

Evaluation of the Quality of Dental Tourism in Tirana using Fuzzy CRITIC and CoCoSo Methods

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Abstract: The growth of medical tourism has contributed to the expansion of dental tourism. With the rise of tourism in Albania, dental tourism has similarly progressed. This research aims to evaluate the quality of dental tourism services in Tirana, applying fuzzy methods such as CRITIC (CRiteria Importance Through Intercriteria Correlation) and CoCoSo (Combined Compromise Solution). These two methods were integrated into a hybrid approach, as described in this paper. Seven experts evaluated dental practices using linguistic values. The CRITIC method results indicated that, among the ten criteria, the most significant was the variety of services. According to the CoCoSo method, Biodent Denti e Sorrisi, Diamond Dental, and Dental Med Austria practices demonstrated the highest quality in dental tourism services. As research results indicate, these clinics could serve as models for improving dental tourism in Albania through a focus on quality development.

Key-Words: - Multi-Criteria Decision-Making (MCDM), CRITIC method, CoCoSo method, Dental tourism, Service quality, Dental care.

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1 Introduction

Dental tourism is a rapidly evolving subtype of medical tourism [1] becoming an increasingly significant part of the medical tourism industry [2]. Due to the possibility of providing faster, more

favorable services to tourists, this type of tourism is growing into a significant form. This type of tourism allows patients to travel to other countries for less expensive dental care, and by doing so, patients' satisfaction and experience could be even increased by exploring local attractions, [3]. Dental

tourism is becoming increasingly popular because of rising dental care costs in Western countries, [4]. Also, many different kinds of dental procedures - including implants, aesthetic dentistry, orthodontics, and tooth and gum surgery - are available around the world, yet in developing countries, dental procedures can cost up to 70% less [5], even if cutting-edge technologies and treatments are included. Other than that, innovative services must be implemented to maximize tourist satisfaction, [6]. Therefore, dental clinics must continually focus on enhancing their services and offering a range of services.

Dental clinics often offer additional services to attract tourists, such as accommodations, transportation, and guided tours [7], to increase the number of patients. To achieve this, they must collaborate with other tourism service providers to develop a complete package that prioritizes tourist satisfaction. It should be noted that the quality of these services is generally comparable to that of Western countries, [8]. Since many dentists have studied and trained abroad [9], worldwide standards are met in providing dental care. Beyond cost benefits, patients benefit from shorter wait periods for specific procedures and the individualized approach offered by dental clinics, [10]. To better serve temporary tourists, it's essential to customize specific services to meet their needs. Focusing on a few key options and improving their quality will ensure tourists receive great value for their money, enhancing their experience while keeping costs affordable. Also, patients are turning to destinations with a well-established dental care industry, and attractive tourism offers, [11]. These patients seek more than just medical care; they are interested in a holistic experience that includes leisure activities along with high-quality treatment, [12].

Albania has become a popular tourism destination in recent years, with a growing range of tourist offers, [13]. Tirana, the capital, is becoming a popular dental tourism destination, [14]. The city attracts tourists by combining high-quality dentistry services with cultural, historical, and natural attractions. To satisfy the needs of an increasing number of travelers, dental tourism as part of medical tourism can be combined with other tourism segments to create a broad offering. However, in order to expand this kind of tourism, it is important that there is a high degree of patient safety and dental clinics that comply with legislation and standards, thereby maximizing service quality. For this reason, the dental practices must improve their services continuously.

The motivation for this research comes from the growing popularity of dental tourism in Albania, particularly in Tirana. The number of dental tourists visiting Albania's capital increases each year, highlighting the need to evaluate the quality of these services and identify ways to enhance them. This research aims to evaluate selected dental practices in Tirana using ten criteria and a methodology based on Multi-Criteria Decision-Making (MCDM). The CRITIC (CRiteria Importance Through Intercriteria Correlation) method will be applied to determine the importance of the criteria, and the CoCoSo (Combined Compromise Solution) method will be used to evaluate how well the selected practices meet these criteria. Adding to the main objective, the research also sets several specific research goals:

- To determine the importance of the criteria using the CRITIC method.
- To apply the CoCoSo method to evaluate how the dental practices meet the identified criteria.
- To establish a methodology to enable ongoing monitoring of other dental practices.
- To identify factors that contributes to improving the quality of dental services.

Based on the above, this research contributes in the following ways. The research:

- Assesses the current state of dental tourism and identifies patient priorities and key factors that influence service quality, aiming to design strategies for developing this type of tourism.
- Provides guidelines and recommendations to dental practices on improving their services and the competitiveness of the tourist offer through the application of dental tourism.
- Develops an innovative hybrid methodology that integrates CRITIC and CoCoSo methods. In this way, a symbiosis of these two methods will be carried out using the same steps to present a new approach in assessing the quality of dental tourism services.
- Identifies potential strategies for sustainable dental tourism development, while incorporating economic, social, and environmental aspects that will benefit the local community and establish a brand for dental tourism.

To achieve these objectives, the research is organized into six sections. The first section introduces the research, outlining its goals and contributions. The second section reviews previous studies in the field of dental tourism. The third section presents the methodological framework and explains the methods used in this research. The fourth section details the research findings. The fifth

section provides an in-depth discussion of the results. Finally, the conclusion summarizes the key findings, addresses the study's limitations, and offers suggestions for future research.

2 Literature Review

This section presents an overview of existing research on dental tourism and highlights studies that have used MCDM methods in this field. Additionally, research gaps that this study aims to address are identified.

[15] highlighted the limited attention to dental tourism and investigated service satisfaction in Malaysia. Their findings indicated that tourists were satisfied with the quality of dental services. [16] explored the factors influencing the repeat use of dental services in Mexico, employing exploratory factor analysis and multiple regression. Their results showed that cultural proximity, service quality, pricing, and additional services were key factors in encouraging patients to return. [11] examined dental tourism satisfaction in Bangkok, identifying the determinants through multiple linear regression analysis. This study concluded that service quality, destination location, and overall attractiveness positively impacted tourist satisfaction.

Unlike studies focused on quality and satisfaction, [17] examined waste management within the dental tourism supply chain to optimize sustainability in this sector. [18] addressed complications in dental tourism, specifically the required waiting period before patients can safely fly after treatment. [19] analyzed the cooperation between tourist organizations and dental practices in Romania, recommending strategic marketing efforts to promote sustainable health tourism with an emphasis on dental services.

Numerous studies have also applied MCDM methods to dental tourism. [20] employed the DEMATEL (Decision-Making Trial and Evaluation Laboratory) method in combination with the ANP (Analytic Network Process) and VIKOR (Više Kriterijumska Optimizacija i Kompromisno Rešenje) methods to determine optimal locations for dental clinics within the context of dental tourism. [21] used fuzzy linear selection to identify dental tourism suppliers. [22] applied the SWARA (Stepwise Weight Assessment Ratio Analysis) and TODIM (Interactive Multi-Criteria Decision Making) methods, along with WASPAS (Weighted Aggregated Sum Product Assessment), to select locations for the construction of dental clinics aimed at dental tourism.

Despite this growing body of research, several gaps remain. First, as studies focusing on the quality of dental services are limited, no studies have examined the quality of dental tourism services in Albania, nor have any dental practices in the country been evaluated. Second, while MCDM methods have been used in selecting locations for dental clinics, there is limited research applying these methods to assess the quality of existing dental practices for tourism purposes. Third, an approach combining the CRITIC and CoCoSo methods has not yet been employed in dental tourism studies. This research introduces a hybrid approach to integrate these two methods into a unified evaluation framework. Fourth, there is a lack of studies that develop models for assessing dental clinics within the context of dental tourism.

This research is set to address these gaps by providing a framework for Albania's dental practices evaluation and by offering guidelines for future research in dental tourism.

3 Research Methodology

The research on the quality of dental practices in Tirana follows a structured process that involves three key steps:

1. To identify and select criteria and dental practices.
2. To evaluate the dental practices according to the selected criteria and form a summary decision-making matrix.
3. To apply the fuzzy CRITIC and CoCoSo methods.

The first step of the methodology begins with selecting experts to assist in the research, [23]. Given the specific nature of the research, it was important to identify relevant experts, [24]. Since the operations of dental practices in Tirana are monitored by three institutions—the State Health Inspectorate (SHI), the General Directorate of Taxes (GDT), and the Ministry of Tourism and Environment (MTE) - these institutions were contacted to find experts experienced in evaluating the quality of dental practices. Ten experts were initially identified, with seven agreeing to participate: three from SHI, two from GDT, and two from MTE. With the assistance of these experts, the most important criteria for assessing the quality of dental practices in Tirana were identified. The following ten criteria were selected:

- Certified employees (C1) refers to the qualifications and expertise of the dentists.

Dentists with more advanced training can offer dental tourists a broader range of services.

- Friendliness of staff (C2) refers to the social skills and professionalism of the staff. Since dental tourism is a service-based industry, the success of these practices largely depends on staff making a positive impression on patients.
- Knowledge of foreign languages (C3) refers to the importance of staff being proficient in widely spoken foreign languages, particularly English since most tourists come from countries where Albanian is not spoken.
- Variety of services (C4) assesses the range of services the practice offers. The more diverse the services, the better the ability to meet the various dental needs of tourists.
- Clinic capacity (C5) refers to the clinic's ability to provide services to multiple tourists simultaneously, which depends on the number of qualified dentists and available resources.
- Possibility of quick intervention (C6) evaluates how efficiently the clinic can provide services upon the tourist's arrival. Efficient scheduling and coordination are needed to minimize waiting times.
- Non-cash payment options (C7) refers to the availability of credit card or electronic payment options, which make it easier for tourists to pay, including the possibility of deferred payments.
- Cleanliness of the clinic (C8) assesses the hygiene and cleanliness of the clinic, which creates the first impression for tourists. Maintaining cleanliness, especially using environmentally friendly products, is essential.
- Digitization of records (C9) refers to using digital records to reduce paper usage, particularly for regular patients. Digital records also enable faster access to patient information.
- Ecological practices (C10) refer to using eco-friendly practices, such as sustainable materials, green cleaning products, and recycling, to minimize environmental impact.

These ten criteria include a wide range of ecological, social, and economic factors that are key to the sustainability of dental practices. Once the criteria were selected, the next step was to choose the dental practices to be evaluated. Given the large number of practices in Tirana, it was impossible to evaluate them all. Therefore, practices specializing in dental tourism and having extensive experience in this area were selected with the help of the experts. The following ten dental offices (DO) were chosen for evaluation:

- Biodent Denti e Sorrisi (DO1)

- Dental Center Albania (DO2)
- Dental Clinic KissDent (DO3)
- Dental Med Austria (DO4)
- Dental Turk Tirana (DO5)
- Diamond Dental (DO6)
- Klinika Dentare Implantus (DO7)
- Platinum Dental Clinic (DO8)
- Tirana Dental Hospital (DO9)
- Trio Dental Center (DO10)

In the second step, the decision-making model is created. The experts evaluated the selected dental practices based on the ten criteria, using linguistic values ranging from "Very Bad" (VB) to "Very Good" (VG) (Table 1). To use these linguistic values, it is necessary to determine how they will be transformed into numerical values to apply the selected methods. When determining the membership function, the first step is establishing the interval of numerical values. In this research, the interval ranges from 1 to 9. Also, there is some overlap regarding the smallest and largest linguistic values when defining these functions. This occurs because it is difficult to clearly distinguish between values such as "Very bad" and "Bad", as what is the actual difference between these two values? For this reason, overlap exists in the membership function. This characteristic is specific to the fuzzy approach, as the membership function allows for fine distinction in numerical representation, [24]. Most importantly, lower linguistic values cannot be assigned with higher fuzzy numbers. Therefore, the second fuzzy number must be greater than or equal to the first, and the third must be greater than or equal to the second. This is the rule when defining fuzzy numbers and the utility function for linguistic values, [25]. Also, when defining fuzzy numbers or utility functions, it is assumed that the second and third fuzzy numbers are, in fact, the first and second fuzzy numbers of the next linguistic value. This approach allows for minimal differentiation between bordering linguistic values. This is also the strength of using a fuzzy approach, as it allows for a fine interpretation of the values given by experts.

Table 1. Linguistic values with membership function

Linguistic Values	Fuzzy numbers
Very bad (VB)	(1, 1, 2)
Bad (B)	(1, 2, 4)
Medium bad (MB)	(2, 4, 6)
Medium (M)	(3, 5, 7)
Medium good (MG)	(5, 7, 9)
Good (G)	(7, 9, 10)
Very good (VG)	(9, 10, 10)

The third step involves transforming the linguistic values into fuzzy numbers, a process based on a defined membership function, [26]. Once the transformation is completed, a summary decision-making matrix is created. This matrix is formed by calculating central values from the individual decision-making matrices provided by each expert, [27], [28]. After the summary decision matrix is established, the steps for applying the fuzzy CRITIC and CoCoSo methods are applied (Figure 1). The fuzzy CRITIC and CoCoSo methods are widely accepted in practice, and their selection requires no further justification, [29]. The first step in both methods is the normalization of the decision matrix, [30]. Following normalization, the steps of the fuzzy CRITIC method are carried out to determine the criteria weights. These weights are crucial for calculating the S_i and P_i values in the fuzzy CoCoSo method, [31]. Once these values are obtained, the remaining steps of the CoCoSo method are performed, leading to the final ranking of the dental offices based on the quality of services they offer tourists.

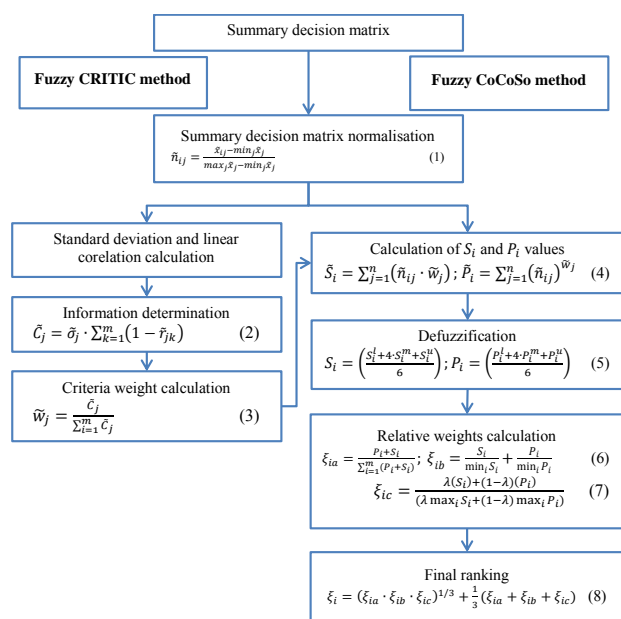


Fig. 1: Fuzzy CRITIC and CoCoSo calculations

4 Results

The dental practices were evaluated based on the selected criteria to simplify the decision-making process and assist the experts. The weight of each criterion was calculated using the fuzzy CRITIC method, which helps reduce subjectivity in the evaluation process, [25]. Based on these ratings, the experts evaluated the dental practices using linguistic values (Table 2). These ratings were then

converted into fuzzy numbers by applying the membership function (Table 1). This function determined the fuzzy number corresponding to each linguistic rating.

Table 2. Dental clinics' expert evaluation

Expert 1	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
DO1	G	VG	G	VG	VG	VG	VG	VG	G	VG
DO2	MG	G	MG	MG	G	VG	VG	VG	G	M
DO3	G	MG	MG	G	MG	MG	MG	VG	MG	M
DO4	MG	VG	G	G	MG	VG	VG	VG	G	VG
DO5	G	VG	MG	VG	VG	VG	G	VG	MG	VG
DO6	MG	VG	M	VG	VG	VG	G	VG	G	VG
DO7	G	VG	MG	VG	G	VG	VG	VG	G	G
DO8	MG	MG	M	MG	M	M	VG	VG	G	VG
DO9	G	VG	MG	VG	MG	VG	G	VG	MG	M
DO10	M	VG	M	M	M	MG	MG	VG	M	G
...
Expert 7	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
DO1	VG	VG	MG	VG	VG	VG	VG	VG	G	VG
DO2	G	VG	M	G	MB	G	VG	VG	MG	MG
DO3	G	VG	M	G	MB	G	VG	VG	MG	M
DO4	VG	VG	MG	VG	VG	VG	VG	VG	G	VG
DO5	VG	VG	MG	VG	VG	VG	VG	VG	G	G
DO6	VG	VG	MG	VG	VG	VG	VG	VG	G	VG
DO7	G	VG	MG	G	M	VG	VG	VG	MG	M
DO8	G	VG	M	G	M	G	VG	VG	MG	M
DO9	G	VG	M	G	M	G	VG	VG	MG	MG
DO10	G	VG	M	G	M	VG	VG	VG	G	MG

Once the linguistic values had been transformed into fuzzy numbers, the experts' assessments were averaged. As all experts were considered equally important, this averaging produced a summary decision matrix, which was used to apply the steps of the fuzzy CRITIC and CoCoSo methods. The first step for both methods was to normalize the decision matrix. For example, for the first criterion and dental office DO1, the normalization was calculated as follows:

$$n_{11} = \frac{7.6-4.6}{10.0-4.6} = 0.6; \frac{9.3-4.6}{10.0-4.6} = 0.9; \frac{10.0-4.6}{10.0-4.6} = 1.0 \quad (9)$$

In this normalization method, the highest value cannot exceed one (1). Using this process, normalized values were calculated for all entries in the decision matrix.

Next, the steps of the fuzzy CRITIC method were applied to determine the criterion weights. First, the standard deviation was calculated, followed by determining the correlation between each pair of criteria, considering the fuzzy numbers. The correlation was calculated separately for the three fuzzy numbers. These correlation values were subtracted from one, and the result was added for each criterion. These values were multiplied by the standard deviation, and the final criterion weights were determined. Since the fuzzy CRITIC method

has been widely applied in the literature, the detailed steps are not elaborated here.

The fuzzy CRITIC method results showed that C4 – Variety of services had the highest weight, followed by C7 – Non-cash forms of payment and C8 – Cleanliness of the clinic, while C9 – Digitization of records had the lowest weight (Table 3).

Table 3. Criteria weights results

Criteria	\tilde{w}_j
C1	(0.04, 0.10, 0.30)
C2	(0.02, 0.08, 0.25)
C3	(0.03, 0.07, 0.19)
C4	(0.03, 0.13, 0.51)
C5	(0.05, 0.13, 0.44)
C6	(0.02, 0.06, 0.30)
C7	(0.03, 0.13, 0.48)
C8	(0.03, 0.14, 0.47)
C9	(0.02, 0.06, 0.15)
C10	(0.03, 0.11, 0.39)

These results reflect how the alternatives were evaluated for each criterion. When the variation in the ratings for a criterion is higher, the importance of that criterion increases, and vice versa. The fuzzy CRITIC method determines criterion importance based on this variation in evaluating alternatives.

After the criterion weights were established, the fuzzy CoCoSo method was applied to calculate the S_i and P_i values. The S_i values were calculated by weighting the normalized values with the criterion weights, followed by multiplication with the corresponding fuzzy numbers. For P_i the normalized values were scaled by the criterion weights, summed for each alternative, and then defuzzified. Based on the summary S_i and P_i values, relative weights were calculated, leading to the final ranking of the alternatives by the fuzzy CoCoSo method (Table 4, Appendix).

The fuzzy CoCoSo results indicated that DO1 – Biodent Denti e Sorrisi ranked highest in terms of dental tourism service quality, followed by DO6 – Diamond Dental and DO4 – Dental Med Austria. These three practices stood out for the quality of dental tourism services they provide.

5 Discussion

Tourism plays a crucial role in a country's development [32], and medical tourism is becoming an increasingly significant part of this sector. Medical tourism was considered a secondary activity, but this has recently changed. Certain countries are now gaining recognition for their

engagement in this form of tourism. More tourists are choosing destinations specifically for medical services, including dental care, [33]. Among the various types of medical services offered in this framework, dental services are gaining popularity, [34]. As a result, dental tourism has emerged as a key component of health tourism, driven by the growing demand for high-quality yet affordable dental care abroad. Dental practices in Tirana have recognized this trend and are adapting their services to meet the needs of tourists. In addition, they have specialized in specific procedures that can be completed quickly, allowing tourists to receive these services conveniently. With competitive prices, skilled professionals, and appealing tourist attractions, [35], Albania's capital is positioning itself as a popular destination for dental tourism. It should be noted that developing any form of tourism, including dental tourism, requires a well-defined strategy, [36].

To attract as many tourists as possible to this type of tourism, dental offices in Albania have been working to improve the quality of their services. Accordingly, this research examined the current state of service quality in selected practices. To evaluate the quality of dental services, this research applied fuzzy methods in evaluating dental practices. This approach helps evaluate qualitative criteria, as in this study. A total of ten experts were initially contacted, but only seven agreed to participate due to other professional commitments, [37]. These seven experts were selected from three institutions responsible for overseeing the work of dental practices involved in dental tourism. Their role was to evaluate ten dental offices based on ten specific criteria. The experts were first tasked with identifying the criteria for evaluating the quality of these practices and then selecting the dental practices that specialize in providing services to tourists. Next, the experts evaluated the dental practices using linguistic values ranging from "very bad" to "very good". To process these ratings, fuzzy logic was employed, transforming the corresponding linguistic values into fuzzy numbers through a membership function, [38]. Each membership function was applied according to specific rules, [39], [40].

After collecting the expert ratings, the importance of each criterion was determined through assigned weights. The fuzzy CRITIC method was used to determine the importance of each criterion, with greater dispersion in the ratings leading to greater importance, [41]. The results identified three criteria as the most significant: variety of services (C4), non-cash forms of payment

(C7), and cleanliness of surgeries (C8). The significance of these criteria stems from the variability in services offered by different practices. If all practices offered the same services, their evaluations would be similar, reducing the importance of this criterion. Moreover, some dental offices offer non-cash payment options, while others prefer cash payments, often receiving tips from tourists for well-executed services. Regarding cleanliness, all the practices were rated positively, though minor differences existed. Due to the normalization process used by the CRITIC method, these minor differences became more pronounced, resulting in the increased importance of this criterion. The digitization of records (C9) was deemed the least important because it showed the least variation in expert evaluations.

The fuzzy CoCoSo method was applied to rank the dental practices based on the quality of their services. This method uses the same normalization process as the fuzzy CRITIC method [42], allowing consistency throughout the evaluation. These two methods were combined in a hybrid fuzzy methodology, and results revealed that Biodent Denti e Sorrisi (DO1) had the highest ratings for service quality, followed closely by Diamond Dental (DO6). The difference between these two practices was minimal, meaning that small changes, such as a slight adjustment in the weight of certain criteria, could shift their ranking, placing Diamond Dental above Biodent Denti e Sorrisi. However, Dental Med Austria (DO4) also performed well, demonstrating a high quality. These three practices could serve as models for others, illustrating how to improve service quality for tourists and foster the growth of dental tourism in Albania.

To maintain high levels and further develop of dental tourism, practices must continually improve the quality of the materials they use, as international patients often arrive with expectations based on the standards of their home countries. Therefore, dental practices in Albania must align with these standards to ensure the long-term success of dental tourism. Additionally, sustainable practices should be implemented to support this growth, [43].

6 Conclusion

This research was conducted to evaluate the quality of dental practices in Tirana about their role in dental tourism. Expert decision-making and the fuzzy CRITIC and CoCoSo methods were applied to achieve this. These two methods were integrated into a single framework, which was used to evaluate the current state of dental tourism quality. The

findings revealed that Biodent Denti e Sorrisi (DO1) achieved the best results, by assessing ten dental practices across ten different criteria. These practices could serve as examples for other providers of dental tourism services. However, they must also continue improving their quality to differentiate themselves. However, this research aimed not simply to identify the top practice but to highlight a few practices that demonstrate high service quality and could serve as models for improving dental tourism in Albania. Every practice must improve its service quality to ensure tourists receive the best possible experience. Satisfied tourists are more likely to make recommendations, which helps sustain, business demand. Without high-quality services, tourist satisfaction will decline, resulting in fewer visitors and decreased revenue for dental practices.

The contribution of this study lies in several areas. Firstly, it enhances theoretical knowledge about the importance of dental tourism. Secondly, it offers a framework for measuring the quality of this type of tourism. Finally, the findings have practical implications, as theoretical insights have been translated into practical strategies for strengthening dental tourism. This research has shown that service quality is a key factor in developing this type of tourism in Albania. Additionally, a unique methodology was designed for assessing dental tourism quality in Albania, including a hybrid approach built around the fuzzy CRITIC-CoCoSo methods. By applying this methodology, specific dental practices were identified, and recommendations were provided for improving the quality of dental tourism services. To improve the quality of their services, providers must first offer various options that capture tourists' attention. These services should be tailored to the short duration of tourists' stays, meaning they must be efficiently delivered within a limited timeframe. Additionally, cleanliness must meet high standards, and cashless payment options should be available. Some tourists may not initially intend to use these services but decide to do so upon arrival—making card payments essential. This is especially important for more expensive procedures, where credit card payments may be preferred.

The limitations of this research come from the fact that the results could not be directly compared with other studies, as dental tourism is a relatively recent phenomenon, growing popular primarily in the last decade. As a result, there is a limited body of comparable research. This makes the research unique in its approach to improving dental tourism through quality evaluation. For this reason, future

research should aim to further refine this methodology by incorporating additional criteria and employing other MCDM methods.

Declaration of Generative AI and AI-assisted Technologies in the Writing Process

During the preparation of this work, the authors used Grammarly to help improve sentence coherence and comprehensiveness, as well as to check grammar to ensure proper language use and readability. After using these tools/services, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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APPENDIX

Table 4. Fuzzy CoCoSo results

Id	\tilde{S}_i	\tilde{P}_i	S_i	P_i	ξ_{ia}	ξ_{ib}	ξ_{ic}	ξ_i	Rank
DO1	(0.16. 0.92. 3.46)	(0.83. 0.97. 1.00)	1.22	0.95	0.12	2.80	1.00	2.00	1
DO2	(0.04. 0.63. 2.96)	(0.00. 0.84. 0.94)	0.92	0.71	0.09	2.10	0.75	1.50	8
DO3	(0.02. 0.55. 2.86)	(0.00. 0.81. 0.93)	0.85	0.70	0.08	2.00	0.71	1.42	10
DO4	(0.14. 0.89. 3.41)	(0.81. 0.96. 0.99)	1.18	0.94	0.11	2.74	0.98	1.95	3
DO5	(0.13. 0.83. 3.34)	(0.00. 0.94. 0.99)	1.13	0.79	0.10	2.46	0.88	1.76	4
DO6	(0.15. 0.91. 3.43)	(0.82. 0.97. 1.00)	1.21	0.95	0.12	2.78	0.99	1.98	2
DO7	(0.07. 0.70. 3.11)	(0.66. 0.89. 0.96)	1.00	0.86	0.10	2.41	0.86	1.72	5
DO8	(0.03. 0.59. 2.93)	(0.00. 0.83. 0.94)	0.89	0.71	0.09	2.06	0.73	1.47	9
DO9	(0.05. 0.65. 3.02)	(0.57. 0.86. 0.95)	0.95	0.82	0.10	2.29	0.82	1.63	6
DO10	(0.05. 0.66. 3.08)	(0.00. 0.87. 0.96)	0.96	0.74	0.09	2.18	0.78	1.56	7