definition of *service* as follows:

A service is "any activity, achievement, or benefit provided by one party to another, which is essentially intangible and does not result in any intellectual property, and its production or delivery may or may not be tied to a tangible product" (Amarah, 2021, p. 863).

Another definition states that service is "activities or benefits offered for sale or associated with a particular product" (Bashir & Hamid, 2007, p. 32).

Services are also described as "economic activities delivered from one party to another, usually without transfer of goods, creating value through renting or using tangible goods, labor, professional competencies, equipment or infrastructure,

networks or systems—individually or collectively; meaning that activities, benefits, and satisfaction are sold or accompany tangible goods" (Lovelock et al., 2008).

Health services specifically are defined as "treatment provided to patients—whether diagnostic, advisory, or medical intervention—those results in satisfaction or acceptance by patients and ultimately improves their health condition" (Yasser, 2005, p. 168).

Another description defines health service as "all activities and processes that achieve satisfaction and acceptance by the beneficiary (the patient) in exchange for payment, without any errors in their delivery" (Ahlam, 2014, p. 17).

A different definition states it is "a set of intangible activities offered to patients aimed at reducing psychological, physical, and social fatigue, along with tangible services like medication and food" (Ahlam, 2014, p. 17).

Furthermore, it is defined as "all services provided by the health sector at a national level, whether therapeutic services directed at individuals or preventive services aimed at the community and environment, or productive services like the production of medicines, medical devices, assistive equipment, aimed at improving citizens' health and protecting them from infectious diseases" (Mohammad, 1983, p. 23). Finally, health service can be described as "activities and benefits offered by hospitals to clients in exchange for a nominal fee, fulfilling their needs and desires" (Hajar, 2021, p. 4).

#### • Characteristics of Health Services:

Health services exhibit several key characteristics:

1. **Intangibility:** Services are non-physical; patients cannot see or touch the service. They often evaluate the service only after receiving it, based on the care experience over time (Ahlam, 2014, pp. 17–18).

2. **Inseparability:** Production and consumption occur simultaneously; the recipient is typically present during delivery (Saad Abbas, 2022, p. 108).
3. **Heterogeneity:** Quality may vary since it depends on the provider's skill, behavior, time and place of delivery, and the recipient's interaction (Othman Youssef, 2008, p. 101).
4. **Perishability:** Health services cannot be stored; unused capacity is lost, especially when demand fluctuates (Saad Abbas, 2022, p. 109).
5. **No Transfer of Ownership:** The service is consumed without being owned—patients pay for the benefit, not ownership (Saad Abbas, 2022, p. 110).

• **Types of Health Services:**

Health services are categorized based on nature (Mustafa, 2021, p. 32):

1. **Examinations and Consultations:** Laboratory tests and medical consultations facilitate interaction between service seekers and providers.
2. **Clinical Services:** Inpatient care—including diagnosis, nursing, and facility support services—also includes family interaction spaces.
3. **Technical Infrastructure:** Technological tools used for diagnostics and treatment.
4. **Support Services:** Maintenance, transport, and facility support services, sometimes provided externally.
5. **Administrative Services:** Include planning, supervision, and departments like finance, personnel, and inventory.

Other classifications include (Farid, 2007, p.55): medical, semi-medical, pharmaceutical, surgical, prosthetics, primary and secondary preventive, and environmental services.

Another distinction is based on orientation (Khulaifa, 2020, pp. 89–91):

1. **Personal Health Services:** Directly related to individual care, including preventive, therapeutic, and rehabilitative care—such as external outpatient clinics, inpatient treatment, and long-term care (often for chronic illnesses or disabilities like psychiatric care or convalescent care).
2. **Public Health Services:** Concerned with community health, including disease prevention, health education, environmental monitoring, maternal and child care, vaccinations, public lab tests, and regulatory policies to ensure citizens' well-being.

### **Second Axis: Social Adaptation:**

Definitions of *social adaptation* relevant to this study include:

Social adaptation is "a harmonious relationship between individuals and the conditions, situations, and people living in a natural and social environment, to learn necessary behavior patterns or adjust prevailing habits to align with society" (Magda, 2010, p. 393).

It is also defined as "the individual's ability to build a harmonious relationship with the environment, satisfying personal needs while meeting societal needs without contradiction."

Another definition states: "the individual's capacity to adopt behavior that aligns with societal norms, achieving self-satisfaction and acceptance by others" (Mustafa, 1979, p. 25).

Also defined as: "unifying perspectives, opinions, and ideas within the community to achieve mutual understanding regarding new social situations, leading to compatible social behaviors shaped to fit the new context" (Iman Abbas, 2016, p. 339).

It can also be defined as "the series of behavioral changes and adjustments necessary

to satisfy social needs, meet society's demands, and establish harmonious relationships with the environment" (Iman Abbas, 2016, p. 339).

### **Dimensions of Social Adaptation:**

Social adaptation has several core dimensions that can be summarized as follows:

#### **1. Behavioral Dimension**

Often referred to as the *personal dimension*, it relates to the individual's behavior and the resulting personal experiences such as motives, needs, emotions, and feelings. These reflect in the person's sense of satisfaction with themselves, self-confidence, and freedom from psychological conflicts like guilt, anxiety, inferiority, or self-pity. A socially adapted person is generally able to satisfy their inner drives in a way that is personally fulfilling and socially acceptable (Izzat, 2016, p. 339).

The presence of emotional conflict is considered one of the first signs of maladjustment. These conflicts often appear in forms such as internal psychological tension, contradictions in thought—such as between values and desires, honesty versus illicit gain—or in the struggle to prove oneself when there's a gap between abilities and aspirations. These conditions often deprive the individual of stability and security, leading to frustration, fear, and anxiety, which all signal a lack of adaptation (Abdel-Aati, 2015, p. 8).

#### **2. Social (External) Dimension**

This includes all the surrounding ecological conditions—such as climate, geography, roads, public spaces, buildings, clothing, food, and the modern technological services that contribute to a person's wellbeing and ability to maintain a stable life. These factors increase one's ability to socially adjust and succeed in achieving social progress without harming others (Izzat, 2016, p. 339).

### 3. Environmental Dimension

This refers to the living conditions within society that have a strong impact on shaping individuals. These include family circumstances, school environment, customs, traditions, societal values, laws, and beliefs. The surrounding environment greatly influences one's ability to achieve social adaptation (Izzat, 2016, p. 339).

### 4. Cognitive Dimension

This includes social habits, values, attitudes, common sayings, and social norms that help unify the goals of the community. The cognitive dimension is essentially a result of an individual's interactions and experiences within their social environment, as well as through learning, imitation, and the internalization of their surroundings (Fahmy, 1979, p. 24).

### 5. Humanistic Dimension

This is reflected in interpersonal and group communication, leadership style, and whether the leader's approach is based on genuine human relations or rooted in control, coercion, frustration, or manipulation. The foundation of leadership plays a crucial role in the quality of human interaction within the group (Fahmy, 1979, p. 24).

### Indicators of Social Adaptation:

Social adaptation is often reflected through several observable traits that indicate an individual's level of social maturity. Key indicators include:

#### 1. Psychological Comfort

There's no doubt that psychological disorders—such as anxiety, depression, frustration, or headaches—are signs of maladjustment. A socially adjusted person is characterized by their ability to remain composed in challenging situations that

could otherwise disrupt their sense of stability. When a person experiences psychological comfort, it can be seen as a sign of social adaptation. However, this doesn't mean the person doesn't face any life challenges. A psychologically healthy individual is one who can overcome daily difficulties in a way that is satisfying to themselves and acceptable to those around them (Mohammed, 2011, p. 73).

## 2. Work Competence

The ability to work, produce, and achieve is a clear indicator of one's adaptation within the workplace. When a person is engaged in a job, they are comfortable with and have the opportunity to utilize their skills and abilities, it leads to satisfaction and fulfillment. To determine if someone is adapted to their work, one can look at their level of productivity and efficiency. High and effective output usually reflects successful adaptation (Adeeb Mohammed, 2009, p. 103).

## 3. Physical Symptoms

There is a known psychosomatic relationship between mind and body. Psychological distress often manifests physically in conditions such as high blood pressure, asthma, or diabetes—many of which are rooted in anxiety or emotional strain. In some cases, physical illness may be the only visible sign of poor social adaptation. Therefore, the absence of psychosomatic complaints is often an indicator of good adjustment (Hussein, 2019, p. 33).

## 4. Realistic Goals

Setting realistic ambitions that align with one's abilities and resources is a significant indicator of social adaptation. A person who sets goals beyond their capacity risks failure and frustration, while someone who sets goals far below their potential may lack drive and self-worth. This imbalance can lead to social

withdrawal and lack of engagement with others, which is a sign of maladjustment (Hussein, 2019, p. 33).

### 5. Self-Control

A well-adjusted individual is capable of controlling their impulses and emotional reactions across various situations. They can manage their desires, redirecting those that seem difficult or impossible to satisfy. The greater their self-control, the less they depend on external regulations. Notably, a person who refuses to conform to unfair societal norms is not necessarily maladjusted, especially if their resistance stems from personal conviction and pursuit of deeper satisfaction (Hussein, 2019, p. 33).

### 6. Social Relationships

Healthy social relationships, including helping others, fulfilling communal duties, and being active in group efforts, are strong indicators of social adjustment. A socially adapted individual enjoys close ties with those around them, engages in cooperative efforts, and is loved by others as much as they express affection themselves. In contrast, isolation and avoidance of others are usually signs of poor adaptation (Hussein, 2019, pp. 33–34).

## 4. Research Methodology and Procedures

### Introduction:

This chapter outlines the methodological procedures of the study, including the type and approach of the research, the study population and sample, the data collection tools, and the steps taken to ensure their validity and reliability. It also explains the data collection process and the statistical methods used to analyze the findings.

### 4.1. Type and Approach of the Study:

This study is categorized as a *descriptive study*. Descriptive research aims to outline the characteristics of a specific phenomenon or a situation with clearly defined

features. It involves collecting, analyzing, and interpreting data to derive meaningful conclusions and recommendations concerning the subject under investigation (Abdel-Basit, 1999, p. 198).

The research utilized the *social survey method*, targeting a sample of beneficiaries (patients) from Al-Noor Specialist Hospital in Makkah. This method is considered one of the core approaches in descriptive research and is effective in providing a large amount of objective data on specific phenomena, incidents, groups, or sectors (health, education, social, etc.).

#### 4.2. Study Population and Sample:

The study population consists of patients—both male and female—who benefit from services at Al-Noor Specialist Hospital in Makkah. Participants were selected intentionally using a *non-random purposive sampling* technique. Data were collected through a questionnaire distributed via Google Forms and WhatsApp to individuals and groups who met the selection criteria. They were also asked to forward the form to others who fit the criteria.

The total sample size reached 101 participants, of which 63.4% were male and 36.6% were female.

#### 4.3. Scope and Boundaries of the Study:

The study's scope was defined as follows:

- **Human Scope:** Patients benefiting from services at Al-Noor Specialist Hospital, totaling 101 individuals.
- **Geographical Scope:** The fieldwork was conducted at Al-Noor Specialist Hospital in Makkah.
- **Time Scope:** Data collection took place over 15 days, from February 22, 2023, to March 8, 2023.

#### 4.4. Study Tools:

This section refers to the instruments used to collect the data relevant to the study. The method of data collection was determined based on the nature of the required information. Accordingly, the appropriate tool was selected in line with the research problem, its type, and its objectives. In this study, a **questionnaire** was used as the primary method of data collection. A questionnaire is a systematic and convincing method designed to elicit factual responses, opinions, or specific views from respondents that align with the study's topic and objectives. This approach allows respondents to provide their answers without interference from the researcher. The researcher opted for the questionnaire method for the following reasons:

- The diversity and range of data targeted by this study.
- The ease of reviewing, categorizing, and analyzing the collected data and applying the required statistical treatments.
- The ability to survey the opinions of the study population effectively.

The questionnaire was divided into two main parts:

- **The first part** includes demographic data of the sample members, covering variables such as gender, age group, educational level, marital status, place of residence, type of housing, and the patient's residency status.
- **The second part** includes three axes (dimensions) of the study tool:
  - The first axis: Healthcare services provided to patients in relation to social adjustment, consisting of nine items.
  - The second axis: The role of social workers in achieving social adjustment among patients, consisting of nine items.
  - The third axis: Awareness and educational programs provided to individuals with chronic diseases, also consisting of nine items.

Responses for the items in these axes were measured using a three-point Likert scale, as shown in the following table:

Table 4-1. Three-point Likert scale

Response Option	Code	Weighted Mean
Do not agree	1	1 to < 1.67
Somewhat agree	2	1.67 to < 2.34
Agree	3	2.34 to 3

This table illustrates the weighted mean values according to the three-point Likert scale (Uebersax, 2007). The weighted means of each item were calculated and compared against the range indicated in the table, and the appropriate response level was then assigned accordingly.

### Validity and Reliability of the Questionnaire:

#### A. Internal consistency validity:

The internal consistency of the study tool was tested using **Pearson's correlation coefficient** between each item and the total score of the axis it belongs to. The results are presented as follows:

Table 4-2. Internal consistency validity of questionnaire items

Item Number	Correlation Coefficient	Item Number	Correlation Coefficient	Item Number	Correlation Coefficient
Healthcare Services Axis		Social Workers' Role Axis		Awareness Programs Axis	
1	.746**	1	.746**	1	.746**
2	.826**	2	.793**	2	.745**
3	.789**	3	.798**	3	.697**
4	.834**	4	.879**	4	.786**
5	.831**	5	.826**	5	.642**
6	.797**	6	.818**	6	.818**
7	.664**	7	.820**	7	.796**
8	.762**	8	.850**	8	.817**
9	.824**	9	.806**	9	.794**

(\*\*) Statistically significant at the level of 0.01

The previous table (4-2) shows the results of the Pearson correlation test to verify the internal consistency validity for each axis in the questionnaire. For the first axis, the correlation coefficients between each item and the overall score ranged from 0.664 to 0.834, which are all positive and statistically significant at the 0.05 level. The second axis had correlation values between 0.746 and 0.879, and the third axis ranged from 0.642 to 0.818 — again, all values were statistically significant and high. This indicates strong internal consistency, confirming that each axis effectively measures what it was designed to assess.

### **B. Reliability of the questionnaire:**

To verify the reliability of the study instrument, **Cronbach's Alpha coefficient** was used, with the results shown below:

Table 4-3. Reliability coefficients using Cronbach's Alpha

Axis	Number of Items	Cronbach's Alpha
Axis 1: Healthcare Services related to Social Adjustment	9	0.922
Axis 2: Role of Social Workers in Achieving Social Adjustment	9	0.936
Axis 3: Awareness and Educational Programs for Chronic Disease Patients	9	0.908
Entire Questionnaire	27	0.954

As shown in Table 4-3, the Cronbach's Alpha value for the first axis is 0.922, for the second axis is 0.936, and for the third axis is 0.908. The overall reliability of the questionnaire is 0.954. All values are high, indicating excellent reliability. This ensures the researcher can confidently depend on participants' responses to the questionnaire, and the resulting data can be trusted to draw valid and actionable conclusions.

### **4.5. Statistical Methods Used in Data Analysis:**

To analyze the collected data, the Statistical Package for the Social Sciences (SPSS) software was used. The following statistical procedures were applied:

1. Pearson's correlation coefficient to assess the internal consistency validity.

2. Cronbach's Alpha to test the reliability of the questionnaire.
3. Frequencies and percentages to describe the study sample based on demographic variables.
4. Arithmetic means and standard deviations to answer the study's research questions.
5. Independent Samples t-test and One-way Analysis of Variance (ANOVA) to examine differences across study axes based on demographic variables.

If you need the next section translated or have additional documents, feel free to send them.

## 5. Study Results and Recommendations

### Introduction:

This chapter presents the analysis of data and discussion of the results derived from the statistical analysis of the information collected through the questionnaire. It addresses the study's objectives and answers its research questions. Additionally, this chapter explores the differences in the participants' responses toward the study tool's dimensions based on demographic variables and concludes with the key findings and recommendations drawn from the study.

### First: Discussion of the Study Results:

#### 1. Description of the Study Sample:

Frequencies and percentages were used to describe the primary demographic characteristics of the sample, as shown in the following tables:

Table 5-1. Sample Description by Gender

Gender	Frequency	Percentage
Male	64	63.4%
Female	37	36.6%
Total	101	100.0%

The descriptive analysis in Table 5-1 shows that the majority of the study participants were male (63.4%), while females constituted 36.6% of the sample.

Table 5-2. Sample Description by Age

Age Group	Frequency	Percentage
Under 25 years	17	16.8%
25 to < 35 years	33	32.7%
35 to < 45 years	34	33.7%
45 to < 55 years	11	10.9%
55 years and above	6	5.9%
Total	101	100.0%

According to Table 5-2, the largest age group represented was 35 to < 45 years (33.7%), followed by the 25 to < 35 years group (32.7%). Participants under 25 years accounted for 16.8%, those aged 45 to < 55 were 10.9%, and only 5.9% were 55 years or older.

Table 5-3. Sample Description by Educational Level

Educational Level	Frequency	Percentage
High school or below	14	13.9%
Post-secondary diploma	12	11.9%
University degree	61	60.4%
Postgraduate studies	14	13.9%
Total	101	100.0%

As shown in Table 5-3, most participants held a university degree (60.4%). Those with a high school education or below, as well as those with postgraduate qualifications, each made up 13.9% of the sample, while 11.9% had a post-secondary diploma.

Table 5-4. Sample Description by Marital Status

Marital Status	Frequency	Percentage
Single	39	38.6%
Married	54	53.5%
Divorced	8	7.9%
Total	101	100.0%

Table 5-4 shows that more than half of the respondents were married (53.5%), 38.6% were single, and 7.9% were divorced.

Table 5-5. Sample Description by Place of Residence

Residence	Frequency	Percentage
Urban	97	96.0%
Rural	4	4.0%
Total	101	100.0%

According to Table 5-5, the vast majority of participants (96.0%) lived in urban areas, with only 4.0% residing in rural areas.

Table 5-6. Sample Description by Housing Type

Housing Type	Frequency	Percentage
Rented	33	32.7%
Owned	61	60.4%
Other	7	6.9%
Total	101	100.0%

Table 5-6 indicates that 60.4% of the sample lived in owned homes, 32.7% in rented properties, and 6.9% in other types of housing.

Table 5-7. Sample Description by Patient Residency Status

Patient Residency	Frequency	Percentage
Outpatient	85	84.2%
Inpatient	16	15.8%
Total	101	100.0%

Based on Table 5-7, the majority of participants (84.2%) were outpatients, while 15.8% were inpatients.

## 2. Responses to the Study's Research Questions:

**First Question: What are the healthcare services provided to patients that contribute to social adjustment?**

To address this question, the items under the first dimension were analyzed by calculating the means and standard deviations of the participants' responses:

Table 5-8. Descriptive Analysis of Responses Related to Healthcare Services Supporting Social Adjustment

No.	Statement	Mean	Std. Deviation	Level	Rank
1	The hospital pays attention to patients' feedback and inquiries	2.50	0.54	Agree	1
2	The hospital provides treatment using modern and motivational methods	2.46	0.62	Agree	2
5	Patients receive full attention in the hospital	2.36	0.67	Agree	3
7	Services are provided at times convenient for patients	2.36	0.70	Agree	4
8	The medical staff treats patients with high courtesy	2.35	0.67	Agree	5
3	The hospital builds friendly social relationships with patients to integrate them into the medical community	2.32	0.68	Neutral	6
9	The hospital ensures that patients' needs are fully met	2.32	0.72	Neutral	7
4	Medical staff dedicate enough time to support patients emotionally	2.25	0.74	Neutral	8
6	The hospital provides comfortable medical facilities	2.22	0.70	Neutral	9
Overall Mean for the Axis	—	2.35	0.67	Agree	—

The statistical analysis in Table 5-8 reveals that the overall mean of responses for this axis was 2.35, which falls within the range (2.34–3.0), corresponding to the level “Agree” on the three-point Likert scale. The overall standard deviation of 0.67 indicates a moderate consistency in responses.

From the ranking of individual items, the most prominent healthcare service identified was the hospital's attention to patient feedback and inquiries (mean = 2.50), followed by providing treatment through modern and motivational methods (mean = 2.46). The third-highest ranked services included full attention to patients (mean = 2.36) and service delivery at convenient times (mean = 2.36).

Further down the list, patients agreed that staff were courteous (mean = 2.35). However, participants were neutral about whether the hospital builds friendly social

relationships or meets all patient needs (both mean = 2.32). The lowest-ranked items were about emotional support and comfort of facilities (means = 2.25 and 2.22, respectively).

These findings indicate that the most valued services contributing to social adjustment include responsiveness to patients, modern treatment approaches, attention to individual needs, timely service delivery, and courteous staff interaction. While emotional support and facility comfort were less positively rated, they remain relevant factors.

These results align with the findings of Bahr & Al-Jadi (2019), who also reported that patient satisfaction is significantly influenced by attention to feedback, interpersonal communication, and efforts to build social connections between hospitals and patients.

Table 5-9. Descriptive Analysis Results of the Participants' Responses Regarding the Role of Social Workers in Achieving Social Adjustment Among Patients

No.	Statements	Mean	Standard Deviation	Level	Rank
1	The social worker helps reduce patients' feelings of fear, pain, and anxiety.	2.65	0.57	Agree	1
2	The social worker assists patients in forming social relationships both inside and outside the hospital.	2.46	0.71	Agree	9
3	The social worker identifies the psychological and social problems that patients face in order to address them through a specific program.	2.56	0.59	Agree	6
4	The social worker helps remove barriers that hinder patients from receiving health services.	2.56	0.62	Agree	7
5	The social worker supports patients in expressing their inner emotions to relieve stress.	2.56	0.61	Agree	5
6	The social worker works on improving the environmental conditions surrounding the patient.	2.50	0.59	Agree	8
7	The social worker provides awareness sessions for patients and their families about the nature of the illness and how to deal with the patient to support their social and psychological readjustment.	2.59	0.59	Agree	4
8	The social worker seeks to correct some of the misconceptions patients may have about their illness.	2.61	0.53	Agree	2
9	The social worker takes into account the patient's psychological conditions.	2.59	0.59	Agree	3
	Overall Mean of the Domain	2.57	0.60	Agree	

Table (5-9) presents the statistical analysis of the items related to the second domain (The Role of Social Workers in Achieving Social Adjustment Among Patients), by calculating the means and standard deviations of the participants' responses. The overall mean of the domain was 2.57, which falls within the range (2.34 – 3.0), indicating a response level of "Agree" based on the three-point Likert scale. The overall standard deviation was 0.60, indicating a moderate level of consistency in responses among the study participants. Therefore, it can be concluded that participants agreed on the significant role of social workers in achieving social adjustment for patients.

Based on the table, with items ranked from highest to lowest mean, the most agreed-upon role was:

- *"The social worker helps reduce patients' feelings of fear, pain, and anxiety"* which ranked first with the highest mean of (2.65).
- Followed by *"The social worker seeks to correct some of the misconceptions patients may have about their illness"*, with a mean of (2.61).
- The third rank included the items *"The social worker takes into account the patient's psychological conditions"* and *"The social worker provides awareness sessions for patients and their families..."*, both with a mean of (2.59).
- Fifth place was shared by three items: *supporting patients in expressing emotions, identifying psychological/social problems, and removing service-related barriers*, all with a mean of (2.56).
- In eighth position came *"Improving the environmental conditions surrounding the patient"* (mean = 2.50), and lastly, in ninth, *"Assisting patients in forming internal and external social relationships"* (mean = 2.46).

The results indicate that the most notable contributions of social workers to social adjustment among patients include reducing emotional distress, correcting misconceptions about illness, considering patients' psychological states, and conducting awareness sessions. These roles are followed by emotional support,

problem identification, removing barriers, environmental improvement, and facilitating social relations.

These findings align with those of the study by Torkian et al. (2020), which highlighted key roles for social workers in enhancing social adjustment—particularly in reducing anxiety, fear, and pain among patients, and in providing awareness sessions about the nature of illness and how to support the patient socially.

Results for Research Question Three: What Educational and Awareness Programs Are Provided for Individuals with Chronic Diseases?

To answer this question, the statements in the third domain were analyzed through means and standard deviations of the participants' responses, as follows:

Table 5-10. Descriptive Analysis Results of the Participants' Responses Regarding Educational and Awareness Programs Provided for Individuals with Chronic Diseases

No.	Statements	Mean	Standard Deviation	Level	Rank
1	The hospital provides an awareness program about the importance of early detection of chronic diseases.	2.50	0.70	Agree	5
2	The hospital educates individuals with chronic diseases on the importance of maintaining a healthy diet.	2.62	0.56	Agree	2
3	The hospital provides information about complications related to chronic diseases.	2.65	0.57	Agree	1
4	The hospital shares information on how to improve patient outcomes and bridge treatment gaps through scientific publications.	2.50	0.66	Agree	6
5	The hospital educates patients on the importance of regular follow-up with physicians.	2.62	0.58	Agree	3
6	The hospital works to change some of the misconceptions that families may hold regarding chronic diseases.	2.56	0.59	Agree	4
7	The hospital utilizes communication networks and the internet to provide awareness programs.	2.45	0.70	Agree	7
8	The hospital provides educational material and advice to the patient's family using visual aids and booklets covering all aspects of the illness.	2.43	0.68	Agree	8
9	The hospital presents real-life success stories of patients who recovered from chronic illnesses.	2.33	0.78	Neutral	9
	Overall Mean of the Domain	2.52	0.65	Agree	

Table (5-10) presents the statistical analysis of the third domain (Educational and Awareness Programs Provided for Individuals with Chronic Diseases) by calculating the mean and standard deviation for each statement. The overall mean for the domain was 2.52, within the (2.34 – 3.0) range, reflecting an "Agree" level of response. The overall standard deviation of 0.65 indicates moderate homogeneity in responses.

Based on the item ranking from highest to lowest mean:

- The top-rated item was *"The hospital provides information about complications related to chronic diseases"* (mean = 2.65).
- Second were two items: educating about healthy diets and the importance of physician follow-up, each with a mean of (2.62).
- Fourth was "Changing misconceptions among families regarding chronic illness" (mean = 2.56).
- Fifth and sixth were "Awareness about early detection" and "Improving outcomes via publications", both scoring (2.50).
- Lower-ranked items included "Using the internet for awareness programs" (2.45), "Using educational visuals and booklets for the patient's family" (2.43), and lastly, "Presenting real-life success stories of recovered patients", which had the lowest score (2.33) and a "Neutral" level.

These results suggest that the most prominent awareness programs for individuals with chronic diseases focus on informing patients about disease complications, encouraging proper nutrition, ensuring consistent medical follow-up, and correcting misconceptions. Lesser emphasis was given to internet-based programs, family education through materials, and showcasing success stories.

These findings are consistent with Gabriel, Wael (2020), who confirmed the presence of educational programs for patients, especially during the COVID-19 pandemic,

emphasizing diet compliance and the importance of physician follow-up.

Results for Research Question Four: Are There Statistically Significant Differences in the Participants' Responses Regarding Health Services and Level of Social Adjustment Based on Demographic Variables?

To address this question, the Independent Samples t-Test and One-Way ANOVA (Analysis of Variance) were applied to examine whether differences exist in the mean responses of participants concerning the study's main domains, depending on demographic variables.

(Results of this section would follow with specific tables and interpretation as appropriate.)

Table 5-11. Results of Independent Samples t-Test for Examining Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Gender Variable

Axes	Gender	N	Mean	Std. Deviation	t-value	Sig. (2-tailed)
Health services provided to patients and their relation to social adjustment	Male	64	2.43	0.49	2.182	0.031
	Female	37	2.20	0.57		
The role of social workers in achieving social adjustment among patients	Male	64	2.66	0.45	2.686	0.008
	Female	37	2.40	0.52		
Awareness and educational programs for individuals with chronic diseases	Male	64	2.56	0.48	1.010	0.315
	Female	37	2.45	0.52		

### Interpretation of Table (5-11):

Table (5-11) presents the results of the Independent Samples t-Test used to explore differences in the average responses of participants regarding the axes of the study tool based on gender. By reviewing the t-values and comparing the p-values with the significance level (0.05), the following can be observed:

- There are statistically significant differences at the 0.05 level in the mean responses of participants regarding "Health services provided to patients and their

relation to social adjustment" according to gender. The p-value for this axis was (0.031), which is less than the threshold of 0.05, indicating that the differences are statistically significant. These differences favor males, who reported a higher mean score than females, suggesting that male respondents more strongly agree that the provided health services contribute to social adjustment.

- Statistically significant differences were also found at the 0.05 level in the participants' views on the "Role of social workers in achieving social adjustment among patients", with a p-value of (0.008), again less than 0.05. These differences are also in favor of males, whose higher average indicates a stronger agreement with the importance of social workers in facilitating patient social adjustment.
- On the other hand, no statistically significant differences were found regarding the axis "Awareness and educational programs for individuals with chronic diseases" based on gender. The corresponding p-value was (0.315), which is greater than 0.05.

Table 5-12. Results of One-Way ANOVA to Examine Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Age Variable

Axes	Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig.
Health services provided to patients and their relation to social adjustment	Between groups	2.07	4	0.52	1.92	0.114
	Within groups	25.92	96	0.27		
	Total	27.99	100			
The role of social workers in achieving social adjustment among patients	Between groups	0.86	4	0.22	0.89	0.471
	Within groups	23.12	96	0.24		
	Total	23.98	100			
Awareness and educational programs for individuals with chronic diseases	Between groups	1.62	4	0.40	1.70	0.156
	Within groups	22.82	96	0.24		
	Total	24.44	100			

### Interpretation of Table (5-12):

Table (5-12) shows the results of One-Way ANOVA used to analyze the differences in participants' average responses concerning the axes of the study tool based on their age group. Upon examining the F-values and comparing the significance levels (p-values) with the threshold of (0.05), the following was found:

- No statistically significant differences were observed in participants' average responses across any of the axes of the study tool based on age. In all cases, the p-values exceeded the 0.05 significance level, indicating that participants, regardless of age group, responded similarly concerning health services, the role of social workers, and educational programs.

Table 5-13. Results of One-Way ANOVA to Examine Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Educational Level

Axes	Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig.
Health services provided to patients and their relation to social adjustment	Between groups	3.45	3	1.15	4.55	0.005
	Within groups	24.53	97	0.25		
	Total	27.99	100			
The role of social workers in achieving social adjustment among patients	Between groups	1.71	3	0.57	2.48	0.066
	Within groups	22.27	97	0.23		
	Total	23.98	100			
Awareness and educational programs for individuals with chronic diseases	Between groups	2.64	3	0.88	3.91	0.011
	Within groups	21.80	97	0.22		
	Total	24.44	100			

### Interpretation of Table (5-13):

Table (5-13) presents the One-Way ANOVA results examining the differences in the average responses of participants according to their educational level. When

comparing F-values and p-values to the 0.05 level of significance, the findings can be summarized as follows:

- There are statistically significant differences at the 0.05 level in participants' responses regarding "Health services provided to patients and their relation to social adjustment". The corresponding p-value was (0.005), which is less than 0.05. A Least Significant Difference (LSD) test revealed that the differences were between participants with "secondary education or lower" and those with "university" and "postgraduate" degrees, favoring the group with secondary education or lower, who had the highest mean scores. This suggests that patients at Al-Noor Hospital with lower educational attainment perceive a stronger link between health services and social adjustment compared to their higher-educated counterparts.
- Statistically significant differences were also found in the responses concerning "Awareness and educational programs for individuals with chronic diseases", with a p-value of (0.011), which is also below the 0.05 threshold. The LSD test again indicated that the differences favored those with secondary education or lower, who had higher average responses compared to participants with university or postgraduate qualifications. This indicates that participants with lower educational levels are more likely to believe that awareness and educational programs are available and beneficial for patients with chronic illnesses.
- Conversely, no statistically significant differences were detected in participants' views on "The role of social workers in achieving social adjustment among patients", as the associated p-value was (0.066), which is greater than the 0.05 level of significance.

Table 5-14. Results of One-Way ANOVA for Examining Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Marital Status

Axes	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	Significance (p-value)
Health services provided to patients and their relation to social adjustment	Between groups	1.15	2	0.58	2.11	0.127
	Within groups	26.83	98	0.27		
	Total	27.99	100			
The role of social workers in achieving social adjustment among patients	Between groups	1.03	2	0.52	2.20	0.116
	Within groups	22.95	98	0.23		
	Total	23.98	100			
Awareness and educational programs for individuals with chronic diseases	Between groups	0.56	2	0.28	1.14	0.323
	Within groups	23.88	98	0.24		
	Total	24.44	100			

### Interpretation of Table (5-14):

Table (5-14) displays the One-Way ANOVA results used to analyze the differences in participants' average responses regarding the study axes based on marital status. After reviewing the F-values and comparing the corresponding p-values with the significance level of 0.05, the following conclusion was reached:

- There are no statistically significant differences in the participants' responses across any of the axes based on their marital status. The p-values for all axes exceeded 0.05, indicating that marital status did not significantly influence participants' views on the topics of health services, social worker roles, or awareness programs.

Table 5-15. Results of the Independent Samples t-Test for Examining Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Place of Residence

Axes	Place of Residence	N	Mean	Std. Deviation	t-value	p-value
Health services provided to patients and their relation to social adjustment	City	97	2.33	0.53	-4.64	0.005
	Village	4	2.84	0.19		
The role of social workers in achieving social adjustment among patients	City	97	2.55	0.49	-9.03	0.000
	Village	4	3.00	0.00		
Awareness and educational programs for individuals with chronic diseases	City	97	2.51	0.50	-4.89	0.001
	Village	4	2.86	0.11		

### Interpretation of Table (5-15):

Table (5-15) presents the results of the Independent Samples t-Test to explore the differences in participants' responses across the study axes based on place of residence (city vs. village). By comparing the t-values and p-values with the threshold of 0.05, the findings are as follows:

- Statistically significant differences were found in participants' views on "health services provided to patients and their relation to social adjustment", with a p-value of (0.005), indicating significance. These differences favor participants living in villages, who recorded a higher average response than those living in cities.
- Likewise, for the axis "the role of social workers in achieving social adjustment among patients", the p-value was (0.000), confirming a significant difference. Again, respondents from villages expressed stronger agreement with this role than their urban counterparts.
- Significant differences were also observed in views on "awareness and educational programs for individuals with chronic diseases", with a p-value of (0.001), indicating that village residents had more positive perceptions of these programs than participants from urban settings.

Table 5-16. Results of One-Way ANOVA for Examining Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Type of Housing

Axes	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	Significance (p-value)
Health services provided to patients and their relation to social adjustment	Between groups	0.83	2	0.42	1.50	0.227
	Within groups	27.15	98	0.28		
	Total	27.99	100			
The role of social workers in achieving social adjustment among patients	Between groups	0.85	2	0.42	1.79	0.172
	Within groups	23.13	98	0.24		
	Total	23.98	100			
Awareness and educational programs for individuals with chronic diseases	Between groups	0.22	2	0.11	0.45	0.641
	Within groups	24.22	98	0.25		
	Total	24.44	100			

### Interpretation of Table (5-16):

Table (5-16) shows the **One-Way ANOVA** results used to evaluate differences in the average responses of participants based on their **type of housing**. After examining the F-values and comparing them to the standard significance level (0.05), the findings indicate:

- There are **no statistically significant differences** in responses across any of the study axes based on housing type. The p-values were all higher than 0.05, which means that the type of housing did not influence how participants perceived the relevance of health services, social worker roles, or awareness programs.

Table 5-17. Results of the Independent Samples t-Test for Examining Differences in the Mean Responses of the Sample on the Study Tool's Axes According to Type of Patient Stay

Axes	Type of Stay	N	Mean	Std. Deviation	t-value	p-value
Health services provided to patients and their relation to social adjustment	Outpatient	85	2.32	0.53	-1.384	0.169
	Inpatient	16	2.51	0.51		
The role of social workers in achieving social adjustment among patients	Outpatient	85	2.55	0.49	-0.955	0.342
	Inpatient	16	2.67	0.51		
Awareness and educational programs for individuals with chronic diseases	Outpatient	85	2.49	0.51	-1.300	0.197
	Inpatient	16	2.67	0.40		

### Interpretation of Table (5-17):

Table (5-17) provides the results of the Independent Samples t-Test used to assess whether the type of patient stay (outpatient vs. inpatient) led to differences in participants' evaluations of the study axes. By comparing t-values and p-values to the standard threshold (0.05), the results indicate:

- No statistically significant differences were found in the average responses across all study axes based on the type of patient stay. All p-values exceeded 0.05, suggesting that participants' perceptions of health services, social worker roles, and educational programs were not influenced by whether they were inpatients or outpatients.

### Second: Study Findings

The study reached the following results:

1. The findings revealed that the majority of participants were male (63.4%). In terms of educational level, 60.4% held a university degree. Regarding marital status, 53.5% were married. The overwhelming majority (96.0%) resided in urban areas, 60.4% lived in owned homes, and most participants (84.2%) were outpatients.

2. The results indicated that participants generally agreed that the health services provided to patients were linked to improving their social adjustment. The overall mean score was (2.35) with a standard deviation of (0.67). The most notable health services included the hospital's attention to patients' comments and inquiries, the use of modern and motivating treatment methods, full attention given to patients, services delivered at times convenient for patients, the politeness and kindness of the medical staff, the hospital's efforts to build friendly social relationships with patients to integrate them into the medical community, and ensuring the availability of patients' needs.
3. Participants also agreed on the existence of meaningful roles played by social workers in enhancing patients' social adjustment. The mean score for this item was (2.57) with a standard deviation of (0.60). These roles included helping to reduce patients' feelings of fear, pain, and anxiety; correcting misconceptions about illness; taking into account patients' psychological conditions; providing awareness sessions for both patients and their families on the nature of the illness and how to support the patient's psychosocial adjustment; helping patients express their emotions to alleviate stress; identifying psychological and social problems facing patients in order to manage them through specific programs; and removing barriers that hinder patients from accessing healthcare services.
4. The findings further showed that participants agreed on the availability of educational and awareness programs for individuals with chronic illnesses, with a mean score of (2.52) and a standard deviation of (0.65). The most significant aspects of these programs included information about chronic disease complications, awareness of the need for healthy eating habits, the importance of regular medical follow-up, correcting misconceptions within families about chronic conditions, promoting early detection, distributing health information to close knowledge gaps, utilizing digital communication networks for health

- education, and using visual aids and booklets to educate patients and their families about various aspects of their conditions.
5. The study identified statistically significant differences at the 0.05 level in participants' responses regarding the axis “health services provided to patients and their relation to social adjustment” based on gender, with male respondents showing a higher mean score than females. This suggests that males agreed more strongly with the presence and effectiveness of such services.
  6. Similarly, there were statistically significant differences at the 0.05 level in the axis “the role of social workers in achieving social adjustment among patients” according to gender, again favoring male respondents who expressed higher agreement levels than females.
  7. The study found no statistically significant differences in responses regarding educational and awareness programs for chronic patients based on gender.
  8. The results showed no statistically significant differences in the study’s main axes in relation to the age variable.
  9. There were statistically significant differences in responses to “health services related to social adjustment” based on educational level. Participants with secondary education or below had higher average scores compared to those with university or postgraduate qualifications.
  10. Significant differences also appeared in the axis “awareness and educational programs for patients with chronic illnesses” by educational level. Those with secondary education or below again showed higher mean scores than university and postgraduate groups.
  11. No statistically significant differences were found in participants’ views about the role of social workers in patient adjustment based on educational level.

12. The findings showed no statistically significant differences across the study axes based on marital status.
13. There were statistically significant differences in views on “health services related to social adjustment” based on place of residence, with respondents from villages showing higher agreement levels than those from cities.
14. Similarly, participants from rural areas agreed more with the role of social workers in enhancing social adjustment, with significant statistical differences favoring this group.
15. Statistically significant differences were also recorded in perceptions of educational and awareness programs based on place of residence, again favoring respondents living in villages over those in urban areas.
16. The study found no statistically significant differences in participants’ responses across any axis based on type of housing.
17. Likewise, there were no statistically significant differences in perceptions across the study axes based on type of patient stay (outpatient vs. inpatient).

### **Third: Recommendations and Suggestions**

In light of the above findings, the researcher offers the following recommendations:

1. Train social workers and hospital staff to observe signs of poor social adjustment among patients and develop suitable guidance programs to address these signs.
2. Establish a comprehensive system in all hospitals to assess the level of patients’ social adjustment and its relationship to the quality of health services provided. This system should prioritize patient complaints and ensure they are heard and addressed.
3. Emphasize the importance of healthcare quality standards as an integrated system, and promote a culture of quality within hospitals. Hospitals should regularly

- conduct research to evaluate patients' social adjustment and satisfaction with the provided services.
4. Encourage patients to submit suggestions for improving and developing health services, helping to enhance their social adjustment and identify opportunities for improvement.
  5. Prioritize the recruitment of qualified and well-trained **social work professionals** who possess the necessary **interpersonal and professional skills** to serve effectively within the healthcare system.
  6. Social workers should strive to prove their importance in promoting patient adjustment by mastering their tasks and fulfilling their roles with scientific precision and professionalism.
  7. Efforts must be made to raise patients' awareness of the role and significance of social workers within medical institutions. Clear communication of the value of their duties can lead to greater acceptance and recognition by both patients and their families.

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