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Comparison of Expectations and Perceptions of Resident European Union (EU) Citizens About Hospital Service Quality In Their Home Countries and Turkey

Yavuz YILDIRIM¹, Sahin KAVUNCUBASI²

Abstract

The aim of this research is to reveal the assessment of EU (European Union) citizens residing in Alanya regarding the quality of hospital services in both their own countries and Alanya. The study was carried out face-to-face with a survey method with 295 resident EU (European Union) citizens between June and August 2018 in Alanya. The analysis was done with the SPSS 22.0 package program. 229 (76.60%) of the participants are women and 66 (22.40%) are men, 159 (54%) are German citizens and 30 (10.22%) are British citizens. Expectations of EU citizens regarding hospital service quality are empathy, reliability and assurance, particularly physical assets and accountability. It was found that quality expectations of EU citizens were met in terms of accountability and reliability, whereas expectations related to other dimensions were not satisfied. The overall perception levels of EU citizens regarding hospitals in their own countries are higher than the overall levels of perception of hospitals in Alanya. For this, Hospital managers in Alanya need to pay particular attention to assurance, physical assets and empathy dimensions for better quality health service delivery.

Keywords: resident foreigners, Servqual, health service quality, Alanya, satisfaction, dependability.

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Introduction

Service quality is rising step by step in numerous markets and industries, and it has gotten a noteworthy subject in various literature writing. These quality traits in healthcare, for example, elusiveness, multifaceted nature, connection and perishability render it all the more difficult to characterize and measure service quality rather than product quality (Parasuraman, Zeithaml, & Berry, 1985; Zeithaml, Bitner, & Gremler, 2006).

Various writing proposes that customer perception and exception is all the more much of the time encountered in examinations of service quality research (Díaz-Martín *et al.*, 2000; Ojasalo, 2001; Robledo, 2001; Dean, 2004; Ali, Dey, & Filieri, 2015; Oghuma *et al.*, 2016). The organization will protect that client needs will be satisfied by the norm of the consideration rendered, a service that has so far demonstrated difficult to handle (Yelkur & Chakrabarty, 2006; Renedo *et al.*, 2015).

Main purpose of the health systems is to improve the health and well being of the population (including migrants and resident foreigners) health by assuring financial risk protection and responsiveness (World Health Organization, 2000). The purpose of this study, applied SERVQUAL methodology, is to determine the satisfaction level of resident foreigners (immigrants) population who left their own European Union (EU) member country to live in Alanya ,Turkey, and to compare the expectations levels of immigrants in their own EU countries and in Turkey. This comparative study is expected to give impetus the quality improvement movements in Turkey. International comparisons of patient expectations and perceptions create opportunities to determine potential problem areas and to formulate national strategies and policies and programs addressing these problems. This study also will help EU citizens to make an informed decision for migration to Turkey. The models that conceptualizing service quality were firstly emerged in the 1980s by the works of Portugal *et al.* (2007), called as Nordic perspective and the Parasuraman, Zeithaml, & Berry (1988) and Fiala (2012) called as American perspective. Nordic Model assumes that the concept of quality has two dimensions, namely technical quality and functional quality. While technical quality defines what consumers receive as an outcome of the interactions with the service provider, functional quality focuses on how consumers receive the services. Technical quality can be considered to be much like the service equivalent of a quality specification for a manufactured item. In health services, for example, the return of function, absence of mortality, morbidity, or lack of perioperative complications would be considered generic examples of technical quality criteria (Hossain, 2014).

Parasuraman, Zeithaml, & Berry (1988) and Fiala (2012) developed a servqual model to assess service quality based on the discrepancy between patient expectations and their perceptions regarding to health services provided to them. SERVQUAL scale has become the most widely used instrument in the quality

measurement studies around the World and in Turkey (Isik, Tengilimoglu, & Akbolat, 2011; Devedakan & Aksarayli, 2003; Zeithaml, Bitner, & Gremler, 2018). Servqual scale consists of five components that describe the dimensions of service quality. Dimensions of Servqual scale are summarized in *Table 1* (Parasuraman, Berry, & Zeithaml, 1990).

Table 1. Dimensions of Servqual Scale

Dimensions	Definitions
Tangibles	The appearance of physical facilities, equipment, and staff.
Reliability	Ability to provide the promised health services dependably and accurately.
Responsibility	Willingness to help or to support patients and provide service promptly.
Assurance	Technical knowledge, expertise and courtesy of the staff and their capacity to create mutual trust and confidence.
Empathy	Good communication, customer understanding and individualized attention toward patients.

Servqual scale enables healthcare managers to determine the direction and the severity of the quality deficits or “gaps” as causes of service delivery failures occurred in the entire service provision process. Zeithaml, Bitner, & Gremler (2018) grouped quality gaps in two main categories: (1) Customer (patient) gap and (2) Provider gaps. The patient gap concerns the difference between patients’ service expectations and perceptions. Service expectations are developed by past experiences, personal needs and Word of mouth communications (Kiliç, 2016). On the other hand, provider gaps occur within the health care organization providing the service. Provider gaps, briefly explained in *Table 2*, are possibly under the control of the health care managers (Parasuraman, Berry, & Zeithaml, 1990).

Table 2. Types of Provider Gaps

Types of Provider Gaps	Definition
Gap 1: The listening gap	The difference between patient expectations of service and provider understanding of these expectations.
Gap 2: The service design and standards gap	The difference between provider understanding of patient expectations and the development of patient focused service designs and standards
Gap 3: The service performance gap	the difference between the development of patient-focused service standards and actual service performance by staff providing health services
Gap 4: The communication gap	The difference between service delivery and the service provider’s external communications

Literature review

Expectation of Service Quality

The evaluation of service quality effectiveness is impacted drastically by Clients expectation recommend that buyer inclinations might be portrayed as decisions on administration conveyance that fill in as measures to decide service quality (Brown & Swartz, 1989; Tam, 2005; Zeithaml, Bitner, & Gremler, 2018). At the point when clients based their encounters to expectation while assessing the degree of administration and utilities for this reason institution need to think about the client's norms or expectation and control them (Zeithaml, Bitner, & Gremler, 2018)

The degree of service quality relies upon the mastery and abilities expected to dominate clients expectations (Taam, 2005). Zeithaml *et al.* (1990) recommend that the absence of understanding about clients inclinations or expectation is one of the key wellsprings of low service quality (Palmer, 2001) In this way, knowing client inclinations is a basic move in accomplishing great productivity. There is little attention to what organizations would foresee to add to the loss of clients; contributing capital, vitality, and different assets wastefully and and likely proceeded with organization disappointment in a turbulent market (Zeithaml, Bitner, & Gremler, 2018). At the point quality is identified with how an organization fulfills the desires for clients, it is imperative to characterize such desires. Most conceptualizations of service quality begin from hypothetical clients recognitions. The inclinations of clients are, as a general rule key in any institution (Palmer, 2001). The utilization of the expectation of clients as models for assessing nature of service quality, and these observations impact their comprehension of actuality (Choi & Mattila, 2008; Tam, 2005). Showing principles of expectation and customer fulfillment has been centered around different significances. How the Service of an organization is rendered to a Clients will convey the expectation (Fiala, 2012). Teas (1993) noticed that client satisfaction is the positive result of the service meeting the client expectation. Tam (2005) states that predictive and normative are the two most dominating types of client expectation. Predictive expection principles are organized to anticipate a client degree of service quality that a specialist co-op can convey. The basis for satisfaction is measurable desires (Churchill & Surprenant, 1982). Normative expectation are utilized to quantify service quality (Zeithaml, Berry, & Parasuraman, 1993; Dash, Bruning, & Acharya, 2009). The disparity among expected and foreseen nature of activity is conceptualized (Dash, Bruning, & Acharya, 2009). The estimation of proficiency as a method of accomplishing competitive edge is centered around our customers' expection of service quality (Palmer, 2001). Boulding *et al.* (1993) asserted that clients expectation on service quality were affected by suppositions. On account of its inclination, Anderson and Sullivan (1993) presume that expectation have a noteworthy influence on clients appraisal towards service quality proficiency. Thus, Olshavsky and Miller (1972)

demonstrate that client perspectives of service quality could be as the same as expectation in situation of explicit products or complicated services.

The impression of patients are centered around past communications of current patients; expectation of potential clients depend on the mindfulness or assessments of client experience, for example, interpersonal communication with groups (Svarin & Olsen, 2012). The objective was portrayed as the “apparent capacity of elective providers and items in a specific buy choice to accomplish an assortment of obvious and inferred points” (Svarin & Olsen, 2012). Be that as it may, Lin (2009) states that expectation is the initial phase in the dynamic stage of decision making before client dependability and satisfaction on service is achieved. Parasuraman, Zeithaml, & Berry (1988) and Fiala (2012) recommend that while looking into the SERVQUAL model, customers evaluate service quality by standing out their recognitions from the degree of administration they experience. In medical context, the technical and functional components of service quality are arranged as a norm of activity. While Mosadeghrad (2013) recommends three classifications: innovative (care adequacy), settings (comfort level) and relational (tolerant requirements and inclinations). Kucukarslan and Schommer (2002) likewise investigate the forms of expectation, including business setting, verifiable information and the characters of the providers. It is intriguing that this last perspectives are an indispensable segment of the impression of patients.

Perception of Service Quality

Despite the fact that of institution that offer equivalent types of service, there is clearly a variety in their comprehension of service experience (Liat *et al.*, 2017). The perception, actions of the organization and the states of innovation influence service quality and their presentation. Client experience frequently proposes whether customers are satisfied or disappointed with service (Czepiel *et al.*, 1985). In past research, consumers’ perceptions of service quality are generally defined in terms of “consumers’ judgments and impressions of an overall entity’s excellence or superiority” (Dagger, Sweeney, & Johnson, 2007: 124). Narang (2010) states that the quality of service is different from that of various actors such as government, physicians, and patients. It states that the quality evaluation of health services, providers of services and government opinions is a priority in conventional approaches. Nevertheless, the research argues that in recent times the perceptions of patients have been increased. Schneider & White (2004) 43 argue that the perception of people is a key factor to evaluate the quality of service. Customer consistency is a central factor of single company consumer assessment (Zeithaml *et al.*, 1990). The 2 key quality components are technical and functional (Gronroos, 1984). Technical quality refers to quantifiable aspects of the service, and functionality is how customers are provided with technical quality. Gronroos (1984) says it is difficult to calculate consistency yet to evaluate

technological efficiency. Unlike Gronroos (2000), quality is perceived as one-dimensional building, rust and quality quality.

In relation to two features-service performance and services environments, Rust & Oliver (1994) determines the quality of service encounter. Zeithaml, Bitner, & Gremler (2018) also assume that quality is not achieved by customers in an individualized manner. Service quality considerations are found by customers to be critical by Parasuraman Zeithaml, & Berry (1988); all other aspects of this law are not applicable. They claim that when the company meets customer standards and service efficiency, it is of high standard. In previous research Parasuraman, Zeithaml, & Berry (1988), the difference between objective quality and perceived quality was highlighted). Consumers and researchers do not likewise understand the term quality according to Holbrooke and Corman (1985) Quality was determined conceptually by the researchers. The conceptual meaning differentiates between the various qualities that are human and mechanical. Human quality is a personal response to something that differs between people. The objective response to an entity or an occurrence is mechanical consistency (Holbrooke & Corman, 1985). Nonetheless, Parasuraman, Zeithaml, & Berry (1988) say that the service quality definition is an comprehensive and situation-like measurement (previously believed by this study).

Health Care Service Quality

Service quality is the interaction with providers and the extent to which the service satisfies their needs (Duffy & Ketchand, 1998; Parasuraman, Zeithaml, & Berry, 1988). A good health care is the continuous assistance of the patient by delivering appropriate and efficient healthcare in accordance with the current therapeutic guidance and guidelines that match the patient's needs and satisfy caregivers.' In order to decide what is quality of service and affect expectations of service, customer viewpoints are becoming increasingly essential Customer consistency is a central factor of single company consumer assessment (Zeithaml, Bitner, & Gremler, 2018). As previously mentioned, the two main quality components are technical and functional⁴⁴. Technical quality refers to quantifiable aspects of the service, and functionality is how customers are provided with technical quality. Gronroos (1984) says it is difficult to calculate consistency yet to evaluate technological efficiency. Rust and Oliver (1994) define service quality in terms of two features – service performance and service environment – as opposed to Gronroos (1994) perception that quality of service is one dimension structure. Zeithaml, Bitner, & Gremler, (2018) also assume that quality is not achieved by customers in an individualized manner. Quality of service considerations are found by customers to be critical by Parasuraman, Zeithaml, & Berry (1988), all other aspects of this law are not applicable. They claim that when the company meets customer standards and service efficiency, it is of high standard.

Donabedian (1988: 1745) says that health quality is “applied in a way that improves health gain without raising risk in return to medical science and technology”. Ovretveit (1992) considered the quality of service to be the delivery of treatment which goes beyond patient expectations and achieves the highest possible clinical results utilizing resources available. The quality of service measurement differs greatly from the most complex physical products. Measuring service quality has nevertheless become a condition of the market and branding as well as customer loyalty in this age of global contest. Global research volumes in several sectors address research on service quality indicators and on the development of meaningful service quality statistical structures (Al-Damen, 2017; Fatima, Malik, & Shabbir, 2018). The paper addresses the literature on models of service quality in general and on medical quality, in particular the factors which different researchers consider modeling service quality and measurability technology. The scope of the experimental facilities in this literary review is measured by the SERVQUAL model. Service quality. The following way is organized. First, since 1985, the early literature has been revised for the different service sectors, with a view to evaluating service characteristics and benefits based on SERVQUAL models.

To assess the trust and satisfaction of 350 patients in Jordan’s public and private hospitals, Alrubaiee & Alkaa’ida (2011) have been using SERVQUAL to assess five dimensional factors (tangibility, empathy, response, awareness and reliability). Their conceptual model suggests that the trust and satisfaction of patients depends on the quality of services provided by the hospital. Whereas Naidu (2009) has concluded that the measurement structure is multidimensional and based on experience from the health sector in developed countries the patient’s perception and an expert assessment of every final result has to be considered. Shabbir, Malik, & Janjua (2017) has found a positive relationship between customer satisfaction and the health care services of private sector hospitals in Egypt in four models, the SERVQUAL model, and the weighted SERespref model and the SERVPEFER weighting models, and it has also shown that customer satisfaction is significantly beneficial to the financial performance of the hospital. Kavitha (2012) contrasted two hospitals in the Salem region of Tamil Nadu with a SERVQUAL model to decide if their expectations of service efficiency and management competence is administrative and patient.

Expectancy Confirmation Theory

The theory of confirmation of expectations that presents a perception of customer satisfaction (Barsky, 1992). Oliver (1980) introduced the theory to study customer satisfaction, which results from the corresponding perceptions and expectations of customers. Confirmation and desire also decide satisfaction. The ECT theory suggests that a five-stage cycle is the product of the degree of customer satisfaction. First, prior to purchase, consumers are initially expected to expect a particular product or service. Secondly, the products or services are accepted

and used. They shape expectations of their success on outstanding features after a time of initial consumption. Thirdly, they compare these perceptions with their previous levels of expectation and establish to what extent their expectations are confirmed. Expectations may be confidently ambiguous (perceived expectations are greater than expected), confident (perceived outcomes are better than expected), or doubtful (perceived success is less than expected). Third, depending on their degree of conviction, they build emotions of complacency and unhappiness. Confirming, enhancing the enjoyment of positive reinforcement and reducing discomfort of negative affirming should preserve a modest degree of happiness (Chou *et al.*, 2013). Finally, satisfied clients intend to reuse the product or service in the future, while disappointed users later stop using it.

Methodology

Sampling

There are more than 12.625 foreign residents live in Alanya situated in Mediterranean coast of Turkey where leisure and entertainment infrastructure, as well as health care facilities such as family health clinics, hospitals, and rehabilitation centers, are available. The target population of this study is foreign residents moved from EU countries permanently. In 2017 there were 4.022 EU citizens in Alanya. Sample size is determined as 295 by using sample size calculation formula (1) where Z, p and d denote confidence level, the proportion of the population that has certain characteristics and tolerable deviation level respectively. P-value was chosen as e 0,50 to maximize sample size, confidence level and tolerable deviation (d) level were chosen as 95,5 % ($Z=2$). and 6 %. A convenience sampling method was used for collecting data.
$$n = \frac{Z^2 p(1-p)}{d^2} \quad (1)$$

Survey Instrument and Data collection

Turkish version of Servqual questionnaire that validity and reliability analysis done by was used to measure respondents' agreement on expectations and perceptions about five-service quality dimensions. Servqual questionnaire includes 18 paired items with a seven-point Likert scale for measuring expectations and perceptions about the quality of services. During the field survey, the researcher visited to homes, churches, and societies of EU citizens in Alanya. After explaining research proposes and getting permission to participate survey, questionnaires were administrated by the face to face interviews from June 2018 to August 2018.

Data Analysis

Firstly Internal consistencies of servqual scale and its each dimensions (tangibles, reliability, responsiveness, assurance, and empathy) were analyzed

through the calculation of Cronbach alpha coefficient separately for both the expectations and the perceptions. At the second stage, in order to evaluate the dimensionality of the Servqual instrument, exploratory factor analysis with varimax rotation was performed separately for both expectations and perceptions. Results of the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (MSA) and Bartlett's test of sphericity were checked to assure that the data was suitable for factor analysis. Finally, a series of paired-samples t-tests were employed to investigate whether observed differences between expectations and perceptions are statistically significant. The confidence level was chosen as 95 %.

Results

Based on frequency distribution and percentages, descriptive statistics of demographic variables which include nationality, age, gender, education, and income are presented in *Table 3*. 295 foreign residents, mostly German (54%) and UK citizens (10%) comprised the study sample. Of the 295 participants, 229 were female (78%) and 66 male (22%). Half of the respondents have resided in Alanya for six years or more. The average monthly income level of participants was € 1200 or equivalently €1630 when adjusted by purchasing power parities of the year 2018. (see eurostat). 146 (49.5%) participants had an undergraduate degree or higher.

Table 3. Descriptive Statistics

Demographic Characteristics	Groups	N	%
Gender	Female	229	77,60
	Male	66	22,40
Age	< 36	37	12,50
	36-45	53	18,00
	46-55	61	20,70
	56-65	44	14,90
	66-75	73	24,70
	76-85	27	9,20
Education Level	Primary	10	3,40
	Secondary	139	47,10
	Undergraduate	123	41,70
	Master Degree	20	6,80
	Ph.D Degree	3	1,00

Mouny Income	€500-1000	153	51,90
	€1001-1500	77	26,10
	€1501-2000	22	7,50
	€2001-2500	25	8,50
	€2501-3000	12	4,10
	> €3001	6	2,00
Home Country	Germany	159	53,90
	UK	30	10,20
	Holland	22	7,50
	Finland	27	9,20
	Denmark	14	4,70
	Sweden	14	4,70
	Norway	12	4,10
	Poland	17	5,80
Duration of Residency	1-5 years	149	50,50
	6-10 years	94	31,90
	11-15 years	42	14,20
	16-20 years	4	1,40
	>21 years	6	2,00
Hospital Name	Alanya Training Hospital	146	51.4
	Private Hospital	124	43.7
	Home Country Hospital	12	4.2
	Other	2	0.7

Validity and Reliability of Servqual Scale

As shown in *Table 4* principal component analysis with varimax rotation procedure was employed to confirm the dimensionality of Servqual scale that was hypothesized to be have a five-dimensional structure. The Kaiser-Meyer-Olkin values for both scales were 0,888 for expectations and 0.879 for perceptions, indicating that data were sufficient principal component analysis. Bartlett's Test statistics are $\lambda^2 = 6454.159$, (df=231, $p < 0.000$) for expectations, and $\lambda^2 = 9824.713$, (df=231, Sig.=0.000) for perceptions. Bartlett test statistics suggest that that correlation matrix showing correlation coefficients among the Servqual items is statistically different from unit matrix .

Tablo 4. Principal Components Analysis

Items	Expectations			Perceptions		
	Factor Loadings	Variance Explained	Internal Consistency	Factor Loadings	Variance Explained	Internal Consistency
Empathy 1	0,717	21,45	0,80	0,609	18,37	0,77
Empathy 2	0,549			0,735		
Empathy 3	0,647			0,712		
Tangibles 1	0,636	18,86	0,79	0,697	16,49	0,80
Tangibles 2	0,726			0,679		
Tangibles 3	0,778			0,652		
Tangibles 4	0,616			0,512		
Tangibles 5	0,424			0,506		
Assurance 1	0,741	10,64	0,77	0,746	11,76	0,74
Assurance 2	0,637			0,491		
Assurance 3	0,596			0,564		
Reliability 1	0,640	8,87	0,77	0,670	9,84	0,74
Reliability 2	0,697			0,689		
Reliability 3	0,663			0,594		
Reliability 4	0,772			0,515		
Responsiveness 1	0,709	6,38	0,72	0,731	9,24	0,73
Responsiveness 2	0,619			0,747		
Responsiveness 3	0,750			0,725		
Responsiveness 4	0,783			0,738		
Overall Cronbach Alpha		0,94			0,91	

Principal component analysis with varimax rotation showed that 66.2% of the total variance in expectations and 65.7 % of the total variance in perceptions were explained by 5 latent variables (factors). Extracted factor structure for expectations and perceptions consisted of the structure of Serqual scale proposed by Parasuraman, Zeithaml, & Berry (1988). For this reason, it can be argued that Servqual scale is a sufficient tool for measuring consumer’s expectations and perceptions for hospital services by the fact that perception and expectation items of the scale are highly correlated with their respective dimensions. As shown in

Table 4 Cronbach’s alpha values, for the overall scale for the quality expectations and perceptions were 0,94 and 0,91 respectively. Cronbach’s alpha values for subdimensions of expectation and perception were ranging 0,72 to 0.80, suggesting that both the overall scale as well as each of the five dimensions of Servqual are reliable for measuring service quality (Parasuraman, Zeithaml, & Berry, 1988).

Table 5. Expectations and perceptions of EU citizens for hospital services in Home Country and Alanya

	Quality Dimensions	Perception		Expectations		t	GAP	
		Mean	SD*	Mean	SD		Mean	SD
Home Country	Tangibles	5,80	0,60	5,83	0,66	-0,7	-0,03	-0,06
	Reliability	4,81	0,52	4,82	0,52	-0,3	-0,01	0
	Responsiveness	5,75	0,38	5,78	0,37	-1,0	-0,03	0,01
	Assurance	4,66	0,72	4,63	0,82	0,4	0,03	-0,1
	Empathy	5,22	0,47	5,23	0,47	-0,3	-0,01	0
	Overall	5,25	0,34	5,26	0,47	-0,5	-0,01	-0,13
Alanya	Tangibles	5,51	0,57	5,83	0,66	-6,7**	-0,32	-0,09
	Reliability	5,05	0,54	4,82	0,52	5,0**	0,23	0,02
	Responsiveness	6,10	0,40	5,78	0,37	9,3**	0,32	0,03
	Assurance	4,33	0,67	4,63	0,82	-4,8**	-0,3	-0,15
	Empathy	5,06	0,46	5,23	0,47	-185**	-0,17	-0,01
	Overall	5,21	0,35	5,26	0,47	54**	-0,05	-0,12

SD: Standard deviation, **P<0,001

The mean scores of the service quality expectations of EU citizens about hospital services appeared to be moderate and ranged from 4.63 for assurance to 5.83 for tangibles. Among the five dimensions quality, the highest expectations of EU residents related to the tangibles and responsiveness, suggesting that physical elements of service environment and prompt service delivery are regarded to be the most important factors by EU citizens living in Alanya. In other words this finding suggests that EU citizens highly prefer hospitals to have up to date equipment, visually appealing facilities, and staff neat in appearance. Perception scores of EU residents for Alanya hospitals range from 6,10 for responsiveness to 4,33 for assurance whereas for their home country from 5,80 for tangibles to 4,66 for assurance.

The overall perception levels of EU citizens about the hospitals in their own countries (mean = 5.25) is higher than the overall perception levels about the hospitals in Alanya (mean = 5.21). EU citizens seem to make a more positive review about the hospitals in Alanya in terms of responsiveness and reliability.

There may be various reasons for this. The first reason can be that EU citizens use the private hospitals in Alanya more. As can be seen in *Table 3*, a large majority of EU citizens (85%) prefer Alanya Training and Research Hospital and private hospitals outside emergencies. Başkent University Alanya Training and Research Hospital is a foundation hospital operating under Başkent University and it is a non-profit yet patient focused hospital. Gules, Çağlıyan, & Gelmez (2011), Taner & Antony (2006) and Isik *et al.* (2011) compared patient perceptions by ownership status and found out the perception levels about private hospital services were higher than other hospital types. Ataman & Yarimoglu (2018) also found that the satisfaction levels of patients in special hospitals were higher than the satisfaction level in public hospitals. Meanwhile, EU citizens seem to have a more positive perception about their own countries in terms of tangibles, assurance and empathy. It can be suggested that hospitals in EU have more modern physical capabilities and their health systems generally have a higher performance.

Discussion

There were minimal discrepancies between services for health care providers expected and perceived, and no gaps in the patient's expectations and minimal gap in perceptions were found in hospitals across the EU in comparison with those in Alanya. From the findings, measurable and sensitive demands within the European Union community in the five dimensions of efficiency have been seen to be strongest, suggesting that the key drivers for EU people residing in Alanya are the functional elements of the service system and the availability of services immediately. This is a result which indicates that citizens in the European Union want hospitals that are visually appealing and elegant in the appearance of employees to have the most up to date equipment and facilities. This result relates to previous inquiries (Bebko, 2000; Prakoso *et al.*, 2017; Martini, Suardana, & Astawa, 2018). The degree of public perception of EU people in hospitals in their countries is higher than that of hospitals in Alanya and, in terms of reaction and efficiency, tend to have a more beneficial impact on hospitals in Alanya. Around the same period, people of the European Union tend to have a more optimistic concrete, assured and compassionate view of their nations. It can be noted that in the European Union, the physical capabilities of hospitals are more modern and their health systems are generally more effective. According to Thawesaengskulthai, Wongrukmit, & Dahlgaard (2015), the quality range of their healthcare systems has been strengthened in European countries. In terms of connectivity, consistency and performance, facilities have been enhanced.

The study showed that tangibility, reliability and response significantly affect the comprehensive quality reports of the citizens of the European Union. The tangibility of certain health research has, as stated earlier, been found to be significant. In this study, questions about tangible issues were examined with

a focus on technology, appliances, written materials and the development of a case manager. The European Union citizen's lowest degree of understanding was the pledge. Such weak standards may be attributed to the assumption that such aspects do not influence patients' views of consistency and overall satisfaction. The durability and reaction evaluation relative to the matching insurance products is more task focused. Nevertheless, managerial focus and frequent assessment is needed in such fields because the Efficiency Metric offers guidance on the quality and pacing of case managers and the reaction metric shows case manager interaction and client support skills. It is noteworthy that all fields identified by EU residents had a stronger effect on their views than their home nation. Efficiency and sensitivity were also important. Support, personal care and reassurance could therefore be what the citizens of the European Union are looking for from the Management Services.

Our results can leave health managers wondering how the concrete aspects can be strengthened and how EU citizens sympathy and sympathy can be guaranteed. Our research showed that measurable, confident and empathic experiences in the EU that go beyond happiness and overall content ratings would possibly be strengthened. In order to documents improvements in the field and in quality and overall satisfaction, measurement and evaluation of patient perceptions and services are essential following an education-based intervention. The meetings and the qualities of services offered often differ in patients and health care providers' perceptions. Often healthcare professionals focus on delivering resources while patients focus on personal experiences. Thus, it takes detailed communication expectations between the patient and the healthcare provider to capture and detect any unrealistic expectations they have. Considering the complicated laws and demands of health care agencies, it is much difficult for employees to invest time with customers on a face-to-face basis (Granata & Hamilton, 2015). Therefore, service providers and administrators are advised to seek process changes that allow greater contact time between service providers and patients.

Conclusion

The main purpose of this study is to reveal the evaluations of EU citizens who are resident in Alanya about the quality of the services in hospitals in their own countries and in Alanya. Despite not being the main purpose of this study, it was demonstrated with a factor analysis that the Servqual scale is highly compatible with the specific model developed by Parasuruman *et al.*⁴ on Turkey conditions. The expectations of EU citizens about the hospital service quality are in the order of tangibles and responsiveness, empathy, reliability and assurance. As the difference between EU citizens' quality expectations and quality perceptin is not statistically significant, it can be suggested that their expectations are highly met in the hospitals in their own countries. Considering the expectation levels

about the hospitals in Alanya, it was determined that the EU citizens' quality expectations are met in terms of responsiveness and reliability, however, their expectations are not satisfied in other dimensions. The largest gap between the quality expectations and perceptions is in tangibles and assurance. The gap analysis based on service perceptions and expectations provides valuable information with hospital managers to make informed decisions for quality control, quality improvement, and marketing. First of all, GAP scores enable managers to understand and evaluate the current service quality. By comparing perceptions with expectations hospital managers can develop strategies and action plans to close quality gaps that occurred. Hospital managers in Alanya especially need to focus on areas in relation to assurance, tangibles and empathy.

There is no consensus on the relative importance of each dimension of quality expectations in the health arena. For example, Yoo (2005) found that the major determinants of quality, measured as patient satisfaction, at outpatient clinics are aspects related with 'tangibles' and 'empathy' dimensions of services, on the other hand, 'reliability' is the important determinant of consumer satisfaction at hospitals. The most comprehensive and disease-specific (diabetes and stroke patients) study was conducted by Konerding *et al.* (2019) in six European Countries (England, Finland, Germany, Greece, The Netherlands, and Spain) to develop short universal patient satisfaction questionnaire based on Servqual scale with six dimensions. This study revealed that the correlations with general satisfaction were 0.58 for responsiveness, 0.56 for reliability, 0.56 for communication, 0.53 for empathy, 0.48 for tangibles and 0.47 for assurance. Karydis *et al.* (2001) investigated the perceptions and expectations of Greek patients regarding to quality of dental healthcare services and found that empathy was the most important dimension that patient desire to be fulfilled followed by assurance, responsiveness, and reliability. Fan *et al.* (2017) found that Chinese patients' expectations of service quality were ranked as follows (high to low): assurance, empathy, responsiveness, reliability, economy, and tangibles. Lee (2006), found that reliability and assurance were equally the most important dimensions of occupational health service followed by responsiveness, empathy, and tangibility. Research on the use of health services by Melo, Santinha, & Lima (2018) in Portugal found that physical assets were below expectations. Similarly, Tan & Pitir (2017) stated that the lowest perceived service quality dimension is physical assets in their research on patients in a public hospital.

The SERVQUAL methodology is based on the concept of "gap" measured as the difference between the expectations and perceptions of a consumers related to a healthcare services. Gap scores calculated in this study were presented in *Table 5*. Positive gap scores occurs when perceptions exceed expectations, indicating that the expectations were fulfilled, whereas negative scores mean that expectations could not met. Without a doubt, whether these differences have a statistical significance is as important as the direction of the difference between the mean scores in perception and expectation. As a result of the paired t test conducted to

determine if the difference observed between perception and expectation means is different than zero, it can be seen that although the difference between perception and expectation about the hospital services in their own countries among EU citizens is negative, it is not significant ($p > 0.05$); in other words, the expectations of EU citizens are highly met in their own countries.

Limitation and future studies

The study is limited to resident European Union citizens in Alanya health service. Future studies can address the expected and perceived services through different healthcare service quality dimensions rather than just health care service in one region. Different hospitals in different regions and different wards/departments can also give better understanding of healthcare conditions implemented in the hospitals. This research focused solely on the healthcare sector. Additional empirical efforts could examine other types of service providers to determine whether findings similar to this study would be obtained.

References

- Al-Damen, R. (2017). Health care service quality and its impact on patient satisfaction “case of Al-Bashir Hospital”. *International Journal of Business and Management*, 12(9), 136 -152, DOI: 10.5539/ijbm.v12n9p136.
- Ali, F., Dey, B. L., & Filieri, R. (2015). An assessment of service quality and resulting customer satisfaction in Pakistan International Airlines. *International Journal of Quality & Reliability Management*, 32(5), 486-502, DOI: 10.1108/IJQRM-07-2013-0110.
- Alrubaice, L., & Alkaa'ida, F. (2011). The Mediating Effect of Patient Satisfaction in the Patients. In Perceptions of Healthcare Quality-Patient Trust Relationship, *International Journal of Marketing Studies*, 3(1), 103-127, DOI: 10.1.1.663.5764.
- Anderson, E.W., & Sullivan, M.W. (1993). The antecedents and consequences of customer satisfaction for firms. *Marketing science*, 12(2), 125-143, DOI: 10.1287/mksc.12.2.12.
- Ataman, G., & Yarimoglu, K.E. (2018). Factors affecting patient satisfaction and hospital selection by hospital types. *Hacettepe Health Administration Journal*, 21(2), 273-288.
- Barsky, J.D. (1992). Customer satisfaction in the hotel industry: meaning and measurement. *Hospitality Research Journal*, 16(1), 51-73, DOI: 10.1177/109634809201600105.
- Bebko, C.P. (2000). Service intangibility and its impact on consumer expectations of service quality. *Journal of services marketing* 14(1), 9-26, DOI: 10.1108/08876040010309185.
- Boulding, W., Kalra, A., Staelin, R., & Zeithaml, V. A. (1993). A dynamic process model of service quality: from expectations to behavioral intentions. *Journal of marketing research*, 30(1), 7-27, DOI: 10.1177/002224379303000102.
- Brown, S.W., & Swartz, T.A. (1989). A gap analysis of professional service quality. *Journal of marketing*, 53(2), 92-98, DOI: 10.1177/002224298905300207.

- Choi, S., & Mattila, A. S. (2008). Perceived controllability and service expectations: Influences on customer reactions following service failure. *Journal of Business Research*, 61(1), 24-30, DOI: 10.1016/j.jbusres.2006.05.006.
- Chou, C. H., Chiu, C. H., Ho, C. Y., & Lee, J.C. (2013, June). Understanding Mobile Apps Continuance Usage Behavior and Habit: An Expectance-Confirmation Theory. In *PACIS* (p. 132).
- Churchill, Jr.G.A., & Surprenant, C. (1982). An investigation into the determinants of customer satisfaction. *Journal of marketing research*, 19(4), 491-504, DOI: 10.1177/002224378201900410.
- Czepiel, J.A., Solomon, M.R., Surprenant, C.F., & Gutman, E.G. (1985). Service encounters: an overview. *The service encounter: Managing employee/customer interaction in service businesses*, 3-15.
- Dagger, T.S., Sweeney, J.C., & Johnson, L.W. (2007). A hierarchical model of health service quality: scale development and investigation of an integrated model. *Journal of service research*, 10(2), 123-142, DOI: 10.1177/1094670507309594.
- Dash, S., Bruning, E., & Acharya, M. (2009). The effect of power distance and individualism on service quality expectations in banking. *International Journal of Bank Marketing*, 27(5), 336 -358, DOI: 10.1108/02652320910979870.
- Dean, A.M. (2004). Rethinking customer expectations of service quality: are call centers different?. *Journal of Services Marketing*, 18(1), 60-77, DOI: 10.1108/08876040410520717.
- Devebakan, N., & Aksarayli, M. (2003). Sağlık işletmelerinde algılanan hizmet kalitesinin ölçümünde SERVQUAL skorlarının kullanımı ve Özel Altınordu Hastanesi uygulaması, *Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü*, 5(10), 38 -52.
- Díaz-Martín, A.M., Iglesias, V., Vazquez, R., & Ruiz, A.V. (2000). The use of quality expectations to segment a service market. *Journal of Services Marketing*, 14(2), 132-146, DOI: 10.1108/08876040010320957.
- Donabedian, A. (1988). The quality of care: how can it be assessed?. *Jama*, 260(12), 1743-1748, DOI: 10.1001/jama.1988.03410120089033.
- Duffy, J.A.M., & Ketchand, A.A. (1998). Examining the role of service quality in overall service satisfaction. *Journal of Managerial Issues*, 10(2), 240-255.
- Fan, B.Z., Gao, L., Liu, X., Zhao, S. H., Mu, H. T., & Li, Z. (2017). Y. 2017. *The moderating effect of external pressure on the relationship between internal organizational factors and the quality of open government data. GOV INFORM Q*, 34(3).
- Fatima, T., Malik, S.A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty. *International Journal of Quality & Reliability Management*, 35(6), 1195-1214, DOI: 10.1108/IJQRM-02-2017-0031.
- Fiala, T.G. (2012). What do patients want? Technical quality versus functional quality: a literature review for plastic surgeons. *Aesthetic Surgery Journal*, 32(6), 751-759, DOI:10.1177/1090820X12452555.
- Granata, R.L., & Hamilton, K. (2015). Exploring the effect of at-risk case management compensation on hospital pay-for-performance outcomes: Tools for change. *Professional Case Management*, 20(1), 14-27, DOI: 10.1097/NCM.0000000000000067.
- Gronroos, C. (1984). A service quality model and its marketing implications. *European Journal of marketing* 18(4), 36-44, DOI: 10.1108/EUM000000004784.

- Gronroos, C. (1994). From marketing mix to relationship marketing: towards a paradigm shift in marketing. *Asia-Australia Marketing Journal*, 2(1), 9-29, DOI: 10.1016/S1320-1646(94)70275-6.
- Gronroos, C. (2000). *Service management and marketing: A customer relationship management approach*. John Wiley and Sons, Ltd., Hoboken.
- Gules, H.K., Çağlıyan, V., & Gelmez E. (2011). *Symposium on Production Research*, Istanbul.
- Holbrooke, M. B., & Corfman, K. P. (1985). Quality and value in the consumption experience: Phaedrus rides again. *Perceived Quality*, 31(2), 31-57.
- Hossain, M.M. (2014). Pervasiveness of SERVQUAL and its potential for the standards for functional quality of service. *International Journal of Services and Standards*, 9(1), 67-83, DOI: 10.1504/IJSS.2014.061061.
- Isik, O. G.U.Z., Tengilimoglu, D., & Akbolat, M. (2011). Measuring health care quality with the Servqual method: a comparison in public and private hospitals. *HealthMed* 5(6), 1921 -1930.
- Karydis, A., Komboli-Kodovazeniti, M., Hatzigeorgiou, D., & Panis, V. (2001). Expectations and perceptions of Greek patients regarding the quality of dental health care. *International Journal for Quality in Health Care*, 13(5), 409-416, DOI: 10.1093/intqhc/13.5.409.
- Kavitha, R. (2012). Service Quality Measurement in Health Care System - A Study in Select Hospitals in Salem City, TamilNadu. *IOSR Journal of Business and Management*, 2(1), 37-43.
- Kiliç, S. (2016). Cronbach'in alfa güvenilirlik katsayisi. *Journal of Mood Disorders*, 6(1), 47-48.
- Konerding, U., Bowen, T., Elkhuizen, S. G., Faubel, R., Forte, P., Karampli, E., ... & Torkki, P. (2019). Development of a universal short patient satisfaction questionnaire on the basis of SERVQUAL: Psychometric analyses with data of diabetes and stroke patients from six different European countries. *PloS one*, 14(10), e0197924, DOI: 10.1371/journal.pone.0197924.
- Kucukarslan, S., & Schommer, J. C. (2002). Patients' expectations and their satisfaction with pharmacy services. *Journal of the American Pharmaceutical Association*, 42(3), 489-496, DOI: 10.1331/108658002763316923.
- Lee, J. (2006). Measuring service quality in a medical setting in a developing country: the applicability of SERVQUAL. *Services Marketing Quarterly*, 27(2), 1-14, DOI: 10.1300/J396v27n02_01.
- Liat, C.B., Mansori, S., Chuan, G.C., & Imrie, B.C. (2017). Hotel service recovery and service quality: Influences of corporate image and generational differences in the relationship between customer satisfaction and loyalty. *Journal of Global Marketing*, 30(1), 42-51, DOI: 10.1080/08911762.2016.1262932.
- Lin, W.B. (2009). A study of relations among service quality differences, post-purchase behavior intentions with personality traits, and service recovery strategy as intervening variables. *International Journal of Commerce and management* 19(2), 137-157, DOI: 10.1108/10569210910967897.
- Martini, L.K.B., Suardana, I.B.R., & Astawa, I.N.D. (2018). Dimension Effect of Tangibles, Reliability, Responsiveness, Assurance, Empathy, Leadership towards

- Employee Satisfaction. *International research journal of management, IT and social sciences*, 5(2), 210-215.
- Melo, A.I., Santinha, G., & Lima, R. (2018). Measuring the Quality of Health Services Using SERVQUAL: Evidence From Portugal. In: *Handbook of Research on Modernization and Accountability in Public Sector Management* (pp. 300-318). IGI Global, DOI: 10.4018/978-1-5225-3731-1.ch014.
- Mosadeghrad, A.M. (2013). Healthcare service quality: towards a broad definition. *International Journal of Health Care Quality Assurance*, 26(3), 203 – 219, DOI: 10.1108/09526861311311409.
- Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*, 22(4) 366-381, DOI: 10.1108/09526860910964834.
- Narang, R. (2010). Measuring perceived quality of health care services in India. *International Journal of Health Care Quality Assurance*, 23(2) 171- 186, DOI: 10.1108/09526861011017094.
- Oghuma, A.P., Libaque-Saenz, C.F., Wong, S.F., & Chang, Y. (2016). An expectation-confirmation model of continuance intention to use mobile instant messaging. *Telematics and Informatics*, 33(1), 34-47, DOI: 10.1016/j.tele.2015.05.006.
- Ojasalo, J. (2001). Managing customer expectations in professional services. *Managing Service Quality: An International Journal*, 11(3), 200-212, DOI: 10.1108/09604520110391379.
- Oliver, R.L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research*, 17(4), 460-469, DOI: 10.1177/002224378001700405.
- Olshavsky, R.W., & Miller, J.A. (1972). Consumer expectations, product performance, and perceived product quality. *Journal of Marketing Research*, 9(1), 19-21, DOI: 10.1177/002224377200900105.
- Ovretveit, J. (1992). *Health service quality: an introduction to quality methods for health services*. Blackwell Scientific.
- Palmer, A. (2001). *Principles Of Services Marketing*, UK: McGraw-Hill Companies.
- Parasuraman, A., Berry, L.L., & Zeithaml, V.A. (1990). Guidelines for Conducting Service Quality Research. *Marketing Research*, 2(4), 34 -44.
- Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1985). A conceptual model of service quality and its implications for future research. *Journal of marketing*, 49(4), 41-50. DOI: 10.1177/002224298504900403
- Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1988). Servqual: A multiple-item scale for measuring consumer perc. *Journal of retailing*, 64(1), 12.
- Portugal, R., Padilla, B., Ingleby, D., De Freitas, C., Lebas, J., & Miguel, J.P. (2007, September). Good practices on health and migration in the EU. In *Final Draft: Conference Health and Migration in the EU: Better health for all in an inclusive society*. Lisbon, 37-241.
- Prakoso, A. F., Nurul, R., Wulandari, A., Trisnawati, N., Fitriyati, D., Rachmawati, L., & Andriansyah, E. H. (2017). Reliability, Responsiveness, Assurance, Empathy, and Tangible: Still Can Satisfy The Customer. *International Journal of Business and Management Invention*, 6(3), 68-75.

- Renedo, A., Marston, C.A., Spyridonidis, D., & Barlow, J. (2015). Patient and public involvement in healthcare quality improvement: how organizations can help patients and professionals to collaborate. *Public Management Review*, 17(1), 17-34, DOI: 10.1080/14719037.2014.881535.
- Robledo, M.A. (2001). Measuring and managing service quality: integrating customer expectations. *Managing Service Quality: An International Journal* 11(1), 22-31, DOI: 10.1108/09604520110379472.
- Rust, R.T., & Oliver, R.L. (1994). Service quality: insights and managerial implications from the frontier. *Service Quality: New directions in Theory and Practice*, 1-19, DOI:10.4135/9781452229102.
- Schneider, B., & White, S. S. (2004). *Service quality: Research perspectives*. Sage.
- Shabbir, A., Malik, S.A., & Janjua, S.Y. (2017). Equating the expected and perceived service quality. *International Journal of Quality & Reliability Management* 34(8), 1295-1317, DOI: 10.1108/IJQRM-04-2016-0051.
- Svari, S., & Olsen, L.E. (2012). The role of emotions in customer complaint behaviors. *International Journal of Quality and Service Sciences*, 4(3), 270-282, DOI: 10.1108/17566691211269585.
- Tam, J.L. (2005). Examining the dynamics of consumer expectations in a Chinese context. *Journal of Business Research*, 58(6), 777-786, DOI: 10.1016/j.jbusres.2003.08.011.
- Tan, M., & Patir, S. (2017). Measurement and Evaluation of Healthcare Service Quality Application in the Bingol State Hospital. *Journal of Current Researches on Health Sector*, 7(2), 29-40, DOI: 10.26579/jocrehes_7.2.3.
- Taner, T., & Antony, J. (2006). Comparing public and private hospital care service quality in Turkey. *Leadership in Health Services*, 19(2), i-x, DOI: 10.1108/13660750610664991.
- Teas, R. K. (1993). Consumer expectations and the measurement of perceived service quality. *Journal of Professional Services Marketing*, 8(2), 33-54, DOI: 10.1300/J090v08n02_05.
- Thawesaengskulthai, N., Wongrukmit, P., & Dahlgard, J. J. (2015). Hospital service quality measurement models: patients from Asia, Europe, Australia and America. *Total Quality Management & Business Excellence*, 26(9-10), 1029-1041, DOI: 10.1080/14783363.2015.1068596.
- World Health Organization. (2000). *The world health report 2000: health systems: improving performance*. World Health Organization.
- Yelkur, R., & Chakrabarty, S. (2006). Gender differences in service quality expectations in the fast food industry. *Services Marketing Quarterly*, 27(4), 141-151, DOI: 10.1300/J396v27n04_08.
- Yoo, S. (2005). Service quality at hospitals. *ACR Asia-Pacific Advances in Consumer Research* 6, 188-193.
- Zeithaml, V.A., Berry, L.L., & Parasuraman, A. (1993). The nature and determinants of customer expectations of service. *Journal of the Academy of Marketing Science*, 21(1), 1-12, DOI: 10.1177/0092070393211001.
- Zeithaml, V.A., Bitner, M.J., & Gremler, D.D. (2018). *Services marketing: Integrating customer focus across the firm*. McGraw-Hill Education.
- Zeithaml, V. A., Parasuraman, A., Berry, L. L., & Berry, L. L. (1990). *Delivering quality service: Balancing customer perceptions and expectations*. Simon and Schuster.