Quality of Services: Important Aspects to be Considered

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INTRODUCTION

Our society is experiencing an era of cost-containment in which many health service facilities are reducing the number of staff, increasing the use of unlicensed personnel, and cross-training current staff members to perform multiple tasks.[1] The impact of these strategies and measures on the quality of services is, definitely, a concern to many.[2] The purpose of this study was to determine the relationship between quality of services, clinical setting, and accessibility to services in the clinical settings of a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in San Antonio, Texas for 1998. Staff members' job satisfaction was also examined.

It is a real challenge for health administrators to find and select the appropriate methods to measure and maintain satisfactory or even excellent quality of services. A fundamental element of this challenge is the fact that an individual client as recipient and the staff providing the service determine the

quality of service. Quality of services is defined as the relationship between planned services (objective) and services provided (outcome) based on predetermined standards (expectations).

Measuring the quality of services through client satisfaction surveys is a widely used and well-accepted methodology. These surveys can provide important information on the outcome, process, and structure of services. The client's perception of the quality of services should be considered in any agency's or institution's planning for future services.[3] Clients can provide valuable information for program planning, evaluation, and even identification of potential areas for improvement.[4]

Parallel with client satisfaction is job satisfaction. Studies have demonstrated a positive relationship between job satisfaction and client satisfaction, and between client satisfaction and quality of care.[5]

Access to services is another important concern that has been strongly associated with quality of services. Accessibility considers aspects such as hours of service, waiting time for appointments, length of time between the date the appointment was scheduled and the visit to the clinic, transportation resources, and the distance between the clinic and the clients.

METHODS

The study conducted was a cross-sectional study. The design used was the "One-Shot Case Study". Cross-sectional studies are useful in obtaining an overall picture as it stands at the time of the study.

The investigators contacted the administrator of the WIC Program to obtain access to the program. A meeting was scheduled between the investigators and the key staff involved with the WIC Program. The purpose and importance of the study were explained. WIC Program leadership determined the clinic sites to be included in the study. The main interest was the inclusion of a variety of clinic sites from different areas in the city of San Antonio. In this way, the investigators could pursue a more representative sample of the population served by the WIC Program.

For this study, the investigators had two samples. One sample was constituted by all staff members (8) of the WIC Program. These staff members did not include supervisors or administrators of the program. The second sample was constituted by 112 participants of the WIC Program. Participants were from different sites in which the program conducts the clinics. As requested by the program's administrator, WIC program's staff at the different clinic sites solicited

WIC clients to participate in the study. This was performed under the direct supervision of the investigators. Participation in the study was completely voluntary and anonymous for both participants and staff.

The investigators developed two questionnaires to collect the data. Both were self-administered surveys and were developed in both English and Spanish. One of the instruments was a Client Satisfaction Survey developed for the participants of the WIC Program. This survey contained a total of 25 closed- and open-ended questions. The second instrument was a Job Satisfaction Survey developed for the staff members of the WIC Program. The questionnaire contained ten closed-ended questions.

A reliability test was performed for both questionnaires through a pilot study of the instruments. The participants of both pilot studies had similar characteristics to the sample under study. The standardized alpha coefficient was .93 for the Client Satisfaction Survey and .89 for the Job Satisfaction Survey.

The following practices were in place in order to assure confidentiality:

1. Identification (ID) numbers were used as identifiers
2. The investigators educated the staff members on the importance of privacy and confidentiality of the participants
3. Limited access to data
4. Surveys were stored in locked cabinets

Quality control of data collection, codification, entry and analysis was performed to ensure that the information was anonymous, complete and accurate. After the completion of both questionnaires, the data was codified and entered in a computer database using the statistical software called Kwikstat.[6] Several statistical analyses were performed including a linear regression.

Limitations of the Study

The following are the limitations of the present study:

1. Even though all staff members participated in the study, this sample was small.
2. Limited number of clients participating at mobile clinics.
3. Results from this study can not be generalized to the population. These results apply only to the WIC Program participating in the study.

FINDINGS

There were a total of seven different WIC sites (Table 1). Three out of the seven were categorized as mobile clinics. The largest concentration of surveys was provided by the main office and largest site of the WIC Program.

Clients

A total of 112 clients agreed to participate in the study. From this total, 98% were female and most of them were Hispanic (80%). Most of the participants were between 14 and 25 years old. Regarding the level of education, 50% of the

participants completed high school/GED and 29% had some college/college or graduate degree. The majority of the subjects were married.

Approximately, 78% of the sample considered that they were able to schedule an appointment within a reasonable number of days. Fifty-nine percent of the subjects heard about WIC Program through a friend or relative. Although 51% of the participants used their own vehicle to go to their appointments at WIC, almost 44% of them used a friend/relative's car or public transportation.

Ninety-four percent considered that the staff members seem skilled, experienced, and well trained and that the staff is usually very helpful, courteous, and friendly. The great majority of the group (92%) said that they would recommend the program to their family and friends.

Most of the subjects (94%) were satisfied with the services they received and 75% stated that the days and hours that the clinic is open for appointments needed no improvements. Sixty percent of the clients perceived the quality of WIC services as high, 20% as medium and 20% as poor. Sixty-one percent of the clients perceived the accessibility to WIC services as high, 24% as medium and 15% as poor.

TABLE 1

SITES OF THE WIC PROGRAM

SITE	CLIENTS	PERCENT	CUMULATIVE PERCENT
89O1	67	59.82	59.82
8932*	2	1.79	61.61
8933*	4	3.57	65.18
8938*	6	5.35	70.54
8953	9	8.04	78.57
8959	21	18.75	97.32
8961	3	2.68	100.00

*** Mobile Clinics**

Staff

All staff members (8) agreed to participate in the survey. From this total, 50% were satisfied with the services they provide. The majority of the subjects (62%) considered that the days and hours the program is open for appointments needed some improvement. Approximately, 63% considered their average daily workload as medium and 37% as high. Regarding the amount of time that they spend with clients, 50% of the staff members stated that this issue needed some improvement while the same percent stated that it needed no improvement.

Sixty-three percent of the staff stated that the courtesy and professionalism of the office staff needed some improvement. Regarding the satisfaction with the organization and functioning of the workplace, almost 38% stated to be dissatisfied while the same percent stated to be satisfied. WIC Program's staff members expressed their opinion regarding how satisfied they were with their job through the Job Satisfaction Survey. Forty-nine percent of the staff members appeared to be satisfied with their job and 51% seems to be unsatisfied with their job. Finally, when the staff members were asked about their satisfaction with the way the office staff members work together as a team, the majority of them (75%) stated to be dissatisfied.

Linear Regression and Correlation

Clients

Based on a linear regression and correlation analysis (Table 2), the following variables resulted to be statistically correlated with client satisfaction:

1. Perception of client about staff being helpful, courteous and friendly

2. Perception of client about staff being skilled, experienced, and well-trained

Staff

Based on a linear regression and correlation analysis (Table 3), the following variables resulted to be statistically correlated with job satisfaction:

1. WIC services provided to clients are satisfactory

2. Perception of workload

TABLE 2

SIGNIFICANT REGRESSION AND CORRELATION COEFFICIENTS FOR PROGRAM CLIENTS SATISFACTION WITH SERVICES

VARIABLE	PEARSON'S r	R^2	t	df	p
Staff helpful	.6335	.4044	8.59	110	0.000
Staff skilled	.7299	.5327	11.20	110	0.000
Would recommend program	.57	.32	7.24	110	0.000

TABLE 3

SIGNIFICANT REGRESSION AND CORRELATION COEFFICIENTS FOR PROGRAM STAFF JOB SATISFACTION

VARIABLE	PEARSON'S r	R^2	t	df	p
WIC services provided	.7323	.5362	2.63	6	0.039
Workload	-.8087	.6541	3.37	6	0.015

DISCUSSION

Client Satisfaction

It is well known that client satisfaction can serve as an outcome indicator of the quality of services received. The client's perception of the care received should be considered in the agency's planning for quality services. Based on the results obtained in this study, the most important factor associated with client satisfaction with the services they received was the perception of the clients regarding the staff. Specifically, whether they perceived that the staff was helpful, courteous, and friendly, and whether the staff seemed to be skilled, experienced, and well trained. The results of this study are consistent with the results of Ali and Mahmoud[7], Laferreire[8], Kottke et al.[9] and Ford, Bach, and Fottler.[10]

Job Satisfaction

Fifty percent of the staff members stated they were unsatisfied with the services they provide at the clinics. From these, 75% stated that the services provided by WIC are not satisfactory. Seventy-five percent of the staff members stated that they were not satisfied with the way they worked as a team. From this group of staff, 83% stated they were dissatisfied with the functioning of the workplace. The findings are similar to those of Gedney Baggs in Huff.[11]

According to these results, the consideration of factors such as dissatisfaction with the services provided by the staff, services provided by the clinic in general, workplace operational structure, and the teamwork approach may be determiners for providing high quality services. Cumbey and Alexander found similar results when they examined the relationship of the organizational variables with job satisfaction.[12] According to McNeese-Smith, staff satisfaction has been shown to affect clients' perception of satisfaction with services.[13] Again, studies have demonstrated a positive relationship between staff satisfaction and client satisfaction, and between staff satisfaction and quality of services.[14]

In addition, 50% of the staff members stated that the time they spend with clients is not adequate. Almost 37% said that the workload was high and 63% said that the workload was medium. McNeese-Smith also found that job satisfaction is derived not only from relationships with co-workers, professionalism, and personal factors, but also from a balanced workload.[15] Tovey and Adams found that among the major sources of dissatisfaction among clinic staff members was role conflict, tight resources, new roles, and increased amount of paperwork.[16]

Accessibility

When scheduling an appointment, clients should know whether it is possible to get services at a time other than between 8:00 a.m. and 5:00 p.m. Seventy-five percent of the clients surveyed at the mobile clinics did not know that there were alternative hours for services. On the other hand, 43% of the

clients surveyed at the traditional clinics did not know about the alternative hours for services.

The possible effect of the distance between the clinics and the clients is an important factor that needs to be considered when dealing with accessibility to and quality of services. Penchansky and Thomas explained in their study that accessibility is the relationship between the location of a health care supply and the location of clients, taking into account transportation resources, travel time, distance, and travel cost.[17]

Another important aspect of accessibility is the one studied by Donabedian.[18] This author described the duality of the dimension of need and asserted that proof of access is use of a service, not simply its presence.

Fifty-one percent of the clients participating in the present study reported to have their own private vehicle as a means of transportation to get to the clinic. The rest of the sample reported to either ride with a friend or relative (23.21%), use public transportation (20.54%), use the Program's bus (1.79%), walk (2.68%), or use a taxi (.89%). Nine percent of the clients reported missing an appointment or not being able to keep it due to lack of transportation.

Accessibility involves not only distance between target population (clients or potential clients), and hours of services, but also the patterns of scheduling appointments. The directors of the WIC agencies have taken a variety of steps to improve access to WIC benefits, especially for working women. One of the most

frequently cited strategies is scheduling appointments instead of taking participants on a first-come, first-served basis. Collectively, at least one-fourth of the participants did not have access to any clinic hours outside of the regular workday.

Clinical Setting

The results obtained involving the variable setting were affected by a considerably limited number of surveys received from the mobile clinics; only 12 surveys out of 112 were submitted from mobile clinics. The investigators visited the clinics while conducting the study. A low participant attendance rate was identified at the mobile clinics in comparison to the attendance at the traditional sites. An important factor that needs to be considered is the fact that most of the mobile clinics operated by the WIC Program were opened for a limited number of hours and on certain day(s) during the week.

The WIC Program uses an open access system that allows clients to be seen on a "drop-in" basis in addition to a conventional appointment system. The literature is replete with documentation that presents and explains the different barriers to services but one of the most important is the physical barrier of transportation. Often, the location of the clinics is more than two (2) miles from the client's residence. Sometimes, no public transportation system is available. Additionally, the cost of transportation could be prohibitive, especially for low-income families living at or below the poverty level. The concept of mobile

clinics is intended to address this issue by eliminating lengthy and/or expensive travel time. Nye reported that the mobile clinic is less expensive than a permanent installation.[19] However, it is extremely important to consider the additional resources involved in the delivery of services through a mobile clinic.

CONCLUSIONS

The results of this study suggest that quality is a concept that has two main elements: technical and interpersonal. The technical element refers to aspects such as appointment system, clinic hours of service, location of clinics, etc. The interpersonal element refers to the social norms, values and expectations. Funding for WIC programs should take into consideration more than just the number of clients served. It should also consider the quality of the services being provided. Quality of services not only considers the number of clients served but also the accessibility of the services, the continuity and the coordination of such services.

The satisfaction of both clients and staff members is of fundamental importance as a measure of quality of services provided by the WIC Program. This provides basic information regarding the level of success of the program meeting its objectives, serving clients, and meeting clients' expectations.

Client satisfaction is definitely a very important aspect of the evaluation of any program or service. It is well known that clients can willingly participate in the objective evaluation of the services they receive. The WIC Program needs to

measure client satisfaction in order to identify client-related problems and take steps to remedy them.

The client's perception of the services received should be a consideration in WIC Program planning for quality services. Both clients and staff members are demanding the right to actively participate in decision-making regarding the services they receive and provide, respectively.

Successful quality assessment or evaluation requires willingness at all levels of management within an organization or institution to uncover weaknesses and deficiencies in service delivery, without responding with blame, disciplinary action, or lowered incentives. Quality management principles cannot be carried out unless administrators create a culture that rewards rather than punishes the honest acknowledgment of areas needing improvement.

"Good", "neither agree nor disagree", or "needs some improvement" versus "needs no improvement", "very good" or "excellent" are indicators of areas needing improvements. These statements gently express that things could be better. The client's perception of the quality of services, widely studied as "client satisfaction", is an essential measure of not only quality but also of effectiveness.

The investigators believe that administrators who link client and staff members satisfaction data analysis with quality management processes will be successful in achieving their two major roles: cost containment and excellence in service delivery. There are many institutions and/or agencies that work very hard

to maintain a high level of client satisfaction. Sometimes, some of them neglect the "staff" element. With time, this will cause the development of a variety of situations among the staff members such as discontentment with workload, the perception that management is making decisions without their input, increased conflict in relationships with co-workers, and an environment that make them feel unwelcome.

This is a crucial time for administrators and managers. There is an increase in competition and a decrease of resources available. Thus, it is imperative for managers and administrators to maximize employees' productivity and job satisfaction. Job satisfaction also affects the clients' satisfaction; consequently, it affects the quality of services provided. Although in the present study, WIC Program showed satisfaction among their clients in many areas, it does not mean that such areas will not be adversely affected in the near future. The literature is clear when pointing out the possible effects of dissatisfied staff on clients' satisfaction and quality of service. As the results indicated, only 50% of the staff members were satisfied with the services provided at the WIC clinics and 75% of them stated to be dissatisfied with the way the office staff worked as a team. There is enough evidence to suggest that the organizational structure of the WIC Program and management leadership needs some improvement.

Based on the results of this study about quality of services in a WIC program, it is recommended to increase the number of clients who participate in future

studies among all types of sites (clinics) of the program and to promote mobile clinics. In addition, to perform sporadic, unannounced visits to review program activities and processes, to conduct bi-annual client and staff satisfaction surveys and to develop and implement a working performance plan to include goals, objectives, performance measures, and outcomes.

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