OPERATIONS RESEARCH SUMMARY

Client-Focused Care: An Evaluation of Tools for Gathering Client Satisfaction Data

Introduction

Exit interviews and focus groups are two of the most widely used tools in health services research for measuring client satisfaction with health services. However, studies of the *validity, utility, feasibility,* and *costs* of these tools are virtually nonexistent. In addition, little information is available on using different types of data collectors to gather client satisfaction information. The Quality Assurance Project (QAP) recently attempted to bridge this information gap by evaluating two data-collection tools and three data-collector types in three districts in the Tahoua Region of Niger. QAP with a mandate from the United States Agency for International Development (USAID) to evaluate client satisfaction assessment tools in the developing world, chose to evaluate the tools and three data-collector types in Niger, so that the study could be linked to recent QAP work (1993-1998) in providing long-term assistance quality assurance to the Tahoua Region.

Study

The research was conducted in three districts (Birni N'Konni, Madaoua, and Keita), from fall 1997 to spring 1998. Data collectors conducted exit interviews with 301 clients. They also gathered information from 24 focus groups conducted with 206 clients (12 groups with women and 12 groups with men). Three types of data collectors were employed: (a) health supervisors from their own district (Birni N'Konni), (b) outside enumerators (actually, literacy volunteers for Keita), and (c) health supervisors from a neighboring district (for Madaoua).

The exit-interview questionnaire, administered within each health center compound, consisted of a mix of open- and close-ended questions asking health center clients to describe their visit, the good and bad aspects of the center's services, and their satisfaction with the services. Because taping and transcription equipment are not available to health managers in Niger, the research team devised a focus group guide that contained boxes with frequent answers that the data collectors could check off quickly.

To enter, analyze, and store data, the research team used a combination of an MS Excel database and QSR NUD*IST, a specialized Windows-based qualitative data analysis program. All of the basic data manipulation was handled using only Excel, a practical approach to data analysis in developing countries.

Findings

■ **Exit interviews** appear to be significantly more *valid* in terms of the actual content recorded than was the structured focus group tool. However, it is important to note that because only current users were interviewed, the exit interviews systematically resulted in higher levels of client satisfaction.

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- Contrary to expectations, **exit interviews** rated higher on *utility* by offering greater depth of information per interviewee. In terms of "key" comments (comments expressing strong opinions or emotions), exit interviews offered 42 percent more information than focus groups.

- **Focus groups** offered certain advantages in terms of *costs* as measured by the "efficiency" of data collection, data collectors were able to gather information from a larger number of clients within one period.

Data-collector types

- Using **supervisors from the same district** offers advantages in terms of *both cost and utility.* Lower travel times and a familiarity with the context help control costs. Furthermore, districts that used supervisors from within their own health system to collect data seemed to be most inclined to use the results, beginning immediately to engage in quality improvement based on the data. However, there is some evidence that supervisors collecting information on their own district health centers may be inconsistent in recording dissatisfaction, yielding a slightly lower *validity* rating than the other two methods.

- **Outside enumerators,** where they are acceptable to health staff, offer advantages as a method in terms of *feasibility* by not drawing on already-overworked supervisory personnel.

Conclusion and Discussion

To quantify the findings on the tools and data-collector types, the research team developed a multiple criteria matrix for rating the tools and collector types. This matrix incorporated input from district managers, the data collection teams, and the research team. In terms of an overall "value" rating, exit interviews received the highest rating for tools, data collection by supervisors from the same district received the highest rating for method. It is extremely important to note that these ratings, while based upon the data collected, are the ratings of the study authors and, as such, are subjective in nature. In addition, although the matrix emphasized an overall rating, managers considering these tools and methods should weigh all of the advantages and disadvantages in the context of their own situation.

The QAP Operations Research Results report for this project contains a detailed description of the advantages and disadvantages found for each data-collection tool and data-collector type, as well as a discussion of how the research team fed the data back to district management. The full report also details the research methods for those readers with further interest in approaches to evaluating validity, feasibility, utility, and cost of quality assessment approaches.