

Service quality and patient satisfaction with private health care services in Albania

Rezarta Kalaja¹, Sllavka Kurti², Redi Myshketa³

¹Department of Medical Technical Sciences, Faculty of Professional Studies, University "Aleksandër Moisiu", Durrës, Albania

²Department of management, Faculty of Economy, University of Tirana, Tirana, Albania

³Department of Management, University "Aleksandër Moisiu", Durrës, Albania

Article Info

Article history:

Received Jul 14, 2022

Revised Nov 28, 2022

Accepted Dec 15, 2022

Keywords:

Albania
Private health care service
Patient satisfaction
Service quality
SERVQUAL

ABSTRACT

Hospital service in Albania is facing difficult challenges, always trying to evolve and reform not only related to the high demand for improvement on the available infrastructure and technology, but also due to the private hospital services competition in keeping medical staff and patients with the obligation to ensure quality care, as a fundamental human rights requirement. The purpose of this study is to make an overall assessment regarding the quality of health care in the private sector in Albania and patient satisfaction related to this service. This paper also aims to determine the main factors that play a role in patient satisfaction, and their level of importance, to provide appropriate recommendations that will support the improvement of the quality of service and increasing patient satisfaction in this sector. The instrument used for quality assessment is SERVQUAL, with five main dimensions selected (responsiveness, reliability, safety, tangibles and empathy). Data processed for 400 interviewed patients shows the correlation of patient satisfaction with only four of the elements considered. Hence, the results obtained will back applicable recommendations for developing quality and increasing patient satisfaction.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Rezarta Kalaja
Department of Medical Technical Sciences, Faculty of Professional Studies
University "Aleksandër Moisiu"
Lagjia nr 1, Durrës, Albania
Email: rezartak@hotmail.com

1. INTRODUCTION

Quality of care is an emergent property that requires shared aims among all health system actors, favorable health system foundations, and is honed through iterative efforts to improve and learn from successes and failures [1]. The identification of problems, the process of measuring patient satisfaction with the service provided and finding possibilities to improve in having fair competition, makes the measurement and evaluation of service quality already a mandatory condition for the hospital health system [2]. Quality indicates the degree of excellence of a health service and quality development should not be seen as an administrative control to ensure the achievement of a predetermined level of quality of a service [3]. It is a dynamic process that encourages continuous improvement and innovation in health outcomes [4], [5]. Patient satisfaction has been proven to be closely related to "values" and is conceptually based on mixing quality of service attributes with price [6]. According to Oliver [7], in almost all types of services, quality improvement is a key factor influencing customer satisfaction. Many companies have focused on service quality issues to achieve high levels of customer satisfaction [8]–[10]. On many studies, patient satisfaction is considered as the degree of convergence between patients' expectations of an ideal care and their perceptions of the care they receive [11]–[13].

Private health care sector in Albania, has been developing in the country for over 20 years and currently offers services related to dentistry, pharmaceutical as well as diagnosing in different specialized clinics. Private hospital system is mainly concentrated in the largest cities of the country such as Tirana, Durrës, Fier, Vlora. These hospitals provide preventive, diagnostic, treatment, and rehabilitation services. This sector is already stabilized and is distinguished mainly for high technology and modernized infrastructure, as well as offering health services from foreign medical staff. Its importance is noticeable and grown in the areas of diagnostics and outpatient services, although an effective system of safety and quality evaluation has not established yet. The government has an important role to play in regulating the private sector to ensure patient safety and minimum standards of health care. One of the main issues when we talk about the accreditation of this sector, is the quality of the service, which has the satisfaction of patients as its main measuring tool. There is still no real study to show that this component has been evaluated and that patient satisfaction has been measured. The lack of this study in the Albanian private hospitals, makes it very necessary to take measures to start the periodic evaluation of the quality of the hospital service, relying on the satisfaction of the patients. For the time being, neither the Ministry of Health nor any other governmental institution has an adequate database on service quality assessment of private providers, and therefore there is insufficient information on patient satisfaction of private health care system and there is almost no capacity to monitor such activities. Independent regulatory agencies and professional institutions can play an important role in this area. Albania needs to establish a strong regulatory framework to ensure quality control, based on the requests and expectations of her patients. In order to achieve this, occasional quality assessment studies are needed, as well as determining whether or not patients are satisfied with the service provided, in order to take measures to improve the identified problems.

Many different methods were introduced for measuring service quality and various studies were conducted by using these methods. SERVQUAL, created by Parasuraman *et al.* [14], is a widely used scale for measuring service quality in the service sector, and has been widely used in healthcare studies to assess patients' perceptions on service quality [15]–[17]. It turns out to be a valid tool that measures the quality of service by using its five-dimension scale for evaluating gaps between clients' perceptions and expectations [18]–[20]. First the most important criticism was that Servqual's five dimensions lack generalization [21] and thus fail to represent some service sectors [22] and the perceived quality should not be measured by expectation and perception differences, but by the service performance. Buttle [23] would point out that the advantages of SERVQUAL instrument are: i) it is accepted as a standard instrument for evaluating different dimensions of quality, ii) it is valid for different services, iii) it is reliable, iv) effective as it has a limited number of assertions, making it easy and quick to complete and v) has a standard analysis procedure that facilitates data interpretation. Many later studies also proved the validity and reliability of SERVQUAL in measuring service quality, mainly in the health sector [24], [25].

The public sector hospitals work under the government policies, while the private sector organizations are established as business organizations that could provide more effective care and services to their clients. The private hospital patients require paying more money to get the desired service quality [26]. The patients have become more inquisitive and expect supplementary services to gain the quality of services beyond their expectations, because they are paying more money for treatments, and simply any occurrence of dissatisfaction tends to force them to move towards other competitors [27]. For this reason, taking into consideration the expectations of the patients, is an important element when evaluating the quality of the service. Patients compare their experiences in this sector with their expectations of this service, allowing service providers to measure their satisfaction [28].

In order to evaluate the quality of service in private hospitals in Albania, this study proposes the use of the SERVQUAL instrument, which highlights the dimensions that influence the most and are positively related to patient satisfaction, in order to highlight the weak points of system and improve them. From numerous studies that used the 5 dimensions of SERVQUAL (responsiveness, reliability, safety, tangibles, and empathy) it turned out that in some cases the most satisfied dimension was reliability and responsiveness [29], in other tangibility and responsiveness [30], and in other study was only empathy [31] or responsiveness [32], [33]. Coman *et al.* [34] concludes that patients prefer to visit private hospitals because of better interaction with the staff, latest technology, greater attention that the doctor pays to the patients' needs, longer duration of consultation, and well-explained procedures, and this was supported also by other authors [35]. Ozretić *et al.* [36] emphasizes that the management of the hospitals should improve healthcare service quality in all dimensions, by paying particular attention to the 'responsiveness' and 'tangibility', where the largest gap was identified in their study. Taner [37] studied the quality of service in both public and private hospitals and confirmed that private hospitals received a higher rating in terms of safety and trust in medical staff. Frimpong and Dason [38] analyzed patient satisfaction in public and private hospitals in London and the results showed that the private sector was the most valued, but still both the public and private sectors had to face almost the same challenges in terms of improving the quality of service and patient satisfaction. Based on these data, the dimensions chosen to achieve the purpose of this study are the five most used (responsiveness, reliability,

safety, tangibles, and empathy) and confirmed by major part of the literature reviewed. This study aims to evaluate the quality of hospital service, measuring patient satisfaction with the SERVQUAL instrument. The goal is to lay the foundations for the creation of a working method and the validation of the instrument used, to determine whether or not it is valid in the Albanian context, so that it can then be widely used in other studies, as well as to give the recommendations of appropriate for health managers but also for policy makers, for quality improvement, based on the issues that will result from this study.

2. RESEARCH METHOD

To achieve the objectives of the study, on obtaining the opinion of patients related to the quality of hospital service in private sector, a field survey was conducted in those cities where the number of patients is high, so to have real possibility of obtaining an accurate information. Primary data were provided by a questionnaire conducted in 10 hospitals in different districts of the country, from June to September 2019. Interviews were conducted through face-to-face meetings with patients in hospitals. The main condition for the selection of respondents was patients age over 18 years and the duration of hospitalization to be more than one day. Respondents were randomly selected, and the sample selection was made depending on the average number of patients, who have received hospital service during the year. The total sample size was determined using a single population proportion formula, with a 95% CI and a 3% margin of error. The instrument used in this study is SERVQUAL, with its 5 dimensions responsiveness, reliability, safety, tangibles, empathy. Data analysis was performed through descriptive analysis, cross-tabulations (crosstabulations), independence tests, correlations between variables, factor analysis and hypothesis analysis, along with analysis of variance (ANOVA). Referring to the information of the questionnaire its elements are grouped into factors which are: independent variables, dependent variables, and control variables. Thus, the independent variables, which are related to the dimensions of the quality of hospital service are: Responsiveness (measured by 4 questions) Reliability (measured by 5 questions) Safety (measured by 9 questions) Tangibles (measured by 8 questions) and Empathy (measured by 5 questions).

These variables are measured for both patients' expectations and their real perceptions and are rated on a Likert scale (1- very bad to 5- Very good). Meanwhile, the dependent variable is overall satisfaction with service quality, which is measured by one question rated again according to the Likert scale (1- Not at all satisfied to 5- Very satisfied). Finally, the control variables are age, gender, educational level, and incomes level. The value of the Alpha coefficient for the independent variables in total (31 questions) in this case is 0.947, so a high reliability coefficient. Analyzing the factor weights of each of the dimensions, for patients who have received health services in private hospitals. For the independent variable – responsiveness, the data in the table below show that all queries of this dimension are kept in the analysis as their factor weights are all greater than 0.4. While the Alpha coefficient is $0.845 > 0.07$ which is also the allowed limit.

The data in the Table 1 for the second dimension - reliability show that all questions measuring this dimension have a weight greater than 0.4 and Alpha coefficients of 0.805, therefore all questions are kept in the analysis even for this dimension. The third independent variable – safety, results in an Alpha reliability coefficient of 0.901 and all its queries have a factor weight greater than 0.4. For the fourth dimension – tangibles, the coefficient Alpha calculated for its 8 questions is 0.702 while its factor weights are greater than 0.4 therefore also kept in the analysis. Final dimension – empathy, is rated with an Alpha coefficient of 0.883 while the specific weights of the 5 questions that measure it are also all larger than the 0.4 limit value.

Table 1. Correlation between independent variables for private hospitals

	Responsiveness	Reliability	Safety	Tangibles	Empathy
Responsiveness	1				
Reliability	.695**	1			
Safety	.626**	.650**	1		
Tangibles	.325**	.223**	.217**	1	
Empathy	.619**	.619**	.664**	.337**	1

We have also tested for the multicollinearity condition for the dimensions between them for the private sector. Thus, according to the results presented in Table 2, it is noticed that the correlation values are within the allowed limits. Thus, enabling to construct the equation of multiple linear regression of GAP of service quality and patient satisfaction in private hospitals.

Table 2. Correlation between independent variables (GAP) for private hospitals

	GAP Responsiveness	GAP Reliability	GAP Safety	GAP Tangibles	GAP Empathy
GAP Responsiveness	1				
GAP Reliability	.675**	1			
GAP Safety	.683**	.623**	1		
GAP Tangibles	.673**	.534**	.629**	1	
GAP Empathy	.593**	.595**	.585**	.422**	1

3. RESULTS AND DISCUSSION

3.1. Analysis of the relationship between the dimensions of perceived quality of service and patient satisfaction

To analyze the relationship between the quality dimensions perceived by the patients (without taking into consideration their expectations) and the satisfaction of the patients, we raise several hypotheses.

a) The first hypothesis

H₀ - There is no link between the responsibility of private hospital staff and the overall satisfaction of the patient.

H₁ - There is a link between the responsibility of private hospital staff and the overall satisfaction of the patient.

Value of Sig. (2-sided) = 0.000 < 0.05, indicates that the variables are dependent on each other so H₀ does not stand, even $r_{xy} = 0.589$ indicates that the bond is moderately strong and positive.

b) The second hypothesis

H₀ - There is no correlation between the reliability of private hospital staff and the overall satisfaction of the patient.

H₁ - There is a link between the reliability of private hospital staff and overall patient satisfaction.

Even the Chi-square test data show that the value of Sig. (2-sided) = 0.000 < 0.05 which means that H₀ does not stand, and that these two variables are interdependent. $r_{xy} = 0.708$, i.e., relatively strong connection with positive direction.

c) The third hypothesis

H₀ - There is no link between the safety of private hospital staff and the overall satisfaction of the patient.

H₁ - There is a link between the safety of private hospital staff and the overall satisfaction of the patient.

Value of Sig. (2-sided) = 0.000 < 0.05 which means that H₀ does not stand and that these two variables depend on each other. The correlation coefficient $r_{xy} = 0.710$, indicates a relatively strong and positively correlated relationship.

d) The fourth hypothesis

H₀ - There is no link between tangibles in private hospitals and overall patient satisfaction.

H₁ - There is a link between tangibles in private hospitals and overall patient satisfaction.

Value of Sig. (2-sided) = 0.025 < 0.05 therefore even in this case patient satisfaction regarding the quality of private hospital services depends on the level of tangibles. In this case the correlation coefficient $r_{xy} = 0.153$ has a low value despite being positive, which is related to the fact that patients are aware that the tangibles used in private hospitals are better than those in public hospitals and therefore people take it for granted.

e) The fifth hypothesis

H₀ - There is no link between the empathy of medical staff in private hospitals and the overall satisfaction of the patient.

H₁ - There is a link between the empathy of medical staff in private hospitals and the overall satisfaction of the patient.

The empathy dimension is also related to patient satisfaction as the value of Sig. (2-sided) = 0.000 < 0.05, indicating that H₀ even in this case does not stand. This was an expected result from other research as well [12], [17], [39]. The correlation coefficient $r_{xy} = 0.566$ indicates a positive but not strong value, which explains the fact that this dimension, although important in the overall level of satisfaction of patients referred to private hospitals, does not affect as much as the other four dimensions. However, the question arises, which of the factors measuring the quality of health care affect the overall satisfaction of patients who have received medical care in private hospitals? For this, the equation of multiple linear regression is done for the evaluations of patients who have received services in private hospitals by first checking the condition for multicollinearity between independent variables. Thus, the results of the values of these correlations show that they are within the limit values -0.7 and 0.7, therefore the interactions between the independent variables doesn't affect the construction of the linear regression equation. Also, the values of variance inflation factor (VIF) are from 1.155 to 2.858 smaller than the allowed limit 5. While the values of tolerance are all greater than 0.2. It is noted that the empathy dimension in the case of private hospitals is not included in the multiple linear regression equation while in relation to other dimensions the equation is:

Service quality and patient satisfaction with private health care services in Albania (Rezarta Kalaja)

$$\text{Patient satisfaction with the quality of service in private hospitals} = 3.999 + 0.281 (\text{responsiveness}) + 0.635 (\text{reliability}) + 0.282 (\text{safety}) + 0.141 (\text{tangibles})$$

From the equation, the dimension of reliability is the main important for patients who have received services in private hospitals related to their level of satisfaction as its $\beta = 0.635$ is higher compared to other coefficients of equation. This is also supported by other studies [29], [40]. This dimension is followed by safety, and then by the dimension of responsiveness, dimension which is highly valued in other searches [30], [36]. The dimension with the lowest value of coefficients β -ta is tangibles, which is because patients take for granted the fact that in private hospitals where they go to receive specific medical services, medical equipment are more contemporary and modern, as the expectations are very high for the private sector [19]. All β -coefficients are positive in this equation as well, meaning that the improvement of each factor automatically leads to an increase in the overall level of patient satisfaction. The coefficient of determination has the value of 76.7%, meaning that the equation explains 76.7% of the changes in the values of variance regarding the level of satisfaction of patients who have received services at private hospitals. Detailed data analysis is given below in the Table 3.

Table 3. Multiple regression analysis “patient satisfaction - quality of service” in private hospitals, based on patients' real perceptions

Model	R ²	R ² adjusted	t	Sig.
Constant	.775	.767	1.970	
Responsibility			3.662	.000
Reliability			7.507	.000
Safety			3.860	.000
Tangibles			-2.717	.007
Empathy			1.507	.134

3.2. Analysis of the GAP ‘real perception/expectation’ on the dimensions of service quality

The estimated GAP for the responsibility dimension is -0.29, a negative value which means that patients who choose private hospitals have higher expectations for the services provided, compared to what they have really perceived, while receiving services not only in treatment aspect but also in the readiness that should be show from medical staff.

Negative values are observed in all subsections of dimension of responsibility, probably because of high financial costs of such services patients were expecting much more than these institutions were performing. The same is observed with the GAP assessment for the dimension of reliability, where its value is -0.18, so in general the expectations for this dimension have been higher, mainly for issues related to the examination by doctors, swiftness in receiving the services especially in the first visits and initial contact with doctors, in line with several previous studies [20], [32], [33]. As for the tangibles dimension, the value of GAP as expected is positive with a value of 0.11, as the real perception has exceeded their expectations, and we also found this result in one other research [27]. This can be observed even in the real life, as private hospitals compete (a good part of them) with public hospitals, and their strong point is the use of modern equipment both for the techniques used in the examination of patients and for the ways of their treatment.

Even for safety dimension patients had higher expectations compared to the real perception of services in private hospitals and consequently the value of GAP calculated in this case is - 0.21. This expectation seems to have been high for all questions related to this dimension, while the most positive evaluation has been received in protection of patient's personal health data, as well as the speed of providing emergency service. The empathy dimension has negative gap values and a relatively high value compared to the gap values of other dimensions, as GAP average = -0.69. This is observed for all evaluative elements of this dimension.

3.3. Analysis of the relationship of service quality dimensions with patient satisfaction as per SERVQUAL

The same analysis is undertaken to assess the impact of GAP on the dimensions of health care quality in patient satisfaction, in private hospitals. Again, the factor weights of GAPs of each dimension and their respective reliability coefficients were analyzed. The details are given in Table 4.

Table 4. Factor weights for each dimension of quality

Dimension	Factor weights
Responsibility	0.917
Reliability	0.921
Safety	0.959
Tangibles	0.979
Empathy	0.947

The analysis continues with the condition of multicollinearity for the dimensions between them. Thus, it is noticed that the correlation values between them are within the allowed limits enabling the construction of the linear multiple regression equation between GAP of the dimensions of service quality and patient satisfaction in private hospitals. Value of Sig. = 0.000 as per ANOVA analysis confirms that the relationship between satisfaction and dimensions of quality is statistically significant and its general form is:

$$\text{Patient satisfaction with the quality of service in private hospitals} = 4.709 + 0.415 (\text{responsibility}) + 0.489 (\text{safety}) + 0.803 (\text{tangibles}) + 0.265 (\text{empathy})$$

As it is shown in the equation, in case of private hospitals are taken in consideration only 4 dimensions excluding the dimension of reliability but emphasizing the fact that in this case this dimension certainly affects patient satisfaction, but not so much as the other dimensions, these results are also supported by other researchers [40]–[42]. Tangible dimension as expected has the greatest value among the coefficients β -ta, something that was expected because the use of modern equipment and technology in their examination and treatment is the main reason that patients choose private hospitals. Next is listed the safety dimension, followed by responsibility and empathy, which has the lowest coefficient, probably because patients take this dimension for granted in private hospitals. In other studies [31]–[33], [43] empathy and responsiveness were the most valued dimensions. The Table 5 shows that the equation of the relationship between the dimensions of service quality and the level of satisfaction explains 63.7% of the change in the values of its variance, meaning that it serves as a good coefficient of determinability.

Table 5. Multiple regression analysis between GAP of independent variables and dependent variable “Patient satisfaction from services in private hospitals”

Model	R ²	R ² adjusted	t	Sig.
Constant	.650	.637		
GAP Responsibility			3.983	.000
GAP Reliability			-1.548	.124
GAP Safety			4.007	.000
GAP Tangibles			-5.898	.000
GAP Empathy			2.220	.028

We can say based on the results achieved that the SERVQUAL instrument used for the first time in the Albanian health sector, is valid for measuring, service quality and that the dimensions of service quality that mostly affect patient satisfaction in private hospitals, are: Tangibles, Safety, Responsibility, Empathy. These results are very important as they provide the basis for further analysis, as well as provide the necessary information for hospital managers to take measures to improve and focus on the dimensions of service quality that most affect patient satisfaction. Private hospitals must always keep the equipment and technology up to date, as they are one of the main reasons that influence the choice of these hospitals by patients and increase their satisfaction. It is important for the staff to understand that elements such as their empathy and responsibility at work must be improved, if they want to have satisfied patients and increase the quality of service.

By reviewing the relationship between quality dimensions, measured according to SERVQUAL, and overall patient satisfaction, according to the multiple linear regression, it turns out that the dimensions that influence the most the increase of satisfaction in the private sector is tangibles followed by safety, responsibility, and empathy. These results are also consistent with the data obtained from the above analyzes, and other studies [38], [40], [41]. Even though the private sector has been evaluated positively, in all five dimensions of quality, the expectations for this sector have been very high, resulting in negative gap of perception/expectation, which means that patients were expecting more than what was offered by these hospitals. This finding was expected using the SERVQUAL instrument as shown by other studies [31], [39], [42]–[44].

However, the study has several limitations. Since the study is related to the health sector, patients' responses are partly influenced by the progress of their recovery, as it is inevitable differing service provided satisfaction with the final results of treatment. Also, the lack of results comparisons of this research with other

similar works performed in Albania through this instrument, causes restrictions on the results obtained. As noted throughout this paper, patients' views on service quality and their satisfaction on the perceived quality are crucial to drive the right changes in the health sector. It would also be important that other studies pay attention from the perspective of doctors, or hospital managers, on their perceptions of patient achievement and satisfaction, to determine possible ways of improving quality of service.

4. CONCLUSION

The dimension that has the strongest relation with satisfaction in private hospitals in Albania, is the reliability followed by safety and responsibility of the hospital staff. Empathy and tangibles have the weakest relation to satisfaction, because the main reasons that patients choose private hospitals are best infrastructure conditions, the use of modern equipment, staff politeness, more skilled and qualified doctors in diagnosing properly, with high level of credibility and responsibility from the staff and consequently these factors being considered as granted, making all these patients to reconsider public sector. In the private sector patient expectations did not vary from one dimension to the other. The assessment was almost constant whereby 98% of the patients interviewed expected the condition to perform very well in all aspects. Undoubtedly this trend also affects the results of the gap between real perceptions and their expectations, to determine patient satisfaction. The only dimension estimated with a positive gap as expected, is tangibles, while the other dimensions had negative gaps, although of small values. The empathy dimension turns out to have the largest gap, meaning that patients are most dissatisfied, followed by responsibility, safety and reliability of hospital staff.

Having in mind that the main reason for patients to receive health care in private hospitals is due to disappointment from public sector health services, managers of private hospitals tend to face stronger challenges. Thus, patients' expectations on this sector are extremely high in all dimensions resulting in an "alert" service situation for the staff and managers all the time. However, unfortunately in private hospitals in Albania this doesn't seem to be always like that. Patients, according to the findings of this paper, despite having positively assessed health care quality in all its dimensions, according to the assessment of their satisfaction through SERVQUAL instrument, are dissatisfied in four of the five dimensions of quality assessment, as their extremely high expectations have not been fully met, given that the financial costs for services provided must also be justified. Consequently, the following recommendations could help to further improve the quality of service of this sector.




Hospital staff reliability is one of the dimensions that affects the most patient satisfaction, therefore the review of documentation for employed doctors and their specific qualifications should be carefully evaluated by managers of these hospitals. Another important aspect that needs to be improved in this sector is the swiftness of emergency services regardless of patients' financial possibilities, not only for those patients which are regularly treated in the same hospital, but also in general considering the human aspect of such services. Furthermore, a regular follow up of patients until his complete recovery, should be improved in private hospitals and therefore respective managers should pay attention. Respecting the promised times of service delivery would be another aspect that needs to be regulated by the staff, as it seems to greatly affect the satisfaction of patients receiving services in the hospital.

REFERENCES




- [1] M. E. Kruk *et al.*, "High-quality health systems in the Sustainable Development Goals era: time for a revolution," *The Lancet Global Health*, vol. 6, no. 11, pp. e1196–e1252, Nov. 2018, doi: 10.1016/S2214-109X(18)30386-6.
- [2] R. Al-Abri and A. Al-Balushi, "Patient Satisfaction Survey as a Tool Towards Quality Improvement," *Oman Medical Journal*, vol. 29, no. 1, pp. 3–7, Jan. 2014, doi: 10.5001/omj.2014.02.
- [3] P. Esposito, "Clinical audit, a valuable tool to improve quality of care: General methodology and applications in nephrology," *World Journal of Nephrology*, vol. 3, no. 4, p. 249, 2014, doi: 10.5527/wjn.v3.i4.249.
- [4] S. Singer, J. Benzer, and S. Hamdan, "Improving health care quality and safety: the role of collective learning," *Journal of Healthcare Leadership*, p. 91, Nov. 2015, doi: 10.2147/JHL.S70115.
- [5] J. Braithwaite, "Changing how we think about healthcare improvement," *BMJ (Online)*, vol. 361, 2018, doi: 10.1136/bmj.k2014.
- [6] A. D. Athanassopoulos, "Customer Satisfaction Cues To Support Market Segmentation and Explain Switching Behavior," *Journal of Business Research*, vol. 47, no. 3, pp. 191–207, Mar. 2000, doi: 10.1016/S0148-2963(98)00060-5.
- [7] R. L. Oliver, "Processing of the Satisfaction Response in Consumption: a Suggested Framework and Research Propositions," *Journal of Consumer Satisfaction, Dissatisfaction & Complaining Behavior*, vol. 2, pp. 1–16, 1989.
- [8] V. Kumar, K. N. Lemon, and A. Parasuraman, "Managing Customers for Value," *Journal of Service Research*, vol. 9, no. 2, pp. 87–94, Nov. 2006, doi: 10.1177/1094670506293558.
- [9] B. B. Dedeoğlu and H. Demirer, "Differences in service quality perceptions of stakeholders in the hotel industry," *International Journal of Contemporary Hospitality Management*, vol. 27, no. 1, pp. 130–146, Feb. 2015, doi: 10.1108/IJCHM-08-2013-0350.
- [10] S. Zygariis, Z. Hameed, M. Ayidh Alsubaie, and S. Ur Rehman, "Service Quality and Customer Satisfaction in the Post Pandemic World: A Study of Saudi Auto Care Industry," *Frontiers in Psychology*, vol. 13, Mar. 2022, doi: 10.3389/fpsyg.2022.842141.
- [11] A. B. Mekonnen and F. Enquesslassie, "Patient expectations and their satisfaction in the context of public hospitals," *Patient Preference and Adherence*, vol. Volume 10, pp. 1919–1928, Sep. 2016, doi: 10.2147/PPA.S109982.
- [12] S. A. Cosma, M. Bota, C. Fleşeriu, C. Morgovan, M. Văleanu, and D. Cosma, "Measuring Patients' Perception and Satisfaction

- with the Romanian Healthcare System,” *Sustainability*, vol. 12, no. 4, p. 1612, Feb. 2020, doi: 10.3390/su12041612.
- [13] F. W. Sinyiza *et al.*, “Patient satisfaction with health care at a tertiary hospital in Northern Malawi: results from a triangulated cross-sectional study,” *BMC Health Services Research*, vol. 22, no. 1, p. 695, Dec. 2022, doi: 10.1186/s12913-022-08087-y.
- [14] A. Parasuraman, V. A. Zeithaml, and L. L. Berry, “A Conceptual Model of Service Quality and Its Implications for Future Research,” *Journal of Marketing*, vol. 49, no. 4, p. 41, 1985, doi: 10.2307/1251430.
- [15] L. Fan *et al.*, “Patients’ perceptions of service quality in China: An investigation using the SERVQUAL model,” *PLOS ONE*, vol. 12, no. 12, p. e0190123, Dec. 2017, doi: 10.1371/journal.pone.0190123.
- [16] S. H. Teshnizi, T. Aghamolaei, K. Kahnouji, S. M. H. Teshnizi, and J. Ghani, “Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis,” *International Journal for Quality in Health Care*, vol. 30, no. 2, pp. 82–89, Mar. 2018, doi: 10.1093/intqhc/mzx200.
- [17] T. Sharifi, S.-E. Hosseini, S. Mohammadpour, J. Javan-Noughabi, H. Ebrahimipour, and E. Hooshmand, “Quality assessment of services provided by health centers in Mashhad, Iran: SERVQUAL versus HEALTHQUAL scales,” *BMC Health Services Research*, vol. 21, no. 1, p. 397, Dec. 2021, doi: 10.1186/s12913-021-06405-4.
- [18] J. J. Jiang, G. Klein, and C. L. Carr, “Measuring Information System Service Quality: SERVQUAL from the Other Side,” *MIS Quarterly*, vol. 26, no. 2, p. 145, Jun. 2002, doi: 10.2307/4132324.
- [19] J. Rosińczuk, S. Manulik, and P. Karniej, “Evaluation of health care service quality in Poland with the use of SERVQUAL method at the specialist ambulatory health care center,” *Patient Preference and Adherence*, vol. Volume 10, pp. 1435–1442, Aug. 2016, doi: 10.2147/PPA.S108252.
- [20] H. S. Al-Neyadi, S. Abdallah, and M. Malik, “Measuring patient’s satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL,” *International Journal of Healthcare Management*, vol. 11, no. 2, pp. 96–105, Apr. 2018, doi: 10.1080/20479700.2016.1266804.
- [21] J. M. Carman, “Consumer perceptions of service quality: an assessment of the SERVQUAL dimensions,” *Journal of Retailing VO* - 66, no. 1, p. 33, 1990.
- [22] E. Babakus and G. W. Boller, “An empirical assessment of the SERVQUAL scale,” *Journal of Business Research*, vol. 24, no. 3, pp. 253–268, May 1992, doi: 10.1016/0148-2963(92)90022-4.
- [23] F. Buttle, “SERVQUAL: review, critique, research agenda,” *European Journal of Marketing*, vol. 30, no. 1, pp. 8–32, Jan. 1996, doi: 10.1108/03090569610105762.
- [24] M. Ibrahim and M. Ahmed, “Servqual Reliability and Validity: A Pilot Study to Evaluate Patients’ Satisfaction in the Jordanian Hospitals,” *International Management Review*, vol. 15, no. 1, p. 56, 2019.
- [25] F. A. Carrillat, F. Jaramillo, and J. P. Mulki, “The validity of the SERVQUAL and SERVPERF scales,” *International Journal of Service Industry Management*, vol. 18, no. 5, pp. 472–490, Oct. 2007, doi: 10.1108/09564230710826250.
- [26] W. Dong, Q. Zhang, C. Yan, W. Fu, and L. Xu, “Residents’ satisfaction with primary medical and health services in Western China,” *BMC Health Services Research*, vol. 17, no. 1, p. 298, Dec. 2017, doi: 10.1186/s12913-017-2200-9.
- [27] F. Manzoor, L. Wei, A. Hussain, M. Asif, and S. I. A. Shah, “Patient Satisfaction with Health Care Services; An Application of Physician’s Behavior as a Moderator,” *International Journal of Environmental Research and Public Health*, vol. 16, no. 18, p. 3318, Sep. 2019, doi: 10.3390/ijerph16183318.
- [28] N. X. Nguyen, K. Tran, and T. A. Nguyen, “Impact of Service Quality on In-Patients’ Satisfaction, Perceived Value, and Customer Loyalty: A Mixed-Methods Study from a Developing Country,” *Patient Preference and Adherence*, vol. Volume 15, pp. 2523–2538, Nov. 2021, doi: 10.2147/PPA.S333586.
- [29] A. B. Zun, M. I. Ibrahim, and A. A. Hamid, “Level of Satisfaction on Service Quality Dimensions Based on SERVQUAL Model Among Patients Attending 1 Malaysia Clinic in Kota Bharu, Malaysia,” *Oman Medical Journal*, vol. 33, no. 5, pp. 416–422, Sep. 2018, doi: 10.5001/omj.2018.76.
- [30] D. A. Amporfo *et al.*, “Patients satisfaction with healthcare delivery in Ghana,” *BMC Health Services Research*, vol. 21, no. 1, p. 722, Dec. 2021, doi: 10.1186/s12913-021-06717-5.
- [31] K. J. Al Fraihi, D. FAMCO, F. FAMCO, and S. A. Latif, “Evaluation of outpatient service quality in Eastern Saudi Arabia,” *Saudi Medical Journal*, vol. 37, no. 4, pp. 420–428, Apr. 2016, doi: 10.15537/smj.2016.4.14835.
- [32] S. A. Javed and F. Ilyas, “Service quality and satisfaction in healthcare sector of Pakistan—the patients’ expectations,” *International Journal of Health Care Quality Assurance*, vol. 31, no. 6, pp. 489–501, Jul. 2018, doi: 10.1108/IJHCQA-08-2016-0110.
- [33] S. Rezaei *et al.*, “Measurement of Quality of Educational Hospital Services by the SERVQUAL Model: The Iranian Patients’ Perspective,” *Electronic physician*, vol. 8, no. 3, pp. 2101–2106, Mar. 2016, doi: 10.19082/2101.
- [34] E. Coman *et al.*, “Patient Satisfaction with Private Recovery Services and Importance of Physician Behavior during COVID Time,” *Healthcare*, vol. 9, no. 8, p. 928, Jul. 2021, doi: 10.3390/healthcare9080928.
- [35] T. Fatima, S. A. Malik, and A. Shabbir, “Hospital healthcare service quality, patient satisfaction and loyalty,” *International Journal of Quality & Reliability Management*, vol. 35, no. 6, pp. 1195–1214, Jun. 2018, doi: 10.1108/IJQRM-02-2017-0031.
- [36] Đ. O. Došen, V. Škare, V. Cerfalvi, Ž. Benceković, and T. Komarac, “Assessment of the quality of public hospital healthcare services by using SERVQUAL,” *Acta Clinica Croatica*, vol. 59, no. 2, pp. 285–293, 2020, doi: 10.20471/acc.2020.59.02.12.
- [37] T. Taner and J. Antony, “Comparing public and private hospital care service quality in Turkey,” *Leadership in Health Services*, vol. 19, no. 2, pp. 1–10, Apr. 2006, doi: 10.1108/13660750610664991.
- [38] N. Owusu-Frimpong, S. Nwankwo, and B. Dason, “Measuring service quality and patient satisfaction with access to public and private healthcare delivery,” *International Journal of Public Sector Management*, vol. 23, no. 3, pp. 203–220, Apr. 2010, doi: 10.1108/09513551011032455.
- [39] M. Muhammad Butt and E. Cyril de Run, “Private healthcare quality: applying a SERVQUAL model,” *International Journal of Health Care Quality Assurance*, vol. 23, no. 7, pp. 658–673, Sep. 2010, doi: 10.1108/09526861011071580.
- [40] T. Azmi, M. H. Rahman, M. A. A. Mustafa, and M. R. Islam, “Measurement of Patient Satisfaction with SERVQUAL Model of Private Hospitals: SEM Approach,” *American Journal of Management*, vol. 17, no. 3, 2017.
- [41] S. Mrabet, S. M. Benachenhou, and A. Khalil, “Measuring the Effect of Healthcare Service Quality Dimensions on Patient’s Satisfaction in The Algerian Private Sector,” *SocioEconomic Challenges*, vol. 6, no. 1, pp. 100–112, 2022, doi: 10.21272/sec.6(1).100-112.2022.
- [42] F. A. Agbi, E. O. Asamoah, and G. A. Joshua Sewu, “Assessing Service Quality in the Ghanaian Private Healthcare Sector: The Case of Comboni Hospital,” *International Journal of Scientific Research and Management*, vol. 8, no. 02, pp. 616–627, Feb. 2020, doi: 10.18535/ijrsm/v8i02.sh01.
- [43] J. John, F. M. Yatim, and S. A. Mani, “Measuring Service Quality of Public Dental Health Care Facilities in Kelantan, Malaysia,” *Asia Pacific Journal of Public Health*, vol. 23, no. 5, pp. 742–753, Sep. 2011, doi: 10.1177/1010539509357341.
- [44] K. Sharma and K. Jain, “Service Quality in Health Care: A Study of Patients Satisfaction in Selected Private Hospitals of South Rajasthan,” *Wesleyan Journal of Research*, vol. 13, no. 68, 2021.




BIOGRAPHIES OF AUTHORS

Rezarta Kalaja    was born in Durres, on 11/04/1980. She completed her university studies in 2003, at the Department of Dentistry, Faculty of Medicine, University of Tirana. In 2011 she finished her post-master studies in "Public Administration", Faculty of Economy, University of Tirana, in the quality "Master of Sciences in Public Administration". She attends her doctoral studies at School of Doctorate "Economic Sciences", Faculty of Business, University of Durrës "Aleksandër Moisiu". From October 2012, is full-time lecturer at the Faculty of Professional Studies, University of Durrës "Aleksander Moisiu". She is member of many activities collaborating with local and foreign universities and professors in the field of medical sciences as well as the author of many scientific articles published in national and international journals. Since April 2019 she is Head of the Department of Technical medical Sciences, at Durrës University. She can be contacted at email: rezartak@hotmail.com.



Sllavka Kurti    is a Lecturer and a researcher at Faculty of Economy, Tirana University. Ph.D. in Quality Services Improvement Instruments. Studies completed at the Faculty of Economics, the University of Tirana in the field of Business Administration and further Master's Degree in Public Administration. Academic career at the Department of Management from 2008. Lecturer of the subjects Management, Human Resource Management, European Public Administration, and Policy and Performance Evaluation in the Public Sector. Author of several peer reviewed publications. Active participant in international conferences, workshops, and training in different countries: Germany, Austria, Spain, Italy, Latvia, and Poland. Local expert in many international projects, World BANK, IFC, Council of Europe, Swiss-Contact, and IPA-EU. She can be contacted at email: sllavka.kurti@fakultetiekonomise.edu.al.



Redi Myshketa    is a lecturer of Management Department, Faculty of Business, University Aleksander Moisiu" Durres, Durres, Albania. PhD candidate in World Economics research topic "Sustainable Development Strategies in Western Balkans"; Post Graduate Master in "European Studies"; MSc in Business Economics and Specialized in Marketing at University of Miskolc, Hungary. His main research interest is mainly focused on Sustainable Development Strategies; Space and Territorial Planning; Network and Cluster Analysis; Quality of Life Analysis; Health Management. He was involved in several international projects–Sustainicum; and Foenix. He can be contacted at email: redimyshketa@uamd.edu.al.