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A CLIENT SATISFACTION SURVEY AT
CENTRAL CITY LUTHERAN MISSION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Michael Chavez
Victor Manuel Garrido

June 2002

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Approved by:


Dr. Janet Chang, Faculty Supervisor
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6/3/02
Date


Reverend David Kalke, Executive Director
Central City Lutheran Mission


Dr. Rosemary McCaslin,
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ABSTRACT

This study focused on the association between clients' satisfaction with services and the length of time utilizing services. The participants surveyed within this study were from surrounding communities of Central City Lutheran Mission (CCLM) in San Bernardino. The survey design was quantitative. To measure the association between the length of time utilizing services and client satisfaction, an independent samples t-test was conducted. In addition, a one-way analysis of variance test (ANOVA), a Pearson's r correlation, and a chi-square analysis was conducted to determine the relationship between client satisfaction and other contextual variables. The findings did not meet the set statistical level of $p < .05$. However, despite economic inequality, the participants at CCLM reported an overpowering level of satisfaction with the services they received.

ACKNOWLEDGMENTS

We would like to acknowledge Reverend David Kalke and the participants of Central City Lutheran Mission, for their cooperation in helping us complete this thesis. Reverend David Kalke's work in the community, establishing health, education, and housing services for hundreds of teenagers and homeless people is an inspiration to the field of Social Work. We would also like to acknowledge Dr. Janet Chang for all her hard work and dedication in helping us complete this thesis.

DEDICATION

Michael Chavez

Dedicated to my brother Christopher Chavez, born May 25, 1960 and died August 4, 1990.

Victor Manuel Garrido

Dedicated to my parents Ana Garrido and Victor Garrido Sr., my brother Cesar Garrido, and all the wonderful people who helped and supported me throughout my academic career.

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CHAPTER ONE

INTRODUCTION

The contents of Chapter One present an overview of the project. The problem statement, policy, and practice context are discussed followed by the purpose of the study. Finally, the significance of the project for social work is presented.

Problem Statement

Client satisfaction is one of the most important determinants of good quality care. Clients who are satisfied with their services are more likely to continue utilizing health care services, maintain a relationship with specific health care providers, and comply with medical recommendations (Jimmieson & Griffin, 1998). Because clients' satisfaction so influences these behaviors, it is worthwhile to use it as a program goal. Client satisfaction with health care services represents an important intervening variable between the provision of health care and the outcome for clients (Jimmieson & Griffin, 1998).

The important issue involving client satisfaction is the relationship of an organization to its participants. An organization's internal structures and processes are

all seen as influencing the particular organizational outcome of interest here, which is, client reactions to services. Organizational performance, as assessed by the client in terms of his or her attitudes, expectations, and other attributes, influences their satisfaction to the services provided (Greenly & Schoenherr, 1981). Consumer response to services is one type of organizational outcome. Furthermore, the impact on organizational characteristics can be seen as an issue of organizational effectiveness. Organizational effectiveness, which views achievement of all organizational services is important if the organization is to adapt, change, and survive (Greenly & Schoenherr, 1981).

During the past decade there has been an increase in studies taking into account client satisfaction. There have been several reasons for the inclusion of the client's perspective. Without the clients' perspective, a program evaluation is incomplete and biased towards the provider's perspective. Interventions are also more likely to be effective if the clients are satisfied with the received services. Furthermore, dissatisfaction increases the risk of the discontinuation of services. Therefore, measuring client satisfaction is a valid and important aspect of service monitoring and evaluation (Bjorkman &

Hansson, 2001). In addition, data obtained through the client satisfaction survey can be used by agencies to assist in future program planning and resource allocations (Weiler & Pigg, 2000).

Policy Context

Historically, mental health professionals were able to treat patients as they wished as long as they maintained legal and professional standards dictated by state law. However, over the last several years the mental health industry has changed dramatically. With the demand for mental health services growing and the financial resources diminishing, the profession has become less manageable (Plante & Couchman, 1995).

With escalating costs, the primary focus of recent policy has been on cost containment. Client satisfaction information is necessary to ensure quality services that have not been compromised in the name of cost effectiveness. If the mental health industry does not take responsibility for regulating itself in this area, it can be assumed that others in government and the private sector will do so with little input from the mental health sector (Plante & Couchman, 1995).

Practice Context

In the field of mental health, assessing treatment outcome and client satisfaction has become critical. The challenge to mental health practitioners and administrators is to design an assessment program that provides useful, reliable, and valid data in an easy-to-use and cost-effective manner. An assessment program should assist other mental health agencies with program development (Plante & Couchman, 1995). An assessment of client satisfaction as part of program evaluation is needed to enhance the quality of mental health care by improving existing programs. Social worker's need to find ways to provide the best quality of services to the most people. Getting clients involved as partners in health care services is critical to its success, thus leading to the continued use of those services.

Purpose of the Study

The purpose of the study was to conduct a client satisfaction survey on Central City Lutheran Mission (CCLM), which provides services to surrounding San Bernardino communities. These communities for years have been divided by crime, poverty, unemployment and despair.

The Mission seeks to unite the people in those communities by offering programs that provide health, education, recreation, and housing services for adults, teen-agers, children, and homeless people each year (2001, June 1).

Specifically, we studied the adult population who utilize various programs and services at CCLM. The issue we addressed in this study was the clients' (adults in the community who use these services) perceptions of services and its association with the continued use of those services. We assessed the clients' perceptions of the services or programs that they perceived as being the most satisfying and the ones they perceived as being the least satisfying. We also obtained demographic, socioeconomic, and other pertinent information on the clients for each service provided.

An assessment of client satisfaction is useful when quality cannot be measured completely through objective means. This study provides data on how clients perceived the extent to which the programs met their needs and help them deal with their problems, their recommendation of programs to others, their willingness to use the service again, and an overall level of satisfaction with the services received. Since perception often represents reality of the individual, findings from this study

provide a valuable source of information, both for program planners and for evaluators (Weiler & Pigg, 2000).

Significance of the Project for Social Work Practice

The significance of the project for social work practice is that client satisfaction surveys represent one of several tools available to evaluators when examining the quality and effectiveness of health care programs (Weiler & Pigg, 2000). By identifying the strengths of programs that are successful, other programs that have had less success can be modified. Health care programs should provide documentation of having conducted surveys of participant awareness of and satisfaction with each program (Weiler & Pigg, 2000).

This study increased the knowledge in social work practice regarding clients' perception of services. This knowledge can be utilized to match up to similar services in various mental health agencies. This can help social workers by giving them the opportunity to reevaluate existing programs. As social workers, we need to provide services to our clients that will satisfy their health care needs. By offering services that they find less satisfying, they are less likely to benefit from those services. By identifying variables that contribute to

client satisfaction, or variables that decrease the level of client satisfaction, program modifications can be implemented to insure that clients receive the best service possible. Therefore we hypothesized, that when clients are satisfied with their services they are more likely to continue to use those services. Thus, we studied the question "How satisfied were the clients at CCLM with the services they received?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a thorough discussion of the relevant literature. Specifically, Chapter Two consists of a summary and a critical review of the literature directly related to client satisfaction. Furthermore, Chapter Two also addresses the theoretical perspectives that have guided this research. Finally, Chapter Two includes a discussion of how this study will build upon and how it will differ from prior studies.

Definitions of Client Satisfaction

Satisfaction is a concept that all people value. For example, all people are pleased with a positive outcome, a job well done, and a wish that has been fulfilled. A satisfying experience is one that all people remember fondly and hope to share with others. Moreover, satisfaction is something that most, if not all providers promise and all participants seek to obtain. But what does satisfaction actually mean?

Similar to any complicated term, there has been considerable debate over what satisfaction really means. Many studies in various fields have employed client

satisfaction as a performance measure. However, agreement is still lacking as to how client satisfaction may best be conceptualized. Therefore, researchers have used an array of definitions and classifications of client satisfaction.

According to McCarville, O'Dell, and Siegenthaler (2000), satisfaction is a function of expectation. The expectations that people bring to a service encounter create a reference point around which judgments are made. When positive expectations are fulfilled or exceeded, satisfaction results occur (McCarville, O'Dell, & Siegenthaler, 2000).

In a review of client satisfaction in the mental health field, Lebow (1983) defined client satisfaction as "the extent to which services gratify the client's wants, wishes, or desires for treatment" (p. 212). On the other hand, Greenfield and Attkisson (1989) argued that satisfaction with treatment narrows the focus too finely on therapeutic services. Instead, they suggested a broader view that addressed satisfaction with multiple types of services.

Jimmieson and Griffin (1998) defined client satisfaction in health care settings as the consumer's positive and negative reactions to the context, process and result of health care service experiences. Many health

care providers argue that there is a direct relationship between a client's experience with a health care service and their evaluation of that health care service. In this respect, it is assumed that clients are satisfied with good services and dissatisfied with bad services. However, Jimmieson and Griffin (1998) argue that the actual experience of service quality is only one of many factors that can demonstrate whether the client is satisfied or dissatisfied with the health care service received.

Predictors of Client Satisfaction

Many research studies have tried to examine the determinants of client satisfaction. Researchers have primarily focused on the characteristics of clients such as socio-demographic factors. According to Jimmieson and Griffin (1998), socio-demographic variables do not appear to be consistent predictors of client satisfaction with health care services. For example, several studies indicate that there are higher levels of client satisfaction with health care services among female clients (Jimmieson & Griffin, 1998). However, other studies have failed to detect a relationship between gender and client satisfaction with health care services (Jimmieson & Griffin, 1998).

Some trends have been identified in the literature regarding the relationship between age and client satisfaction with health care services. There is some evidence indicating that younger individuals report lower levels of client satisfaction with health care services than older individuals (Jimmieson & Griffin, 1998). However, other research findings indicate that the age of the client has nothing to do with client satisfaction with health care services (Jimmieson & Griffin, 1998).

As far as the relationship between various indicators of socio-economic status and client satisfaction, research findings are also mixed. For instance, according to Jimmieson and Griffin (1998), several studies have indicated that education and income levels did not influence client satisfaction with health care services. However, other studies have found lower levels of client satisfaction among individuals with lower levels of education and income (Jimmieson & Griffin, 1998).

Moreover, it has also been argued that client satisfaction with services may be predicted by the client's attitudes towards the provider. As Lebow (1983) reported, "Satisfaction with services may intermingle with satisfaction with the provider, and thus, a broader conceptualization that recognizes this fact is important

in measurement development." In other words, clients may be satisfied or dissatisfied with services depending on whether they like or dislike the provider. It is unnecessary to state that much more research is needed in this particular area.

According to Jimmieson and Griffin (1998), evidence also suggests that clients possessing realistic expectations concerning different aspects of the health care process are more likely to express higher levels of client satisfaction. Furthermore, Linder-Pelz (1982) also found that prior expectations regarding the forthcoming health care event were strong predictors of a general measure of client satisfaction.

Finally, several studies have found that prior health status may influence levels of client satisfaction with health care services received. According to Clearly and McNeil (1988), evidence suggests that clients who have poor physiological and psychological health tend to report lower levels of client satisfaction with health care services received than clients who have better physiological and psychological health. Furthermore, clients who have achieved improved health outcomes are also likely to report higher levels of client satisfaction with health care services.

Importance of Measuring Client Satisfaction

Up to date, it has well been established that measuring client satisfaction is very important for various reasons. The social validity of human services, for example, depends in large measure on client satisfaction. Measuring client satisfaction is also important because it is an indicator of service effectiveness. Furthermore, according to McMurtry and Hudson (2000), accountability demands, including pressures associated with managed care, have created a need in many agencies for brief, accurate, and norm-referenced measures of client satisfaction. Moreover, concerns for accountability in the human services has increasingly required providers to apply objective measures in gauging the impact of their services.

Measuring client satisfaction is important to many service providers because it allows them to find out if clients are satisfied with the services being offered. This allows service providers to make changes, if necessary, in order to stay in business. According to McCarville, O'Dell, and Siegenthaler (2000), recent research in service provision has focused on efforts that exceed, rather than simply meet, expectation levels.

Unexpected high levels of satisfaction can lead to pleasure and delight, which in turn will allow service providers to stay in business.

Measuring client satisfaction allows program planners and evaluators to get an idea of how clients feel about the services being offered. According to Weiler, Pigg, and Morgan (2000), measuring client satisfaction provides a potentially valuable source of information for program planners as well as for evaluators. Furthermore, measuring client satisfaction allows program planners and evaluators to identify areas for potential growth and expansion. Finally, Weiler, Pigg, and Morgan (2000) believe that measuring client satisfaction provides a framework for intermediate and long-term planning.

Measuring client satisfaction is not only necessary, but in many instances, it is mandatory. During rapidly changing times in the industry of mental health, the need to assess client satisfaction has become critical. There is currently an intense competition for funds and support among mental health service agencies. These agencies are being required to prove their effectiveness and their ability to use these limited resources efficiently. According to Plante and Couchman (1995), measuring client satisfaction has become mandatory in many areas in order

to maintain preferred provider status and to establish mental health contracts with private insurance carriers as well as federal, state, and local government agencies.

History and Services Provided by Central City Lutheran Mission

Central City Lutheran Mission (CCLM) is a community development project, which started in 1996. CCLM addresses the results of poverty, economic inequality, and discrimination on a daily basis. Furthermore, the Mission provides activities, education, and a supportive community where children and adults find nourishment for their bodies, minds, and spirits (Central City Lutheran Mission, 2001).

CCLM offers a variety of services and programs to the surrounding communities in San Bernardino. CCLM offers a food pantry service that distributes food and clothing to approximately 70 neighborhood families twice a week. CCLM provides a transitional living program for HIV homeless people. This program strives to provide housing and supportive services to approximately 20 homeless people with HIV. Infant and childcare is another program offered by CCLM. This service offers affordable childcare to low-income families (Central City Lutheran Mission, 2001).

The Mission is also a work site for participants in the county's food stamp employment training program. The participants in this program work in exchange for food stamp vouchers. CCLM hosts community activities, which give adults and teens an opportunity to socialize and build relationships. The Mission is also a court-mandated site where teenagers and adults complete community service requirements (Central City Lutheran Mission, 2001).

Furthermore, CCLM also provides educational classes such as nutrition, computer training, and English as a Second Language (ESL). The nutrition program teaches participants a healthy way of cooking and a safe way to prepare food. The computer training class introduces and expands participant's knowledge and provides resources through the Internet. Finally, the ESL class helps the Latino community to learn how to communicate better in society (R. Sanchez, personal communication, November 5, 2001).

Human Behavior in the Social Environment Theories Guiding Conceptualization

As mentioned earlier, many studies in various fields have employed client satisfaction as a performance measure of service providers. However, agreement is still lacking

as to how it may best be conceptualized. Many researchers advocate a broader view of client satisfaction that addresses satisfaction with multiple types of services, with service integration and coordination, and with the capacity of services to affect the client's interactions with family members and others. According to McMurtry and Hudson (2000), this approach seems to be better suited for human services that may or may not involve therapy. Furthermore, they believe that this approach is congruent with a person-in-environment perspective.

An important obstacle to theoretical work may be the perception or misperception that measuring client satisfaction is easy because it is so straightforward. There is a unique feature of client satisfaction research, which according to Larsen, Attkisson, Hargreaves, and Nguyen (1979), is the tendency of investigators to invent their own questionnaires. Recent research still indicates that the majority of studies on client satisfaction are based on instruments with unknown psychometric properties. For these reasons, the present study used an instrument with known psychometric properties.

Summary

The literature important to the project was presented in Chapter Two. Chapter Two consisted of a discussion of the different definitions of client satisfaction. A discussion of the different predictors of client satisfaction was also presented in this chapter. Furthermore, this chapter included a discussion of the importance of measuring client satisfaction. Last but not least, a discussion of human behavior in the social environment and theories guiding conceptualization was included in Chapter Two.

CHAPTER THREE

METHODS

Introduction

Chapter Three consists of a discussion of the methods utilized in this study. Specifically, Chapter Three consists of a discussion regarding the study design, the sampling process, data collection and instruments, procedures, and protection of human subjects. Finally Chapter Three consists of a discussion regarding the data analysis.

Study Design

The purpose of this study was to assess client satisfaction with the services provided by CCLM. Specifically, we studied the relationship between client satisfaction and demographic, socioeconomic, and other contextual variables. We hypothesized that client satisfaction is associated with continued use of services. Therefore, we studied the question "how satisfied are the clients with the services received at CCLM?"

As a method of data collection this study employed a survey design using a self-administered questionnaire. A self-administered survey was utilized to ensure the anonymity of participants. Because many of the study

participants are Spanish speaking, the questionnaire was translated into Spanish using a back-translation method in order to ensure the authenticity of the content of both English and Spanish versions of the questionnaire.

There were some limitations to using a self-administered questionnaire. For example, by employing a self-administered questionnaire, there was not an opportunity to observe or record non-verbal communication. Furthermore, using this method reduced the chances of obtaining the clients' full participation.

Sampling

Data was collected from 150 male and female clients participating in various programs at CCLM. The sample was drawn using a non-probability sampling method.

Specifically, the study's sample was drawn from clients utilizing programs such as the food pantry, transitional living for HIV homeless people, infant and child care, food stamp employment training, nutrition, computer training, and ESL. With respect to the diverse demographic and socioeconomic characteristics of clients at CCLM, various sampling sites were studied in order to increase the representation of the sample.

Data Collection and Instruments

By using a self-administered questionnaire, the level of client satisfaction, demographic and socioeconomic information, and previous experiences of program use were gathered (Appendix A). Demographic (age, gender, and ethnicity), socioeconomic status, education level, and other related variables (health status and history of program use) are independent variables, which were measured by utilizing both nominal and ordinal levels of measurement. The Client Satisfaction Questionnaire (CSQ-8) measured this study's dependent variable, client satisfaction.

The measuring instrument utilized to gather data was the Client Satisfaction Questionnaire (CSQ-8), along with several questions pertaining to the contextual variables in this study. The CSQ-8 is an 8-item easily scored instrument designed to measure client satisfaction with services. The CSQ-8 is easily scored by summing the individual item scores to produce a range of 8-32, with higher scores indicating greater satisfaction. Furthermore, the CSQ-8 has excellent internal consistency, with alphas that range from .86 to .94 in a number of studies (Fischer & Corcoran, 1994). It also has very good concurrent validity. Finally, the CSQ-8 has also

demonstrated moderate correlations with a number of other (but not all) outcome variables, thus suggesting a modest correlation between satisfaction and treatment gain (Fischer & Corcoran, 1994).

Procedures

In each program, the investigators distributed a packet to every client, which contained a consent form (appendix B), a questionnaire (appendix A) and a debriefing statement (appendix C). Participants were verbally informed that all answers are confidential and only group data will be used in the study. Participants were asked to place a check mark on the informed consent form, which described the purpose of the study and the nature of their participation. Participants were asked to answer the client satisfaction questionnaire as truthfully as possible. Furthermore, participants were informed that if they were not comfortable answering the questions, they were free to stop at any time. Each questionnaire took approximately 15 minutes to complete. Data was gathered at several locations over a four-week period.

Protection of Human Subjects

To protect the human subjects who were involved in this study, the investigators kept the data confidential.

The investigators safeguarded the confidentiality of the collected data by limiting the number of individuals to three, the two investigators and the research advisor. The data was locked at one of the investigator's home during the study. Once the questionnaires were collected and the data entered into a computer file, the questionnaires were destroyed. Thereafter, raw data in the computer data file was identifiable only by case ID numbers. The investigators also followed the social work code of ethics.

Data Analysis

Data analysis was conducted using descriptive and inferential statistics. Descriptive analysis included univariate statistics such as frequency distribution, and measures of central tendency and dispersion. More specifically bivariate statistics including chi-square, t-tests, and Pearson's r were employed to evaluate the relationship between the dependent and independent variables.

Summary

An overview and discussion of the methods and the purpose of the study were presented in Chapter Three. A discussion of the study design, sampling, data collection

and instruments, and the procedures were also presented in Chapter Three. Moreover, Chapter Three presented a discussion regarding the protection of human subjects as well as a discussion of the data analysis.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the results. A statistical analysis was conducted, which included a frequency distribution, a comparison of the means, a one-way analysis of variance test (ANOVA), independent t-tests, a Pearson's r correlation, a chi-square analysis, and pertinent crosstabulations on the variables in this study.

Presentation of the findings

Table 1 presents the demographic characteristics of the respondents (see Table 1). There were a total of 150 participants in this study. Of those responding to gender, 107 were female (74.3%) and 37 were male (25.7%). The age of the respondents ranged from 19 to 74 with the average age being 37.2 years. Nearly one-half of the respondents (48.5%) were found to be between 35 to 54 years of age. Ethnicity was reported as follows: 59.3% of the respondents were Hispanic/Latino, 19.3% were African American, 17.1% were Non-Hispanic White, 2.9% were Native American, and 1.4% reported "other" for ethnicity.

Table 1. Participants' Demographic Information

Variable	Frequency (n)	Percentage (%)
Gender (N = 144)		
Male	37	25.7%
Female	107	74.3%
Age (N = 140) Mean = 37.2		
19-34 years	60	42.9%
35-54 years	68	48.5%
55-74 years	12	8.6%
Ethnicity (N = 140)		
African American	27	19.3%
Hispanic/Latino	83	59.3%
Non-Hispanic White	24	17.1%
Native American	4	2.9%
Other	2	1.4%
Income (N = 116)		
Under \$10,000	88	75.9%
\$10,001-\$20,000	15	12.9%
\$20,001+	13	11.2%
Education (N = 143)		
Elementary school (1-6)	25	17.5%
Middle school (7-8)	8	5.6%
High school (9-12)	81	56.6%
2-year college	22	15.4%
4-year college	5	3.5%
Graduate school	2	1.4%
Health (N = 143)		
Very good	37	25.9%
Good	62	43.4%
Fair	32	22.4%
Poor	12	8.4%
Prior use of service (N = 148)		
Yes	147	99.3%
No	1	.7%
Length of time using the services (N = 148)		
Under 6 months	95	64.2%
6-12 months	18	12.2%
1-3 years	29	19.6%
3 years+	6	4.1%

Over three-quarters of the respondents (75.9%) reported having an annual income of under \$10,000. Regarding education, the great majority of the respondents (79.7%) reported having completed at least twelve years. Over two-thirds (69.3%) of the respondents indicated their health to be either "good" or "very good." With reference to prior use of services, all the respondents except one reported that they had used the service before. Regarding the length of time respondents utilized the services; nearly two-thirds (64.2%) reported having utilized them for less than 6 months.

A crosstabulation was run to compare individual demographic variables. A pattern was seen when the crosstabulations were run with education and gender. It appears that approximately 25% of the women in our sample (see Table 2) reported having an education level of 6th grade or less, compared to no men reporting the same level of education. However, this finding was not statistically significant.

Table 2. Education and Gender Crosstabulation

Education	Gender		Total
	Female	Male	
Elementary school (1-6)	25	0	25
Middle school (7-8)	3	4	7
High school (9-12)	55	23	78
2-year college	18	3	21
4-year college	2	3	5
Graduate school	0	2	2
Total	103	35	138

Table 3 shows the participants' program utilization and level of satisfaction with the program they utilized (see Table 3). With respect to the programs being used, over one-half (52.7%) reported having used the food pantry. Another 13.3% were in the transitional living for HIV homeless people, 11.3% were taking classes to learn English as a second language, and 10% were in the food stamp and employment-training program. Another 5.3% were taking computer classes, 4% were taking classes in nutrition, and 3.3% were using the infant and childcare center.

Table 3. Participants' Program use and Responses to the Client Satisfaction Survey Questions

Variable	Frequency (n)	Percentage (%)
Program being used (N = 150)		
Food Pantry	79	52.7%
Transitional living for HIV homeless	20	13.3%
Infant and childcare	5	3.3%
Food stamp employment training	15	10.0%
Nutrition	6	4.0%
Computer classes	8	5.3%
English as a second language	17	11.3%
How would you rate the quality of help you have received? (N = 148)		
Extremely poor	0	0
Poor	6	4.1%
Good	68	45.9%
Excellent	74	50.0%
Did you get the kind of help wanted? (N = 140)		
No, definitely	8	5.7%
No, not really	10	7.1%
Yes, generally	61	43.6%
Yes, definitely	61	43.6%
To what extent has our program met your needs? (N = 145)		
None of my needs have been met	2	1.4%
Only a few of my need met	24	16.6%
Most of my needs have been met	54	37.2%
Almost all of my needs met	65	44.8%
If a friend were in need of similar help, would you recommend our program to him or her? (N = 146)		
No, definitely not	6	4.1%
No, I don't think so	2	1.4%
Yes, I think so	41	28.1%
Yes, definitely	97	66.4%

Table 3. (Con't) Participants' Program use and Responses to the Client Satisfaction Survey Questions

Variable	Frequency (n)	Percentage (%)
How satisfied are you with the assistance you have received? (N = 148)		
Very dissatisfied	11	7.4%
Somewhat indifferent or dissatisfied	7	4.7%
Somewhat satisfied	31	20.9%
Very satisfied	99	66.9%
Did the assistance you receive help you to deal more effectively with your problems? (N = 144)		
No, they seemed to make things worse	2	1.4%
No, they really didn't help	4	2.8%
Yes, they helped somewhat	52	36.1%
Yes, they helped a great deal	86	59.7%
In an overall, general sense, how satisfied are you with the help you have received? (N = 145)		
Quite dissatisfied	5	3.5%
Indifferent or mildly dissatisfied	8	5.5%
Mostly satisfied	38	26.2%
Very satisfied	94	64.8%
If you were to seek help again, would you come back to our program? (N = 143)		
No, definitely not	2	1.4%
No, I don't think so	1	.7%
Yes, I think so	44	30.8%
Yes, definitely	96	67.1%

Participants were asked eight questions regarding their perceptions of the services they have received. When the participants were asked to rate the quality of help

they have received, of those responding, nearly all (95.5%) reported the quality to be either "good" or "excellent." Only six participants (4.1%) reported that the quality was "poor" and no one reported the quality to be "extremely poor."

When they were asked if they received the kind of help they wanted, most (87.2%) indicated either "yes, generally" or "definitely." When asked if the program had met their needs, a good number (82%) responded to either "most" or "almost all of their needs were met." When the participants were asked if they would recommend the program to a friend, the great majority of the respondents (94.5%) responded to either "yes, they think so" or that they would "definitely" recommend the program.

When the participants were asked about their satisfaction with the assistance they have received 87.8% reported that they were either "somewhat" or "very satisfied." When they were asked if the assistance helped them to deal more effectively with their problems, a great majority (95.8%) indicated either "yes, they helped somewhat" or "that they had helped a great deal." When they were asked to rate their overall satisfaction with the help they have received, over 90% reported that they were either "mostly" or "very satisfied." Lastly, when the

participants were asked if they were to seek help again, would they come back to this program, nearly everyone (97.9%) responded to "yes" they would come back to the program, with only three individuals (2.1%) reporting that they would not utilize the program again.

The total score of the CSQ-8 scale was obtained for each participant. The mean score of the CSQ-8 was 27.98. When analyzed using an independent samples t-test, the CSQ-8 was not statistically significantly related to the length of time in which the clients utilized the services.

The demographic variables were also analyzed to compare mean scores. The length of time utilizing services was not statistically significantly related to gender, age, ethnicity, income, education, or health. However, health and age had interesting results. Regarding health, those reporting "very good," "good," "fair," and "poor" health had mean scores of 28.91, 28.13, 27.50, and 26.82 respectively. Although this finding was not statistically significant, the respondents that reported better health also reported slightly higher levels of satisfaction with services. In regards to age, those reporting their age to be between "19-34," "35-53," and "55-74" years, had mean scores of 28.64, 27.92, and 26.71 respectively. This was also not statistically significant either. However, the

younger respondents were found to be a little more satisfied with the services received than the older respondents.

A one-way analysis of variance (ANOVA) was conducted to examine the relationship between the CSQ-8 and ethnicity. There were no statistically significant findings among ethnic groups.

A Pearson's r test was conducted to measure the degree of relationship between the CSQ-8 and age. Again, no statistical significance was discovered, revealing that age did not significantly influence the clients' satisfaction with the services received.

In addition, an independent samples t -test was run on each of the individual demographic variables and the CSQ-8. None of the individual demographic variables yielded a significant result.

Lastly, a Chi-square test was run to determine whether the length of time utilizing the services was significantly related to any of the demographic variables. Once again, no significance was discovered.

Summary

Chapter Four reviewed the results extracted from the project. Specifically, this chapter examined the

relationships between meaningful statistical analyses of the research data. Utilizing a frequency distribution, a comparison of the means, a one-way analysis of variance test (ANOVA), independent t-tests, a Pearson's r correlation, a chi-square analysis, and several crosstabulations, a summary of the most important characteristics of the data were presented.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five includes a discussion of the significant findings that resulted from the completion of this study. Specifically, Chapter Five includes a discussion of the pertinent findings with reference to client satisfaction with services, previous experiences of program use, and other contextual variables. Furthermore, several limitations to this study as well as several recommendations for social work practice, policy and research are discussed in this chapter. In addition, a conclusion is included in Chapter Five.

Discussion

The results of this study revealed that there was no relationship between the clients' satisfaction with services and the length of time utilizing the services. However, a comparison of the data showed interesting results. The study sample was not representative of the diverse client population at the Mission. An overwhelmingly majority of the participants were females. They reported having slightly higher levels of satisfaction with the services they had received than did

the males. Those respondents who were younger reported having higher levels of satisfaction than those who were 35 years of age and over. In addition, those who reported having better health also reported having higher levels of satisfaction. Furthermore, those who had been using the services longer, the 35-year-old and over participants, reported less satisfaction than younger participants.

Over half of the respondents were Hispanic/Latino, with most being monolingual Spanish speaking. With regards to ethnicity, no significant differences in income and education were found between groups. Nearly three quarters reported an annual income of under \$10,000. Also, nearly one-fourth of the women reported having an education level of 6th grade or less. Due to language barriers, low social economic status, and women's lack of education, this population is transient within the surrounding communities. With a population that lacks financial stability, a continuous stream of new program participants were more likely content with the needed services than the consistent recipients.

With regards to program use, the majority of the participants reported using the food pantry. While collecting the data at the food pantry and having the opportunity to talk with the participants, several of the

elderly described some discomfort waiting in line due to their age and current health status. However, many of the older participants stated that the food pantry has helped them to "make ends meet."

With nearly one in four women reporting an education level of 6th grade or less, it was encouraging to find approximately 20% of these women obtaining an education through classes offered at the Mission. These monolingual Spanish-speaking women were enrolled in nutrition, computer, and ESL classes.

With respect to the CSQ-8 survey, the mean score throughout the Mission was approximately 28, suggesting an overall high level of satisfaction with the services received. Approximately 95% of the respondents reported high levels of satisfaction in several areas. These respondents acknowledged an immense satisfaction with the quality of services. They reported that they would recommend the program to a friend. They also stated that the assistance received helped them to deal more effectively with their problems. In addition, the participants stated, if they were in need of help again, they would come back to the Mission.

A factor that may have influenced the results of this study was that a good majority of the respondents had not

utilized the services for an extended period of time. Only 6 individuals reported that they had utilized the services for 3 years or more. Furthermore, some of the participants stated that they had just moved into the area and just needed some temporary assistance until they could get settled.

As mentioned earlier, Lebow (1983) stated that client satisfaction with services might be predicted by the client's attitudes towards the provider. Lebow also reported that clients may be satisfied or dissatisfied with the services depending on whether they like or dislike the provider. CCLM, which has been a staple in the community, has gained the respect of its participants by addressing the issues of poverty, economic inequality, and discrimination. In addition, the Mission has been successful, as determined by its participants, in being a supportive community for adults and their children.

In this study it was found that the majority of the participants at CCLM had an annual income of under \$10,000. Along with low socioeconomic status, many lack the education and/or vocational training to obtain adequate employment. Many face language barriers and many are dealing with health related issues. The communities surrounding CCLM attract families seeking affordable

housing. The Mission located in one of the poorest neighborhoods in the city, seeks to unite the people in those communities by offering programs that will enhance their well-being. It was evident by the respondents that many of them do not utilize the services for very long, suggesting that this population is very unstable. It may also suggest that many just utilize the services long enough to get "back on their feet." Furthermore, it is evident that CCLM has established itself as a staple in the community, helping families deal with poverty and despair.

As mentioned earlier, the overall client satisfaction with the services received at CCLM was found to be extremely high. With regard to each of the eight client satisfaction survey questions, every question had tremendously favorable results. The reasons for such a high level of satisfaction can be attributed to the provision of good quality health care, housing services, and education for hundreds of families each year. CCLM has been successful in providing a safe haven where many teens and residents can develop the skills to be successful in their communities.

Limitations

There were several limitations to this study. For instance, one of these limitations was that this study focused only on the adult population and did not include the youth population. Even though there were some programs at CCLM, which were specifically designed to serve children and adolescents, such programs were not surveyed. Therefore, this study's findings are only representative of the adult population at CCLM and not of the youth population. Not including the youth population was a significant limitation because we were not able to compare the levels of satisfaction between the youth and the adult population.

A second limitation to this study was that some participants might have been surveyed twice. There were some participants at CCLM who were found to be utilizing more than one program. As a result, these participants might have positively affected the rate of client satisfaction.

A third limitation to this study was that the vast majority of the participants were fairly new to the Mission. The majority of the participants had been using the services for six months or less. As a result, our ability to compare the level of satisfaction between the

new participants and those who had been there longer was limited. In other words, even though there were high levels of satisfaction throughout the Mission, it was difficult to determine which participants were more satisfied with the services received.

Finally, a fourth limitation to this study was not having enough one-to-one interaction with the participants. Because this was a quantitative study, we were unable to obtain qualitative and more in-depth responses from the participants. We did not have an opportunity to interact with the participants on an individual basis. As a result, our ability to hear from individual clients and gather more detailed responses from them was limited.

Recommendations for Social Work Practice, Policy and Research

An assessment of client satisfaction as part of program evaluation is important if an organization is to adapt, change, and survive. In order to ensure that clients will receive the best services possible, it is imperative that mental health agencies identify those variables that contribute to client satisfaction as well as those variables that decrease the level of client satisfaction.

Over the last several years the mental health industry has been changing. With the demand for mental health services growing, the primary focus has been on cost containment. We believe that it is critical that client satisfaction information is obtained to ensure that the quality of services is not compromised in the name of cost effectiveness. Therefore, we highly recommend the implementation of client satisfaction surveys in every mental health agency.

Moreover, it is imperative to the mental health field that research regarding clients' satisfaction with services continues. As mentioned earlier, in our study we specifically focused only on the adult population. However, we believe that it is essential that the perceptions of children and adolescents also be studied since their perceptions of the services are just as important. We believe that children and adolescents' perceptions of services are often ignored. Therefore, we recommend the implementation of client satisfaction surveys not only with the adult population, but with children and adolescents as well.

Conclusion

The results of this study revealed no statistically significant relationship between the clients' satisfaction with the services and the length of time utilizing the services. However, a comparison of the data showed interesting results. The females in this study reported having higher levels of satisfaction with the services than the males. In addition, those who were younger and those who reported having better health also reported having higher levels of satisfaction with the services. However, these findings were not statistically significant.

In this study it was evident that the clients at CCLM were extremely satisfied with the services they had received. Each of the eight client satisfaction survey questions had favorable results. As Lebow (1983) suggested, client satisfaction with services might be predicted by the client's attitudes toward the provider. With an extremely high client satisfaction response rate, with approximately 95% of the respondents reporting high levels of satisfaction in several areas, it was clear that the clients at CCLM acknowledged an immense satisfaction with the Mission and the services provided.

APPENDIX A
QUESTIONNAIRE

Questionnaire

Please help us make our programs at Central City Lutheran Mission (CCLM) better by answering some questions about the help you have received. Please answer all the questions. This survey is completely voluntary and fully confidential.

Please circle your answer:

1. What program are you using?

1. Food Pantry
2. Transitional Living For HIV Homeless People
3. Infant And Child Care
4. Food Stamp Employment Training
5. Nutrition
6. Computer Class
7. English As A Second Language
8. Other, Specify _____

2. How would you rate the quality of help you have received?

4	3	2	1
Excellent	Good	poor	Extremely poor

3. Did you get the kind of help you wanted?

1	2	3	4
No, definitely	No, not really	Yes, generally	Yes, definitely

4. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

5. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

6. How satisfied are you with the assistance you have received?

1	2	3	4
Very dissatisfied	Somewhat indifferent or dissatisfied	Somewhat satisfied	Very satisfied

7. Did the assistance you receive help you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help worse	No, they seemed to make things worse

8. In an overall, general sense, how satisfied are you with the help you have received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

9. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

10. How old are you? _____

11. Gender

1. Female
2. Male

12. Ethnicity

1. African American
2. Hispanic/Latino
3. Non-Hispanic White
4. Asian/Pacific Islander
5. Native American
6. Other, specify _____

13. Income
 1. Under \$5000
 2. \$5,001 - \$10,000
 3. \$10,001 - \$15,000
 4. \$15,001 - \$20,000
 5. \$20,001 - \$25,000
 6. \$25,001 - \$30,000
 7. \$30,001 +

14. Education level
 1. Elementary school (1-6)
 2. Middle school (7-8)
 3. High school (9-12)
 4. 2-year college
 5. 4-year college
 6. Graduate school

15. How do you rate your health at the present time?
 1. Very good
 2. Good
 3. Fair
 4. Poor

16. Have you used this service before?
 1. Yes (If yes, go to question 17)
 2. No (If no, skip question 17)

17. If yes, how long have you used this service?
 1. Under 3 months
 2. 3 - 6 months
 3. 6 - 9 months
 4. 9 - 12 months
 5. 1 - 2 years
 6. 2 - 3 years
 7. 3 - 4 years
 8. 4 +

Questionario

Por favor ayudenos a mejorar los programas de Central City Lutheran Mission (CCLM) contestando algunas preguntas acerca de la ayuda que usted a recibido. Por favor conteste todas las preguntas. Esta encuesta es completamente voluntaria y confidencial.

Por favor circule su respuesta:

1. Que programa esta usando?
 1. Programa De Comida
 2. Vivienda Transicional Para Gente Con HIV Sin Hogar
 3. Cuidado De Ninos
 4. Entrenamiento De Trabajo Para Estampillas De Comida
 5. Nutricion
 6. Computacion
 7. Ingles Como Segunda Lengua
 8. Algun Otro, (Especifique) _____

2. Como clasificaria la calidad de la ayuda que a recibido?

4	3	2	1
Excelente	Bueno	Malo	Muy Malo

3. Recibio la clase de ayuda que queria?

1	2	3	4
Definitivamente no	Realmente no	Generalmente si	Definitivamente si

4. Hasta que punto nuestro programa satisfacio sus necesidades?

4	3	2	1
Todas mis necesidades an sido satisfechas	Casi todas mis necesidades an sido satisfechas	Solo algunas de mis necesidades an sido satisfechas	Ninguna de mis necesidades an sido satisfechas

5. Si un amigo necesitara la misma ayuda, le recomendaria nuestro programa?

1	2	3	4
Definitivamente no	Creo que no	Creo que si	Definitivamente si

6. Que tan satisfecho esta usted con la ayuda que a recibido?

1	2	3	4
Muy desatisfecho	Un poco desatisfecho	Un poco satisfecho	Muy satisfecho

7. Le a ayudado la ayuda que a recibido a encargarse mas efectivamente de sus problemas?

4	3	2	1
Si, me an ayudado mucho	Si, me an ayudado un poco	Realmente no me an ayudado	No, mas bien empeoraron las cosas

8. Generalmente, que tan satisfecho esta con la ayuda que a recibido?

4	3	2	1
Muy Satisfecho	Un poco satisfecho	Un poco desatisfecho	Muy desatisfecho

9. Si necesitara ayuda otra vez, volveria a nuestro programa?

1	2	3	4
Definitivamente no	Creo que no	Creo que si	Definitivamente si

10. Cuantos años tiene? _____

11. Genero/Sexo

1. Mujer/Femenino
2. Hombre/Masculino

12. Raza
 1. Africano Americano
 2. Hispano/Latino
 3. Blanco
 4. Asiatico
 5. Nativo Americano
 6. Algun otro (especifique)_____

13. Cantidad de Ingresos
 1. Menos de \$5,000
 2. \$5,001-\$10,000
 3. \$10,001-\$15,000
 4. \$15,001-\$20,000
 5. \$20,001-\$25,000
 6. \$25,001-\$30,000
 7. \$30,001 o mas

14. Educacion
 1. Primaria (1-6)
 2. Escuela Media (7-8)
 3. Secundaria (9-12)
 4. 2 Años de Colejio
 5. 4 Años de Universidad

15. Como clasificaria su estado de salud en este momento?
 1. Muy Buena
 2. Buena
 3. Mas o menos
 4. Muy Mala

16. A recibido ayuda aqui antes?
 1. Si (conteste la pregunta #17)
 2. No (no conteste la pregunta #17)

17. Por cuanto tiempo a recibido ayuda?
 1. Menos de 3 meses
 2. De 3 a 6 meses
 3. De 6 a 9 meses
 4. De 9 a 12 meses
 5. De 1 a 2 años
 6. De 2 a 3 años
 7. De 3 a 4 años
 8. Mas de 4 años

**“Client Satisfaction Survey at Central City
Lutheran Mission (CCLM)”**

Informed Consent

This study has been approved by the sub-committee of the Social Work Department Institutional Review Board. I am asked to participate in this research study, which is designed to examine client satisfaction with services provided by Central City Lutheran Mission (CCLM). This study is being conducted by Michael Chavez and Victor Manuel Garrido, graduate students in the MSW program at California State University San Bernardino. In this study I will be asked about my satisfaction with the services at CCLM. It will take approximately 15 minutes to complete the questionnaire. All my responses will be kept anonymous. I understand that my participation in this study will be totally voluntary. I can refuse to participate in, or withdraw from this study at any time. When I complete the task, I will be given a debriefing statement describing the study in more detail.

If I have any questions about the study, I can contact Professor Janet Chang at California State University, San Bernardino, the Department of Social Work, 5500 University Parkway, San Bernardino, California 92407 or call (909) 880-5184.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

[]
Place a check mark above

Date

**“Encuesta de Satisfacción del Cliente en Central City
Lutheran Mission (CCLM)”**

Consentimiento

Este estudio a sido aprobado por el comite institucional del Departamento de Trabajo Social. Me an pedido que participe en este estudio para examinar la satisfaccion del cliente con los servicios brindados por Central City Lutheran Mission. Este estudio esta siendo conducido por Michael Chavez and Victor Manuel Garrido, estudiantes del programa de trabajo social. En este estudio me preguntaran hacerca de mi satisfacion con los servicios de CCLM. Tomara aproximadamente 15 minutos para completar el cuestionario. Entiendo que mi participacion en este estudio es totalmente voluntaria. Puedo reusarme a participar, o salirme del estudio a cualquier hora. Cuando complete el cuestionario, me daran una carta que describe el estudio.

Si tengo alguna pregunta hacerca de este estudio, puedo llamar a la Profesora Janet Chang al siguiente numero: (909) 880-5184, o escribirle a la siguiente direccion: California State University, San Bernardino, Department of Social Work, 5500 University Parkway, San Bernardino, California 92407.

Al marcar la caja de abajo, reconosco que he sido informado y que comprendo la naturaleza y razon de este estudio, y que doy mi concentimiento de participacion. Tambien reconosco que tengo por lo menos 18 años de edad.

[]
Marque la caja de arriba

Fecha

APPENDIX C
DEBRIEFING STATEMENT

**“Client Satisfaction Survey at Central City
Lutheran Mission (CCLM)”**

Debriefing Statement

The study you have just completed was designed to investigate your level of satisfaction with the services provided by CCLM. Particularly this research study examined your perceptions of the services you are currently receiving. In addition, this study aimed to identify the strengths and weaknesses of each program.

Thank you for participating in this study and for not discussing the contents of the questionnaire with other people. If you feel uncomfortable as a result of participating in this study or have any questions about the study, please feel free to contact Professor Janet Chang at (909) 880-5184. If you would like to obtain a copy of the findings of this study, please contact Professor Janet Chang at (909) 880-5184 after September 1, 2002.

“Encuesta de Satisfacción del Cliente en Central City Lutheran Mission (CCLM)”

Resumen

El estudio que acaba de completar fue diseñado para investigar el grado de satisfacción con los servicios brindados por CCLM. En particular, este estudio examinó su percepción de los servicios que está recibiendo en este momento. Adicionalmente, este estudio trató de identificar lo bueno y lo malo de cada programa.

Gracias por participar en este estudio y por no comentar el contenido del cuestionario con otras personas. Si se siente mal a causa de haber participado en este estudio o si tiene alguna pregunta acerca, por favor sientase libre a llamar a la Profesora Janet Chang al teléfono (909) 880-5184. Si quisiera obtener una copia de los resultados de este estudio, por favor llame a la Profesora Janet Chang al teléfono de arriba después de Septiembre 1, 2002.

APPENDIX D
CONFORMATION LETTER

**CENTRAL
CITY
LUTHERAN
MISSION**

A Neighborhood Development Project Empowering People

*"Bringing The Word
Through Creation Of
Community"*

1354 North G Street, San Bernardino, CA 92405 Phone: 909-381-6921 Fax: 909-884-5104 e-mail: cclm@mindspring.com

November 29, 2001

TO: California State University San Bernardino
FROM: Pastor David Kalke

This letter is to confirm that Mike Chavez has discussed his research project with me, Pastor David Kalke. We are pleased that Mike has chosen to conduct his research project here at Central City Lutheran Mission (CCLM). Mike and his research partner Victor Garrido will have CCLM's full cooperation to complete his research. Mike's research on CCLM is greatly needed and greatly appreciated. We here at CCLM hope to continue to work with California State University San Bernardino and its Social Work Department on improving existing communities in San Bernardino.

Thank you,

Pastor David Kalke



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ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. These responsibilities were assigned in the manner listed below.

1. Chapter One: Problem Formulation
Primary: Michael Chavez
Secondary: Victor Manuel Garrido
2. Chapter Two: Literature Review
Primary: Victor Manuel Garrido
Secondary: Michael Chavez
3. Chapter Three: Methodology
Study Design and Sampling:
Primary: Michael Chavez
Secondary: Victor Manuel Garrido
Procedures and Data Analysis:
Primary: Victor Manuel Garrido
Secondary: Michael Chavez
4. Chapter Four: Findings and Results
Primary: Michael Chavez
Secondary: Victor Manuel Garrido
5. Chapter Five: Conclusions
Primary: Victor Manuel Garrido
Secondary: Michael Chavez