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- Although the overall positive rating in Subscale 2: *Feedback received from the practitioner* fell in the 90%+ range (Table 4: Subscale 2), an interesting trend emerged from the analysis of responses to individual questions. It was that, although verbal and written feedback were provided “within good time” (i.e. expeditiously), the quality of these responses was not on the same level (compare Table 4: Q5 & Q7 with Q4 & Q6). These are issues that would probably have to be taken up by the management cadre of the EHW services.
- The second highest positive result was produced by the *General impression* subscale (Table 4: Subscale 4,  $X = 98.2\%$ ). This willingness to *again* make use of the EHW practitioners’ services (Table 4: Q12,  $X = 100\%$ ) and *encourage* other members to use it (Table 4: Q13,  $X = 100\%$ ), could be viewed as indicative of a large measure of trust that managers place in the social workers.

### **Results produced by the testing of the implementation protocol**

The research did not only test the measurement scales, but also the protocol used in their distribution, completion, collection and interpretation. The results would ultimately indicate whether it would be feasible to expand their use to the total organisation.

The testing of the protocol in three provinces showed that it was fundamentally sound and could, with some minor changes, be replicated throughout the organisation and country. These required changes have a bearing on four practical, logistical and ethical difficulties.

It was, firstly, clear that an alternative method for the *distribution* and *return* of questionnaires will have to be considered. As opposed to the current process of using sealed ‘drop-boxes’ for the return of questionnaires, prospective respondents could be provided with pre-addressed envelopes. They could then mail them at the station/unit’s registration office and from there they would be forwarded to EHW National Office in Pretoria. This should result in a higher level of confidentiality and also ensure that all the questionnaires would be mailed to a central point where the results could be calculated.

Secondly, one of the biggest concerns in the measurement of client satisfaction, especially in a clinical setting, is the threat to the *anonymity of respondents*. This concern was also shared by the EHW practitioners who participated in the peer-review process (see Table 1). The use of pre-addressed envelopes would, however, go a long way towards safeguarding each respondent’s identity.

There was, thirdly, a general concern about the *contamination* of results. This would especially be the case in the completion of the ICSS, where the response rate will depend on the EHW practitioner’s ability and willingness to convince his or her clients to complete and mail their questionnaire. The danger is that only those clients that adopt a “positive stance” towards the practitioner would be motivated to do so. There is no direct remedy to this danger. It would, however, be possible to identify an unusually low response rate by comparing a practitioner’s service delivery statistics with the number of questionnaires received. It is also envisaged that, as the idea of client satisfaction is

marketed throughout the organisation, clients would come to expect to have the opportunity to evaluate services and would “demand” to do so.

It was possible during the study to make use of advanced statistical consultation services and sophisticated computer programs in the capturing and *interpretation* of data. It would not be possible to replicate this within the SAPS on a continuing basis. Fortunately, both scales and their subscales had a very high Cronbach Alpha Coefficient (see Table 2) and this, coupled with their construct validity, implies that they could be viewed as *standardised instruments* for use within the organisation. It will consequently not be necessary to test all new batches of questionnaires/scales for reliability and validity. The data that they produce can be used with confidence in the interpretations of the levels of the clients’ satisfaction. This can even be achieved through the use of descriptive statistics.

The proposed protocol is that completed questionnaires would be forwarded from each station’s/unit’s registration offices to the EHW National Office where the data would be captured on an available computer program such as Epidata or MSExcel. In the interpretation of the resultant descriptive statistics, note should be taken of the fact that the selected 5-point Likert-type scale does not have a “0”. An average “mark” of between 3.41 and 4.2 (68.2% and 84%) would consequently indicate an “above average” or “good” positive response, and between 4.21 and 5 (84.2% & 100%) an “excellent” rating. It is also proposed that the results would be communicated to the different provinces on a regular (e.g. monthly) basis.

## **FINDINGS AND IMPLICATIONS**

Only the main results produced by the study, as well as their implications, are covered next.

The literature study first of all clearly indicated that the field of client satisfaction research and practice should not be taken lightly. It forms a vital part of the responsibility to remain accountable that practitioners have towards both their employers and clients and, in essence, answers the question: “Do the social workers *really* make a difference?” To produce clear and substantiated answers requires scientifically tested and verified measuring instruments based on in-depth research. The procedure used in this study can be used as a guideline in such an endeavour.

A second finding was that it *is possible* to develop and standardise, as well as successfully utilise, client satisfaction scales within South African social work practice. This paves the way for the development of specific scales for different social work settings. The latter can range from occupational social work to generic practice, and from statutory social work to different types of specialised services.

The ICSS and RASS, thirdly, proved to be highly reliable and valid measuring instruments. This result has the following three core implications:

- The first is that the EHW component of the SAPS can proceed with the implementation of the scales/instruments on a national level, as well as extend their use to psychologists and chaplains;

- Secondly, because of the reliability and validity levels attained, it should be possible to utilise the scales in other occupational social work settings. This will only require minor changes to some of the wording used;
- A third implication is that the scales/instruments can be used as a template in the development of similar instruments for other settings. Especially the ICSS can be used in generic practice, with a few additions and changes to mainly the “Accessibility of practitioner” subscale.

The study, fourthly, did provide an answer to the question: “Do the social workers *really* make a difference?” The very high level of satisfaction with their services in the selected three provinces proves that *this is indeed the case*. The results, however, also pinpoint two possible areas for further improvement. They are the availability of practitioners after hours and the quality of the feedback provided to referral agents.

It is not expected that the statistically high levels of satisfaction attained with the pilot will be maintained when the measurement process is rolled out to the entire organisation. In order to accommodate a possible Hawthorne effect produced by the knowledge of respondents that they were participating in a study (Grinnell *et al.*, 2012:220), a lower benchmark should be selected. The study indicated that a statistical average “mark” per question/scale of between 3.41 and 4.2 (68.2% and 84%) should be considered as “good” and between 4.21 and 5 (84.2% and 100%) as “excellent”.

The final finding pertains to the protocol followed in the utilisation of the client satisfaction questionnaires/scales. The literature abounds with examples of practitioners and organisations using practical, logistical and ethical considerations as a justification for *not* utilising client satisfaction instruments in their particular settings. The current study indicated that, even though it poses difficulties, such stumbling blocks *can be overcome*.

If the measurement of client satisfaction were to become as widespread as the Department of Social Development’s *Integrated Service Delivery Model* (2005:47) envisaged, all relevant parties would be the beneficiaries. This will include clients who will have a greater say in the quality and relevance of the services that they receive as well as the social workers who will be able to prove that their services really make a difference.

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