

**CLIENT SERVICE SATISFACTION  
EVALUATION**

**BY**

**Harris K. CHILALE**

(Msc. Med.)

**Clinical Director**

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## **Introduction**

It is usually assumed that all patients with mental illnesses will attend a mental health service. It is however clear that in practice not all those requiring assessment and treatment do attend. The reasons for non attendance are poorly understood. If these reasons could be better documented, then services could attempt to address the barriers

Patient's satisfaction has been said to be associated with certain health related behaviours e g compliance with medical regimes (Wwiss G,1988). It is therefore important that health care providers understands the aspects of practice that are important to clients. Measurement of client's satisfaction plays an important role in improving accountability and improving quality of care Merlla R and Thomas K (1995). The clinical measures to assess outcome of care and quality of care are basically inadequate to make practitioners understand client's satisfaction with the services provided. It is worthy keeping in mind that satisfaction with the treatment processes enhances compliance and may yield positive treatment outcomes.

It is widely recognized that in order to plan health services, it is important to consider user satisfaction especially much more so with mental health services. The reasons are that user satisfaction is an indicator of service structure and delivery, treatment process and outcome, as such it is an important variable in evaluation and measurement of quality of care. Secondly users' level of satisfaction can influence the pattern of further service utilization with considerable consequences for treatment and outcome.

Several studies have indicated that satisfied users use services more frequently, show better compliance to treatment and report improvement more often. Conversely dissatisfied users are at increased risk of dropping out of care system thus increasing the use of emergency services.

The objective of this evaluation is to measure the degree of client's satisfaction with the service in general but also to determine the areas that influence overall satisfaction.

## **Methodology**

### **Setting**

The survey was done at St. John of God Community service which provides mental health services to a population of nearly 100,000 people within Mzuzu city. The population is generally of lower class most people living below poverty line.

### **Subjects**

The sample was drawn from the register of the clinics. A list of all the names and addresses of clients registered and attending the out patient department and the child development center was obtained with the permission from health care providers. The clients were then approached in their homes where the objective of the evaluation was explained. Clients or guardians were asked if they were willing to participate in this evaluation and a consent form was signed if they agreed to participate. Clients with mental retardation and serious psychosis were excluded but their carers were approached to participate in the evaluation.

### **Measure**

Data was collected by using Service Satisfaction Scale- 30 (SSS-30) (Hand book of psychiatric measure2005). The scale was translated into Tumbuka by a group of Tumbuka speaking members of staff, then it was back-translated into English by another group. The groups met to examine the translated version and minor changes were made. The translated version was piloted in the community to check understandability and the time it would take to administer it.

The scale was then administered verbally to clients privately in their individual homes. All interviews lasted a minimum of thirty five (35) minutes. Interviews were conducted by trained research assistant

## **Statistical analysis**

A set of descriptive statistics were computed for social demographic characteristics of the participants as well as measures of dispersion for each of the variable on feeling about services offered. Correlation tests for variables were conducted to test the association between overall satisfaction and other variables that looked at reported feelings about the services offered. The correlation between overall satisfaction and other variables was calculated using the spearman correlation coefficient.

Finally, a stepwise multivariate regression analysis was performed to determine which variables accounted for the largest proportion of the variance within overall satisfaction with the services being offered. All statistical tests were two-sided, and were considered significant at  $P < 0.05$ . Data for this survey was analyzed using SPSS Release 11.5.0 (2002).

## **Results**

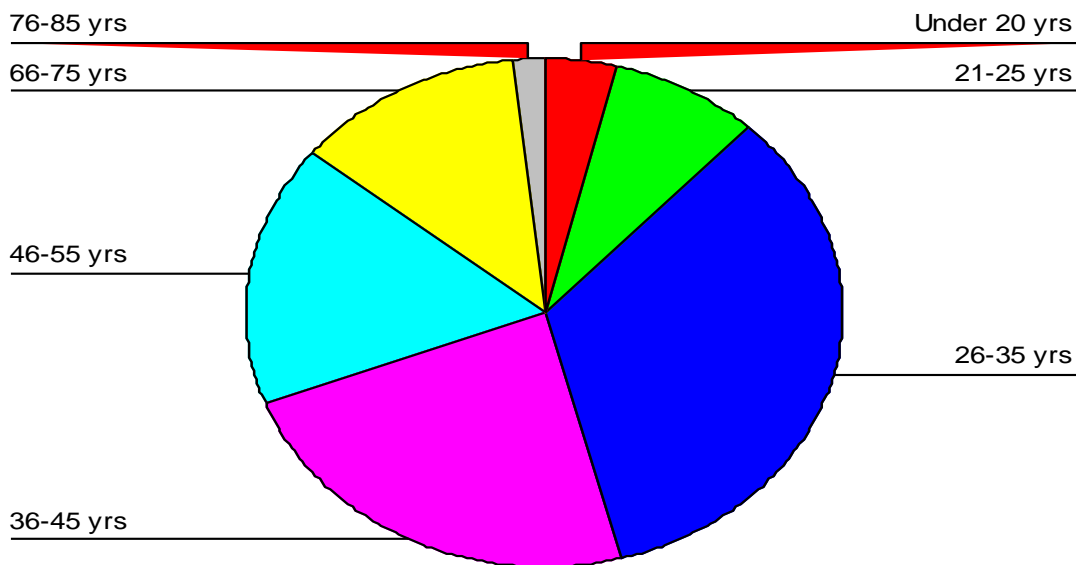
### **1. Profile**

The total number of patients got from the register was 253. The number of houses/homes visited was 218. 35 homes could not be traced. Of the 218, 15 patients were not available for interview because they had gone back to their original homes. The total number of patients that were found and approached to participate in the evaluation was 202. Out of the 202 Clients and guardians who were anticipated to participate in the study, 175 (86%) accepted and were eventually interviewed.

**2. Social demographic characteristics:**

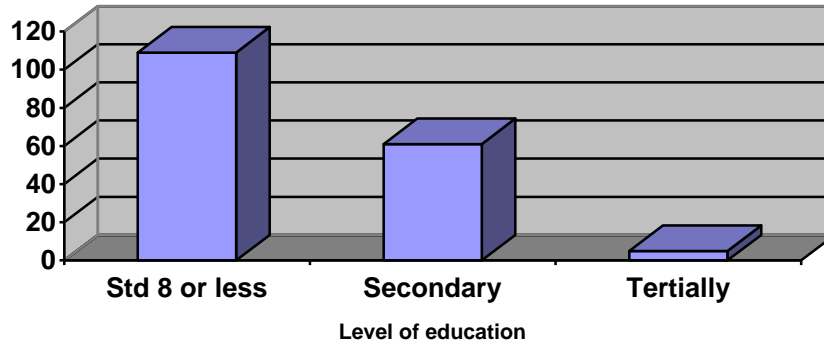
Fifty-nine of the participants representing 33% were aged between the ages of 26-36 years while only 3 (1.7%) were aged 76-85 years Refer Fig. 1 below.

Fig 1. Age distribution (n=175)



The sample was also predominantly females 79.4 %. Many participants had only attended up to std 8 of their education and most of them were earning less than MK10, 000 per month.

**Fig 2 : Showing participants level of education**

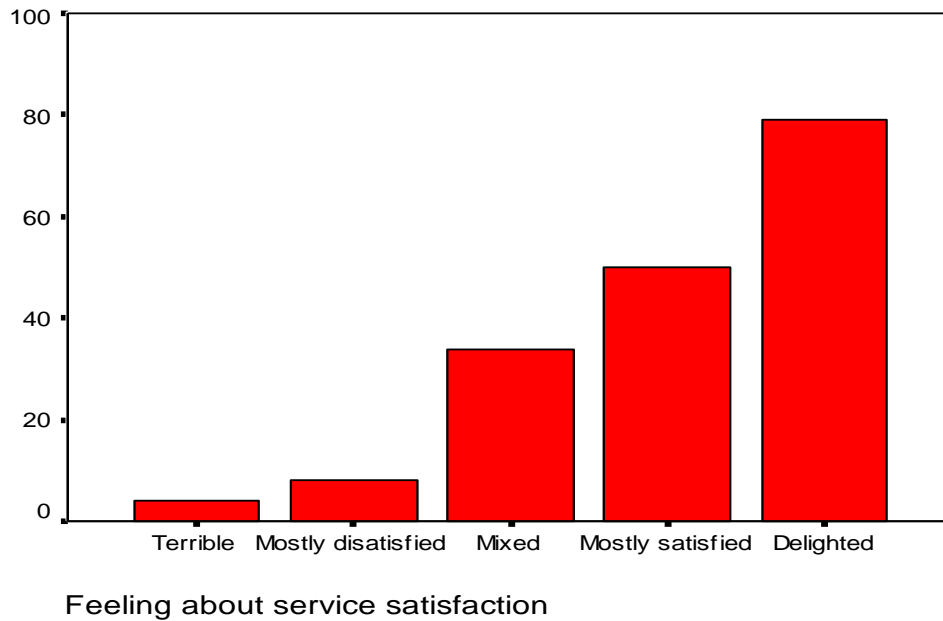


Finally, on ethnic affiliation, there were more Tumbuka speaking (n=95) representing 54% of participants in this sample.

The item ratings for all the variables measuring participants feelings about the services were on a Likert's scale which ranged from 1=terrible to 5 =delighted.

The reported overall satisfaction with the services was very good with positive skew ness. More than 75% were either mostly "satisfied" or "delighted" with the services offered (Refer Fig.4 below). Only 2.3 % felt that the services were terrible.

Fig 4: Overall satisfaction with services: n-175



As shown in the table below most satisfaction scores were skewed towards positive ratings. Of the most highly rated were on feelings about: Kind of service offered; effect of the services; publicity; distance from the facility. More than 60% of the participants reported to be delighted with the four above. The worst rated was the location and accessibility of the services with more than 15 percent rating it to be "terrible". Accessibility in this study meant that clients received the help they needed without problems

The table below show the means and std deviation of satisfactory feelings of clients about specific aspects in the service delivery.



### 3. Satisfaction statistics

	Mean	Std. Deviation
Feeling about personal manner of main practitioner	4.9241	.26661
Feeling about publicity/ information about offered programs	4.6835	.46806
Feeling about effect of services	4.6456	.62096
Feeling about Professional knowledge & competence of key personnel	4.6203	.51400
Feeling about Thoroughness of main practitioner	4.6203	.51400
Feeling about appearance & layout of facility	4.5949	.88461
Feeling about practitioner's ability to listen & understand	4.5823	.54556
Feeling about confidentiality & respect	4.5823	.59069
Feeling about kind of services offered	4.58	.612
Feeling about service effect in reducing Symptoms/Problems	4.5696	.54734
Feeling about helpfulness of support group if any?	4.5316	.65702
Feeling about waiting time between booking and actual appointment	4.5063	.63797
Feeling about arrangements made for after hour emergencies	4.4937	.69565
Feeling about service contribution to achieve client goals	4.4684	.71316
Feeling about office personnel	4.4557	.69425
Feeling about availability of convenient appointment times	4.4430	.85854
Feeling about cost of services	4.4304	.84252
Feeling about Response to crises during working hours	4.4304	.63415
Feeling about corroboration between service providers	4.4304	.65405
Feeling about opportunity to choose practitioner	4.3418	.69589
Feeling about medication prescriptions	4.3418	.83029
Feeling about explanation of procedures & approaches used	4.3418	.78260
Feeling about appropriate referrals to other practitioners	4.3291	.82775
Feeling about handling & accuracy of records	4.2911	.77048

Feeling about service effect in maintaining wellbeing	4.2785	.79963
Feeling about amount of help received	4.2152	1.20545
Feeling about office procedures	4.1899	.73513
Feeling about waiting time on actual appointment date	4.1646	1.13714
Feeling about information availability to get better deal	4.1266	.95229
Feeling about location & accessibility of services	4.0127	1.36338

*Only cases for which Feeling about service satisfaction = Delighted are used in the analysis phase.*

#### **4. Correlation between overall satisfaction and the other items**

From table below the “feeling about the amount of help received” seemed to have a strongest positive correlation with the overall satisfaction (R=0.4 and p=0.000). The item with the lowest positive correlation with overall satisfaction was “feeling about the practitioners ability to listen and understand” (R=0.15 and p=0.04).

#### ***Variables showing significant relationships with overall satisfaction***

VARIABLE	CORRELATION	P VALUE
Amount of help received	0.4	0.00
Publicity of programs offered	0.363	0.00
Effect in reducing symptoms	0.352	0.00
Service contribution to achieve goals	0.332	0.00
Handling & Accuracy of records	0.303	0.00
Cost of services	0.293	0.00
Thoroughness of main practitioner	0.289	0.00

Arrangements for after work emergencies	0.288	0.00
Service efficiency in maintaining wellbeing	0.264	0.00
Corroboration between service providers	0.248	0.001
Confidentiality & respect	0.246	0.001
Response to crises during work hours	0.242	0.001
Information availability for better deal	0.226	0.003
Effect of support group if any	0.222	0.003
Effect of services	0.22	0.004
Knowledge & competence of key personnel	0.22	0.002
Waiting between booking and actual appointment	0.22	0.003
Referrals to other practitioners	0.209	0.005
Prescriptions	0.162	0.032
Personal manner of main practitioner	0.16	0.03
Availability of appointment times	0.16	0.02
Procedure explanation	0.16	0.03
Opportunity to Chose practitioner	0.15	0.046
Practitioner's ability to listen and understand	0.15	0.04

## 5. Factor analysis

The four factor solution appeared to be the most interpretable. The final statistics indicated the four factors accounted for the total of 33.322% of the common variance (Refer tables & below)>

**Table: Factor loadings of the 28 common items following**

	Component			
	1	2	3	4
Feeling about kind of services offered	.551	-.122	.091	.066
Feeling about opportunity to choose practitioner	.409	-.299	.140	-.354
Feeling about effect of services	.405	-.273	-.017	.233
Feeling about location & accessibility of services	.344	-.246	-.222	-.342
Feeling about availability of convenient appointment times	.364	-.585	-.025	.056
Feeling about service effect in maintaining wellbeing	.409	.337	-.336	.250
Feeling about confidentiality & respect	.431	-.187	.358	-.078
Feeling about information availability to get better deal	.547	-.404	-.155	-.072
Feeling about medication prescriptions	.645	.456	-.213	-.039
Feeling about explanation of procedures & approaches used	.578	.453	-.255	.036
Feeling about handling & accuracy of records	.486	.256	-.388	.262
Feeling about service contribution to achieve client goals	.431	-.067	.167	-.527
Feeling about helpfulness of support group if any?	.387	.094	-.017	-.070
Feeling about office procedures	.300	.271	-.187	.045
Feeling about personal manner of main practitioner	-.112	.232	-.193	-.244
Feeling about arrangements made for afterhour emergencies	.090	.314	.100	-.041
Feeling about publicity/ information about offered programs	.055	.381	.468	.246
Feeling about waiting time between booking and actual appointment	.231	.177	.348	-.154
Feeling about waiting time on actual appointment date	.243	.127	.468	-.268
Feeling about Response to crises during working hours	.284	.109	.409	-.034
Feeling about practitioner's ability to listen & understand	.167	-.153	-.029	.514

Feeling about Thoroughness of main practitioner	-.025	-.278	.079	.423
Feeling about appropriate referrals to other practitioners	.051	.036	.447	.430
Feeling about corroboration between service providers	.470	-.190	.141	.553

Based on content in factor 1 in the table above the first component factor with 14 defining items loading more, appears to be perceived professional service efficacy factor. This has “Feeling about kind of service offered” as the highest loading factor of 0.55. On factor 2 which have three defining items seem to focus on personnel flexibility on appointments. “Feeling about arrangements after working hours” has the highest loading of 0.34. The third factor has four defining items which focuses on access to the services. On this one “Feeling about services publicity and waiting time on the actual date of appointment” has the respective highest loading of 0.468. The last factor 4 appears to focus on perceived practitioners’ transactions and corroboration. “Feeling about corroboration between providers” has the highest loading of 0.55.

Regression was used to determine which factor had the strongest determination on the overall satisfaction. Since all the items seemed to contribute positively towards the overall satisfaction, after the loadings above it was found out that the perceived professional service efficacy accounted for a total of 12.3 % of the variance in Overall satisfaction with practitioners transaction while on the least side, perceived practitioners’ transaction and corroboration accounted for 6.6% of the variance (Please refer table below highlighted in red).

## Total Variance Explained (a)

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.706	12.352	12.352	3.706	12.352	12.352	2.835	9.451	9.451
2	2.297	7.657	20.009	2.297	7.657	20.009	2.490	8.301	17.752
3	2.010	6.701	26.709	2.010	6.701	26.709	2.438	8.127	25.879
4	1.984	6.612	33.321	1.984	6.612	33.321	2.233	7.442	33.321

### Conclusion

The results of the survey indicate that a majority of clients were satisfied with the care they receive. Overall satisfaction were determined by largely the impact of treatment on patient’s symptom relief, the appraisal of amount of help received and accessibility to the service.

This survey has also revealed that there are four aspects of the service which mattered a lot to users which include;

1. Kind of service provided
2. Arrangement of services after working hours. This compares very well with the satisfaction of services in South Verona where patients were satisfied with the formal services arrangements and dissatisfied with services after working hours; Merella et al (2006)
3. Service publicity and waiting time and corroboration between providers

It is important that the organization evaluates its services in all program areas, with emphasis placed on checking the gaps between the needs of clients and the actual services provided.

These findings are similar to the findings published in the Health service Delivery Highlights; vol.7 2001

## **References**

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