MEASUREMENT OF SERVICE QUALITY IN HEALTH SECTOR: A COMPARISON BETWEEN PUBLIC AND TURKISH PRIVATE HOSPITALS IN KOSOVO*

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Abstract: Healthcare quality has been subject of attention of researchers in every field. Different definitions have been given from different authors and new models have been developed over time. SERVQUAL and SERVPERF models were the most frequently used models for measuring health service quality. Although these models were shown successful in measuring quality, they have been criticized from many researchers. Therefore, it is necessary to make an overall view of healthcare quality factors. The aim of this study is to make a general evaluation of the service quality offered in public hospitals and private Turkish hospitals in Kosovo. Using the convenient sampling method, 204 surveys were found valuable. As a result of factor analysis, five main factors that measure service quality have been obtained and are named as hospital environment and examination services, nurses services, physical characteristics, convenience and medical services. According to the results of the t-test applied to the research data, it was found that service quality components were higher in private Turkish hospitals compared to the Kosovo public hospitals. Healthcare quality factors have an important impact on patient satisfaction. Patient satisfaction level is higher in private hospitals rather in public hospitals.

Keywords: *Hospital, Service, Quality, Service Quality, Service Quality Comparison*

Sağlık Sektöründe Hizmet Kalitesinin Ölçülmesi: Kosova'daki Devlet İle Özel Türk Hastaneleri Arasında Bir Karşılaştırma

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Özet: Sağlık kalitesi her alanda araştırmacıların dikkatini çeken bir konu olmuştur. Çeşitli yazarlardan farklı tanımlar verilmiştir ve zaman içinde yeni modeller geliştirilmiştir. Sağlık hizmeti kalitesinin ölçümünde en sık kullanılan modeller SERVQUAL ve SERVPERF modelleri olmuştur. Her ne kadar bu modeller kalite ölçümünde faydalı olmuşsa da kimi araştırmacı tarafından da eleştirilmiştir. Bu çalışmanın amacı Kosova devlet hastaneleri ile özel Türk hastanelerinde sunulan hizmet kalitesinin genel bir değerlendirmesini yapmaktır. Kolayda örneklem kullanılarak 204 kişiye uygulanan anket yönteminden faydalanılmıştır. Faktör analizi sonucunda hizmet kalitesini ölçen beş ana unsur elde edilmiştir. Bunlar hastane ortamı ve tetkik hizmetleri, hemşire hizmetleri,

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fiziksel özellikler, uygunluk ve hekim hizmetleri şeklinde isimlendirilmiştir. Araştırma verilerine uygulanan t-testi sonuçlarından Kosova devlet hastanelerine göre özel Türk hastanelerindeki hizmet kalitesi unsurlarının daha yüksek olduğu bulunmuştur. Sağlık kalite faktörlerinin hasta memnuniyeti üzerinde önemli bir etkisi vardır. Aynı şekilde memnuniyet düzeyi de özel Türk hastanelerinde daha yüksek bulunmuştur.

Anahtar Kelimeler: *Hastane, Hizmet, Kalite, Hizmet Kalitesi Karşılaştırma*

1. INTRODUCTION

Evaluating the service quality poses some important challenges that have long attracted the attention of academicians and researchers in developed countries. Two main concerns have caused the discussions on this topic: Who will evaluate the quality and according to which criteria (Andaleeb, 2001, p. 1360). It is very difficult to provide high healthcare quality in public or private sectors. Therefore, measuring patient satisfaction has been a more difficult task for researchers who conduct qualitative and quantitative researches, government policymakers and planners, hospitals directors and medical professionals (Al-Borie and Damanhour, 2013, p. 20). A country's health sector merits special attention from the state, as its patients and caregivers are given hope and convenience by the quality of healthcare. At the same time, the health sector provides a healthy human capital which contributes to the country's growth (Singh, 2013, p. 37).

The volume of the service sector is increasing in many countries of the world. Many of the developed and developing countries experience the growth of many service sectors that have contributed greatly to national economies. The service sector accounts for two thirds of the GDP value worldwide and is an important source of employment for many countries (Johann, 2015, p. 7).

This study aims to identify the main factors of service quality in healthcare sector and examine the differences of service quality dimensions between public hospitals and private hospitals in Kosovo. In detail, this study attempts to understand the perceptions of patients regarding the health service quality dimensions according to hospital type. Finally, patient satisfaction according to hospital type and the effect of service quality provided in Kosovo's public and private Turkish hospitals over the patient satisfaction are examined.

2. BACKGROUND

The concept of service, which has been developed systematically and technically since the 1700s, and at the same time, the definition of which has been examined, emerges in different forms at every stage of our life as a natural result of people living together (Sayım and Aydın, 2011, p. 245). Goods are tangible economic products that can be seen, touched, and tasted, and/or smelled but services can be anything (Rathmel, 1966, 32). In simple terms, services are a group of various economic activities that are not directly related to goods production, mining or agriculture (OECD, 2000). Grönroos (1988, p. 10) emphasizes the characteristics of services. In the first place, services are more abstract, services are a variety of activities rather touchable things, services are generated and consumed at least to a certain extent simultaneously, and the consumer takes part at least to a certain extent in the production process.

On the other hand, there is no generally accepted definition of quality. The quality word comes from the Latin "quails", meaning "feature". Quality generally refers to the difference of an organization, event, product, service, process, person, result or activity from its counterparts (Boran, 2008). (Leffler,

1982, p. 956). The definition of standardized quality of the International Organization for Standards (ISO) 9000 refers to all the features of a product (or service) requested by the customer (Hamson and Zuckerman, 2002, p. 82).

The quality of medical treatment has been assessed historically with objective measures such as mortality and morbidity. While these metrics are required to measure the clinical standard, more subjective tests are often ignored. Nonetheless, the health sector has been slowly moving beyond a quality assurance supply-side strategy (Dagger et al., 2007, p. 124). Defining and measuring health service quality is more difficult than other sectors. Important characteristics of the health sector such as complexity, variability and concurrency render identifying and assessing quality difficult. Healthcare is a non-concrete commodity which cannot be touched, felt, tracked, weighed, or counted as the physical products (Mosadeghrad, 2014, p. 78).

All medical services such as nursing, food and drink, ward services and other auxiliary services shall be classified as health service (Lee et al, 2006, p. 564). Donabedian (1980, p. 5) defines the quality of health service as "Applying medical science and technology to optimize health benefits without increased risk". He distinguished between three components of healthcare quality: (1) technical quality – the effectiveness of care in achieving health benefit; (2) interpersonal quality – meeting the needs and preferences of the patient, and the (3) facilities – such as physical environment and organizational features. People's perception of health care quality is the result of an evaluation process where expectations are compared with real experiences and the reality of healthcare taken (Duku et al, 2018).

The quality of health services can be considered as the consumer's perception that the service quality is high or low (Zeithaml et al, 1990). In general terms, service quality is defined as the difference between consumer expectations and perceptions (Grönroos, 2001). According to Gefen (2002), quality is a comparison between the service customers want to get and the service they actually receive. Parasuraman et al., (1985, 1988) add that expectations are related to the work done by the service provider during the activities and the perceptions are related to the performance measurement of the service provider.

3. LITERATURE REVIEW

The main purpose of measuring the quality of service is to prepare the foundations for improving quality. The quality of service perceived is a mechanism that tests differences between patient expectations and actual perceptions for a specific service (Parasuraman et al, 1985). Considering the importance of quality of services, it is no surprise that many experts spend a lot of time looking for, interpreting and describing this definition in terms of dimensions as quality of service describes customer behavior and has an enormous effect on financial management of an company. Therefore, in the 1980s, research in this area gained a great pace by encouraging the creation of different theoretical perspectives, as it was almost impossible to measure the quality of service and was about the management of the struggle for expertise and the management of perceptions (Parasuraman et al, 1988).

In marketing literature, the most known scales to measure service quality are SERVQUAL and SERVPERF. SERVQUAL (also known as gap analysis) argues that perceived service quality should be considered as the difference between consumer expectations and perceptions of performance.

SERVPERF (performance-based scale), on the other hand, conceptualizes service quality by using only perceptions of performance (Elliot, 1994, p. 57). Expectations reflect consumer wishes who have a specific idea of how a service should be offered. The determination of the patient's expectations is the comparison between what they expect, and they actually receive (Lovelock and Wright, 1999; Zeithaml et al, 1993). On the other hand, perceptions express the service evaluations received as a combination between what is offered to the consumer and how it is presented (Lim and Tang, 2000, 290).

The SERVQUAL model was originally designed to evaluate services in the financial sector and consists of 22 items measured in a seven-point Likert scale (Saleh and Ryan, 1991, p. 330). SERVQUAL scale has been widely used to assess patient perceptions of service quality, for example, patient satisfaction (Bowers et al., 1994), hospital care (Carman, 1990), dental service quality (McAlexander et al., 1994), health services in public universities (Anderson, 1995) etc. Buttle (1996) points out that the advantages of SERVQUAL are as follows: (i) it is recognized as a standard tool to evaluate different aspects of quality, (ii) it is suitable for various services, (iii) it is reliable; (iv) since it has a limited number of items, it is effective because it is filled quickly and easily, and (v) it has a standard analysis process that facilitates data interpretation.

Although the SERVQUAL model has been widely disseminated and viewed as a valuable and reliable tool to measure service quality, it has been criticized both conceptually and methodologically. One criticism is that the five dimensions can be summed into two dimensions, which can be called basic services and additional services, and can be considered equivalent to two functional dimensions of McDougall and Levesque (1995) and Grönroos (1984). Another criticism that draws the attention of experts is that this tool cannot be applied universally to the service sector because researchers had to take into account the type of service provided when applied (Carman, 1990). Cronin and Taylor's (1992) critique of measuring expectations that neglected the technical delivery aspects as a comparative basis has taken its place among other criticisms.

Therefore, Cronin and Taylor (1992) proposed the other model called SERVPERF based on the original SERVQUAL model, believing that its reliability and predictability are more accurate in measuring service quality. These authors criticized the SERVQUAL model and questioned its conceptual basis, considering that it was confused with service satisfaction. Their views were that the expectation component should be eliminated and that only the performance element should be used, this way creating the scale known today as the "SERVPERF" model. Both SERVPERF and SERVQUAL models are related to the conceptual definition that the quality of service is a position (attitude) towards the service provided by a company and the comparison of performance expectations (Parasuraman et al., 1985; 1988; Cronin and Taylor, 1992).

Many studies on patient satisfaction have shown that patients with poor health status have negative perceptions of quality in public and private hospitals, whereas quality expectations of patients with good health yield more positive results (Badri et al., 2009). Despite this phenomenon, a study by Linn et al. (1982) showed that the patient's health was not an important factor for satisfaction.

A study of patients' satisfaction indicators for hospitals has shown that the competence and behavior of hospital staff is significantly effective on patient satisfaction. The quality of communication and the general condition of the buildings are important factors; however, these are less important in explaining consumers' satisfaction with the services (Andaleeb et al., 2007). Unlike these, hygiene

and hospital layout also affect patients' impressions (Boudreaux and O'Hea, 2004). Waiting time is an important indicator in patient satisfaction. If the waiting time is longer than the patient's expectation, patient dissatisfaction increases (Muhondwa et al., 2008). In addition, many studies have shown that unfulfilled expectations are linked to patient dissatisfaction (Kravitz et al., 1994; Kravitz, et al, 2002; Brody et al., 1989).

Measurement of the quality of health services in private and public hospitals is an extensively researched subject. Andaleeb (2000) measured the quality of private and public hospitals in Bangladesh and the results obtained showed that private hospitals provide more qualified services than public hospitals. Taner and Antony (2006) found that private hospitals in Turkey offer better quality compared to public hospitals, in other words, respondents are more satisfied with doctors and nurses in private hospitals. Yeşilada and Direktör (2010) applied factor analysis to the variables of health service quality. The results of the factor analysis pointed out that patient confidentiality, sensitivity and quality of physical assets should be taken into account. Irfan and Ijaz (2011, p. 17) revealed that private hospitals offer higher quality services than public hospitals. Tengilimoglu et al. (1999), Owusu-Frimpong et al, (2010), Rod and Ashill (2010), Zamil et al, (2012) also proved that health care service quality provided in private hospitals is higher than in public hospitals. However, Arasli et al. (2008) stated that the professionalism of the staff, nutrition and interior space play a role in the quality of hospital services and that the patient expectations are not met in neither private hospitals nor in public hospitals. Based on this examination, we can propose our hypotheses as:

H1: Healthcare service quality differs according to hospital type.

H2: Healthcare service quality has a positive effect on patient satisfaction.

H3: Patient satisfaction varies significantly according to hospital type.

4. RESEARCH

4.1. Research Subject and Purpose

Healthcare service is different from other public services. Although it provides "universal access and coverage", the current healthcare system does not serve the same patients with lower income. The political, economic and social context determines the loss in the health system and puts the patient in a vicious circle with the system. The effects of international policies implemented by the Kosovo Government and international institutions contribute to a constant state of uncertainty about the political and economic position of Kosovo in the future. Such a situation has direct or indirect impact on the Kosovo health sector (Begolli and Arënliu-Qosaj, 2011, p. 13).

The aim of this study is to evaluate the healthcare service provided in public and Turkish private hospital in Kosovo from the viewpoint of patient. The sub-objectives of the study are as follows:

- Determine the healthcare service factors and examine the differences in healthcare service factors between public and Turkish private hospitals in Kosovo.
- Examine the patient satisfaction in public and Turkish private hospitals in Kosovo.
- Examine the effect of healthcare service provided in public and Turkish private hospitals in Kosovo on patient satisfaction.

4.2. Research Population and Sampling

To collect the data, a survey was conducted in public and Turkish private hospitals in Kosovo. Using convenient sampling, patients over 18 years old being treated in public hospitals and private Turkish hospitals in Kosovo were targeted. From public hospitals, Kosovo Research Hospital, Pristina Regional Hospital, Prizren Regional Hospital, and Mitrovica Regional Hospital were selected. From private Turkish hospitals, Medicine Hospital, Eye Hospital, LİV Hospital and Bahçeci Hospital were selected. 200 questionnaires in public and 200 questionnaires in private hospitals were delivered. 108 questionnaires from public hospitals and 96 questionnaires from private hospitals, in total 204 questionnaires were found valuable for analysing. SPSS 25 were used to analyse data.

Figure 1 shows the conceptual model for our research. Healthcare service quality is measured adopting in total 35 items from the studies of Varinli and Çakır (2004), Yağcı and Duman (2006) and Zerenler and Öğüt (2009). Participants were asked to respond on a five-point Likert-scale ranging from 1 for 'not at all happy' to 5 for 'very happy'. Sample items are: "Nurses' showing interest and affinity to patients", "Time that doctors take to listen to patients", "Patient rooms cleaning", "Convenience of the applied prices to the budget". Patient satisfaction was measured as an aggregate attitude toward health care quality. Participants were asked to respond on a five-point Likert-scale ranging from 1 for 'not at all happy' to 5 for 'very happy'. The sample item is "How satisfied are you with the hospital in general?".

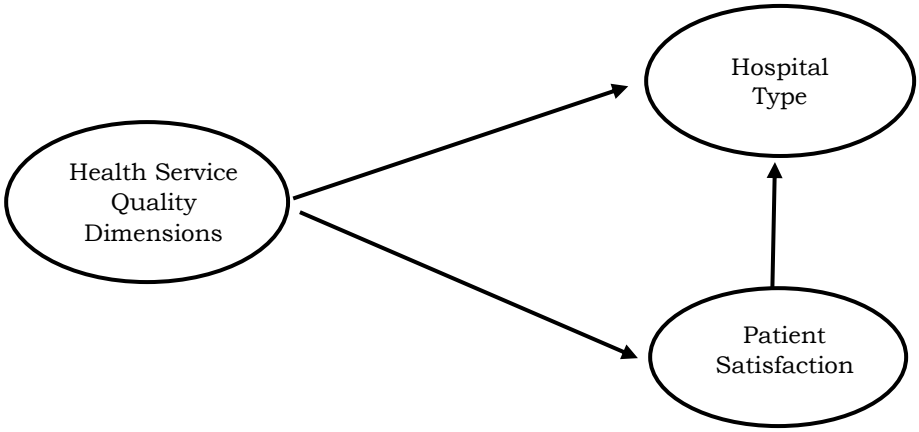

Figure 1: Research model

4.3. Number (Frequency) and Percentage Information of the Descriptive Questions of the Study

Table 1. Sample statistics (n=204)

Variables	Groups	Frequency (n)	Percent (%)
Hospital type	Public	108	52.9
	Private	96	47.1
Gender	Male	99	45.8
	Female	105	51.5
Age	Under 25	43	21.1
	25-39	58	28.4
	40-54	64	31.4
	Over 55	39	19.1
Education	Primary School	52	25.5
	High School	54	26.5
	Undergraduate	74	36.3
	Graduate	24	11.8
Occupation	Farmer	3	1.5
	Officer	54	26.5
	Entrepreneur	37	18.1
	Housewife	19	9.3
	Worker	45	22.1
	Student	13	6.4
	Retired	13	6.4
	Unemployed	20	9.8
Marital status	Single	63	30.9
	Married	141	69.1
Income level	0-300 euro	55	27.0
	301-600 euro	45	22.1
	601-900 euro	47	23.0
	601-1200 euro	37	18.1
	1201 euro+	20	9.8

Table 1 summarizes the sample statistics. 99 (48.5%) of the participants in the study are male and 105 (51.5%) are female. Considering the age distribution; 43 (21.1%) of the participants were under 25, 58 (28.4%) were in the 25-39 age range, 64 (31.4%) were in the 40-54 age range, and 39 (19.1%) were 55 years and older. According to the education level, 52 (25.5%) of the participants have a primary education, 54 (26.5%) a high school, 74 (36.3%) an undergraduate and 24 (11.8%) a graduate and doctorate degree. According to the profession variable, 3 (1.5%) of the participants are farmers, 54 (26.5%) civil servants, 37 (37%) self-employed, 19 (9.3%) housewives, 45 (22.1%) workers, 13 (6.4%) are students, 13 (6.4%) are retired and 20 (9.8%) are unemployed. According to the marital status variable, 63 (30.9%) of the participants are single and 141 (69.1%) are married. According to the last demographic variable, income level variable, 55 (27%) of the participants are at the 0-300 euro income level, 45 (22.1%) are at the 301-600 euro income level, 47 (23%) are at the 601-900 euro income level, 37 of them (18.1%) are at the level of 901-1200 euros and 20 of them (9.8%) are at the level of income over 1201 euros.

4.4. Findings

4.4.1. Research Validity and Reliability

In order to continue with data analysing, we have tested the validity and reliability of the study. Because this study is exploratory in nature and because the survey was applied to a different country and culture, exploratory factor analysis (EFA) was employed. “Factor analysis is a general name given to a group of multivariate analysis techniques, the main purpose of which is to reduce or summarize many variables to basic dimensions with the help of fewer factors in order to facilitate understanding and interpretation of the relationships between the many variables that are thought to be related. The

basic logic in factor analysis is the idea that a complex phenomenon can be explained with the help of fewer factors (basic variables)" (Altunışık et al., 2012).

Table 2 reports the results of factor analysis. The KMO test was found to be .95 and it can be said that the number of samples is suitable for factor analysis. The Bartlett test obtained was also significant (p = .00 <.05). The quality of service was measured with a total of 35 questions, but as a result of the analysis, it was decided to exclude 4 items from the analysis, since there was no close relationship with the factor collected. Using the Varimax method, factor analysis was done again with 31 variables. Eigenvalue was chosen to determine the number of factors and 5 significant factors greater than 1 were obtained. Five factors explain 74.78% of the total variance. Based on the literature examined, these factors were named as "hospital environment and examination services", "nursing services", "physical characteristics", "convenience" and "medical services".

In Table 3, the results of reliability analysis are given. The overall reliability Alpha coefficient of 31 items of the healthcare service quality scale was calculated as .97, which shows that the scale used to measure healthcare service quality is very reliable. In addition, the reliability coefficient of each factor obtained from factor analysis was found to be quite high. Correlations between items vary between .47 and .88. Low correlation value indicates that the contribution of the relevant item to the whole scale is low and for very low value, the relevant item should be removed from the scale (Kalaycı, 2014). High correlations between items show that the internal consistency reliability of the scale is provided (Devellis, 1991).

Table 2. Service Quality Scale Factor Structure

Factor	Item	Factor Loading	Explained Variance
Hospital environment and examination services	Comfort of patient beds	0.69	18.76
	Linen cleaning	0.67	
	Noiseless environment in the hospital	0.66	
	Patient rooms cleaning	0.66	
	Easily benefit from laboratories and other medical services	0.66	
	Appearance of the equipment	0.64	
	General cleaning of the hospital	0.63	
	Expected time to be examined	0.55	
	View of buildings / rooms	0.49	
	Ventilation of patient rooms	0.49	
Nursing services	Nurses listening to and understanding their patients	0.78	16.42
	Nurses working skills	0.76	
	The patient's trust in the nurse	0.70	
	Courtesy level of nurses to patients	0.65	
	Nurses' showing interest and affinity to patients	0.63	
	Care for patient needs	0.59	
	Sensitivity to patient privacy	0.55	
	Trusting that the examination and treatment are done correctly	0.55	
Physical characteristics	Illumination of patient rooms	0.71	14.37
	Hospital's sign boards	0.66	
	Communication facilities of the hospital	0.64	
	Hospital visiting hours	0.61	
Convenience	Convenience of the applied prices to the budget	0.75	13.82
	Canteen services of the hospital	0.70	
	Access to the hospital	0.70	
	Distribution of hospital meals	0.69	
Medical services	Doctors' interest and affinity to patients	0.74	11.39
	The kindness that doctors show to the patients	0.67	
	Timely and accurate treatment	0.65	
	Time that doctors take to listen to patients	0.64	
	The patient's confidence in the doctor	0.62	
		Total Explained Variance	**74.78%**

Table 3. Results of Reliability Analysis

Factor	Correlation Interval Between Items	Alpha Coefficient
Total Reliability of 31 items	0.47 – 0.86	0.97
Hospital environment and examination services	0.76 – 0.88	0.96
Nursing services	0.73 – 0.82	0.93
Physical characteristics	0.72 – 0.81	0.89
Convenience	0.59 – 0.74	0.85
Medical services	0.57 – 0.78	0.87

4.4.2. Healthcare Service Quality in Public and Private Hospitals

Table 4. Results Of T-Test Regarding the Differences Between Public and Private Hospitals According to Healthcare Service Quality

	Public Hospitals	Private Turkish hospitals	F	P
N	108	96		
Factors	Mean±SD	Mean±SD		
Hospital environ. and examin. serv.	3.03±.76	4.25±.59	5.80	0.00
Nursing services	3.25±.72	4.09±.54	7.63	0.00
Physical characteristics	3.50±.88	4.20±.60	18.74	0.00
Convenience	3.19±.80	3.83±.65	0.91	0.00
Medical services	3.12±.62	4.15±.47	6.06	0.00
Total health service	3.18±.64	4.13±.48	5.48	0.00

To test whether there is difference between public and private hospitals according to healthcare service quality, independent sample t-test was used. In Table 4, the differences between public and private hospitals according to service quality factors are given. As a result, the means of all five factors and the total health service quality mean are higher for private hospitals than the means of all five factors and the total health service quality mean for public hospitals. The service quality offered in private Turkish hospitals is higher than the service quality offered in public hospitals. However, the means of convenience factor for both hospitals seem close, although the differences are significant. It should not be forgotten that the most important item in this factor is "the convenience of the applied prices to the budget" and accordingly, both the patients treated in public hospitals and those treated in private Turkish hospitals see these prices as high. But still, examination fees are lower in public hospitals. As a result, taking the differences of public hospitals and private Turkish hospitals in Kosovo into consideration, it can be concluded that the quality of health services offered in private Turkish hospitals is higher (4 = happy) and the quality of health services offered in public hospitals in Kosovo is moderate (3 = neither happy nor unhappy). Hence, we successfully support our first hypothesis H1.

According to the data in Table 5, the regression model of the effect of hospital environment and examination services, nursing services, physical characteristics, convenience and medical services on patient satisfaction is significant ($F=73.71$, $p<.00$). The model summary shows that healthcare service quality factors explain 65% of the change in patient satisfaction. However, from independent variables, only hospital environment and examination services ($ß=.63$, $p<.00$) and medical services ($ß=.54$, $p<.00$) have a significant effect on patient satisfaction. Hence, we successfully accept the second hypothesis.

Lastly, according to the data in Table 6, the mean of patient satisfaction in private Turkish hospitals ($\bar{x}=4.23±.80$) is higher than the mean of patient satisfaction ($\bar{x}=2.96±.74$) in public hospitals in Kosovo.

These differences are significant (F=5.08, p<.00) and show that patients are more satisfied with quality provided in private Turkish hospitals rather than in public hospitals in Kosovo. Hence, our last hypothesis is successfully supported.

Table 5. Regression Analysis Results on the Effect of Health Service Quality Provided in Kosovo Public Hospitals and Private Turkish Hospitals on Patient Satisfaction

Dependent Variable	Independent Variables	B	t	p	F	Model (p)	R^2
Patient Satisfaction	Constant	0.10	0.41	0.68	73.71	0.00	0.65
	Hospital environ. and examin. serv.	0.63	5.89	0.00			
	Nursing services	–0.04	–0.03	0.68			
	Physical characteristics	–0.07	–0.06	0.38			
	Convenience	–0.10	–0.08	0.22			
	Medical services	0.54	0.40	0.00			

Table 6. T-test Results Regarding the Examination of Patient Satisfaction Differences by Hospital Type

	Public Hospitals	Private Turkish Hospitals	F	P
N	108	96		
	Mean±SD	Mean±SD		
Patient Satisfaction	2.96±.74	4.23±.80	5.08	0.00

5. CONCLUSION

The purpose of this study was to make an overall assessment of the quality of service in the healthcare sector in Kosovo. Five important service quality factors were revealed at the end of factor analysis named as “hospital environment and examination services”, “nursing services”, “physical characteristics”, “convenience” and “medical services”. Significant differences in all dimensions were found between Kosovo public hospitals and private Turkish hospitals. According to these differences, hospital environment and examination services, nursing services, physical characteristics, convenience, medical services and service quality in general have reached higher scores in private Turkish hospitals than in public hospitals. It has been found that private Turkish hospitals offer a higher level of healthcare to patients in every aspect. These results are in line with the results of Andaleeb (2000). According to his study, private hospitals got higher scores from public hospitals for taking more response, communication and disciplinary measures. These differences show that private hospitals play a meaningful role in society and justify their existence, continuation and growth. Arasli et al. (2008) found that health services are better in private hospitals. Private hospitals offer a better service than public hospitals. In their similar study, Al-Borie and Damanhouri (2013) found that the quality of private hospital service was higher than that of the state hospital service. Concreteness dimension has been found as the best dimension of service quality in public hospitals. Included in this dimension are staff appearance, convenient and accessible location, modern equipment and technology. The best services in private hospitals are comfort and easy accessibility, and health personnel sincerity.

Next, the effect of service quality offered in public and private Turkish hospitals on patient satisfaction was examined. As a result of the regression analysis, it was found that service quality had a significant effect on patient satisfaction. However, only the hospital environment and examination services and medical services were found meaningful in terms of service quality. These findings are supported by the study of Padma et al. (2010). As a result of the regression analysis, staff quality (medical and nursing services) were found as the most effective dimension on patient satisfaction. In addition, it has been demonstrated that clinical service, image and reliability dimensions have a significant effect on patient satisfaction.

Finally, patient satisfaction in public hospitals and private Turkish hospitals in Kosovo has been examined. Patient satisfaction varies significantly according to the type of hospital. The patient satisfaction scores of patients treated in private Turkish hospitals were higher than the patient satisfaction scores of patients treated in Kosovo public hospitals.

5.1. Practical Implication

As expected from the analyzes conducted, this comparative study between the two sectors reveals that the public sector in all dimensions received lower scores compared to the private sector, and the factor that distinguished these sectors to a large extent was satisfaction. Equipment technology and techniques used in the treatment of patients, medical and nursing services, hygiene and conditions offered within the hospital, equipment maintenance and food are among the factors that distinguish these sectors. Health service quality provided in Kosovo's public hospitals is not satisfactory for patients and accordingly, hospitals need to take measures to improve health service quality. Corrections should be made from the medical services to the hospital environment. Patients complain that they are not listened and given time by doctors and nurses. Doctors and nurses need to pay more attention to this issue. Another problem is that in some cases, patients do not trust nurses in conducting the examination.

Apart from this, low scores were also obtained for the hospital environment in Kosovo public hospitals. Generally, the general cleaning of the hospitals, the cleaning of the rooms, the cleaning of the bed linens also at a dissatisfying level. Furthermore, patients complain that they cannot easily benefit from the laboratory and other medical services and that the expected time to be examined is sometimes long. Hospitals need to offer more facilities regarding these issues. Another problem that is noticed during the survey application is that the healthcare personnel arrive late at work and do not work properly to solve problems directly affecting the health service quality Another problem discovered from this study is that health personnel of public hospitals work to a large extent in their private ordinances. This means absenteeism, being late for work at specified hours, and unacceptable service quality. We recommend that the government should take measures to promote public sector and, in some instances, to prevent double salaries by working in both sectors, public and private. Because, in some cases, patients treated in public hospitals are required to continue examination or later procedures in their private ordinances.

5.2. Limitation and Future Studies

The most important constraints of this research are time and costs. It is difficult to reach all public hospitals in Kosovo and all private Turkish hospitals in Kosovo in terms of time and cost constraints. For this reason, the research is limited by sample. Despite the effort and time allocated to the

distribution of the questionnaire, the number of questionnaires obtained from patients who make up the sample size is not possible to represent the population. Considering that the research is health related, there is a possibility that the responses are affected by the treatment course of the patients. It was not possible to interview patients who were very heavy, unable to speak and newly operated. Regarding future researches, we suggest measuring patient satisfaction with multiple items and see the differences between healthcare quality and satisfaction. In order, from a practical view, it is important to see how healthcare quality and patient satisfaction differ according to demographics. It may be useful to search the reasons why consumers select hospitals and how healthcare quality and patient satisfaction may vary according to hospital selecting reasons.

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GENİŞLETİLMİŞ ÖZET

Sağlık hizmetlerinin kalite düzeylerinin ölçülmesi, bilim insanlarının uzun bir zamandır üzerinde çalıştıkları ve onları ciddi anlamda meşgul eden bir konu olmuştur ve hala da devam etmektedir. Bunun nedeni, bu hizmetleri ölçmenin ve güvenilir bir ölçüt ortaya koymanın zorluğundan kaynaklanmaktadır. Yine, sağlık hizmetlerinin ölçümü, tüketici hizmetlerinin ölçümü ile aynı özellikleri göstermemektedir. Bu hizmetleri ölçmek için farklı yazarlar tarafından farklı modeller geliştirilmiştir. En sık kullanılan modeller arasında SERVQUAL ve SERPERF modelleri bulunmaktadır. Bu modeller ilk kullanımlarında finansal hizmetler gibi sağlık dışı hizmetleri ölçmek için geliştirilmiş olsa da, daha sonrasında bu modellerin sağlık hizmetlerini ölçmede de başarılı olduğu gözlemlenmiştir. Devlet ve özel hastanelerin sağlık hizmet kalitesinde farklılıklar olduğu göz önüne alınarak yapılan bu çalışmanın amacı, Kosova'daki mevcut sağlık hizmetlerinin genel bir değerlendirmesini yaparak, Kosova'daki devlet hastaneleri ile bu ülkede faaliyet gösteren Türk özel hastanelerinde sunulan hizmetler arasında bir karşılaştırma yaparak farkları ortaya koymaktır. Yine çalışmada, sağlık hizmetleri faktörlerini belirlemek ve bu faktörlerin hastane türüne göre nasıl farklılaştığını ortaya koymak ta alt amaçlardandır. Çalışma aynı zamanda hizmet kalitesinin hasta memnuniyeti üzerine etkisini de incelemektedir. Son olarak çalışmada, hasta memnuniyetinin, hastane türüne göre nasıl farklılaştığının ortaya konulmasına çalışılmıştır. Çalışmada kolayda örnekleme kullanılarak Kosovalı hastalar üzerinde bir anket çalışması yapılmıştır. Kosova' da faaliyet gösteren devlet hastanelerinden Kosova Araştırma Hastanesi, Priştine Bölge Hastanesi, Prizren Bölge Hastanesi ve Mitroviçe Bölge Hastanesi seçilmiştir. Kosova'da faaliyet gösteren Türk özel hastanelerinden ise, Medicine Hastanesi, Eye Hastanesi, LIV Hastanesi ve Bahçeci Hastanesi seçilmiştir. İstatistiksel analizler için devlet hastanelerinde hastalar tarafından doldurulan 108 anket, özel hastanelerde hastalar tarafından doldurulan 96 anket geçerli bulunup değerlendirmeye tabi tutulmuştur. Anket formu literatürden uyarlanmış 35 sorudan oluşmaktadır. Veriler SPSS programı kullanılarak analiz edilmiştir. Faktör analizi sonuçlarından beş faktör elde edilmiştir. Bu faktörler, hastane ortamı ve tetkik hizmetleri, hemşire hizmetleri, fiziksel özellikler, uygunluk ve hekim hizmetleri şeklinde isimlendirilmiştir. Tüm faktörler yüksek derecede güvenilirlik göstermiştir (Cronbach's Alpha katsayısı 0.85 ile 0.97 aralığında bulunmuştur). T testi kullanılarak hastane türüne göre bu faktörlerin farklılıkları incelenmiştir. Sonuçlar, Türk özel hastanelerinde sağlık hizmetlerini ölçen beş faktörün daha yüksek değerlere sahip olduğunu göstermiştir. Buna göre Kosova'daki Türk hastaneleri, devlet hastanelere göre daha iyi sağlık hizmetleri sunmaktadır. Çalışmada, bu faktörlerin hasta memnuniyeti üzerinde bir etkisinin olup olmadığına bakılmıştır. Regresyon analizi ile, sadece hastane ortamı ve tetkik hizmetleri ile hekimlik hizmetlerinin, hasta memnuniyeti üzerinde önemli bir etkisi olduğu kanıtlanmıştır. Diğer faktörler için beta değerleri anlamsız bulunmuştur. R değeri, bu iki faktörün hasta memnuniyetindeki farkın %65'ini açıkladığını göstermektedir. Son olarak çalışmada, hasta memnuniyetinin hastane türüne göre farklılaşıp farklılaşmadığı test edilmiştir. T test sonuçları, Kosova devlet hastanelerde hasta memnuniyeti ortalamasının 2,96, Kosova'daki Türk özel hastanelerinde ise, 4,23 olduğunu göstermektedir. Bu da, hastaların Kosova'daki Türk özel hastanelerinde sunulan sağlık hizmetlerinden, devlet hastanelerde sunulan sağlık hizmetlerine göre daha yüksek derecede memnun olduklarını ortaya koymaktadır. Çalışmada, Kosova'daki devlet hastanelerinde sunulan sağlık hizmetlerinin, özel hastanelere oranla neden daha düşük olduğuna dair bazı tespitlere de yer verilerek, bu hizmetlerin ileriye dönük olarak nasıl geliştirilebileceğine dair bazı öneriler getirilmiştir.