The Cross-Cultural Examination of the Service Quality of Elder Care Centers - the Case OF Turkey and Germany

Kültürlerarası Bir İnceleme: Türkiye ve Almanya'daki Yaşlı Bakım Merkezlerinin Hizmet Kalitesi

Ali Kuzu* - Güner Çöl**

Abstract: The world is ageing. Multidisciplinary researches about elderly people are vitally important for development of efficient policies to meet their needs. It is nearly impossible to improve something, i.e. a service that you cannot measure. Therefore, in order to improve the quality of the elder care services, the actual service level should be measured first. For this purpose, a study was previously designed and performed in care homes of Turkey and the results of this study was published before. Afterwards, the same study was performed in the care homes of Berlin, Germany. The purpose of this study is to compare the results of this cross-cultural study. For this purpose, "Servqual" service quality measurement tool, which was previously adopted for the elder care homes, was used and applied to the German elderly. The Servqual scale is based on the comparison of the expectation and perception scores of the service users. The sample group of the study consists of 217 elderly residents of the care and rest homes of İstanbul, Turkey and 112 of them in Berlin, Germany. The calculated service quality scores are negative (about -1), which means that the quality of the service delivered in these elderly care centers (both in İstanbul and in Berlin) does not fully meet the expectations of the residents.

Keywords: Ageing, elderly, care services, service quality, servqual.

Structured Abstract: Introduction and the Purpose: Demographic ageing is one of the most important phenomena of today's countries, especially the developed ones whose aged ratio are mostly over 20 percent. According to UNFPA-United Nations Population Fund (2012:12), people live longer because of improved nutrition, sanitation, medical advances, health care and economic well-being. As a result of this, population ageing is happening in all regions and countries at various levels. Currently, only Japan has an older population of more than 30 percent; but by 2050, 64 countries are expected to join Japan with an older population of more than 30 percent. These ageing societies will be accompanied by an increase of needs in long term care. The

* Dr. Öğr. Üyesi, İstanbul Üniversitesi Cerrahpaşa, Sosyal Bilimler Meslek Yüksekokulu
Asst. Prof. Dr., İstanbul University-Cerrahpasa, Social Sciences Vocational School
ORCID 0000-0002-0027-2829
alikuzu@istanbul.edu.tr

** Dr. Öğr. Üyesi, İstanbul Üniversitesi Cerrahpaşa, Sosyal Bilimler Meslek Yüksekokulu
Asst. Prof. Dr., İstanbul University-Cerrahpasa, Social Sciences Vocational School
ORCID 0000-0002-9222-4399
gunercol@hotmail.com

Cite as/ Atıf: Kuzu, A., Çöl, G. (2020). The cross-cultural examination of the service quality of elder care centers - the case of Turkey and Germany, *Turkish Studies*, 15(1), 457-466 <https://dx.doi.org/10.29228/TurkishStudies.38403>

Received/Geliş: 02 October/Ekim 2019

Accepted/Kabul: 25 February/Şubat 2020

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Published/Yayın: 29 February/Şubat 2020

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United Nations have calculated that the world's dependency ratio –which refers to the needed support for elderly- will double between 1950 and 2050.

The main purpose of this research is the cross-cultural examination of the service quality of elder care centers of Turkey and Germany. The score of the service quality measurement tool *servqual* is expected to maintain us an idea about whether the elderly people are happy or not with the given service to themselves at care homes. So, the study is expected to raise the awareness and sensibility of the related institutions against the expectations and perceptions of elderly.

Methodology: Increasing the service quality level is not only important for companies but also for individuals and societies. The best known and widely used model among the researches related with service quality concept is *servqual*, which has been developed by Leonard L. Berry, A. Parasuraman ve Valerie A. Zeithaml. They stated that service quality decreases or increases according to the meeting level of expectations of customers. In order for the service quality to be satisfactory, the presented service should exceed (or at least meet) the expectations of customers.

The sample group of the study consists of 217 elderly residents of the care and rest homes of İstanbul, Turkey and 112 of them in Berlin, Germany.

Results and Conclusion: The calculated “weighted average servqual scores” and the “un-weighted servqual scores” are quite close to each other, (-1.09 vs -1.11 respectively for İstanbul and -0.90 vs -0.89 for Berlin). Therefore, calculating the weighted average servqual score may be evaluated as redundant, but determining the importance levels of quality dimensions might be useful because when a service management wants to improve its quality, it will be better to start with the issues (i.e. dimensions) which are more important for the customers.

The calculated negative scores mean that the quality of the service delivered does not meet the expectations of the residents. (Because, in a survey with 5-point Likert scale, the quality score can take values between (-4) and (+4). A score of (-4) refers to the worst case, in other words, an absolute dissatisfaction of the residents of the care homes. Positive scores mean superstitious service quality (exceeding the expectations) and zero (0) score means good (expectations are fully met by the delivered service). The score about (-1) of this study can be acceptable when compared with the worst case but it is clear that there is an inadequacy in the delivered service. The result of the German care homes is slightly better than that of in İstanbul.

When the quality scores of the dimensions are examined; the best score is obtained for the “reliability” dimension (-0.90) in İstanbul care homes, whereas it is for “tangibles” (-0.60) in Berlin care homes. On the other hand, the worst scores are for “tangibles” dimension (-1.39) in İstanbul and “responsiveness” (-1.09) and “empathy” (-1.07) dimensions in Berlin care homes. This can be evaluated as; the care home residents in İstanbul are not happy with the physical evidences of their surroundings. On the other hand, while the care home residents in Berlin are satisfied with the physical evidences, they are not happy with the willingness and readiness of the care staff.

It seems that, the relationship between the poor service quality scores and the situation of the care staff is worth to explore in future researches. The working conditions, the difficulties in delivering service to elderly, occupational burnout and some other different factors may influence the psychological state of the care staff, and therefore the delivered service quality.

Keywords: Ageing, elderly, care services, service quality, servqual.

Öz: Yaşlanma ve her geçen gün artan yaşlı nüfus oranı, dünyamızın kaçınılmaz bir olgusudur. Yaşlı bireylerin ihtiyaçlarını karşılayabilmek için etkili politikaların geliştirilmesi amacıyla disiplinler arası araştırmaların ortaya konması, hayati derecede önemlidir. Ölçülemeyen bir şeyi (örneğin bir *hizmeti*) iyileştirebilmek neredeyse mümkün değildir, bu sebepten dolayı yaşlı bakım hizmetlerini iyileştirebilmek ve geliştirebilmek için öncelikle mevcut hizmetlerin kalite düzeyinin ölçülmesi gereklidir. Yukarıda belirtilen amaç kapsamında Türkiye’de yer alan bir kısım yaşlı bakım merkezlerinin hizmet kalitesini ölçebilmek için daha önce bir çalışma yapılmış ve sonuçları yayınlanmıştı. Daha sonra aynı çalışma uyarlanarak Almanya’nın Berlin şehrindeki yaşlı bakım merkezlerinde de uygulandı. Bu çalışmanın amacı, farklı kültürdeki insanların aldıkları bakım hizmetlerine ilişkin kalite algılarının ve değerlendirmelerinin kültürler arası bir perspektifle incelenmesidir. Bu

amaçla, daha önce yaşlı bakım kurumlarında uygulanabilmek için adapte edilen “servqual” hizmet kalitesi ölçeği, Almanya Berlin’deki yaşlılara uygulandı. Servqual ölçeği, hizmet kullanıcılarının hizmete ilişkin beklenti ve algılarının karşılaştırılması temeline dayanmakta, hizmeti kullanan bireylerin beklentilerinin karşılanma düzeyine göre hizmetin kalitesi değerlendirilmektedir. Araştırmanın örneklemini, İstanbul’daki yaşlı bakım ve huzurevlerinde kalmakta olan 217 yaşlı ile Berlin’deki 112 huzurevi sakini oluşturmaktadır. Çalışma sonucunda hesaplanan hizmet kalitesi puanları (-1 civarında) negatif olarak ortaya konmuştur; bu durum da hem İstanbul, hem de Berlin’deki merkezlerde sunulan hizmetlerin, huzurevi sakinlerinin beklentilerini tam olarak karşılayamadığına işaret etmektedir.

Anahtar Kelimeler: Yaşlanma, bakım hizmetleri, hizmet kalitesi, servqual.

Introduction

The world is ageing. UNFPA, United Nations Population Fund (2012:12) underlines this fact as;

“People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Population ageing is happening in all regions and in countries at various levels of development. At present, only Japan has an older population of more than 30 per cent; but by 2050, 64 countries are expected to join Japan with an older population of more than 30 per cent.”

Ageing societies is one the most important phenomena of today’s countries, especially the developed ones with over 20 percent of aged population. The percentage of people over 60 in the world population is expected to increase to 21.8% in 2050; while it is expected to be 32.6% in developed countries in 2050 (UNFPA, 2012:19). While fertility rates are decreasing on one hand, survival at older ages is increasing on the other hand; as a result, the percentage of older people in society is increasing day-by-day.

Ageing can be described as the decrease in biological productivity of the organism, the difficulty in adaptation to environment and decline in resistance mechanisms. Only a single description of “normal ageing” cannot be made since it is anticipated that ageing properties differ among various genetic/socio-cultural individuals and groups. Although the United Nations uses 60 years to refer to older people, “age 65” is assumed as the starting edge of ageing in most countries (at which people become pensioners). *Population ageing* refers to the increase in the share of older people in total population. One other point is that genders experience old ages differently; for every 100 women aged 80+, there are only 61 men. Data collection and analysis related to elderly is necessary for effective policies to meet the needs emerging with the demographic change. The organization and quality of elder care services issue is one of the most important and preferential topics in almost all societies and related sectors (Kuzu ve Altaş, 2016:44).

These ageing societies will be accompanied by an increase of needs in long term care. The United Nations have calculated that the world’s dependency ratio –which refers to the needed support- will double from 1950 to 2050.

“The older generation is not a homogenous group for which one-size-fits-all policies are sufficient. It is important not to standardize older people as a single category but to recognize that the older population is just as diverse as any other age group, in terms of, for example; age, sex, ethnicity, education, income and health. Each group of older persons, such as those who are poor, women, men, oldest old, indigenous, illiterate, urban or rural, has particular needs and interests that must be addressed specifically through tailored programs and intervention models.” (UNFPA, 2012:13).

“Many of today’s older people don’t have access to even the basic resources necessary for a life of meaning and of dignity. Most of the elderly face numerous barriers every day that prevent them from fully participating in society” (WHO, 2019:2). Ageing can no longer be ignored, which comes with various issues such as health and care related topics, support of elderly in daily life

activities, active ageing (not to disconnect from the society), economic problems, inter-generational issues, funding of the services and the quality. As a result, population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community. Ageing impacts demand for education, health, long-term care, transportation, communication and a series of other services. These wide range of topics show that ageing related issues requires multidisciplinary researches.

One of the basic issues related with ageing population is the care of elderly. Care and service requirements are arising as people grow older (Josefsson, 2006:1). Demand for facilities for elderly such as day care centers, rest homes, aged nursery and home care is increasing steadily. Not only the increase in the number of these facilities, but also the increase in the quality-of-services presented by these facilities is vitally important.

Services are generally performance-intense businesses. When it comes to “service quality”, there are various but similar definitions such as “conformance with the expectations of customers” (Tavmergen, 2002); “the meeting level of the served service against the customers’ expectations” (Altman and Marilyn, 1995); “conformance with the specifications” (Crosby, 1999); “meeting level of the expectations, needs and necessities of customers” (Edvardsson, 1998). One of the most comprehensive definitions of service quality has been expressed by Parasuraman, Zeithaml and Berry as “the comparison of the expected and perceived service performances and a general evaluation related to the superiority of the service” (Parasuraman, et. al, 1985). The comparison between the expected and perceived service levels can be defined as the quality of the service; Therefore, service quality is determined by the customer. In most cases, the quality comes out during the interaction – service contact- between the customer and the service staff while performing the service.

Service Quality Concept

Increasing the service quality level is not only important for companies but also for individuals and societies. It helps to increase the competitive advantage of companies and also helps to achieve the long- term profitability (Altunış and Yener, 2012). The share of services sector is very much bigger than that of goods. In many developed countries, only about 20 percent of total gross domestic product (GDP) comes from the goods sector, the remaining is services sector. Today, competition is very depressive and customers are more conscious than ever, so it is vital to present qualitative service to manage a business successfully.

In order to improve something, you have to be able to measure it first; therefore, service companies have been trying to measure their own quality of services. But service quality measurement is not so easy because of the characteristics of the services. Besides the common characteristics, the diversity of services makes the quality measurement process very hard and complex, but various models have been developed to make it understandable and measurable, by detecting the factors affecting quality and revealing the interrelations between them.

Measuring the Service Quality

The best known model among the researches related with service quality concept has been developed by Leonard L. Berry, A. Parasuraman ve Valerie A. Zeithaml. In 1983, they started a series of studies to develop a model by focusing in three areas; describing the service quality with a wide perspective, determining the factors affecting it and designing a tool to make it measurable (Kuzu, 2010).

Parasuraman and his colleagues stated that service quality decreases or increases according to the meeting level of expectations of customers. In order for the service quality to be satisfactory, the presented service should exceed (or at least meet) the expectations of customers, otherwise the service quality is evaluated as “poor” (Kuzu and Altaş, 2016). The model is known as the “gap

model” which strives to determine the level of difference between the expectations and perceptions of customers. The lesser the gap, the better the quality of the service!

SERVQUAL (SERVice + QUALity) scale was developed by Parasuraman and his colleagues, after researches to find a standard measurement tool suitable to use in services sector. It is the most comprehensive one among other similar studies according to its style of handling the topic, scope and applicability. In order to evaluate the service quality, a number of studies can be seen but the scale which is widely acknowledged and applied in many sectors validly is the “servqual”. When it is looked at the researches which use servqual directly or with little changes, it is seen that the general validity of the scale is high enough. The high validity coefficient values of five dimensions of servqual show that the convergent validity of the scale is also high. Researches showed that the five dimensions of servqual scale have similar reliability coefficients and each dimension’s internal consistency is high (quoted by Kuzu and Altaş (2016) from Brown et al. (1993), Carman (1990), Kandampully (1998), Babakus and Mangold (1992), Cronin and Taylor (1992); Wolde (2001)).

In servqual, first the customers’ expectations related to a service are recorded, and then his/her perceptions related to a specific service presented to him/her are measured. The difference between expectations and perceptions indicates the level of service quality. The servqual scale consists of five dimensions (which can be described as the determiners of service quality) and these five dimensions consist of totally 22 pairs of questions.

The five dimensions of service quality are defined as follows (Parasuraman et.al., 1988):

- i. Tangibles: The facilities and equipment of the service organization, physical appearance of the personnel and all the concrete components used during the service delivery. This dimension includes 4 statements.
- ii. Reliability: Ability to perform the promised service dependably, fully and accurately at the first time. This dimension includes 5 statements.
- iii. Responsiveness: Willingness and readiness to help customers and provide prompt service. This dimension includes 4 statements.
- iv. Assurance: Knowledge and courtesy of employees and their ability to inspire trust and confidence. This dimension includes 4 statements.
- v. Empathy: Caring and the individualized attention, sensibility, individualized care and specialized services that the service organization provides; and easy access and communication with the customers. This dimension includes 5 statements.

In order to calculate the servqual score, first the difference between the expected and perceived service quality points of each statement is calculated. For each attendant, the average of the difference points of statements under each dimension is calculated to find the “average difference score” of each dimension. And then the average of the scores of five dimensions gives the “unweighted servqual score”. This calculation does not take “the relative importance of quality dimensions for clients” into account (Kuzu and Altaş, 2016).

Optionally, a section can be added to the servqual scale to ask clients about the “the relative importance of quality dimensions” (Devebakan, 2001). For this purpose, the attendants are asked to distribute a total of 100 points to these five quality dimensions. The relative importance of quality dimensions is used to calculate the “weighted servqual score”.

The Purpose and Method

The main purpose of this research is the cross-cultural examination of the service quality of the elder care centers of Turkey and Germany. The score of the service quality research is expected to maintain us an idea about whether the elderly people are happy or not with the given service to themselves at care homes. So, the study is expected to raise the awareness and sensibility of the related institutions against the expectations and perceptions of elderly.

The servqual application in elder care homes in Turkey was studied and published previously (Kuzu and Altaş, 2016). Afterwards, the servqual scale was translated to German, the linguistic equivalence studies (translation, back-translation, structural validity tests) were completed and the scale was applied to the residents of the care houses of AWO Bundesverband e.V. in Berlin, Germany. The study was applied by face-to-face interview method by our German partners.

Sampling: The original study was realized in 38 care and rest homes, which were operated by the central government in 16 provinces of Turkey but in this study we only use the data set of the elderly in Istanbul, the biggest city of the country. So servqual score of the Turkish care home residents in Istanbul and that of the German residents in Berlin will be compared. The number of interviewed elderly is 217 in İstanbul, while that of in Berlin was 112.

Application of the questionnaires of the servqual scale: The care homes were called by phone and appointments were taken. On the date of appointment, the purpose of the study was explained to the residents and the servqual scale was applied to the voluntary residents. During the face-to-face interview, the statements of the servqual scale were read and marked by the interviewer (since most elderly have difficulties in filling-out the question forms by themselves).

Data Collection Tool: The Servqual scale, which was adapted to elder care and rest homes, consists of 22 pairs of statements with 5-point Likert scale. Although these 22 statements were grouped in 5 dimensions during the analysis, they were mixed in the questionnaire during the application. The voluntary residents first expressed their expectations and then their evaluations (perceptions) about the delivered services to them, in a scale ranging from (strongly disagree = 1) to (strongly agree = 5).

Findings and Results

The collected data of the research were analyzed with SPSS v.13 software program. The confidence interval was assumed between 0.01 and 0.05. In order to test the reliability of the expectation and perception statements of the questionnaire, the reliability analysis was used. To test the significance of the differences between averages, the t-test; to analyze the grouped variables, variance analysis tests were used. By using the collected data of the servqual scale, the service quality scores of each quality dimension and the general quality score (both the un-weighted and weighted) were calculated.

The demographic data of the elderly care home residents were shown in Table-1. The questionnaires which were assumed as valid and included in the calculations did not contain any unanswered statements.

The main findings according to the demographic properties are as follows:

- ✓ According to the “age group” variable; as the age of the elderly increase, their expectations decrease. This is valid for both the Turkish and German residents. This age group’s feelings of confidence during the communication and relationship with the care staff is also the lowest among all age groups.
- ✓ According to the “gender” variable; male residents’ expectations about “the courtesy and respect of care staff against the residents” is higher than that of females, in İstanbul care homes. The

prior expectation of most elderly females in İstanbul is “the individual concern and attention of the care staff against the care home residents”. On the other hand, whether a gentleman or a lady, the major expectation of German elderly in a care home that “the care staff should be informed with the necessary knowledge and should realize the required care service on-time”.

✓ According to the “marital status” variable; the single (un-married) residents in İstanbul have lower expectations in general while widowed has the highest. On the contrary, there is not a reasonable difference according to the “marital status” variable among the residents in Berlin care homes.

✓ According to the “child ownership” variable; for both the Turkish residents in İstanbul care homes and the German residents in Berlin care homes, the more the children they have, the lower the expectations they have. In other words, as the number of children of elderly increases, their expectations from a care home decrease. (Perhaps, elderly people expect their children to care for them, when this not happen, it looks as if they are offended!)

✓ The elderly people in İstanbul have higher expectations about the physical conditions (tangibles) of the care homes.

Table 1: Demographic Data of the Sampling

		<i>İstanbul</i>		<i>Berlin</i>	
		<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
Age	60-69	82	38	11	10
	70-79	102	47	69	62
	80-89	31	14	27	24
	90-99	2	1	5	4
Gender	Female	98	45	63	56
	Male	119	55	49	44
Marital Status	Married	14	6	6	5
	Single	26	12	36	32
	Widowed	177	82	70	63
Education	Illiterate	43	20	1	1
	Literate	34	16	13	12
	Primary school	62	28	49	44
	High school	56	26	25	22
	University	22	10	24	21
Child Ownership	No child	97	45	28	25
	1	43	20	56	50
	2	48	22	17	15
	3-4	18	8	11	10
	5 and more	11	5	0	0
Retirement	Not- retired	89	41	8	7
	Social Security	120	55	79	70
	Private Insurance	8	4	15	13
Monthly Income	No income	67	31	7	6
	Minimum wage	92	42	65	58
	More than min. wage	58	27	40	36
Payment of Expenditures	(Him/Her)self	113	52	89	79
	Social security	104	48	23	21

The relative importance of quality dimensions, which were derived from the residents’ distributions of 100 points to the five quality dimensions, is shown in Table-2 and Table-3.

Table 2: The Relative Importance of Service Quality Dimensions (İstanbul)

DIMENSION	N	Minimum	Maximum	Average	SD
Reliability	217	25%	40%	30%	0,042
Responsiveness	217	20%	30%	21%	0,032
Tangibles	217	10%	20%	18%	0,024
Empathy	217	10%	25%	17%	0,024
Assurance	217	10%	20%	14%	0,023

Table 3: The Relative Importance of Service Quality Dimensions (Berlin)

DIMENSION	N	Minimum	Maximum	Average	SD
Reliability	112	25%	40%	33%	0,032
Responsiveness	112	20%	30%	26%	0,029
Assurance	112	15%	20%	18%	0,025
Empathy	112	10%	15%	12%	0,027
Tangibles	112	10%	15%	11%	0,029

For both of the cities, the most important dimensions for elderly residents in İstanbul and Berlin care homes are seen as the “reliability”, (which was defined as “the ability to perform the promised service fully and accurately at the first time”) and responsiveness, (which was defined as “willingness and readiness to help customers and provide prompt service”). But the total points (in other words, the importance levels) of these two dimensions for two nationalities are a bit different; 51 percent for Turkish residents and 59 percent for German residents. Continuing down the table, the tangibles (physical appearance and facilities) comes third for Turkish residents; whereas assurance (knowledge and courtesy of employees) comes for the German elderly, both with 18 percent importance points. For German residents, “tangibles” is the least important factor in a care home.

Table 4: Un-weighted Average Servqual Score

	İstanbul	Berlin
DIMENSION	ServQual Score	ServQual Score
Reliability	-0,90	-0,78
Tangibles	-1,39	-0,60
Responsiveness	-1,16	-1,09
Assurance	-1,02	-0,92
Empathy	-1,10	-1,07
Un-weighted Servqual Score	-1,11	-0,89

Table 5: Weighted Average Servqual Score (İstanbul)

DIMENSION	Service Quality Score	Relative Importance of Service Quality Dimensions	Contribution of each dimension to the weighted average quality score
Reliability	-0,90	0,30	-0,27
Responsiveness	-1,16	0,21	-0,24
Tangibles	-1,39	0,18	-0,25
Empathy	-1,10	0,17	-0,19
Assurance	-1,02	0,14	-0,14
Weighted Av. Score			-1,09

Table 6: Weighted Average Servqual Score (Berlin)

DIMENSION	Service Quality Score	Relative Importance of Service Quality Dimensions	Contribution of each dimension to the weighted average quality score
Reliability	-0,78	0,33	-0,26
Responsiveness	-1,09	0,26	-0,28
Tangibles	-0,60	0,11	-0,07
Empathy	-1,07	0,12	-0,13
Assurance	-0,92	0,18	-0,17
Weighted Av. Score			-0,90

Conclusion

The calculated “weighted average servqual scores” and the “un-weighted servqual scores” are quite close to each other, (-1.09 vs -1.11 for İstanbul and -0.90 vs -0.89 for Berlin). Therefore, calculating the weighted average servqual score may be evaluated as redundant, but determining the importance levels of quality dimensions might be useful because when a service management wants to improve its quality, it will be better to start with the issues (i.e. dimensions) which are more important for the customers.

The calculated negative scores mean that the quality of the service delivered does not meet the expectations of the residents. (Because, in a survey with 5-point Likert scale, the quality score can take values between (-4) and (+4). A score of (-4) refers to the worst case -i.e. an absolute dissatisfaction of the residents of the care homes- (Kuzu & Altaş, 2016). Positive scores mean superstitious service quality (exceeding the expectations) and zero (0) score means good (expectations are fully met by the delivered service). The score about (-1) of this study can be acceptable when compared with the worst case but it is clear that there is an inadequacy in the delivered service. The result for the German care homes is slightly better than the ones in İstanbul.

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Acknowledgements

The authors express their sincere appreciation to the German partners in AWO, for their valuable effort during the application of the research in Berlin care homes. The authors also express their best wishes to A. Parasuraman, for his support and permission to use the servqual scale. All authors read and approved the final manuscript.

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