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SERVICE QUALITY MANAGEMENT IN TERM OF IHRM CONCEPT AND THE EMPLOYEE INTERNATIONALIZATION

Abstract: Patient safety during medical procedures and services is a priority issue. However, the patient can interpret this safety at various levels and this affects the perception and quality assessment. In the paper the method of evaluating the quality of medical services in term of improving the potential of employees in an international service enterprise has been presented. These methods based on the conceptual service quality model in the context of development and International Human Resources Management (IHRM). The research took the form of a questionnaire, which was filled in by customers after using the services of the dental office. The research included five areas for improvement in the field of Human Resources Management, based on the priority: first impression, knowledge, competence, involvement, empathy, i.e. important features of employees which can influence customers satisfaction. It has also been proposed to introduce quality evaluation indicators (QE) and acceptance of international employee group index (AI) that indicate internal recommendations to improve the quality of service and recommendations for the improvement and development of the company in terms of human resource management in the light of globalization and the migration of professionals. Proposition of the service quality model in the context of development and International Human Resources Management in enterprise providing medical services was presented. Specific methodology to evaluate the quality of medical services in terms of improving the potential of employees in an international service enterprise was proposed.

Keywords: Quality management; Quality improvement; Human Resources Management; International Human Resources Management.

1. Introduction

Due to the general globalization of the production and service market as well as the easiness of employees' transfer between different countries, International Human Resources Management (IHRM) has become a very important part of the organization management. The IHRM as a dynamically evolving field is characterized by a changeable approach to human capital management: both the traditional approach and new, even innovative approaches are applied – IHRM in organization focused on

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international development, but also paying attention to the potential of employees of other nationalities (Björkman & Stahl, 2006; Del Giudice, Carayannis, & Della Peruta, 2012). The key concern in IHRM is both the willingness to enter into international cooperation, and the transfer of employees (from the point of view of employees and entrepreneurs) (Brown & Duguid, 2001). Organizations developing on the international market should intensify activities of improving and maintaining the quality and flow of internal processes that have a significant impact on organizational strategies, and thus provide conditions suitable to use the full productivity of employees (Alon, 2002). In this case, various methods, tools and systems, which help in assessing the functioning of employees and supporting knowledge management seem to be extremely important (Niciejewska & Klimecka-Tatar, 2018). In the literature, there is still a small gap in the researches on international human capital (employees) and the effectiveness of the company's operation. In addition, despite the important role of knowledge management practices and their role in the IHRM, there are still significant gaps in their internal interactions (Schuler, Jackson, & Tarique, 2011). Consideration of the IHRM is based on two important factors. First, changes in the way of employees development and career planning, including occupational mobility. Second, strengthening the company's competitiveness through international initiations - employing specialists of various nationalities (Arocas & Morley, 2015).

In all phases of the process of IHRM, the cultural context in the resolution of the most problems is also important. This imposes on managers to take account of cultural diversity in the mission, in values, in the formulation of personnel policy, developing procedures for corporate dissemination multiculturalism, building training programs and ongoing training, communication processes and offering help for managers and professionals in overcoming culture shock. Employees

in enterprises with international activities should represent a corporate attitude, which is determined by the following features (Dickmann & Müller-Camen, 2006):

- responsibility for the interests of the organization as a whole,
- care for the increase of the company's assets,
- apply open management practices based on building appropriate relationships with customer, public opinion and other stakeholders;
- responsibility for the proper implementation of the strategy, compliance principles of rational management, rules of business ethics, striving for transparency of activities.

Currently, in Europe, due to open labor markets, the flow of employees is huge, which affects the way of managing the enterprise and such a group of employees (Bilan, Simionescu, Mentel, & Rozsa, 2019; Ślusarczyk, 2017; Dukić Mijatović et al, 2020). IHRM concept has a particularly large impact in service enterprises. The quality of the offered services depends to a large extent on the employees and on the way how they are managed. Hence, the need to combine these elements in research.

The aim of the paper was to assess the quality of chosen services offered by an international service enterprise, which will allow improving the potential of employees. The first stage of the research was to create a service quality model in the context of development and IHRM management. This model was created on the example of enterprise providing medical services. Literature research on IHRM and quality of service, with particular emphasis on medical services was used.

Based on the developed model, a research method was prepared, i.e. a questionnaire was created that can be used to assess service quality, taking into account primarily the characteristics of employees involved in the

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implementation of dental services and their impact on customers' satisfaction. Employee features were divided into five groups (according to the developed model). Patients after using the service took part in the survey.

A *QE* index (quality evaluation) was also developed, which was then calculated on the basis of collected information what allowed for an overall assessment of the quality of provided services. Customers were also asked to assess the level of acceptance of internationalization of the crew, what helped to propose the *AI* index (Acceptance of International Employee Group Index) and calculate it. Areas of potential improvement have been identified based on the negative characteristics of employees indicated by customers.

2. Literature review

2.1. The concept of providing service organization with an international approach to the transfer of employees' knowledge and skills

In practice, most IHRM methods are used in the production and manufacturing industries – processes, which lead to the creation of a standardized product. Employees in this case know their responsibility, competence and can easily adapt to the requirements of the employer.

Simplicity in adjustment to the requirements results mainly from the possibility of process standardization (numerical characterization with coefficients and parameters) (Anttila & Jussila, 2018). Therefore, human resource management refers to the internal sociological level. The international team is formed by employee, and the problems associated with this rather do not affect the quality of products (Adamovic, 2018). It is much more difficult to manage an international team of employees in the service industry. This is due to the fact that the type of product and its quality is determined not only by the organization's staff but also by the customer (customers as quasi-employees). In service processes, the customers participate in the service creation (Fig. 1), thus becomes an active participant and significance of the customer increases in the entire human resource management system (Andrés-López, González-Requena, & Sanz-Lobera, 2015; Kowalik & Klimecka-Tatar, 2018; Novicevic et al., 2011).

The customer in the service delivery system is a part of the process operations. On the other hand, the customer is a partner for creating the service value - the values and requirements are defined by the customer (Andrés-López et al., 2015; Ingaldi & Ulewicz, 2019; Labajan & Koomsap, 2019).
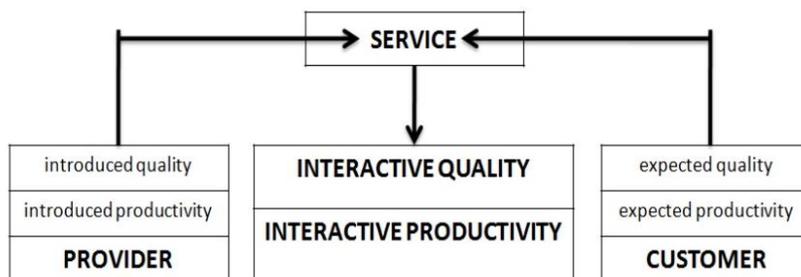

Figure 1. Model of interaction between customer and service provider (own study based on Kowalik & Klimecka-Tatar, 2018)

The needs, expectations and knowledge of customers are highly subjective, but also not measurable by means of indicators. Therefore, the management method should also cover aspects related to customer expectations and service perceptions with regard to internationalization (Costa, Soares, & Sousa, 2016; Dimitratos, Johnson, Plakoyiannaki, & Young, 2016; Dutot, Bergeron, & Raymond, 2014a; Dutot, Bergeron, & Raymond, 2014b; Kot, Meyer, & Broniszewska, 2016).

In the service industry, despite considerable commitment to creating human capital management principles, many techniques used in the context of IHRM are not immediately applicable. The most well-known IHRM model is the Morgan model, on which factors affecting the management concept are presented in three dimensions (Ogunyomi & Bruning, 2016). According to Morgan, IHRM is the process of acquiring, allocating and effectively using human resources. Morgan restricts international human resource management as the cooperation of only three dimensions - human resources activities, types of employees and countries of operation, not taking into account the country of origin of the customer. As in the provision of services, the customer is a participant of the process, involved in the creation of service features, it is important that customer's nationality is also included in the IHRM model. In Figure 2 the proposal of modified IHRM model in service providing enterprise is presented. The customer, as a recipient of the service, should be treated as a dynamically changing factor (Mendenhall, Macomber, Gregersen, & Cutright, 1998).
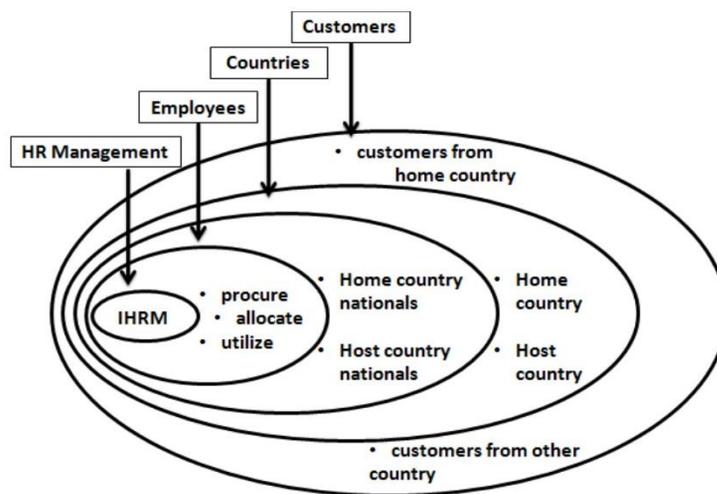

Figure 2. Proposal of IHRM model in service providing enterprise (own study)

The customer may have the effects of accompanying multiculturalism, and according to the presented model, the customer should also be included in the IHRM concept.

2.2. Service quality management in terms of human resource management

In the context of the service quality levelling, the typical concepts and methods require the development of the IHRM are not fully acceptable. This is due to the fact that the service model (Figure 3) is divided into

conceptual and practical cycle. The conceptual cycle refers to the quality with regard to the role of the customer (requirements, first impression, knowledge), the role of the service contractor (knowledge, competence, involvement and empathy) and the use of technical and intangible resources. While the practical model includes the improvement of service processes, process monitoring, verification and evaluation based on input and output of the process (Bachnik, Nowacki, & Szopiński, 2018; Pilarz & Kot, 2019; Tasci, 2016; White, Nallur, & Clarke, 2017). The practical cycle ensures that the conceptual cycle achieves the goals set in accordance with the quality principles. Whereas, the IHRM model presented in Figure 2 should be integrated into the conceptual cycle.
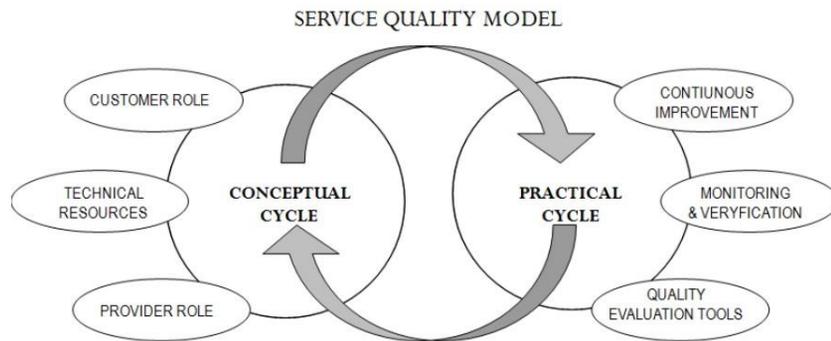

Figure 3. The interaction between the conceptual cycle and practical cycle of quality creation in service providing (own study based on (Bachnik et al., 2018; Pilarz & Kot, 2019; Tasci, 2016; White et al., 2017)

In implementing the main assumptions of IHRM, it is extremely important to define what in selected types of service organizations is considered in terms of quality. In organizations that provide services at the international level (international from the point of view of national diversity in the employment of employees and other participants in processes) the most popular in quality measurement is the system approach. The system approach guarantee, that the quality service is treated as a system. This approach distinguishes three elements: input quality, process quality and service quality (Johnson, Tsiros, & Lancioni, 1995; Klimecka-Tatar, 2017; Kowalik & Klimecka-Tatar, 2018; Kursunluoglu Yarimoglu, 2014). Input quality is dependent on technical and organizational conditions of enterprise. Process quality is determined by the knowledge, skills of employees, as well as by interaction between the customer and the service company (Kowalik & Klimecka-Tatar, 2018; Kowalik & Klimecka-Tatar, 2018). The model is designed to combine two perspectives - the theory of intellectual capital and the perspective of the consumer - which will help to discover the value-creating configurations of human resource management (Meijerink & Bondarouk, 2018). The simplified system approach to service quality is shown in Fig.4.
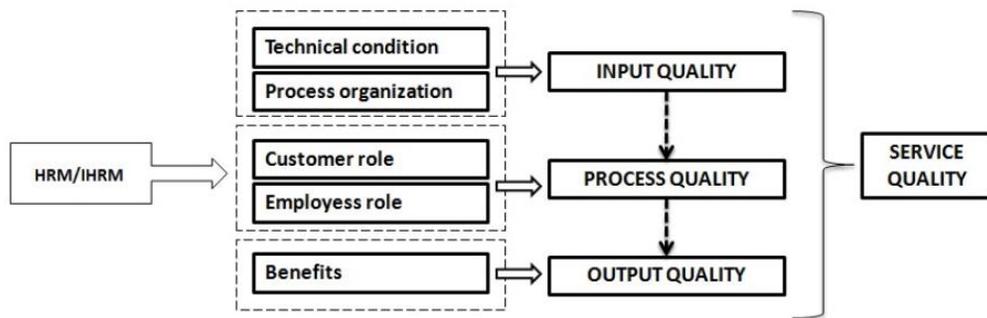
Figure 4. Simplified model of the system approach to service quality (own study)

In process quality, the importance of the human resource management through appropriate selection of employees, training and personal development of employees can be traced. This aspect is mainly shaped by the staff and its attitude to customer (Jain & Aggarval, 2015). Output quality refers to the result of the service process and benefits to the customer (Kowalik & Klimecka-Tatar, 2018).

3. Experimental and conceptual framework

The research has been conducted in a service enterprise (providing specialized services - medical and prosthetic) employing foreigners. Due to the good human resource management in acquiring talents in medical field, the organization is open for innovations and also encourages employees to international mobility. The company is located in Europe in the border area (close proximity of three countries), which also favors the internationalization of the specialists team. Both the location, and the innovative approach of the management staff are very valuable from the point of view of knowledge management and talents capturing. A characteristic feature of the company is the fact that brings together specialists of different nationalities -

employees differing in their nationality, age and culture. The research has been concerned to determine the strengths and weaknesses of employees (which indirectly provided services) in relation to the customers perception of the service quality.

For the research purposes, a conceptual model has been created that enabled the analysis of the obtained results. The conceptual framework based on the 4Q's service quality model – figure 5. As Kowalik et al. (Kowalik & Klimecka-Tatar, 2018a; Kowalik & Klimecka-Tatar, 2018b) referred the quality expected by customer is formed based on the perception and experience - customer comprehends perceived service quality as a comparison of expectations and experience, simultaneously appreciating quality sources. The research framework was established on the basis of various methods and models of perceived of service quality presented in the literature (Ali & Raza, 2017; Joshi & Chadha, 2016; Klimecka-Tatar & Ingaldi, 2020; Sarhan & Shishany, 2020). The research include evaluation of five basic groups of employee characteristics that have the greatest impact on the customer perception. In relation to the model presented in Figure 5, the research methodology focuses on only one the element: the process quality.
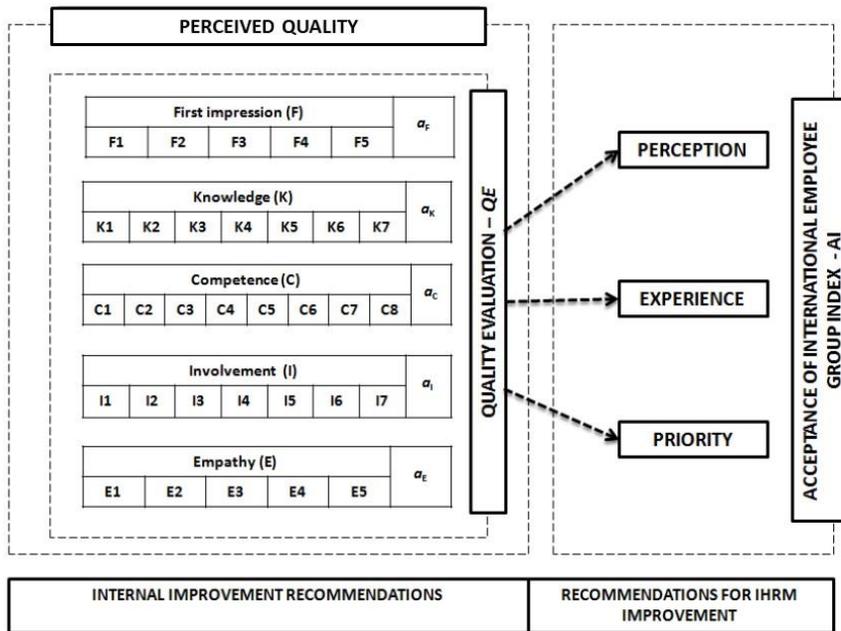
Figure 5. Proposition of the service quality model in the context of development and IHRM management (own study)

The survey has been conducted in the form of an online questionnaire. The survey was an authors' work and was created for the needs of this study. The starting point for methodology and creation of the above-mentioned surveys were studies on the assessment of superiors in the eyes of employees presented in the works (Ingaldi & Dziuba, 2016; Konstanciak, Borkowski, & Jagusiak, 2011). Customers, after using the service, received information in the form of a business card and were asked to complete a survey assessing the work of the company's employees in terms of the quality of their work. They were informed that it was not a typical analysis of the services quality. They were asked to answer YES or NO, assessing the employees they had contact with during the service. All features were divided into 5 groups: first impression, knowledge, competence, involvement, empathy. The features and their breakdown are presented in Table 1.

After collecting the responses from the customers-patients, the percentage of positive and negative responses (YES, NO) were calculated. Then, the difference between the Yes and No answers was also calculated (YES-NO). The results are presented graphically as bar graphs in the section with discussion. The differences in the answers YES and NO made it possible to indicate the positive and negative features of employees and indicate the features that need improvement.

Table 1. A list of the features of employees of a service point - a survey (own study)

Group	Symbol	Feature
First impression	F1	The employee greets customers with a smile.
	F2	The employee participating in the service has a neat appearance.
	F3	The employee is always nice and kind to customers.
	F4	The employee is communicative.
	F5	The employee inspires customer confidence.
Knowledge	K1	The employee is professionally prepared to do his job.
	K2	The employee knows the current offer of services.
	K3	The employee knows the current trends in the market.
	K4	The employee has the appropriate education and qualifications to do his job.
	K5	The employee has the knowledge to answer customer's questions.
	K6	The employee constantly improves his skills.
	K7	The employee is fully committed to the work he does.
Competence	C1	The employee always informs the customer about the date of service completion.
	C2	If the employee commits to perform the service within a certain time, he will not fail.
	C3	The employee provides services in the right way.
	C4	The employee performs the ordered service flawlessly.
	C5	The employee cares for the protection of customer's interests.
	C6	The employee keeps conditions of the contract.
	C7	The employee is available to the customer.
	C8	The employee is fully professional in the performance of his work.
Involvement	I1	The employee reacts quickly to the appearance of the customer.
	I2	The employee reacts quickly to the customer's needs.
	I3	The employee tries to ensure that the customers does not wait too long for service.
	I4	The employee quickly realizes the ordered service.
	I5	The employee expresses interest in solving the problem.
	I6	The employee is not too busy to respond to the customer's request.
	I7	The employee devotes the same attention to every customer.
Empathy	E1	The employee treats each customer individually.
	E2	The employee understands the specific needs of the customer.
	E3	It can be seen that the customer's interest lies at the heart of the employee.
	E4	The employee raises a sense of security in the customer.
	E5	The employee always shows willingness to help.

Customers-patients also had to indicate the group of characteristics describing employees of the service which was the most important for them. As a result, the percentage shares of indications on particular groups of features, i.e. the weights of individual groups, have been calculated. In addition, customers were asked whether they accept the international composition of the employees, which are involved in the service.

The model includes an equation in which five groups of employees and the validity of individual groups included in the survey.

The equation is based on the weighted average formula, basic statistics which is used very often in statistical research. The equation has the following form (1):

$$QE = \frac{a_F * F + a_K * K + a_C * C + a_I * I + a_E * E}{100} \quad (1)$$

where:

F, K, C, I, E - average percentage share of YES responses for individual groups of employee features.

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a_F, a_K, a_C, a_I, a_E - importance of groups of employees' features according to customers. These are percentage share of indication in individual groups.

Formula is based on weighted arithmetic mean where coefficients a_F, a_K, a_C, a_I, a_E are weights. The total weight is 100, which is included in the denominator of the index. In the further part, the interpretation of QE index based on interpretation of Customer Satisfaction Index (CSI) (Deng, Yeh, & Sung, 2013; Hsu, 2008; Woźniak & Zimon, 2016) presented in Table 2.

Table 2. Interpretation of the *QE* index (own study based on Deng, Yeh, & Sung, 2013; Hsu, 2008; Woźniak & Zimon, 2016)

Value of the *QE* index [%]	Assessment
0-40	Very bad - customer extremely dissatisfied with the serving employee.
40-60	Bad - customer dissatisfied with the serving employee.
60-80	Average - there are some problems in terms of customer satisfaction with the employee who served him.
80-90	Good - customer satisfied with the serving employee, there are few problems in terms of customer satisfaction.
90-100	Very good - customer extremely satisfied with the serving employee.

In addition, customers were asked whether they accepted an international employee group in the case of analyzed company. To analyze this question, the Acceptance of International Employee Group Index (*AI*) has been proposed (2).

$$AI = \frac{\text{customers accepting an international employee group}}{\text{customers participating in the survey}} \cdot 100\% \quad (2)$$

This index is nothing more than a simple percentage. It allows to indicate what percentage of customers understand and accept the need to internationalize enterprises, in this case enterprises from the dental company.

4. Results and discussion

4.1. The Service quality evaluation

The obtained results are presented in graphical form - Fig. 6-10; a) percentage share of YES and NO answers, b) difference in the number of YES-NO answers.

Among the features associated with the first impression (Fig. 6) in contact with the employee as having a positive impact on customer evaluation, should be pointed out the following features: the employee participating in the service has a neat appearance (F2) and the employee inspires

customer confidence (F5). These are important features because they often stay in the minds of customers. In enterprises providing services whose process requires contact with human tissues and physiological fluids, the equipment and cleanliness of rooms as well as the appearance of employees are particularly important tangible features of the service. As the lowest rated feature, it has been indicated that the employee is always nice and kind to the customer-patient (F3). Probably, this is related to the heavy workload of employees of the examined dental office. However, it should be emphasized, that in all cases the differences in the YES-NO score were greater than zero, which means the YES answer has greater number.
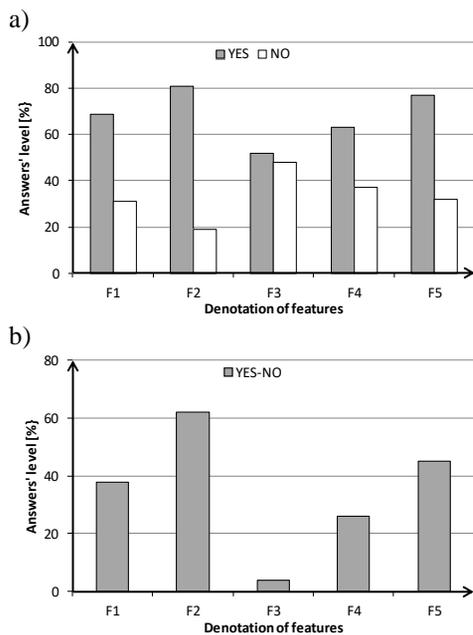
a)

b)

Figure 6. Characteristics of employees in the research dental office – First impression: a) general results (YES, NO), b) difference of answers (YES-NO) (own study)

a)

b)

Figure 7. Characteristics of employees in the research dental office – Knowledge, a) general results (YES, NO), b) difference of answers (YES-NO) (own study)

The features associated with the knowledge of employees (Fig. 7) are important, particularly in relation to employees in dental and prosthetic offices. Mainly due to the nature of the services provided (specialized medical services). Among the best-assessed features, areas K4 and K5 have been indicated, which means that according to customer-patient opinion, employees have appropriate education and qualifications to perform their work, as well as the employees have the knowledge to answer customer questions. Nevertheless, customers-patients critically approached to the assessment of employee involvement. They decided that the employee is not fully involved in the work he does (K7). This feature has a negative result for the difference in YES-NO responses, which means that more answers NO has been reported. This is the first area that requires improvement.
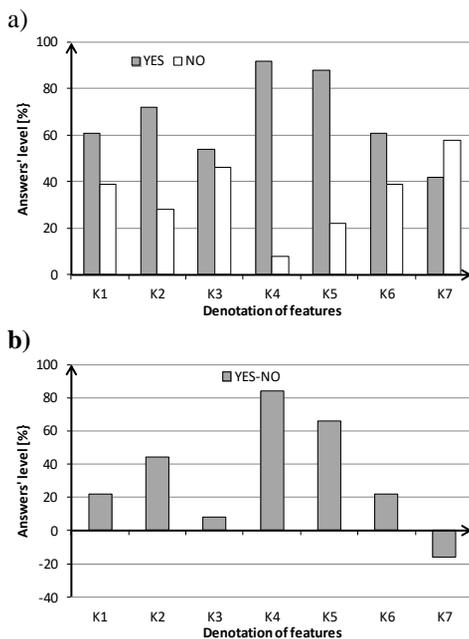
Among the features defining the competencies of employees (Fig. 8), two characteristics were indicated as the best-rated: the employee always informs the customer about the date of the service completion (C1) and the employee is fully professional while performing his work (C8). In this type of service enterprises, customers usually order a visit by specifying the date and time, and that's why a high grade was noted. Such offices ensure full professionalism due to the high competition on the market. The worst rated characteristics are: if the employee commits to perform the service within a certain time, he will not fail (C2) and the employee is available to the customer (C7). In addition, also in the case of the feature: the employee keeps the conditions of the contract (C6) more responses NO were received, which means customer dissatisfaction. However, the specificity of the services described in the

article should be emphasized. Unfortunately, medical appointments, including visits at the dentist and prosthetic office, are difficult to predict. It is impossible to determine exact time to perform the service. Perhaps that is why these features have been rated so low. These three features are potential areas for improvement.
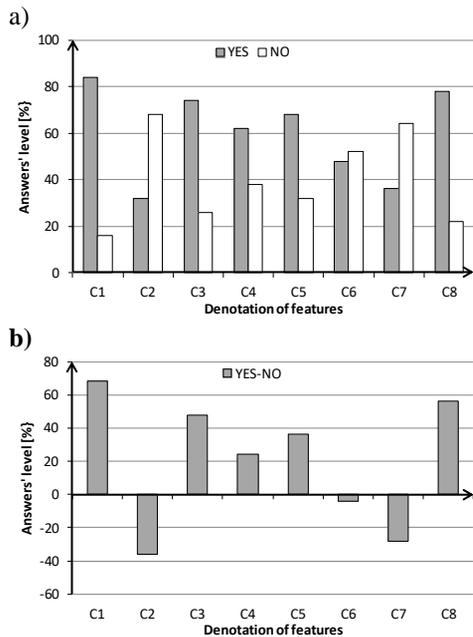
been reported in other scientific studies. The group of features related to the involvement of employees are closely associated to the speed of staff reaction and speed of service performance, what depends on the specifics of dental operation and it is difficult to predict.
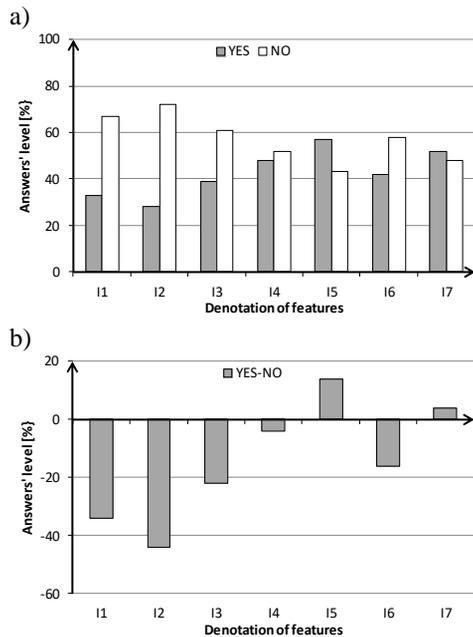

Figure 8. Characteristics of employees in the research dental office – Competence,
a) general results (YES, NO), b) difference of answers (YES-NO) (own study)

Figure 9. Characteristics of employees in the research dental office – Involvement,
a) general results (YES, NO), b) difference of answers (YES-NO) (own study)

Among the features related to the involvement of employees in their work (Fig. 9), as the highest rated feature: the employee expresses interest in solving the problem (I5). The lowest rated features are: the employee reacts quickly to the customer's needs (I2) and the employee reacts quickly to the appearance of the customer (I1). It should be emphasized that in this group of features only one case has a difference above 0. This is the worst rated group, requiring more analysis and improvement – in terms of improvement and organization, a lot of emphasis on this area of business activities in this sector have also

In order to improve the customer perception of services in this area, it is necessary to implement in the organization the process management at the system level (e.g. with the use of process organization tools, lean management, etc.) (Meidutė-Kavaliauskienė, Aranskis, & Litvinenko, 2014).From the point of view of the customer (patient), empathy among healthcare professionals is very important (Fig. 10), but along with the extension of the employee's internship, often forgotten.
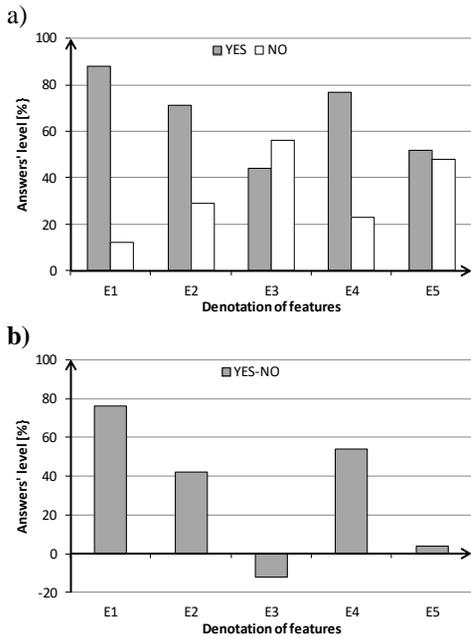
a)

b)

Figure 10. Characteristics of employees in the research dental office – Empathy, a) general results (YES, NO), b) difference of answers (YES-NO) (own study)

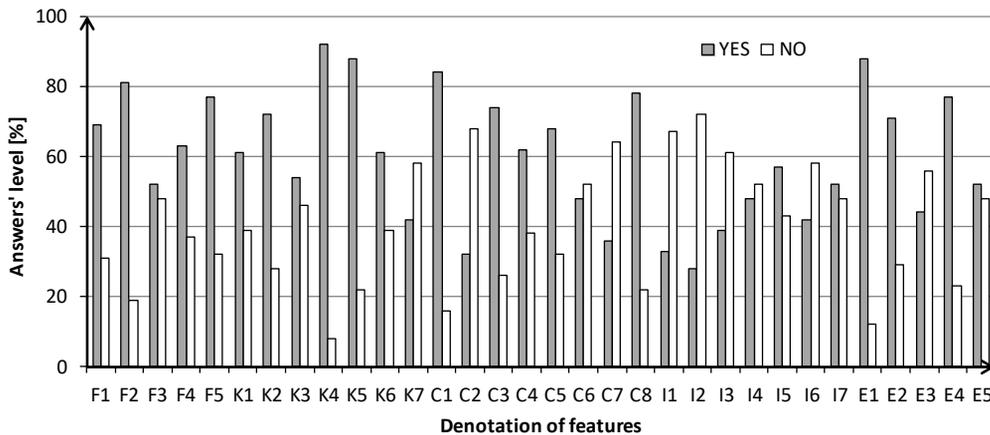Among the features related to empathy, which have been highly rated by customers of the dental office, one should indicate the features: the employee treats each customer individually (E1) and the employee raises a sense of security in the customer (E4). The results can be explained again by the specificity of dental services and the need for safety during their implementation.

Features: it can be seen that the customer's interest lies at the heart of the employee (E3) and the employee always shows willingness to help (E5) have been rated low, but only in the case of the E3 feature the answers NO is prevailed. Probably the cause of that situation results from the excessive waiting and delays in the service, often prolonged visits, which could not be fully predicted during the booking.

4.2. The Service quality evaluation

To summarize the results of the survey, the YES and NO answers have been put together in order to compare all groups together and indicate the positive (YES) and negative (NO) characteristics of the employees in organization. The list is presented graphically in Figure 11.

Figure 11. Characteristics of employees in the research dental office - Answers YES and NO (own study)

Analyzing the data presented in the charts (Figure 11) it should be indicated several positive and negative characteristics of the test dental office staff. These are features that obtained over 80% of YES responses (positive traits) or 60% of NO responses (negative traits). Among the positive, highly-rated features, it should be mentioned:

- the employee has the appropriate education and qualifications to do his job (K4),
- the employee has the knowledge to answer customer's questions (K5),
- the employee treats each customer individually (E1),
- the employee always informs the customer about the date of service completion (C1),
- the employee participating in the service has a neat appearance (F2).

Among the negative features, it should be indicated:

- the employee reacts quickly to the customer's needs (I2),
- if the employee commits to perform the service within a certain time, he will not fail (C2),
- the employee reacts quickly to the appearance of the customer (I1),
- the employee is available to the customer (C7),
- the employee tries to ensure that the customer does not wait too long for service (I3).

In the case of positive features, the first two are related to the knowledge of employees -

in the case of medical services is a priority. These are specialized, medical services with very individual nature, in which the customers need direct contact with a competent employee.

On the other hand, in the case of negative features, all are related to the efficiency of performing tasks and the availability of employees. Unfortunately, the dental offices operation is very specific. The course of visits, and thus their duration, are difficult to predict, hence frequent delays in accepting customers (patients). In addition, in the case of prosthetic dental services, treatment and service is associated with the performance of individual prosthetic restorations. This type of product (individual prosthetic restorations) requires a multi-stage manufacturing process of a unitary nature, fortified by high technical and aesthetic requirements.

Based on the results obtained during customer satisfaction surveys and the nature of work assessment and in relation to the equation (1), the *QE* index has been calculated. The results are shown in the table 3.

The *QE* index for the examined dental office was 62.55. Analyzing this result and taking into account the table 2, it can be concluded that the customer/ patients are on average satisfied with the service. It should be emphasized that, unfortunately, there are problems with the employees characteristics who participated in the service, i.e. features that were assessed by customers negatively. These are areas that need reflection and improvement by employees.

Table 3. The steps of calculating the QE index (own study)

Symbol of a group	A Value of average percentage of a group	B Importance of average percentage of a group	A·B Value of average × Importance of average
F	68.4	5.4	369.36
K	67.1	34.1	2289.57
C	60.3	27.6	1662.90
I	42.7	10.6	452.77
E	66.4	22.3	1480.72
		QE=	62.55

4.3. Characteristic of the employees in terms of the ability to search for international talent

Due to the international team of employees, the Acceptance of International Employee Group Index (AI) has been also calculated and the value of AI index for the examined dental office was 73,22%. Which means that for 73.22% of the customers the nationality of employee in the dental office does not make a difference. They accept the fact that they can be served by employees of other nationalities, and what's more, they considered that is a strong side of the organization that provides specialized services. The knowledge, experience of the employee than its origin is more important to these customers. The AI index value shows that most of the patients expressed their satisfaction and acceptance of the internationalization of the staff. Nevertheless, still almost 30% do not trust multi-cultural specialists. As shown in the model presented in Fig. 2, it is necessary to integrate internationalization of the staff into comprehensive management, as it is shown in Fig. 4. Increasing confidence is possible by informing patients about the competences of professionals. Increasing patients' awareness of the need to migrate professionals related to gaining experience and knowledge.

It is also information for the management and HR department that it is worth supporting any activities through international exchange between the cooperators. In addition, in such an organization it is worth implementing the IHRM principles to improve the service quality, as well as to change the development strategy - from regional to international.

The study of the quality perception in the context of cultural differences is extremely important, as it is well known that both customers and service providers may differ in terms of their norms, values and beliefs ascribed to their culture. In this case, the quality is assigned not only to the characteristics of the material part of the service but also to feelings of people with different nationalities' behavior, emphasize elements that can directly cause anxiety, that is, language misunderstanding and behavior differences (Del Giudice et al., 2012). In the world literature (Chiocchetti, 2018; Emontspool & Servais, 2017; Rigtering, Eggers, Kraus, & Chang, 2017), it can be found that the assessment of quality and knowledge management is particularly important and important in bilingual / multilingual regions - focus here on customers' migration in border areas (and not only) to provide specialized services (especially medical, dental). In the cited work the findings are based on qualitative and quantitative research and prove that the internationalization of SMEs is a big challenge in seeking to improve competitiveness. However, some SME's specific characteristics (language practice, (multilingual) knowledge sharing and internationalization pathways) have a significant impact on competitiveness improvement. From the point of view of the customer, the essence of quality perception is the lack of a sense of being held up, anxious and uncertainty.

It should be emphasized that the survey may be modified, which may create the possibility of its use in other service enterprises - from another sector. It can be treated as a proposition of a research method that allows to assess the characteristics of employees of various service points in branches and international branches with regard to IHRM principles.

5. Conclusion

Managing the quality of services, especially medical service requires the need to carry out comprehensive research at various levels of the process. In managing the services quality, one should take into account the fact of a large share of the customer in the implementation of the process. It should be remembered that the customer (in a variable and individual way) determines the conditions of the process.

As it results from the conducted research, it is relatively easy to select features that are relevant to the perception of the quality of the service. Nevertheless, it is worth noting that the interpretation of results requires a much deeper analysis based on indicators. In the case of internal recommendations to improve the quality of services, it is possible to use the proposed *QE* indicator based on the quantification of positive and negative assessments in the survey. In the discussed company providing specialized services (dental and prosthetic) it has been pointed out that, above all, improvements require employee involvement in the tasks carried out, increasing employee availability for customers and improving the organization of the service process. However, in relation to recommendations at the HRM or IHRM level, it is possible to apply additional parameters of service quality priority detection - e.g. Acceptance of International Employee Group Index (*AI*). In discussed case the customers indicate that knowledge, experience of the employee is more important than nationality of organization staff. Furthermore, the obtained result indicates that customers even expect that the organization will gain new talents from the global market, thus increasing its competitiveness on the market.

Some limitations of our research efforts refer to a limited group of people participating in the study, especially significant reluctance of customers to participate in the study. All results, despite their averaging, should be considered as subjective and with a wide range of tolerances (even in the area of one company). This is due to the fact that part of the HRM (or IHRM) should also refer to the latent management of a potential customer, by creating a database and appropriate redirection to the staff, which in the most accurate way meets the customer's expectations. Based on the values of indicators from the presented research, adjust the employee (providing a specialist service) to the customer-patient requirements (only possible for customer which would return to the organization and want to disclose results of individual survey).

An additional limitation in obtaining reliable results is the fact that in the survey, the customer does not specify which of the employees performed the service. Patients were reluctant to indicate which of the professionals provided dental services for them - they were afraid that when pointing to international staff they would not be anonymous.

Therefore, in the field of HR management in services it is worth taking into account other sources of information, such as supervisory authorities, that is managers.

The paper introduced a novelty in management of service quality within IHRM. The service quality model in the context of development and IHRM management in enterprise providing medical services was proposed and described. Specific methodology to evaluate the quality of medical services in terms of improving the potential of employees in an international service enterprise was also presented. It should be emphasized that the survey may be modified for the needs of selected areas for improvement as well as for the needs of various service sectors.

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