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# *Quality of Physiotherapeutic Services in Kosovo: A Comparative Approach between Public and Private Sectors*

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# ***Quality of Physiotherapeutic Services in Kosovo: A Comparative Approach between Public and Private Sectors***

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## **Abstract**

This paper analyzes the quality of physiotherapeutic services in the public and private sectors in Kosovo, namely at the Rehabilitation Physical Medicine Clinic of the University Clinical Center of Kosovo and two private institutions in the capital, namely the physiotherapeutic clinics “Therapy” and “Physiomed”. The study is based on the standard questionnaire for measuring the quality and satisfaction of patients, as compiled by Monnin and Perneger, adapted to national circumstances. Access to the institution, administrative procedures, treatment facilities, equipment and staff professionalism are analyzed. The parameters mentioned were analyzed by gender, age and education level of the respondents. The survey was attended by 90 individuals, with 45 in each sector. Results have shown that patients' satisfaction with facility access, parking space, equipment they possess as well as the comfort that the room provides has been greater in the private sector. There were no significant differences between the two sectors in the professionalism of the staff, the willingness to provide explanations and their politeness. The study has shown the need to invest in infrastructure and equipment as well as better management of waiting lists, to improve the quality of public sector services.

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**Keywords:** *Physiotherapeutic services, patient satisfaction, Kosovo.*

## ***Introduction***

Health for a relatively long time has not been a priority of the Government of Kosovo. In a war-torn country, where people's basic problems have been housing and the lack of basic living conditions, health has operated at the level of emergencies. In this context, investments in physiotherapy have been quite marginal, that is why the Clinic of Physical Medicine with Rehabilitation (PMR), the highest health institution in this field, has not only failed to follow in the footsteps of other clinics, but has also degraded. For two decades now it stands in the makeshift basement of a building built in the seventies of the last century, with insufficient space to serve its purpose, with outdated infrastructure and equipment. But even under these conditions, the Physical Medicine Rehabilitation Clinic is performing well. According to the Kosovo Clinical and University Hospital Service (KCUHS) report in 2018, though with only 14 beds, this clinic has performed 5726 outpatient visits, 1924 other diagnostic visits, hospitalized 206 patients and provided 161,520 different services (KCUHS, 2018). Meanwhile, progress in the clinic shows that in 2019 these numbers may even increase. The situation in 2019 is also expected to change due to the construction of a new facility for the Rehabilitation Physical Medicine Clinic, which will multiply its capacity and increase its opportunities (*Table 1*).

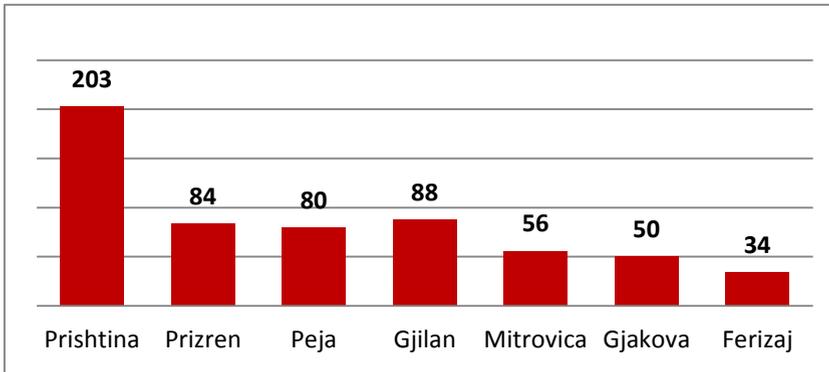
**Table 1.** Performance of Physical Medicine Rehabilitation Clinic, UCCK in 2018

Hospitalizations	Hospitalization days	Specialist visits	Other diagnostic visits	Services
206	3806	5706	1954	161520

The postwar period, however, has not been so bad for Kosovar physiotherapy, at least not in two moments – the increase in the number of physiotherapists and the development of physiotherapy in the private sector. These may rightly be considered positive curves for physiotherapy in Kosovo. The accreditation of physiotherapy study programs in the public sector and subsequently in the private sector has had a significant impact on the growth of the number of physiotherapists (Accreditation Agency, 2015).

The increasing pace of physiotherapy students has been accompanied by an increase in the number of physiotherapists with master's and doctoral degrees, assistants and subject professors, increasing competence in the system. Currently in Kosovo there are 595 graduated physiotherapists or 3.3 physiotherapists per 10,000 inhabitants, which makes us relatively well ranked in the region, with the highest concentration of physiotherapists in Prishtina (Kosovo Physiotherapists Chamber, 2018) (*Graphic 1*). The second reason is the development of the private sector that has experienced a rapid development under the stagnation of the public sector. Modern infrastructure, new equipment and marketing have made the private sector extremely attractive.

**Graphic 1.** Number of physiotherapists by region



This study focuses on the quality of physiotherapeutic services. So far there have been insufficient studies on this. An exception may be the study of the United Nations Development Program (UNDP) conducted in 2014, which focused on assessing patients' satisfaction with health services at the University Clinical Center of Kosovo. The study has shown a high level of patient satisfaction with the services of health institutions, although it has been subject of public contention shortly after publication, to the extent that it is difficult to take it as a reference for the current situation. The study methodology was contested, as it surveyed patients at the time they left the clinic, asking only two optional and sample questions, dominated by low-income households and low school education respondents (UNDP, 2014).

But the same situation has not been reflected over the years by other research by local and international organizations. In particular, Kosovo has been described as a unique case, due to the fact that after 1999 a new health system was built, facing many challenges. The lack of health professionals and health services in the villages, the overall collapse of the post-war public service infrastructure and the inability to implement

health reforms have been described in various reports as the health challenges in Kosovo for many years (Percival & Sondorp, 2010).

Similar are the findings of the European Commission, which in its 2019 report finds that about 30% of Kosovo's population fails to access health services due to extreme poverty and that only 40% of general needs are covered. According to the report, the funds allocated are mainly spent to cover fixed costs (about 68%), leaving only about 32% of the funds related to diagnosis, treatment and prevention of diseases (European Commission, 2019).

### ***Purpose of the Paper***

The purpose of this paper is to compare the quality of physiotherapeutic services and the level of patient satisfaction in the Physical Medicine Rehabilitation Clinic at the University Clinical Center of Kosovo (UCCCK) and in two private institutions - physiotherapy clinics "Therapy" and "Physiomed", to identify the necessary interventions in infrastructure, apparatus and equipment, organization and service delivery in public institutions. The paper proceeds from the hypothesis that modern infrastructure and equipment, easier administrative registration procedures and treatment schedules, as well as a more private-friendly atmosphere in the private sector, are defining priorities for the flow of patients from the public to the private sector.

### ***Methodology***

The study included patients who received physiotherapeutic services at the Physical Medicine Rehabilitation Clinic at the University Clinical Center of Kosovo and two private

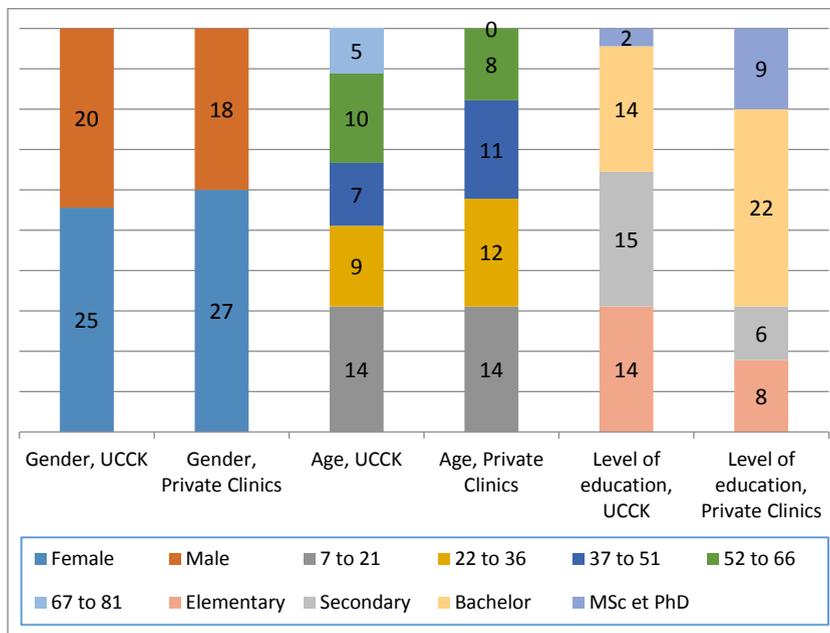
physiotherapy clinics in the capital, namely at the physiotherapeutic clinics "Therapy" and "Fiziomed". The basis of the research has been the standard questionnaire for measuring the quality and satisfaction of patients with physiotherapy services by Monnin & Perneger authors (Monnin & Thomas V Perneger, 2002), modified for our national circumstances. The analysis included variables: access to the institution, administrative procedures, treatment facilities, apparatus and equipment, and the professionalism of health personnel. Parameters were analyzed by gender, age and education level of the respondents. The surveys were anonymous in order to ensure that the answers were genuine and reliable. The relevant departments gave their consent to the conduct of the questionnaire.

The data collected from the questionnaires were first translated into SPSS (*Statistical Package for the Social Sciences*), coded, processed, analyzed and compared to international standards.

## ***Results***

As can be seen from Graphic 2, the majority of patients who received physiotherapeutic services were females. At the UCCK Physical Medicine Rehabilitation Clinic, 25 out of 45 patients surveyed, and in private clinics 27 out of 45 patients surveyed were females. The largest users of physiotherapeutic services were those aged 7 to 21 years (14 out of 45 patients treated in both sectors were of this age group). The graphics also shows that the level of education that dominated the patients surveyed in the Physical Medicine Rehabilitation Clinic was low to average and differed from the level of education of patients in the private sector, where patients with higher education prevailed (*Graphic 2*).

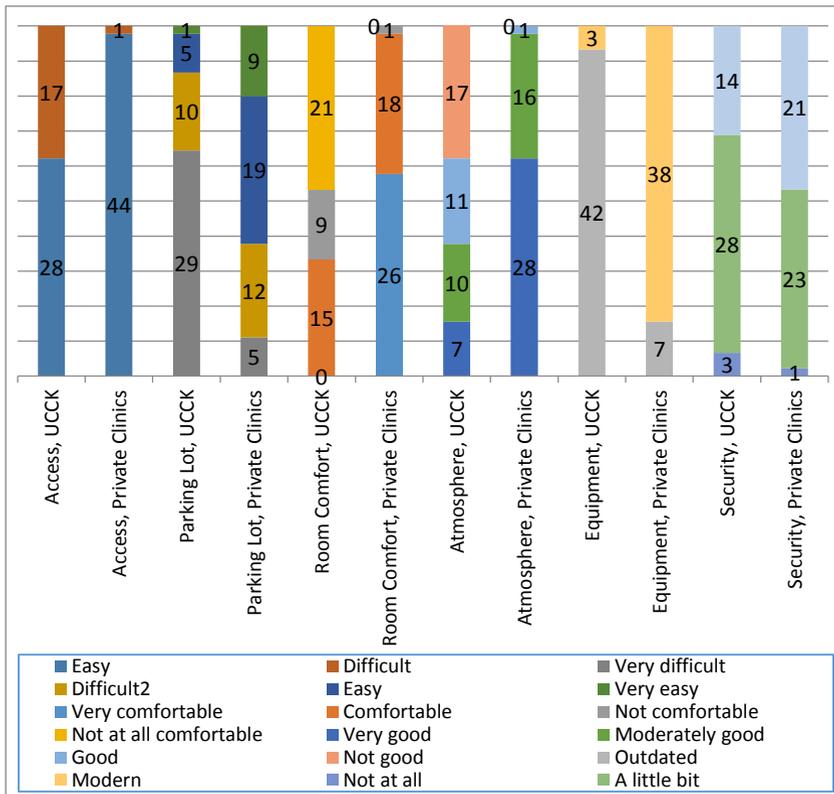
**Graphic 2.** Respondents' gender, age and level of education



In *Graphic 3* we present patient satisfaction with facility access, parking space, exercise room, apparatus and equipment, and facility security. As the *Graphic* shows, access to the Physical Medicine Rehabilitation Clinic at the UCC was rated difficult by 17 of the 45, or 38 %, of the patients surveyed, while access to private clinics was rated difficult by only 1 of the 45 patients surveyed. Similarly, 29 out of 45, or 64.4 %, of patients surveyed found finding a car parking place very difficult in the UCC, while in the private sector 12 out of 45, or only 26.6 %, of the patients. From the *Graphic 3*, we also learn that the practice room in the public clinic was rated as inadequate by 21 of 45, or 46.7 %, of the patients surveyed, while the private sector stands better in this regard considering 26 of 45, or 57.7 %, of the patients surveyed rated the exercise room as very comfortable.

The atmosphere in the exercise room at the Physical Medicine Rehabilitation Clinic was rated as not calm and not relaxing by 17 or 38 % of respondents versus 11 or 24 % of respondents who rated it as calm and relaxing. At the private clinics the atmosphere in the exercise room turns out to be calm and relaxing (of 28 respondents or 62 %). On the other hand, according to the responses of patients surveyed in the public clinic, it appears that the equipment used to treat patients in this clinic is outdated (42 out of 45 or 93.3 % of patients). Whereas, in the private sector it turns out to be modern apparatus and accompanying equipment (38 out of 45 or 84 % of patients). The results of the research show that the surveyed patients, both in the public and private sectors feel safe during the treatment they receive from health professionals (*Graphic 3*).

**Graphic 3.** Respondents' satisfaction with access to the facility, parking lot, room comfort, atmosphere, apparatus and equipment as well as security

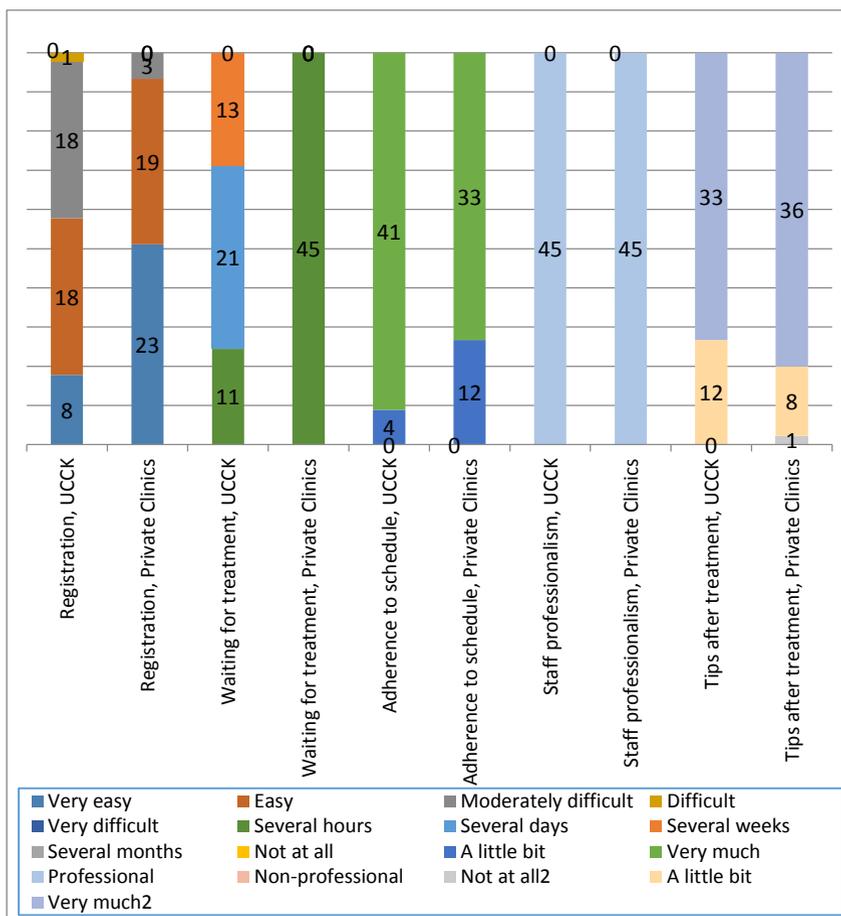


The registration procedure has been evaluated as easy by most of the patients surveyed at the Physical Medicine Rehabilitation Clinic, and we have similar estimates at private clinics, where this procedure has been evaluated as very easy. Waiting time for treatment from the day of enrollment at this clinic lasts days and sometimes weeks, due to overcrowding, while in private clinics the waiting time is usually 30 minutes to sometimes several hours. Adherence to the treatment schedule is found to be better in the public clinic than in the private clinics, 41 out of

45 or 91.1 % of patients surveyed in the UCCK versus 33 out of 45 or 73.3 % of patients surveyed in the two private clinics, respectively. of treatment.

The support and behavior of the staff was rated as highly professional by all respondents in both the public and private clinics. Towards the end of the treatment, the advice of medical professionals to be followed at home was found by most respondents to be very helpful (*Graphic 4*).

**Graphic 4.** Respondents' satisfaction with registration procedures, waiting for treatment, adherence to schedule, staff professionalism and tips after treatment



## Discussion

The main purpose of the paper was to compare the quality of physiotherapeutic services in the public sector against the same services in the private sector, using a standard and validated

questionnaire. As such, this is the first study of its kind in our country.

The study has shown that the age of patients receiving public-sector services at the Physical Medicine Clinic with Rehabilitation at the University Clinical Center of Kosovo is higher and the level of education of patients is lower compared to those treated in private institutions. The reason for such a difference may lie in the age-related economic conditions and the fact that the elderly need longer-term treatment and sometimes even hospitalization. The association of education level with economic status explains the higher education level of patients in the private sector. The study has also shown that the higher the educational level, the lower the level of patient satisfaction with physiotherapy services are and vice versa. An explanation for this may be the higher standards that individuals with higher education have and their higher expectations.

The same situation holds in Albania, according to a study of 800 patients in the 14 largest hospitals in the country, conducted in the public and private sectors. Even in this study, it was found that mainly persons of old age were more satisfied with health services and the lower the educational level the higher was the satisfaction of patients with the services received (Kalaja, 2016). The results of our study on this issue are also consistent with the studies of author Sitzia and Ibrahim, who emphasized that the older and poorer people are, the lower their expectations are and as result of this they tend to be more satisfied than younger and richer people with health care. On the other hand, higher levels of education are associated with lower levels of patient satisfaction, as educated people tend to have better knowledge of the disease and claim to receive better service and communication from medical staff (Sitzia, 1999; Ibrahim, 2001).

Overcrowding of the public sector with patients, namely smaller capacities than requirements, may be the main reason for the difference found in the waiting time study. While in the public sector the waiting time of patients from registration to treatment was long, in the private sector this time consisted of several hours and in most cases no more than 30 minutes. According to the results of our study, it has emerged that treatment initiation appointments are more widely respected and applied in the public than in the private sector. Assistance, behavior, and willingness of health personnel to respond to patients' questions, on the other hand, are approximately the same in both sectors. These studied parameters relate to the level of education and vocational training that are approximately the same in both studied groups. So physiotherapists have the same perception of responsibility at work, whether they work in the private or public sector. This is also the explanation for the finding that in-home treatment counseling is approximately the same in both institutions.

Safety, which is mostly related to the good theoretical and technical skills and staff knowledge, accurate diagnosis setting, also turns out to be positively related to patient satisfaction. The more confident they are of the service they receive and the way they deliver it, the more satisfied they are with the quality of the physiotherapeutic service, giving very positive results in terms of safety in both sectors.

Access to the facility, access to the parking lot, the convenience of the lounge and the atmosphere inside it have all proved to be the best in the private sector. The reason for this is that the central parking lot at UCCK is far from the Clinic of Physical Medicine with Rehabilitation, while the clinic does not provide wheelchair for its patients. Consequently, clients are forced to walk nearly a kilometer to receive treatment. Regarding the exercise room, it is located in the basement of the

Surgery Clinic and in substandard technical conditions, overcrowded with patients, poor lighting and ventilation, and does not provide sufficient privacy for patients. The situation is different with private clinics, which usually have reserved parking and provide wheelchair alongside modern halls, offer patient privacy, have good lighting and ventilation, and a relaxing atmosphere in treatment rooms.

Almost the same results have been obtained from the study conducted in Albania, where the public sector has mostly rated the safety provided by its staff and its reliability, while equipment and technology have not been well evaluated. On the other hand, equipment and technology have received the highest ratings in the private sector, followed by reliability, accountability and security. The comparative study between the two sectors in Albania has revealed that in all dimensions the public sector has received lower ratings than the private sector. The smallest differences between them are seen in the safety dimension, followed by reliability, and what distinguishes these sectors most is the level of the equipment used in the treatment of patients (Kalaja, 2016).

The results of our study are consistent with other similar studies. Thus, for example, a study of the comparative performance of private and public health care systems in low- and middle-income countries presented the private sector as superior to the public sector. Offering of private sector healthcare to low- and middle-income countries is sometimes considered to be more efficient, responsive, and sustainable than public sector healthcare that has had a limited number of equipment and othershortages. Critics of the private health sector, however, believe that providing public health care is more beneficial to poor people and is the only way to achieve universal and equitable access to health care (Basu, Andrews, Kishore, Panjabi, & Stuckler, 2012).

The higher scientific titles of staff in the public sector do not reflect higher quality of services and this is only due to technical constraints and poor working conditions thus affecting the private sector in Kosovo to be superior to our study. However, the study conducted by the authors (Basu et al., 2012) does not support the claim that the private sector is usually more efficient, accountable, or effective than the public sector, although the public sector often due to overcrowding with patients seems not to have enough time for them and their hospitality as the private sector.

In a survey conducted by the Ministry of Health in Kosovo on citizens' opinions about medical services, namely the differences between the public and private sectors, it was found that 84 % of patients considered the services received as good to excellent, 81 % for the public health sector and 94 % for the private sector (Ministry of Health, 2016). Patient satisfaction with physiotherapeutic services has not been adequately studied, and very limited studies exist, despite the fact that measuring patient satisfaction is essential for improving physiotherapeutic services, and would add to the scarce worldwide literature on this topic.

In Sri Lanka, patient satisfaction with physiotherapy services was studied, with a sample of 150 patients receiving physiotherapy treatment. This study was conducted through a self-administered questionnaire and then the study continued with a focus group discussion indicating that most patients were satisfied with the received treatment. The study discussed patient satisfaction, physiotherapy-related factors, patient-related factors, professionalism of the service provided, and logistics of the treatment environment (Tennakoon & Piyanjali de Zoysa, 2014).

Another study was conducted at the University of South Carolina in the United States in the program of physical

therapy. At the beginning of the study, 191 patients and 1,868 patients in the main phase of the study, using a study instrument developed by the authors, subjects answered global questions about overall satisfaction with physical therapy. Results showed that patient satisfaction was more related to subjects reflecting a high quality interaction with the health professional, in this case with the physiotherapist e.g. respect for time, adequate explanations and guidance to patients. However, environmental factors such as the location of clinics, parking, waiting to receive treatment by the physiotherapist, and the type of equipment used, did not show a strong association with overall satisfaction with care. Physiotherapist time spent with patients and their behavior were important for patient satisfaction, while the emphasis on cost reduction and large number of patients were factors that could compromise satisfaction (Beattie, Pinto, Nelson, & Nelson, 2002).

Given that our study has shown that the private sector is superior to the public one, in almost all parameters, except staff professionalism, its conduct and respect for the appointments, it is not surprising why there are more respondents who would propose to others the private sector rather than the public sector. Although the number of patients who would recommend a public clinic is not small, this is related to their expectation, with 76 % of patients in the public sector reporting that they would recommend a public clinic, while 24 % of them said that they would not recommend a public clinic. In the private sector, however, the situation is different with 98 % of patients expressing that they would recommend the clinic to others or return to treatment if needed.

A study in Albania showed that 89 % of patients interviewed would return to that hospital again for service and would recommend it to others. This is thought to be due to the loyalty of Albanian patients, but also to the fact that their

opportunities to choose other hospital service providers are limited by their financial opportunities, lack of education, inability to move to other areas, or even acknowledging their current situation (Kalaja, 2016).

There is still work to be done to improve the conditions and quality of services in public hospitals in Kosovo, where of course the health budget allocated by the Government of Kosovo should be higher than it has been so far (Tahiri, 2012). We recall the fact that the public health sector in Kosovo is mainly financed by income tax, taxes and co-payments, while private out-of-pocket payments are very high and account for about 40 % of health service spending (Bajrami, 2016). It should be borne in mind that the continuous improvement of quality in the health system is a challenge for many countries, especially those who have been through or are undergoing a difficult transition, from a system where quality was neither recognized nor measured and consequently neither did not improve (Tahiri, 2012). However, this will remain up to the hospital managers to evaluate so that they can improve the conditions for reaching and exceeding patient expectations in both sectors. This is especially required in the public sector, where the need for intervention is greater and this definitely obliges our authorities to invest in infrastructure, environment and better work organization.

Quality improvement is closely linked to patient satisfaction with the health services he receives. Based on some research, the researchers concluded that service quality involves a comparison between expectations and performance. Service quality is a measure of how much a given level of service is in line with customer expectations (Cheng Lim & Tang, 2000; Grönroos, 1984). Based on several other studies it has been found that quality improvement is the most important factor that directly affects patient satisfaction, whereineven

many hospitals are now focusing more on quality of service, in order to achieve the highest levels possible of satisfaction (Kumar, Koshy, Prabeesh, & Rema, 2008). Patients are now seen as consumers of health services, who are already able to decide where to get the service they want, among different providers to meet their health needs. Therefore, the quality of health care and patient satisfaction are two important health products and quality meters (Ygge & Arnetz, 2001; Zineldin, 2006).

Finally, we should bear in mind that the lack of comparison of our results with other similar studies or work done in Kosovo on the quality of physiotherapeutic health services for both sectors, the differences between them and the satisfaction of Kosovar patients, with these services, presents a limitation on the results obtained.

### *Conclusion*

Physical treatment and rehabilitation are important methods for treating a significant number of patients in our country. Unfortunately, however, budgetary constraints and the need to invest in essential sectors have left these well-deserved services, so their level has been seriously undermined and it is imperative that measures be taken to increase them. On the other hand, the private sector in this area has experienced rapid growth and has met some of the requirements that the public sector does not meet. Comparison of these sectors in technical, professional and managerial terms has the potential to identify points of intervention. The data from this study show that the age of patients receiving services and receiving treatment at the Physical Medicine Rehabilitation Clinic at the University Clinical Center of Kosovo is older, while patients receiving services at private clinics are younger. This age difference of patients receiving treatment in public and private institutions

may be due to the conditions offered by the clinics in question and the confidence that these younger patients have created for private institutions. Research results show that patients with higher levels of education have increased trust in private clinics and receive treatment at these clinics, while the level of education of patients attending public clinics is lower.

The registration procedure has been simplified in both institutions, and presents no problem for either private clinic patients or public clinic patients. In addition to the registration procedures that end up quickly, the waiting time to start treatment is relatively short in both institutions and research has shown that the appointment is more respected in the public clinic than in the private clinic and this efficiency affects patient satisfaction. The help provided by staff and their behavior are among the essential elements of a quality service. Both the behavior of the staff and the help they provide to patients have been highly valued in both private and public clinics. This element is of particular importance and directly affects patient satisfaction. Both public and private clinics should maintain this level of service, and aim for even higher levels.

Access to the facility, parking access, room comfort as well as the atmosphere inside the clinic are all best in the private sector. Regarding the aspect of access to the facility and parking, patients demand positive changes in this aspect, especially in the public sector. As for medical equipment and supplies, the public sector is not at a satisfactory level.

The equipment at this clinic is outdated and the need to invest in new equipment is urgent. However, although better than the public sector, the private sector is not doing so well in this regard. Some of the equipment is outdated and the assessment of patients is that there is a need to invest in new equipment. Patients in the public and private clinics generally express a high appreciation of the advice they receive at the end

of treatment and generally recommend these clinics to other potential patients.

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