

APPLICATION OF THE SERVQUAL INSTRUMENT  
IN A SOCIAL WORK ORGANISATION

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MAGISTER TECHNOLOGIAE BUSINESS ADMINISTRATION in  
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by

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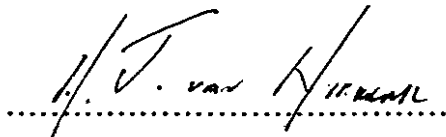
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November 1996

**STATEMENT**

I hereby state that the contents of the thesis represents my own work and that the opinions contained therein are my own and not necessarily those of the Technikon.

The thesis has not previously been submitted for academic examination towards any qualification.

A handwritten signature in black ink, appearing to read "H. J. van der Merwe", is written over a horizontal dotted line.

Signature

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## SYNOPSIS

All organisations, profit as well as nonprofit, are increasingly coming to the realization that trying to compete solely on costs leads to ineffectiveness and a weaker financial position. Competing on the basis of product or service differentiation is becoming increasingly futile because products and services are becoming less and less unique. To ensure survival, effectiveness and competitiveness, organisations must provide services of exceptionally high quality. Providing services of high quality has proven to be the single most important factor contributing to organisational success and well-being. Providing services of superb quality also presents an important opportunity for organisational differentiation. A major requirement for successful management is effective measurement. This study is motivated by the limited research and resulting limited literature available on this subject in social work. The development of the SERVQUAL instrument offers a possible reliable and valid device for the measurement of service quality in social work. However, SERVQUAL has not been subjected to rigorous testing for reliability and validity in a social work organisation. In this research SERVQUAL was used to measure the quality of services in a social work organisation. The aim of this research was to determine the applicability, reliability and validity of the instrument in a social work organisation.

Attention was given to literature that focuses on service quality, its measurement and management. The empirical research involved executives, social workers and clients of the social work organisation. It was found that SERVQUAL can be applied to social work services and it proved to be a reliable and valid instrument for measuring service quality. However, further research is necessary to improve the quality of services to clients and directions for future research are indicated.

## SINOPSIS

Alle organisasies, wins- sowel as nie-winsgewend, word toenemend bewus dat mededinging op grond van koste alleen tot oneffektiwiteit en 'n swakker finansiële posisie aanleiding kan gee. Mededinging op grond van produk of diens onderskeiding word ook toenemend nutteloos omdat produkte en dienste al hoe meer hulle uniekheid verloor. Ten einde oorlewing en effektiwiteit te verseker, moet organisasies dienste van uitsonderlik hoë gehalte lewer. Die lewering van dienste van 'n hoë gehalte is die enkele belangrikste faktor wat tot organisatoriese sukses en doeltreffendheid bydra. Voorsiening van dienste van uitsonderlike hoë gehalte bied ook 'n belangrike geleentheid vir organisatoriese onderskeiding. 'n Belangrike voorwaarde vir suksesvolle bestuur is effektiewe meting. Hierdie studie is gemotiveer deur die beperkte navorsing en gevolglik beperkte literatuur beskikbaar oor die onderwerp in maatskaplike werk. Die ontwikkeling van die SERVQUAL instrument bied 'n moontlike betroubare en geldige middel vir die meting van gehaltdiens in maatskaplike werk. SERVQUAL was egter tot dusver nog nie blootgestel aan streng toetsing vir betroubaarheid en geldigheid in 'n maatskaplikewerkorganisasie nie. In hierdie navorsing was SERVQUAL gebruik om die gehalte van diens in 'n maatskaplikewerkorganisasie te meet. Die doel van die navorsing was om 'n bepaling van die toepaslikheid, betroubaarheid en geldigheid van die instrument in 'n maatskaplikewerkorganisasie te maak.

Aandag is geskenk aan literatuur wat op gehaltdiens fokus, die meting, asook die bestuur daarvan. Die empiriese ondersoek het uitvoerende bestuur, maatskaplike werkers en kliënte van die maatskaplikewerkorganisasie ingesluit. Daar is bevind dat SERVQUAL toegepas kan word op maatskaplikewerkdienste en daar is bewys dat dit 'n betroubare en geldige instrument is vir die meting van diens. Daar is egter ook aangetoon dat verdere navorsing nodig is om die gehalte van diens aan kliënte te verbeter en rigting vir verdere navorsing word aangedui.

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## CHAPTER 1

### INTRODUCTION AND ORIENTATION

#### 1. Background

Social work organisations are in the business of welfare service provision to disadvantaged persons, groups and communities. These organisations are nonprofit organisations and in South Africa they are subject to registration as welfare organisations under the provisions of the National Welfare Act 100 of 1978.

Finance for South African social work organisations is predominantly provided by the state from tax revenue. The 1995/1996 national welfare budget was R13,4 billion, being 8,7% of the consolidated national budget being 2,7% of the Gross Domestic Product \*. However, the private sector is not an insignificant source for funding community social work organisations. No recent figure exists of the actual total income of South Africa's community- and church-sponsored social work organisations, except for the 1976 Van Rooyen Commission of Inquiry into the collection of Voluntary Contributions from the public which estimated their income to be R130 million (McKendrick 1990:29). Adjusting this figure for inflation, such income could be projected to be estimated at R1,4 billion in 1995. Social work organisations are accountable to these resource providers in terms of their effectiveness, efficiency and quality of their services (Elkin 1985:1).

The welfare system in South Africa and the challenges facing social work organisations should be seen against the background of certain significant historical events (McKendrick & Dudas in Dixon 1987:187):

1948 National Party Government comes to power and separate development is enforced by law in all spheres of life.

1949 First legislation to regulate voluntary social work organisations.

1960 Creation of separate state departments to address welfare needs of different race groups began.

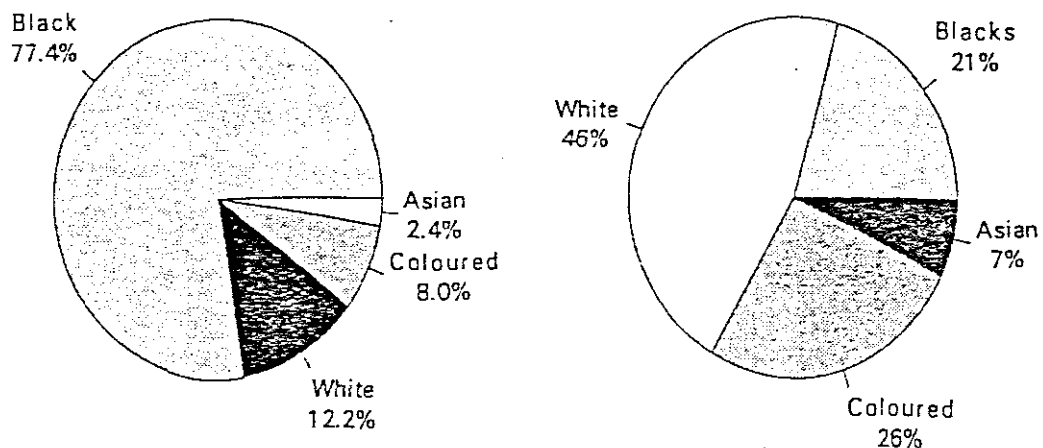
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\*Gross Domestic Product refers to the total market value of all final goods and services produced within the borders of a country within a certain period of time.

- 1965 A new National Welfare Act. Regional Welfare Boards and a National Welfare Board created.
- 1966 State policy introduced that separate voluntary social work organisations should be established for different races.
- 1978 Revised welfare legislation to encourage the planning of welfare on racial lines, to regulate fund raising from the public, and to provide for the control of the social work profession.
- 1983 New constitution and tricameral Parliament providing for whites, Coloureds and Indians excluding the African population. Welfare becomes an *own affair* for each racial group
- 1985 Report on an investigation into Welfare Policy in the Republic of South Africa commissioned by the Cabinet Committee for Social Affairs, advocated the complete splitting into racial units of all welfare services.

Since 1994 the social arena in South Africa has undergone a complete metamorphosis. Due to the dispensation up until 1994 social work services were rendered through the own affairs tricameral system in a fragmented manner, and did not have a significant impact on addressing the root causes of the problems and needs of the total community. Furthermore, there were huge disparities in the allocation of funds (see figure 1) which exacerbated the unequal development of services.

**FIGURE 1:**  
**GOVERNMENT WELFARE EXPENDITURE**  
**POPULATION PROFILE (1994) VS WELFARE EXPENDITURE (1985)**  
 Per Population Group



The problems that the South African society is facing is typical of a developing country and the Government attempting to address these problems through the implementation of the Reconstruction and Development Programme (RDP). According to the RDP White Paper (1994:5) the first priority of the democratic Government is to address the plight of millions of South Africans living in poverty. In order to address South Africa's social problems the emphasis of social work has been placed on implementing social development programmes. These programmes are aimed at providing for the basic social rights of all South Africans through a just and effective social delivery system; correcting imbalances of the past; empowerment of individuals, groups and communities to participate in decision-making processes; the recognition of all roleplayers including Community Based Organisations (CBO's), Non-Government Organisations (NGO's), Local governments and clients in the sector of social work, and will play a continuing important role (ANC 1994:52).

Implementing social work programmes to effectively address the needs problems of the people of South Africa will require a massive effort from organisations in this field. The fundamental changes that are prescribed by the RDP require a new paradigm with a new emphasis and focus. Together with this new context in which social work organisations find themselves and have to adapt to, they also find themselves in an environment that is characterised by economic scarcity, ambiguity and uncertainty. As a result of the current situation organisational survival has become a major issue and demands for accountability, effectiveness and efficiency are increasing (McKendrick 1990:307).

Because of its commitment to address the problems and needs of disadvantaged persons, groups and communities, a social work organisation must not only survive, it must achieve its purpose as well and failure to provide quality services to clients negates the social work organisation's purpose for existence (Lewis, Lewis & Souflée 1991:21). Furthermore, the RDP emphasises that services at national, provincial and local community levels must be in line with international norms and standards (ANC 1994:54). Therefore, social work organisations need to know if the services they are rendering are of a high quality. If services are not of high quality the effects will not be sustainable\* and they will need to find ways to improve the quality of their services.

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\*Services of poor quality will have no sustainable effect on the recipient's quality of life.

Hence, in recent years social work organisations in South Africa have been charged with increasing demands of greater cost-effectiveness, cost-efficiency, programme effectiveness, cost-benefit analysis and accountability (de V Smit 1992:4). These developments are in line with international trends of a rapidly growing service demand with escalating costs which need to focus on service quality, cost-effectiveness and fast response. However, Morgan and Murgatroyd (1994:139) indicate that in spite of these developments there is in social work provision an absence of strategies related to quality.

Profit, as well as nonprofit, organisations in South Africa are increasingly coming to the realisation that trying to survive and compete by cutting costs and the price of their service or product lead to ineffectiveness and a weaker financial position. Competing on the basis of product or service differentiation is becoming increasingly futile because products and services are becoming less and less unique. In the field of social work, organisations may target a specific market, e.g. substance abuse, child care, family care etc. However, most organisations render a wide variety of services which complicates the selection of a niche. To differentiate itself from other organisations and to ensure survival, effectiveness and competitiveness, the organisation must render services of high quality. This view is expressed by many researchers including Zemke (1989:xi), Anthony & Young (1988:612) and Kotler & Andreasen (1991:485).

There are various models of organisational and service effectiveness such as the systems resource approach, goal attainment model, multiple constituencies models and the internal functioning approach (Hasenfeld 1992:341; de V Smit 1992:6). In the South African welfare system social work organisations' effectiveness is determined through programme evaluation which is based on the goal attainment model (Department of State Expenditure 1994). They make use of a wide variety of technologies, ranging from simple monitoring of clients (for example simple single subject evaluation) to elaborate research on client outcomes and effects i.e experimental research which are utilised to demonstrate their effectiveness (Nuehring & Pascone 1986:359; Lewis, Lewis & Souflée 1991:254). However, having measures that focus on what is most tangible, e.g. accomplishment of intervention objectives, number of clients being served and costs of services rendered lead to having measurable performance indicators which measure performance and change, yet not assuring the provision of quality service which could result in poorer standard of service. The challenge to develop quality measures and to improve quality is frequently stressed in the field of social work (Patti et al. 1988:87; Whiddon & Martin 1989:682; Pruger & Miller 1991:18; Marcenko, Herman &

1991:18; Marcenko, Herman & Hazel 1992:449; Hasenfeld 1992:358; Martin 1993:8; Morgan & Murgatroyd 1994:141).

The assessment and delivery of high quality services have drawn widespread interest from especially the public and private sectors and it is gradually washing over to social work organisations (Rubin 1993:170; Martin 1993:2). Service quality has also been placed firmly on the agenda of all sectors of the economy (including the social welfare services) for the 1990's (Martin 1993; Gerson 1993; Zemke 1990; Drucker 1990; Senge 1992; Peters 1989; 1992; Osborne 1992:437). These global developments facilitate social work managers who have to take a hard look at the issue of quality and its measurement and management in service provision.

Extensive research has been conducted into measuring and managing service quality and there has been a number of conceptualizations of the construct of which Haywood-Farmer (1988) is one example. However, the best-known models of service quality are the Grönroos model of service quality (1984) and the "gaps" model of Parasuraman, Zeithaml and Berry (1985) [to be discussed in chapter 4]. From their research into service quality Parasuraman et al. (1988) developed an instrument called SERVQUAL, for the measurement of service quality. This instrument which was refined in 1991, offers (perhaps for the first time) a reliable and valid device for the measurement of service quality and has been successfully implemented and utilized in various profit industries, businesses and organisations in overseas countries as well as in South Africa (Pitt 1991:3).

Although effectiveness, eg. service quality and client satisfaction in social work organisations, is often considered more important than in a business organisation, due to their dependence on and accountability to funding sources, the development of service quality measures appear to be in its empirical infancy (Whiddon & Martin 1989; Marcenko, Herman & Hazel 1992; Osborne 1992; Hasenfeld 1992; Martin 1993). The reasons for the slow development of quality measures in social work organisations appear to lie within the following:

- (1) service quality is difficult to control and measure because it does not possess concrete evidence of service quality;

- (2) social work services are diffuse, they focus on a broad area that includes among others child care, care for the aged, care for the mentally handicapped, community development, substance abuse etc.; and
- (3) social workers view client centred responsiveness as a core feature of their work and therefore consider quality measures unnecessary as they are already client advocates and client-focused (Morgan & Murgatroyd 1994:140).

In a profit driven organisation measuring quality is easier because there are more concrete evidence of the quality of services. One of the main reasons is that a client or customer has the choice to select a server and when s/he is not satisfied with the quality of the product or service purchased the client/customer can change providers of the product or service. These organisations also charge different rates and clients/customers can select the server whose product or service will best suit their means. Organisations in these industries can usually detect the extent to which their clients/customers are satisfied with the quality of products and services on their financial statements, expressed as goodwill and profits on the Balance Sheet. However, within the field of social work, recipients of these services have a very limited choice of servers due to monopolisation in the industry. There is often only one organisation in a specific geographical area or, due to agreement only one specific organisation renders the service the client requires. Social work recipients are often involuntary as these services could, for example, be rendered due to an order made by a court of law. Most social work recipients don't pay for services as these organisations are non-profit institutions in society. However, when "payment" is required by a social work organisation it is fixed according to the client's monthly income and financial situation and levied to develop a sense of awareness with social work recipients that the services do cost money. This in itself complicates the measurement of the quality of social work services.

## **2. Problem Statement**

Given the financial accountability and constraints facing social work organisations, the history of the development of social work in South Africa, the implementation of the RDP, the importance of the measurement of effectiveness of social work organisations and the unique characteristics of social work services, managing service quality can be considered of vital

importance to organisational success and well-being. However, a prerequisite for managing service quality is effective measurement.

At present social work organisations are expected to provide empirical evidence of their performance and effectiveness and to integrate measures in their provision of services (Department of State Expenditure 1994). As the importance of quality becomes more evident, and to ensure future public and private support, social work organisations will have to become more accountable, not only to funding sources but to all stakeholders. Globally support for social work services has gradually declined over the past years and there has been a systematic curtailment of funding (Martin 1993:2; Morgan & Murgatroyd 1994:121). According to Martin (1993:2) the reason for the erosion of support for social work organisations could lie in the perception that they provide poor quality services. In the United States of America clients have publicly expressed their dissatisfaction with rehabilitation services and rehabilitation professionals and emphasised a need for service quality and client satisfaction to be more effectively addressed (Patterson 1992:16-17). Boynton & Fair (1986:174) contend that:

*Rehabilitation providers have traditionally been product driven. That is to say, they have created programs and services using the expertise of professionals regardless of the needs and wishes of the consumers.*

Martin (1993:3) considers the main reason for public dissatisfaction with services to lie within the refusal of social work organisations to address valid concerns raised by the general public. Should social work organisations ignore public concerns, the same thing that happened in the American automobile industry could happen. The Americans chose to ignore, misread or dismissed the concerns and complaints of their customers and those same customers started buying cars from Japanese manufacturers because the latter listened. Social work organisations need to listen to clients and accept responsibility for accountability of the quality of services they render (Morgan & Murgatroyd 1994:141). In order to be able to accept this responsibility, organisations must have empirical proof of the quality of their services. This proof can only be provided through utilizing service quality measures involving clients. This research is necessitated by the emphasis placed on service quality as a prerequisite for organisational excellence. This indicates that there is a need



for integrating service quality measures with social work practice.

### 3. Aims and Objectives of Investigation

The aim of this research is to provide a scientifically based explanation of the integration of social work practice and service quality through the utilization of a service quality measurement instrument. In order to achieve this aim the objectives of the investigation are as follows:

- (1) To investigate the applicability, reliability and validity of the SERVQUAL instrument for the measurement of service quality in social work organisations.
- (2) To assess the service quality of a social work organisation in the Western Cape.

### 4. Hypotheses

The following hypotheses are formulated for investigation:

- 4.1 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries is as applicable in a social work organisation.
- 4.2 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with demonstrated reliability, maintains reliability when applied in a social work organisation.
- 4.3 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with face validity, maintains face validity when applied in a social work organisation.
- 4.4 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with content validity, maintains content validity when applied in a social work organisation.
- 4.5 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with convergent validity, maintains convergent validity when applied in a social work organisation.
- 4.6 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with nomological validity, maintains nomological validity when applied in a social work organisation.

- 4.7 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with construct validity, maintains construct validity when applied in a social work organisation.
- 4.8 The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, and with divergent validity, maintains divergent validity when applied in a social work organisation.

## 5. Research Design and Methodology

The universum of the study involves all social work clients. The sampling frame is represented by all social work clients of the South African National Council for Alcohol and Drug Abuse, Western Cape Association (referred to further as SANCA, WCA). The sampling unit was represented by 40 social work clients residing within the service area of the SANCA (WCA) i.e. Cape Town, Northern and Southern Suburbs, Paarl and Atlantis. Respondents were selected through stratified simple random sampling by area. In order to ensure representativeness and inclusion of all clients (literate and illiterate social work clients representing any cultural group) as potential respondents the SERVQUAL questionnaire was adapted to be utilised in a social work organisation and was used to guide the interviews. To facilitate the process of data gathering, Schutte's Attitude Assessment Gauge was used as a response technique.

## 6. Analysis

Various statistical techniques were used to analyse the reliability, factor structure and validity of the refined SERVQUAL instrument. As this is a replication study the same statistical techniques used by the developers of the instrument were employed. The statistical techniques used were:

Coefficient alpha which is used for assessing the internal consistency of multi-item scales. The calculated coefficient alpha which determines the internal consistency of the SERVQUAL questionnaire by dimension and by item. The 22-item questionnaire should be amenable to factor analysis. Regression analysis which is used to investigate the relationship between the dependant variable (service quality) and the independent

variables (tangibles, reliability, responsiveness, assurance and empathy).

## 7. Research Limitations

The social welfare structure in South Africa is currently undergoing a complete transformation. Therefore, it was not possible to give a detailed description of the current or future welfare structure in South Africa.

## 8. Key Concepts

The language used in this study may be unfamiliar to social workers as well as to economists and marketing experts to whom this research may be applicable. It is contended here, however, that the provision and management of social work services in South Africa in the future will require staff at all levels and in all organisations to become more familiar with operating in such a business and financially orientated context. People outside the field of social work may be unfamiliar with the wide range of terminology; therefore it was decided to provide a list of common key concepts.

- 8.1 **Affirmative action:** "is a process or a strategy whose result should be the achievement of a greater level of employment equity by race and gender" (Human 1993:5).
- 8.2 **Client:** "person receiving professional attention of a social worker" (Terminology Committee For Social Work 1984:62).
- 8.3 **Effectiveness:** "effectiveness considers the relationships between the services provided and the outcomes, or results achieved" (Patti 1983:179).
- 8.4 **Efficiency:** "the extent to which a system achieves a given level of performance at the least possible cost in financial, time and personnel resources or achieves the maximum performance for a given level of resource cost" (Kotler & Andreasen 1991:484).
- 8.5 **Government of National Unity (GNU):** refers to the Government elected in the April 1994 national government election. This study was done during the rule of the GNU which has since been dissolved.

- 8.6 **Nonprofit organisation:** "is an organisation whose goal is something other than earning a profit for its owners. Usually its goal is to provide services" (Anthony & Young 1988:49).
- 8.7 **Performance standards:** are those standards that matter most to the client such as delivery of service, service reliability and quality, and friendliness and concern of service personnel (Senge 1990:123).
- 8.8. **Profit orientated social work organisations:** this concept is described by Morales and Sheafor (1989:154) to be characterised by its entrepreneurial nature and by its non-agency structure. Social workers in private practice usually fall under this definition.
- 8.9 **Reconstruction and Development Programme (RDP):** the RDP is an integrated, coherent socio-economic policy framework and it represents a vision for the fundamental transformation of South Africa (RDP White Paper 1994:4).
- 8.10 **Service:** "...any activity or benefit that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Its production may or may not be tied to a physical product" (Kotler & Andreasen 1991:390-399).
- 8.11 **Service quality:** Patti (1988) argues that service quality is "...the degree to which the organisation is competently implementing methods and techniques that are thought necessary to achieving service objectives".
- Osborne (1992:439) describes service quality as being "fit for its purpose. In the sense of addressing identified needs (such as home care service which is focused upon completing those tasks which enable an elderly person to continue living in their home) and of excellent disposition or experience (in the aforementioned home care service, by ensuring not only that identified tasks are completed but that this service is provided in a friendly and companionable manner), else consumers may choose to take their consumption elsewhere. This latter point assumes that there are alternative forms of service, which is not always the case with some specialized forms of human services. In summary, quality is a concept and to be useful must be able to be operationally defined for any service or product. In the case of human services, a good quality service must be both fit for its purpose, and excellent in experience (or "disposition")".

Therefore, from the abovementioned service quality can be defined as the rendering of excellent services that meet or exceed what clients expect of service and the extent to which the organisation is competently implementing methods and techniques that are necessary to achieve service objectives.

- 8.12 **Social welfare:** "society's formal effort - independent of the family and private enterprise - to maintain or improve the economic conditions, health care, or interpersonal competence of some or all parts of the population" (Morales & Sheafor 1989:291).
- 8.13 **Social work:** "...is the professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favourable to their goals. Social work practice consists of the professional application of social work values, principles and techniques to one or more of the following ends: helping people to obtain tangible services; providing counselling and psychotherapy for individuals, families, and groups; helping communities or groups provide or improve social and health services and participating in relevant legislative processes. The practice of social work requires knowledge of human development and behaviour; of social, economic and cultural institutions; and of the interaction of all these factors" (Zastrow 1989:7) and therefore can be seen as the "Professional services by a social worker aimed at better social functioning of people" (Terminology Committee For Social Work 1984:99).
- 8.14 **Social worker:** "duly registered person authorised to do social work" (Terminology Committee For Social Work 1984:99).
- 8.15 **Social work management:** Cronjé (1986:16) defines social work management as being a method in social work that proceeds according to an orderly process and that during the course of the process certain activities at each management level is carried out in order to accomplish the aims of the organisation.
- 8.16 **Social work organisation:** refers to a welfare organisation registered in terms of Section 13 of the National Welfare Act (Act 100 of 1978).

## **9. Summary, and Plan of the Study**

Chapter one served as an introduction and outlined the formulation of the problem, objectives of the study, method of research and a number of key concepts have been identified. Chapter two will serve as an orientation (especially to the readers outside the field of social work) and briefly discusses the distinctive characteristics of social work organisations, their classification, their management and functions of management. The third chapter focuses on service quality in social work organisations. The goals of social work practice are highlighted and the relationship between service effectiveness and service quality is briefly considered. Total Quality Management (TQM), its elements and application in social work organisations, as well as its strategic importance to social work, are discussed. Consideration is given to the construct of service quality. Guidelines for the measurement and management of service quality are given in chapter four. The focus is placed on how to establish a client service system, methods and techniques for measuring service quality and the management of service quality in an organisation. Chapter five considers the application and adaption of the SERVQUAL instrument in social work organisations. The Gap Analysis Model of Service Quality is described and serves to make later explication simpler. Determinants for measuring service quality and the measurement of service quality are briefly discussed. A description is given of the development, reliability, validity and value of SERVQUAL. The empirical study is described in chapter six. The results of the study will be presented and discussed in chapter seven. Finally, conclusions will be drawn in chapter eight, recommendations made and options for future research will be identified.

## CHAPTER 2

### MANAGING SOCIAL WORK SERVICES IN SOUTH AFRICA

#### 1. Introduction

Organisations that render social work services are well established in the South African society. Their principal function is to protect, maintain or enhance the personal well-being of individuals, groups and communities (McKendrick 1990:5; Skidmore, Thackeray & Farley 1988:8). In South Africa social work services are rendered by the state and by community-sponsored social work organisations (McKendrick 1990:25). The state renders personal social work services to individuals, families, groups and communities. The state is also responsible for overall planning of social work services and the provision of social security (social pensions and grants) to the disadvantaged or to those at risk such as the aged, physically disabled, mentally ill and children in foster care. Personal social work services provided by state departments are mainly concerned with the social welfare aspects of Acts of Parliament, for example, The Child Care Act of 1983, The Criminal Procedure Act of 1977 and The Prevention and Treatment of Drug Dependency Act of 1992 (McKendrick 1990:25).

Community sector comprises of community-sponsored social work organisations (which include social work services of religious organisations) and has the primary responsibility for non-statutory personal social work services to individuals, families, groups and communities. Community-sponsored personal social work services are delivered by organisations registered as welfare organisations in terms of the National Welfare Act of 1978 (McKendrick 1990:25).

#### 2. Nature and Scope of Social Work Policy

The partnership of the state and community-sponsored social work services emerged prior to 1948 and a substantial number of social work organisations were formed. In 1995, 1 148 community-sponsored social work organisations were operating under the National Welfare Act of 1978. The community-sponsored welfare organisations are coordinated by approximately 22 national councils operating in various fields of service delivery, such as child and family care, care of the aged, care of physically and mentally handicapped persons, care of people who abuse dependence-forming substances (alcohol and drugs) and combatting abuse, "corrections" or the prevention of crime and the rehabilitation of offenders, providing

service which enhances the quality of life (e.g. housing), reducing social pathologies like prostitution and aiding people in situations of financial need. These organisations operate at local and regional levels, and form ad hoc structures to liaise with the state about matters of general interest (Patel 1992:39).

Recently social welfare services have been undergoing complete restructuring under the new constitutional dispensation. Therefore, providing a specific layout of the current or future structure of social welfare in South Africa is not possible. However, the White Paper for Social Welfare (1995:20) indicates the establishment of one national department and nine provincial departments for social welfare. The National Department for Social Welfare will be responsible for coordination between the different roleplayers in the field of social work, formulating national policy and planning, determining norms and standards for services, revising and formulating legislation, marketing social welfare services, developing and maintaining social welfare governance structures and human resources development, managing national programmes and social welfare financing at national level, developing and maintaining a national welfare information system, capacity and institutional building, as well as parliamentary and international liaison. The Provincial Departments of Social Welfare will be responsible for provincial policy and planning, revision and formulation of social welfare legislation within the framework of the national policy, managing social welfare services, administration of social security, social welfare funding at provincial level, *undertaking appropriate research and maintaining a welfare information system*, managing and planning a human resources development programme, promoting awareness of welfare matters and facilitating the provincial parliamentary process and promoting inter-provincial relations.

The White Paper for Social Welfare (1995:5) identifies specific restructuring priorities which provide the guidelines for establishing a structure for social welfare in South Africa namely the building of consensus about a national social welfare policy framework. The re-allocation of resources to address the social, economic, racial, gender, sectoral, geographic, human resource and urban/rural disparities in social welfare. Developing representative governance structures to build the partnership between government, organisations in civil society, religious organisations and the private sector. Restructuring the partnership between stakeholders to develop a system which is socially equitable, financially viable, structurally efficient, effective in meeting the needs of the most disadvantaged sectors of the population and to involve communities in planning and the delivery of services. Reforming legislation at all levels of government and human resource development and the re-orientation of personnel where this is necessary to move towards a developmental social welfare



framework. Restructuring and rationalisation of the social welfare delivery system, which includes social security and social welfare services. Developing a financially sustainable welfare system and developing strategies and mechanisms to translate the aims, objectives and programmes of the Reconstruction and Development Programme into action in the welfare field.

### 3. Overview of the Distinctive Characteristics of Social Work Organisations

Social work organisations are distinguished from other bureaucracies by two key characteristics. Firstly, they work directly with and on people whose attributes they attempt to shape. In a sense people are their "raw materials". Secondly, they are mandated, and this justifies their existence, to protect and to promote the welfare of the people they serve (Patti 1983:31; Hasenfeld 1983:1).

Given these two key elements, social work organisations have the following specific and unique characteristics (Cronjé 1986:17):

#### 3.1 Goal Characteristics

The goals of social work organisations are often vague, ambiguous and problematic. Organisational goals could be in conflict with the community's goals in respect of treatment and solving community problems. For example, clients may come to an organisation seeking tangible services to relieve problems like the lack of housing, unemployment or income loss, while the organisation may see its role as helping clients to deal with social-psychological dysfunctions that give rise to these problems (Patti 1983:29).

Furthermore, the government who subsidises social work organisations has a direct influence on their competitiveness, the strategies they employ and goal formulation as the White Paper for Social Welfare (1995:47) states:

*The financing of social welfare programmes will be based on approved business plans and reflect the priorities of the Government of National Unity.*

#### 3.2 Structural Characteristics

The structure of social work organisations has a characteristic flat structure. Ordinarily, social work managers do not have more than six or seven persons working directly under them. This keeps relationships to a minimum and provides for maximum effectiveness (Skidmore 1990:105).

The social work organisation usually has a management committee or board that is representative of the community it functions within, but not of the client system to which it renders a service. Community-sponsored social work organisations are often part of a bigger structure such as a National Council that recognises the organisation's autonomy but also has expectations of effectiveness and efficiency and enforces measures of control (Cronjé 1986:18).

### 3.3 Organisational Characteristics

Human service institutions could be seen as being inter-organisational by nature and it is difficult to find human service managers who don't deal with inter-organisational, interdisciplinary relationships, processes and mechanisms (Weiner 1982:7). Therefore, there are a whole range of human relationships and organisational processes that social work managers must consider.

Employees in a social work organisation consist mainly of professionals. This has an influence on the organisation's structure, authority, relationships and communication patterns. Accepting accountability for actions and independent decision-making are emphasised. Changes in departments, sections or units in an organisation often occur when there is a change in emphasis due to technological changes, for example, when casework is replaced with community work or when community development enjoys more support (Cronjé 1986:19).

It must be remembered that social work organisations are not profit driven and their resources are utilised for survival and are relevant to the extent of their service provision. Furthermore, social work organisations often have a monopoly in respect of rendering certain services and consequently there is virtually no competition that impacts negatively on effectiveness and efficiency.

### 3.4 Service Characteristics

According to Cronjé (1986:21) the most significant characteristics that distinguish them from non-service organisations is service. Services of social work organisations can be classified into the restoration of impaired social functioning, the provision of resources for more effective social functioning and the prevention of social dysfunction.

Providing social work services often has to do with contradictions such as the fact that social work organisations must simultaneously react to the needs of clients and act according to public interest which are often in conflict. For example, child abusers may have a need to receive treatment for alcohol and drug dependency while in the public interest incarceration may be more appropriate. Furthermore, social work organisations deal with multifaceted and complex human beings who are increasingly viewed in comprehensive holistic terms while, on the other hand, it is important that every human being should be handled as an individual. To illustrate: a client could not be labelled as an alcoholic who comes from a community with a dependency culture per se - the client must be seen as a unique individual within his own significant context. Cronjé (1986:22) mentions that an outstanding characteristic of social work organisations is the importance of consumer participation. Participation is important in that service programmes are planned according to the specific needs of the consumer. The consumer has to provide personal information to the server (social worker) before a plan of treatment can be worked out and the consumer's co-operation and participation is therefore necessary for the success of the service. Programmes must favour consumers as well as the public.

### 3.5 Management Characteristics

Social work organisations are characterized by unique goals, a specific structure and organisational issues. There are a large number of professional people such as social workers involved in social work organisations. These characteristics result in unique management practices in social work. Management practices in the social work organisation are strongly influenced by the professional ethics of the social worker. This sometimes leads to a tension between social work service provision and the management of the organisation. Austin (1983:4) explains as follows :

*Professional imperatives and administrative imperatives are in constant tension. It is often said that a good professional cannot be a good bureaucrat and that bureaucratic rules and regulations are major barriers to good professional service.*

Although rules and regulations are there to ensure functional management of the organisation Lewis et al. (1991:85) agree with Austin's approach (1983) by stating that human service professionals tend to see themselves as having responsibility not just to their agencies or institutions but to their clients and their professional colleagues as well. They are not easily able to conform to a system that expects them to obey rules and regulations that may be in conflict with their professional standards or with their view of their clients' best interests.

People employed by social work organisations don't work according to a prescribed set of techniques resulting in problems with the evaluation of service rendering and individual work performance. Furthermore, management control is problematic due to the lack of measurement criteria of success and effectiveness of service (Cronjé 1986:19). Keeping the distinct characteristics in mind, the question that has to be answered now is how are social work organisations managed?

#### 4. Managing Social Work Services

Social work programmes are aimed at the personal and social development of individuals, families and communities. Social workers enhance this development through social work methods namely casework, groupwork, community work, research and management.

Management is according to Skidmore (1990:12):

*the method that make the other methods possible, it is the one that helps facilitate the functioning and operation of an agency and its practice methods.*

Social work management is, therefore, a method of social work that serves to meet clients' needs by working with and through people and the optimal employment of resources to meet organisational goals. It relies heavily on other sciences for its knowledge base but shares the commonly accepted management process of planning, organising, leading and control (McKendrick 1990:290).

In South Africa the management of social work services is based upon certain principles which provide the basis for the proposed social work policy (White Paper for Social Welfare Policy 1995:8):

Firstly, the government will create the conditions which will facilitate the progressive achievement of every *citizen's right* to social security and social welfare services through a combination of private and public financing methods. Secondly, resources will be *equitably* distributed and should address racial, gender, geographic, urban/rural and sectorial disparities. Thirdly, social welfare services and programmes will promote *non-discrimination*, tolerance, mutual respect, diversity and the inclusion of all groups in society. Furthermore, appropriate and effective mechanisms will be created to promote the *participation* of the public and all welfare constituencies in decision-making about welfare policies and programmes which affect them. This principle is closely related to the principle of promoting the participation of the public in the delivery of social programmes and in the management of social service organisations. Social welfare services and programmes will also be based on respect for *human rights*. Intervention strategies designed to address

priority needs will be financially viable, cost efficient and effective, which is in line with the principle of sustainability. All social programmes will strive for excellence and the provision of quality services thereby securing *quality* as a key principle in social service delivery. All welfare organisations and institutions, both public and private, will be *transparent and accountable* at all levels, including levels of delivery. Organisations and institutions will be easily *accessible* and responsive to all those in need. Barriers which have made it difficult or impossible for some people to participate equally in all spheres of life will be removed. Special training programmes will be provided to facilitate the development of accessible services. Social welfare programmes, methods and approaches need to be *appropriate* and responsive to the range of social, cultural and economic conditions in communities. The sustainable use of human resources, material resources and the earth's natural resources will be ensured for the benefit of future generations. In the final instance, the principle of caring for one another's well-being will be promoted and a spirit of mutual support fostered. Each individual's humanity is ideally expressed through her/his relationship with others and theirs in turn through a recognition of the individual's humanity. *Umntu nguntu ngabantu* means: people are people through other people. *Ubuntu* expresses a communal way of life which holds that society must be run for the sake of all. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being.

#### 4.1 Planning

Management focuses on achieving results. Defining results is important because the more precise the results can be defined the easier it is to plan, organise and control work and to motivate people (Lewis et al. 1991:7).

The goals of the proposed strategy for social work are outlined in the White Paper for Social Welfare (1995:7) and include providing appropriate social welfare services to all South Africans, especially those living in poverty, the vulnerable and those with special needs; promoting and strengthening the partnership between government, the community, organisations in civil society and the private sector; promoting social development; and realising the relevant objectives of the Reconstruction and Development Programme.

The planning process in social work begins with the assessment of community needs. The current services offered and resources utilised are then analyzed. Assessing needs, current services and resources provides the basis for selecting potential goals for the social work organisation and its intervention programme. After the needs and resource assessment community members, potential consumers, social workers and social work managers jointly

set service goals. On the basis of these goals, programmes and related activities are developed and specific intervention plans formulated. Budgeting is a key process and is inextricably attached to planning and when utilised correctly is a mirror of the organisation's mission and objectives (Lewis et al. 1991:155). After the development of an action plan, the plan is implemented, supported and monitored. The intervention is evaluated in terms of its effectiveness and efficiency (Lewis et al. 1991:8; Skidmore 1990:44).

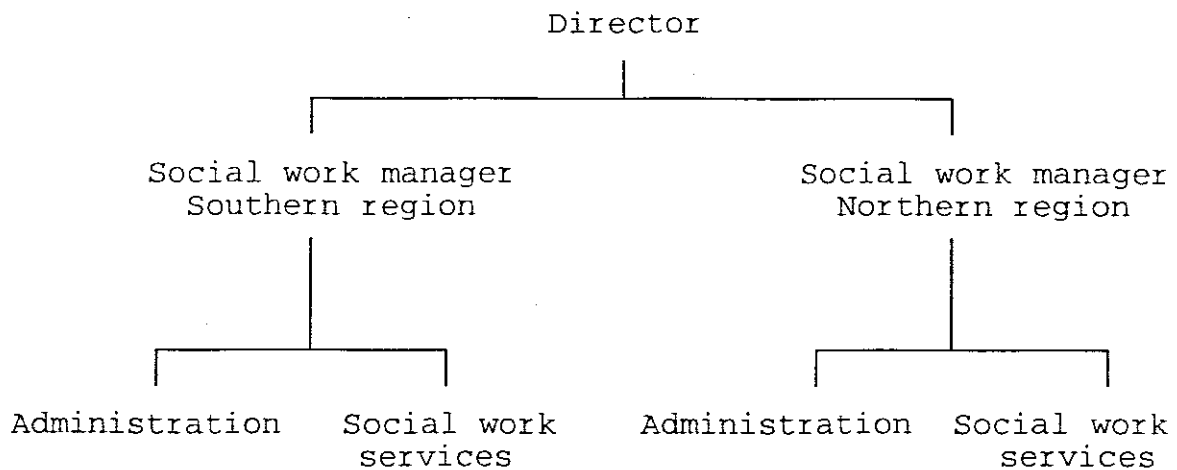
Funding of South African social work organisations is currently based on the subsidisation of social work posts. The White Paper for Social Welfare (1995:46) proposes a shift from the current form of subsidisation to a system of financing social work programmes. The White Paper for Social Welfare (1995:46) provides guidelines for funding social work organisations on the basis of their programmes. It indicates the appointment of a representative taskgroup made up of all stakeholders to develop national guidelines on the financing of social work programmes. Social work programmes may be financed in full through contractual arrangements between government and organisations which are able to deliver an efficient and effective service, while others will be partially government financed. The government will fully finance statutory programmes, which include related services and facilities and alternatives such as family placements or supervised community-based options. The different departments of welfare will embark on a planned process to facilitate the restructuring of social work services especially the services provided to under-privileged communities. Emphasis will be placed on accountability, efficiency and user friendliness. The funding of social work programmes will be based on approved business plans and outputs and performance audits will be required. This in itself makes budgeting more important for social work organisations.

## **4.2 Organising**

The planning function assists social workers to determine what should be accomplished. The organising function helps social workers to carry out the plan. The methods for organising a social work organisation grows out of the planning phase. Social work managers performing the function of organising have to consult the original plan for answers to questions such as what is to be done and what resources are required? They also need to define the social work organisation's activities that will be essential and the tasks required to implement them. Social work managers need to obtain the appropriate people and material resources to do the job and assign these resources to their respective tasks. Personnel and tasks need to be integrated into a structural order to make coordination and control possible (Lewis et al. 1991:9).

The result of the organisational effort is the creation of a structure that allows all people, units and departments to understand what part they are to play in the organisation, how coordination of efforts are to be maintained, and what the expected lines of authority and responsibility should be. A commonly found organisational structure in social work is the geographic- or territorial-based structure (see figure 2). Departments are established according to the region served.

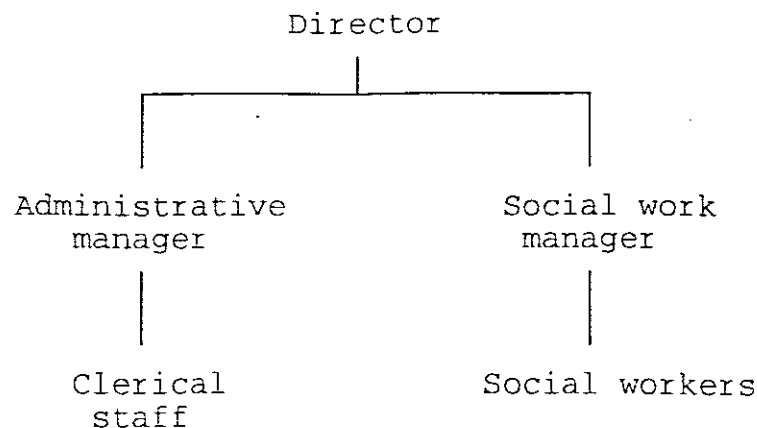
**FIGURE: 2**  
**TERRITORIAL-BASED STRUCTURE**



(Source: McKendrick 1990:297)

The most common type of organisational structure found in South African social work organisations is the function-based structure. Figure 3 indicates that the organisation is divided into two major functional departments, namely an administrative department and a social work services department.

**FIGURE 3:**  
**FUNCTION-BASED ORGANISATION STRUCTURE**



(Source: McKendrick 1990:296)

Social work organisations could also have a mixed basis, for example, being function, territorial and client-based (McKendrick 1990:296).

### 4.3 Leading

As a result of the new social, political and economic environment in which social work organisations find themselves and have to function, social work managers are challenged to creative and innovative leadership. They are charged with having to give direction to future programmes and activities, to motivate staff to accept the changes and to increase output.

Leadership is defined by Lewis et al. (1991:194) as a process of influencing human behaviours to achieve particular goals. In social work, leadership is a function inherent to supervising and it ascribes to the supervisor's formal authority to give direction to social workers in the attainment of organisational goals. A supervisor is accorded powers of reward and coercion and they are considered to bring in expert power and are expected to cultivate referent power (Lewis et al. 1991:15; Gummer 1990:131-132). Social work managers each has his/her own style of leadership. In this context Patti (1983:171) indicates that:

*The search for a leadership style that contributes to an optimal mix of satisfaction and quality work, on the one hand, and productivity and efficiency on the other is one of the major challenges to the field of social welfare administration.*

In particular the leadership style that is favoured in social work is that of participation management. This is in line with the White Paper for Social Welfare (1995:5; 8; 9; 39) as well as the RDP base document (1994) which emphasises the importance of participation at all levels of social service delivery in South Africa under the new constitutional dispensation.

### 4.4 Control

Cronjé (1986:74) states that control is a controversial component of social work management. The reason for this controversy is the notion that control activities impede professional autonomy and the right to independent decision-making. There are, however, increasing demands for accountability for the quality and cost-effectiveness of social work service delivery.

However, in spite of these conflicting views, control forms an integral part of the management process and social work managers are required to have knowledge and skills related to this function of management.



Cronjé (1986:75) indicates that control in social work comprises two distinguishable sections of activities which are in constant interaction namely, to monitor and to evaluate. The monitoring activity is aimed at controlling and regulating activities to ensure that they are executed according to predetermined plans and performance standards while the final outcome of management and programme activities are evaluated by comparing achievements with the original plan. In this regard the White Paper for Social Welfare (1995:21) indicates that the National Department for Social Welfare, as well as the Provincial Departments for Social Welfare in the restructured social welfare system, will be responsible for establishing guidelines for norms and standards and to monitor performance (outcome) against performance standards.

## **5. Summary**

Social work services in South Africa can be classified as services rendered by the state and community-sponsored social work services. Social work service provision is guided by social work policy which is based on certain key principles. It was also indicated that social work organisations have certain unique characteristics which distinguish them from other types of organisations. The unique properties of social work organisations necessitates unique planning, organising, leading and control practices. The next chapter deals with managing service quality in social work organisations.

## CHAPTER 3

### MANAGING SERVICE QUALITY IN SOCIAL WORK ORGANISATIONS

#### 1. Introduction

The importance of service quality has become a global issue in that the world economy is increasingly becoming involved in services and information dissemination. In order to survive and be competitive organisations are required to provide service of exceptional quality (Parasuraman et al. 1990:1; Morgan & Murgatroyd 1994:1; Fitzsimmons & Fitzsimmons 1994:6). As early as 1980, Martin (811) emphasised the importance of providing high quality service to social work clients. The author indicates, however, that social work organisations and their management are more concerned with quantity and suggests that the

*...pursuit of the goal of providing high quality service will require an explicit conscious commitment by higher administration to this end.*

Considering the widespread interest and growing importance of service quality, social work managers have to take a closer look at the provision and management of high quality services in social work organisations. In the light of the aforementioned, this chapter will focus on the strategic importance of service quality in social work organisations and the process of managing service quality in social work organisations. Total Quality Management (TQM) as an approach for managing service quality in South African context will also be considered.

#### 2. The Strategic Importance of Service Quality in Social Work Organisations

Organisations and their management are charged with having to think strategically about service and to build a strong service orientation around and into the vision of their strategic future. They must develop the capacity to effectively and efficiently manage the design and development of a service quality programme. As Albrecht & Zemke (1985:18) puts it:

*The capacity to serve clients effectively and efficiently is an issue every organisation must face. No one can evade this challenge: manufacturers and traditional service providers, profit-making and nonprofit organisations, private-sector and public enterprises must all face the task of responding effectively and efficiently to customers and clients who expect quality.*

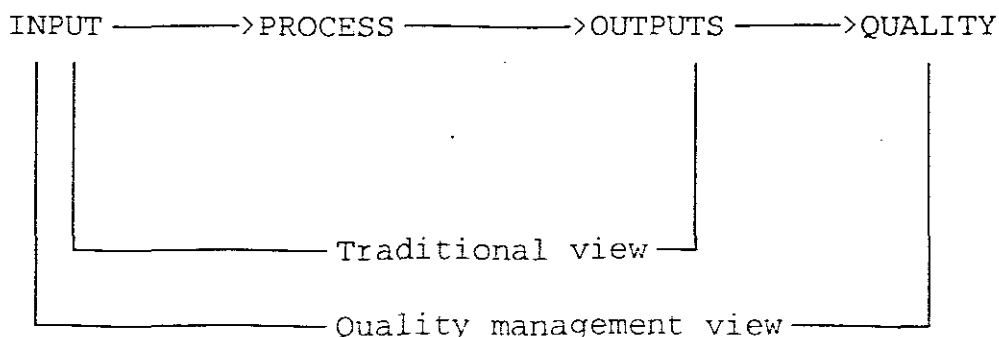
Service quality programmes create loyal clients. Clients who believe that social work organisations are delivering quality services will continue to support those organisations and this support could result in the form of volunteering, contributing money, and perhaps more important, lending political support to the organisation as it competes for scarce resources with other social welfare organisations. At a macro level social work organisations are in competition with services provided by, e.g. education and health care organisations. At a micro level social work organisations are in competition with one another for limited public and private funds. Martin (1993:5) states in this regard that:

*The perception of the quality of human services in general may well determine its allocation of future national resources vis-à-vis other competing societal needs. Likewise, the perception of the product and service quality of individual human service organisations may well determine their allocation of future human service resources.*

In both the above instances, the support of loyal clients is a key factor in ensuring future survival. Another aspect of strategic significance is the fact that quality is free. The cost of providing high-quality services is zero, while the cost of providing low-quality services is equal to the cost of correcting mistakes and dealing with unsatisfied clients. Quality actually leads to improved productivity. The traditional conceptualization of productivity used in the field of social work in South Africa (see chapter 1) is the ratio of inputs to outputs (see figure 4).

**FIGURE 4**

**TRADITIONAL AND QUALITY VIEWS OF PRODUCTIVITY**



(Source: Martin 1993:6)

When applied in the social work environment, productivity could be explained as follows: Two social workers employed by a social work organisation performs the same tasks and are paid the same wage. Social worker 1 (SW1) processes an average of three service applications per hour while social worker 2 (SW2) processes four. According to the traditional view on productivity SW2 is more productive than SW1. However, quality

management maintains that a singular pursuit of productivity through the emphasis on efficiency is self-defeating. Increasing productivity by increasing efficiency leads to lower quality standards. Lower quality standard lead to services that have more defects and generates more client complaints, which in turn require additional resources to correct. Providing high quality services with fewer defects and complaints actually enhances productivity. Where SW2 makes 1,2 incorrect eligibility determinations per hour and SW1 none, the latter is more productive because the organisation has to spend additional resources in correcting the mistakes of SW2 and dealing with unhappy clients.

The next point to consider is how is quality in social work organisations managed?

### **3. Managing Service Quality in Social Work Organisations**

Due to its intangible nature, the process of managing service quality (planning, organising, leading and control) must be seen against the background of the difficulties encountered in this regard.

#### **3.1 Difficulties in Managing Service Quality**

Managing service is much more difficult than managing a product. Horovitz (1990:20) indicates that a client notices ten service components for every one product component. Added to this, clients tend to dwell on the least satisfactory element of a service and consequently high satisfaction rates are difficult to achieve. In order to manage and control the quality of social work services, it is important to dissociate those elements of the service which can be affected by the client, from those over which he has no influence. For example, counselling services are effected by social worker-client interactions. But that same social worker has the responsibility for keeping accurate records of client and other interactions. The maintenance of these records will not be affected by the client and should be managed in as efficient a manner as possible.

### 3.2 Planning Service Quality

Strategic planning begins with a mission, the primary overall purpose of an organisation and its expressed reason for existence. The mission should be related to and expressed in terms of meeting the needs or values of the organisation's constituents. Since the primary constituent in social work is the client, concern for the client should be reflected in the mission statement. For example, "Our mission is constant improvement in service to meet our clients' needs". Strategy is essentially the process of the positioning of a social work organisation in a changing and competitive environment. Planning for a strategy based on quality requires, a definition of the client environment and how a differentiation of quality can be directed to the client's needs. Strategic planning defines differentiation, the competitive edge that encourage clients to choose, and use a service from one organisation rather than from one of its competitors. As mentioned, organisations are increasingly realising that trying to compete on the basis of service differentiation is becoming increasingly futile because services are becoming less and less unique. A social work organisation cannot claim to be the single provider of services in a specific niche, e.g. child care, community development, occupational social work etc., because most social work organisations provide these and other related services. For this reason, social work managers have to come to the realisation that the only effective way to differentiate their organisation from its competitors is through providing service of exceptional quality.

Another important factor related to planning service quality is the formulation of objectives of a service quality programme, as well as quality objectives (Cook 1992; Omachonu & Ross 1994; Ross 1993). Identifying objectives is essential so that management can systematically measure its progress and employees have a clear set of goals to aim for. For example, the objective of a service quality programme of a social work organisation could be "to distinguish itself from its competitors from their clients' perspective by providing a consistently superior standard of service". An example of quality objectives could be "to ensure that all staff members attend a quality service workshop" and "to produce benchmarks to measure client satisfaction for each area of service provided to the client". In order to guide action and decision making that facilitate the attainment of objectives, policies are formulated that delineate the organisation's strategy (Ross 1993:102).

### 3.3 Organising Service Quality

As mentioned in chapter two organising is the process of creating a structure for the social work organisation that will enable its employees to work together effectively towards its objectives (Omachonu & Ross 1994:155). A critical element to improving quality is organising systems for replacing inertia with action. Parasuraman et al. (1990:147) provide certain principles which guide the process of organising service quality:

The first principle relates to creating service quality roles by making service quality a part of employees' main responsibilities. This means creating formal and informal organisational roles for them to perform. In order to be successful the principle of ownership of the service quality improvement process at all levels of the organisation is vital. Secondly, service quality efforts must be driven from the line to ensure organisational credibility, clout and ownership. Involvement of high-level members provide collective power to get things done and provides an organisational rudder around which service quality improvement entities can emerge which can be started with a written statement of direction. This statement will serve as a continuing guidepost for the service quality related decisions that follow. The document stating the direction should be strategic and grounded in empirical assessment rather than on a few people's assumptions or opinions. In the third place, people involvement is a critical component. The use of service quality improvement teams is important in that people in the organisation depend on one another to deliver excellent service. A further principle relates to an evolutionary implementation of service quality rather than revolutionary change. Improving service quality is facilitated by breaking big problems into little problems and by seeking continuous improvement in the organisation.

Given the above principles to effectively organise service quality and the movement of social work emphasis in South Africa towards programme management (see chapter two) the matrix organisation provides a possible model for application in social work (McKendrick, 1990:298). The matrix organisation provides dual channels of authority, performance responsibility, evaluation and control. Structurally it is characterised by two axes namely a vertical axis containing discipline or functional units and a horizontal axis containing project or programme units. Key features are coordination across organisational units, shared authority and responsibility, and participative management (Anthony & Young 1988:318).

### 3.4 Leading Service Quality

Getting started with social work service quality improvement and keeping it going is in the final analysis as a result of leadership. According to Parasuraman et al. (1990:154) leadership is the only mechanism that can transform organisations from service mediocrity to service excellence. In order to ensure total quality improvement in social work service delivery, management requires hands-on, continuous leadership. In order to succeed in leading service quality, social work managers must have the following characteristics (Omachonu & Ross 1994:23):

They must be visible, committed and knowledgeable. They should promote the focus placed on quality and must know how well the organisation is doing. They should be personally involved in education, training and recognition. They should be accessible to and have regular contact with employees and clients. They must have a missionary zeal and they should try to effect as much change as possible through any vehicle that promotes quality and should be active in the promotion of quality outside the organisation. True leaders in social work organisations have aggressive targets and they go beyond incremental improvements and continually look at the possibility of making large gains, getting the whole workforce to think about different processes and not just improving existing processes. Social work managers who are true leaders are strong drivers and have clearly defined client satisfaction and quality improvement objectives. True leaders in social work organisations communicate values and they effect cultural change related to service quality. They are coaches rather than bosses. Excellent leaders in social work should promote flat organisational structures and allow more authority at lower levels. Finally, they continuously encourage interdepartmental co-operation and service quality improvement teams.

Given the mentioned leadership characteristics it is clear that in order to be effective in the drive towards achieving service excellence, social work managers must lead from the front, but also be behind the ranks motivating and supporting their workers. They must have courage and vision within the organisation but also face and address the challenges that lie beyond the organisation (McKendrick 1990:303).

### 3.5 Controlling Service Quality

According to Omachonu and Ross (1994:36) the classical control process requires significant change for controlling service quality to be successful. Control has historically followed a basic three-step process that consists of setting standards, reporting variances and correcting deviancies (Omachonu & Ross 1994:36; McKendrick 1990:304). However, in an organisation that perceives control systems in this way the danger exists that the system will become the end rather than the means (Omachonu & Ross 1994:36). If the organisation chooses quality as a strategy and culture, significant changes in traditional control may be required. The central idea in controlling service quality is to meet the needs of people so that they can be more productive. These needs are both personal and job related, and a system of control should be based on both. If employees are to support the idea of quality, the control system should not be perceived as domination, but rather as a means toward self-control. The concept of self-control has been advocated by Drucker as far back as 1955 and the danger of classical control is summarised as follows (Drucker 1973:504):

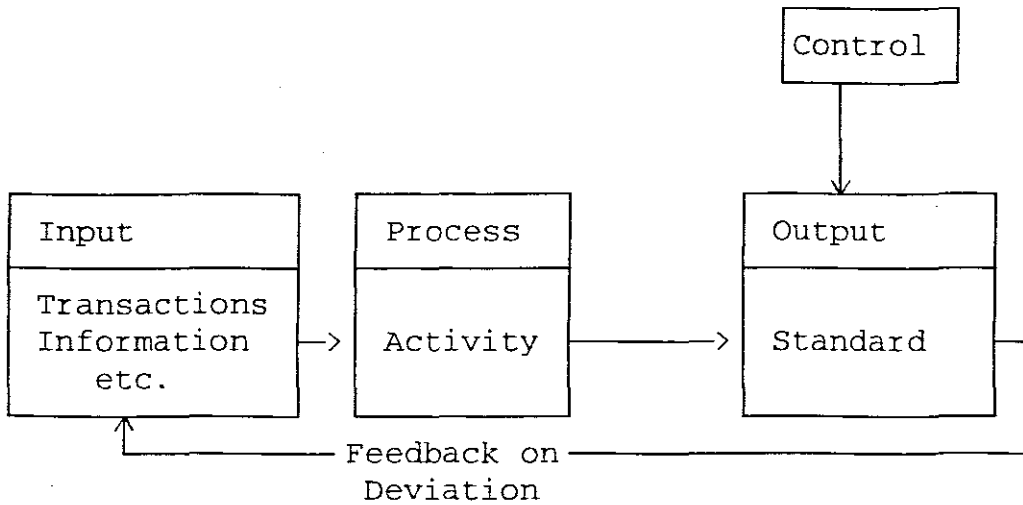
*A system of controls which is not in conformity with this true, this only effective, this ultimate control of the organisation which lies in its people decisions will therefore at best be ineffectual. At worst it will cause never-ending conflict and push the organisation out of control.*

The difference between total quality control and traditional control is the difference between self-control and control by variance report, between continuous and historical control, between feedforward and feedback.

Feedback control can be depicted as follows:



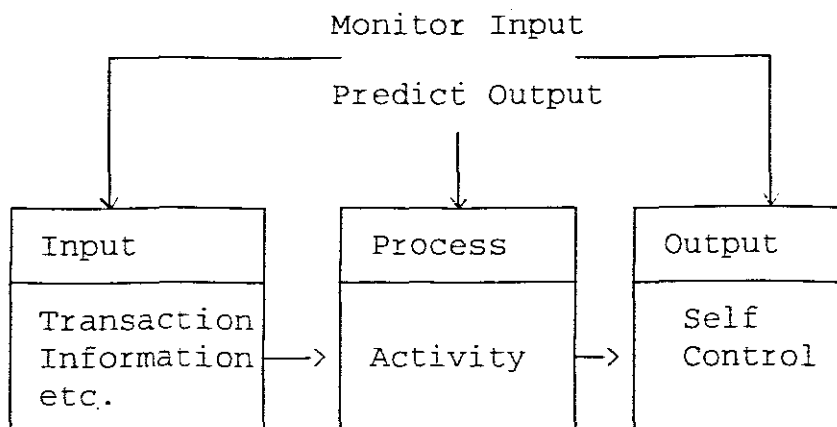
**FIGURE 5:  
FEEDBACK CONTROL**



(Source: Omachonu & Ross 1994:37)

Assuming that there is measurement of output, the standard is compared to output, and variances are reported after the fact. The deviation has already occurred and nothing can be done to change it. For example, the social work manager receives an after-the-fact report of ineffective social work services. Total quality control should be feedforward and predictive (see Figure 6). Instead of measuring output after the fact, input is monitored by the individual or activity concerned, and output is forecast. For example, social workers are encouraged to correct their own errors and expose any quality problems they discover thereby ensuring effectiveness. The notion is fundamental for process control and continuous improvement of processes.

**FIGURE 6:  
FEEDFORWARD CONTROL**



(Source: Omachonu & Ross 1994:37)

Therefore, the burden of quality proof rests with the provider of the service. Workers, not managers, are responsible for achieving standards of quality. Workers are trained and then trusted to take care of quality (Daft 1991:504). The question that has to be answered is how can management processes and principles be synchronised to achieve high quality service provision? Total Quality Management (TQM) is a management approach (theory) which provides the answer in that it rests on common assumptions of how to achieve quality performance of services within and outside the organisation.

#### **4. Total Quality Management (TQM) as an option for Social Work Organisations**

TQM is not just a management approach or theory, but a paradigm shift, a new management philosophy which has come from the world of manufacturing but which is now being applied to all types of organisations. The application of TQM in the industrial world has dramatically transformed the quality of the product and reduced waste and costs beyond limits previously thought possible. Furthermore, TQM has radically altered the way in which members of the organisation work and contribute to total performance. Organisations which embrace the philosophy to change their organisational design and to empower their workers at all levels have achieved remarkable levels of performance and a clear competitive edge over their rivals. This competitive edge is achieved by the acclamation which clients have given to their services - they have achieved the test of quality set by the client and have profited accordingly (Morgan & Murgatroyd 1994:ix).

##### **4.1 TQM Defined**

Although, there is no one universally accepted formulation of TQM the following definition of TQM could serve as a baseline definition of what TQM is (Morgan & Murgatroyd 1994:7):

*A total organisational approach for meeting client needs and expectations that involves all managers and employees in using quantitative methods to improve continuously the organisation's processes, products and services.*

TQM properly expressed, is an overall or total management application of the concepts as a coordinated whole and committed overall management philosophy. The question now arises how TQM can be applied in social work organisations?

## **4.2 Application of TQM to Social Work Organisations**

Martin (1993:4) applied TQM to social work organisations on observations and lessons extrapolated from other organisations who have implemented TQM.

### **4.2.1 Quality as the primary organisational goal**

All organisational considerations are secondary to quality improvement and TQM's basic premise is that if organisations solve their quality problems, efficiency problems will automatically be sorted out. In order to achieve greater efficiency, social workers at client interface often have to carry higher case and work loads which impact negatively on the quality of client-worker relationship, the social worker's quality of work life, and could eventually lead to worker burnout (Kettner, Moroney & Martin 1990:34; Ross & Fridjhon 1995:265). Furthermore, the effort to increase efficiency in social work services could lead to redundancy of effort (duplication of effort, wasted effort, too many steps in processes which require more effort than the task demands) which eventually leads to an increase in unit cost\* (Morgan & Murgatroyd 1994:133). Therefore, focusing on efficiency could lead to increased inefficiency. When the organisation's primary focus is on quality, efficiency is actually increased because rework and error rates are reduced, so that clients get the right service at the right time at a lower cost per unit. Quality has several distinctive dimensions of which performance is the primary dimension. Secondary dimensions are: reliability, durability, conformance, availability and timeliness. Some of the dimensions may be antithetical in nature according to Martin (1993:4), which means that to maximise one dimension another is minimised for example, maximising social work client outcomes is often associated with minimising the client's accessibility. To the question which dimension or dimensions should the social work organisation maximise, TQM provides the answer - the

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\*Unit cost refers to cost of service to a client (individual, group, or community).

client defines quality.

#### **4.2.2 Client defined quality**

Quality only has meaning from the perspective of the client (Glenn 1991:17; Peters 1992:716). Through understanding and accepting this concept the social work goal of putting the client's needs first, is realised. However, in TQM philosophy and practice, the concept of client not only applies to external clients, it is extended to include clients within the organisation as well. From a TQM perspective all workers within the organisation are seen as being clients and suppliers; hence in TQM practice, the client can also be the social worker or supervisor receiving a service from a colleague, and a supplier when providing a service. The organisation can therefore be viewed in terms of the TQM approach as a complex of client/supplier roles (Morgan & Murgatroyd 1994:20).

#### **4.2.3 Variation in processes must be understood and reduced**

Although variation is present in all processes in social work, quality usually suffers when there is too much variation. TQM focuses on understanding and reducing variation through simplifying processes in order to ensure that all clients essentially receive the same high quality services (Martin, 1993:9). Through process simplification social work managers can seek to reduce duplication of information, language problems in information collection (using plain language) and reducing overall the need for so many steps and procedures to be gone through before services can be offered (Morgan & Murgatroyd 1994:141).

#### **4.2.4 Change is continuous and is a result of teamwork**

In TQM change is viewed as being constant and an ongoing activity that is accomplished by social work personnel working in teams. TQM focusses on teams, replacing competition between social workers with co-operation. Furthermore, TQM emphasises the use of statistical and analytical tools such as process control charts, system flow charts and others to facilitate social work management and employee understanding of the variation and the causes of quality problems (Martin 1993:10). Although these tools are not commonly used

by social work practices, there is a movement towards improving the extent and quality of internal and external linkages within the social service system through computer networks, electronic mail and bulletin boards for information and services. Through utilising these tactics, speed is increased and delays reduced, services are offered to the client faster and with fewer errors and less rework, thereby ensuring increased client satisfaction and lower costs (Morgan & Murgatroyd 1994:136).

#### **4.2.5 Commitment of top management**

Pearce and Robinson (1991:340-344) emphasise the importance of top management's support of the implementation of the strategy of TQM. If top management doesn't support TQM it will fail. According to Morgan & Murgatroyd (1994:14) it is the single-minded obsession of the chief executive and other senior managers with issues of quality which must bring about total organisational change. In order to implement TQM, social work managers must be committed to quality, empowering social work employees, team building, creating an organisational culture of quality and be committed to TQM in the longterm. The TQM approach to management emphasises respect for the dignity of the individual worker and social work managers are charged with having to adopt a democratic management style to leadership. A TQM culture minimizes the control of those in leadership positions and maximizes the power of employees closest to the client. It gains energy from achievement and a sense of ownership of the problems and future of the organisation (Morgan & Murgatroyd 1994:15).

#### **4.2.6 Involvement of contractors**

Organisations making use of contractors extensively cannot control the quality of their services without actively involving them and ensuring their commitment to quality (Gabor, 1990:23). Contracting is one of the major modes of social work service delivery in South Africa in that the government "purchases" (subsidizes) the services of private social work organisations. In making use of contractors quality, rather than cost, is the paramount concern especially when contractors are considered to be partners in the process of service delivery to clients (Martin 1993:12). In social work there is internationally a movement

towards closer integration and coordination between social work organisations using inter-organisation case teams, inter-organisation liaison mechanisms and resource sharing, which includes the sharing of information on computer data bases (Morgan & Murgatroyd 1994:129). This in itself makes the delivery of service quality even more important.

In addition to the applicability of TQM to social work services in general, the macro application of TQM in South African social work services has to be considered.

### **5. Application of TQM on a Macro Level**

Through the RDP and the implementation of various community RDP-forums, the Government is aiming to decentralize some aspects of policy, management and decision-making to provincial and regional levels. This is due to the realization that effective service provision differs at community level, since the combination of circumstances which leads to the need for social work services is locally determined. For example, the different provinces, regions and communities have different strategies for responding to poverty and unemployment (ANC 1994:53). One of the key principles of TQM is that those nearest to the client are most likely to make effective decisions for meeting client needs. Locally determined goals, rather than standards set by a central authority, can assure quality. Furthermore, service quality needs to be measured against services sought and provided, rather than against a centrally determined set of standards, which may apply to some communities but not to others (Morgan & Murgatroyd 1994:126). Gaster (1991), as quoted in Morgan and Murgatroyd, (1994:126) argues that decentralization should lead to measurable gains in quality as determined by social work service users, not just the providers of social work services.

Through the implementation of the RDP the Government is aiming to ensure that everyone has equal access to social work programmes and that everyone receives equal resource entitlements (ANC 1994:6). TQM considers equity of social work service provision and accessibility to lie within treating people equitably and uniquely, thereby taking full account of individual circumstances. From a TQM perspective definitions such as accessibility and poverty require that measures be developed in association with the clients of the services and

that the definitions should not be subject to political interference (Morgan & Murgatroyd 1994:127).

The RDP is also aimed at facilitating client (especially those living in poverty and marginalised communities) accessibility to multiple programmes, e.g. housing, health care, social security and social welfare, jobs through public works (ANC 1994:7). An important international TQM trend in social services has focused on the integration of social work services and programmes at the point of delivery commonly referred to as *one-stop social service shopping*. The objectives of this innovation is to increase the quality of advice and assistance to clients and to better match available social work service resources with the needs of clients at a local level in the most efficient way. (Morgan & Murgatroyd 1994:128).

Through the implementation of provincial, regional and local RDP-forums the Government is aiming to facilitate integration and coordination of social work services and resource sharing at all levels (RDP White Paper 1994:49). From a TQM perspective this is referred to as *partnering* and links customer-suppliers in the delivery of a service to the end-user. In social work practice in certain developed countries in the western world, when a client enters into the system the client's needs are recorded on a database and the various agencies responsible for service delivery immediately become aware of a need and of the resources required to meet that need. Within pre-set standards and limits the needed resources are made known and allocated to the client (Morgan & Murgatroyd 1994:130). The social work profession in South Africa could gain much from such, or similar technologies, to improve service to clients.

In South Africa social work organisations are accountable to the state through the practice of programme evaluation and this has led to the development of a large volume of formalized policy and procedures, establishment of performance indicators and the creation of inspection, audit and evaluation systems. From a TQM perspective these systems often create redundancy of effort, are highly bureaucratic and tend to increase cost rather than curb the costs and do not necessarily lead to the kind of flexibility needed to respond to local need (Morgan & Murgatroyd 1994:132). As indicated the primary control device in the South African social work system are performance indicators such as the number of clients being

served, accomplishment of intervention objectives and cost-efficiency of services. However, Morgan and Murgatroyd (1994:130) caution that the existence of performance indicators may not be connected to service quality.

Applying TQM to South African social work organisations will require effective control systems. However, what is required are vision related and process specified continuous improvement rather than inspection-based systems. Applying TQM to the South African welfare system would involve: developing client-based procedures (e.g. intake procedures) which are simple, reliable, effective, equitable and which are constantly being improved; client-driven performance indicators; self-monitoring systems rather than systems based on audit and inspection. Applying TQM will also be in line with the principles of the new constitutional dispensation for social welfare in South Africa, e.g. equity, democracy, sustainability, quality services, transparency and accountability, accessibility, appropriateness and ubuntu (White Paper for Social Welfare 1995:8).

## 6. Summary

Having looked at managing service quality in social work organisations, the difficulties that go along with it, the process of managing service quality, TQM as a management approach to achieve quality performance within the social work organisation, as well as the macro application to South African social work services, the research will focus on measuring service quality in social work organisations.



## CHAPTER 4

### MEASURING SERVICE QUALITY IN SOCIAL WORK ORGANISATIONS

#### 1. Introduction

Service organisations, profit as well as nonprofit, are recognising the fact that providing service of superior quality is an important strategy that contributes to organisational success and well-being (Parasuraman et al. 1990:2). It also presents an opportunity for organisational differentiation in a wide range of organisations and industries where service offerings are applicable (Pitt 1990:ii).

Fitzsimmons and Fitzsimmons (1994:21) note that concepts of service quality management should be generally applicable to all service organisations. However, service organisations have merged into industry groups that are seldom willing to appreciate management issues common to organisations in another group. For example, rehabilitation centre managers could learn something about the quality of service of their own business from the restaurant and hotel trade, and professional services such as social work, law and medicine have management problems in common. Managers in any category share similar challenges. Services with high capital requirements require close monitoring of technological advances to remain competitive. Managers of high labour intensive services have to concentrate on personnel matters. The degree of customization complicates service quality management in that it affects the ability to control the quality of service delivered and the perception of the service by the customer (Fitzsimmons & Fitzsimmons 1994:23). A service classification scheme can facilitate breaking down the industry barriers to shared learning. The Schmenner service process matrix demonstrates that service quality management problems are common across service industries (Fitzsimmons & Fitzsimmons 1994:21).

**FIGURE 7:  
SCHMENNER'S SERVICE PROCESS MATRIX**

		Degree of Interaction and Customization	
		LOW	HIGH
Degree of Labour Intensity	LOW	Service factory  *Airlines *Trucking *Hotels	Service shop  *Hospitals *Auto repair *Other repair services
	HIGH	Mass service  *Retailing *Wholesaling *Schools	Professional service  *Doctors *Lawyers *Accountants

(Source: Schmenner 1986:25)

According to the matrix, services reclassified across two dimensions that significantly affect the character of service delivery process. The horizontal dimension is the degree of labour intensity, defined as the ratio of labour cost to capital cost. Thus capital intensive services are found in the upper row because of their high investment in plant and equipment relative to labour costs. Labour-intensive services are found in the bottom row because labour costs are high relative to capital requirements. The vertical dimension measures the degree of client interaction and customization. Customization is a marketing variable that describes the ability of the client to affect personally the nature of the service delivered. Little interaction between client and service provider is needed when the service provided is standardised rather than customized. The four quadrants of Schmenner's matrix have been given names as defined by the two dimensions to describe the nature of the services illustrated. *Service factories* provide standardized service with high capital investment. *Service shops* permit more service customization, but in a high capital environment. Clients of *mass service* receive an undifferentiated service in a labour-intensive environment. Clients seeking a *professional service* will be given more individual attention.

Social work services can be classified into the quadrants that are characterised by a high degree of customization namely *service shops* and *professional services*. The main mode of social work service provision in *service shops* is service delivery in hospitals and rehabilitation centres while the main mode of *professional service* is service delivery in social work organisations or social workers in private practice. The value of Schmenner's matrix lies in the fact that this classification permits the utilization of the same service quality measurements across various industries and professions where service offerings are applicable. Measuring service quality should be seen as an inherent management tool. The reasons for measuring service quality should be spelled out at all levels of the organisation.

## **2. The Importance of Measuring Service Quality**

To make the measurement of service quality an effective management tool the organisation must clarify why they are conducting such measurements and what the benefits of measurement hold for them. There are various reasons why an organisation decides to measure service quality. The most important reasons can be summarised as follows:

*Firstly, the organisation may want to learn more about client perceptions. Perceptions that the organisation may want to identify includes what clients are looking for in a social work organisation, why they come to the organisation for assistance, what caused them to change from one organisation to another, what might make them want to change to another organisation, what are the organisation's clients' criteria for acceptable service quality performance, what they must receive to be minimally satisfied, what must be done to make them extremely satisfied and what must be done so that they will continue to approach the organisation for services.*

In the second instance, in order to be effective and efficient the organisation may want to determine client needs, wants, requirements and expectations. It must be determined how clients feel about a service they received and what they want from the organisation. The organisation must also find out what clients require from the programme content as well as what they expect the organisation to provide during the service encounter.

Another important aspect related to the reasons why organisations may want to measure their service quality is to inspect what it expects from improving service quality and client satisfaction. Standards of performance must be set and employees as well as clients informed of the standards and then measure actual performance against them. When goals for the organisation based on their clients' requirements and expectations are set, the organisation publicly measure their performance toward those goals. Service quality improvement comes from the organisation knowing where it is, compared to where they want to be or should be and then taking steps, based on the measurements, to improve service performance.

Fourthly, of strategic importance for the organisation is knowing how it is currently doing and where to go from there they are. Client research provides the organisation with this information. Clients will tell the organisation if they are satisfied and what the organisation must do to satisfy them in the future. Clients will also tell the organisation (indirectly) if it needs to change its strategy and direction. For this reason measuring clients' expectations and perceptions are essential to organisational success.

Furthermore, all organisations (including social work) need to continuously improve their services. If services to clients are not continuously improved the organisation may lose them to another organisation who provides service excellence. The organisation must continually ask their clients as well as their employees how it can improve. The answers, suggestions and recommendations should then be implemented. Employing these strategies will ensure continuous service quality improvement.

Lastly, within the South African context, a further important reason for social work organisations measuring service quality lies within the principles as spelled out in the RDP (ANC, 1994:4). The RDP, as a people-driven process, focuses on people's immediate needs and it relies in turn on their inputs and active participation in the delivery of services is considered to be a prerequisite in development. Conducting service quality measures provides clients with direct influence on the way social work services are provided at grassroots level. This includes transparency and inclusivity i.e. measuring service quality through involving clients directly facilitates transparency and inclusivity. This develops a sense of ownership which enhances effectiveness and efficiency in social work service delivery at face to face.

The RDP emphasises the importance of participation of the people affected in decision-making. Through involving clients in measuring the quality of services that they receive they are empowered to participate actively in reconstruction and development. A further principle is that reconstruction, development and growth go hand-in-hand. Through involving clients actively in research their core problems and needs are identified and steps are taken to correct them. *This ensures that basic service needs of clients are effectively met (Cook 1992:19; Fitzsimmons & Fitzsimmons 1994:294; Gerson 1993: 31).*

The above reasons for measuring service quality must be seen in context with the benefits of measuring service quality in social work organisations. The primary benefit of implementing a measurement programme is that it provides the organisation with immediate, meaningful and objective feedback. The organisation's employees can see how they are doing and decide what they must do to improve to achieve service excellence. This provides employees and managers with a sense of achievement and accomplishment, which could be translated into superior service to clients. It also provides a baseline standard of performance and a possible standard of excellence which employees must try to achieve and which will lead to improved quality and increased client satisfaction. *Measuring service quality tells the organisation what it must do to improve quality and client satisfaction and how it must be done. Through measurement, employees are motivated to perform and achieve higher levels of productivity. It therefore uncovers broad areas of strengths and weaknesses of an organisation. Finally, implementing a service quality measurement programme could be included in social work programmes aimed at obtaining financial support from funding sources.*

Knowing the importance of measuring service quality, the focus now turns to how a service quality measurement programme can be implemented in a social work organisation.

### 3. Developing and Implementing an Effective Service Quality Programme

The following approach can be used to develop a service quality programme (Gerson 1991:22-27):

Firstly, it has to do with total management commitment. Service quality improvement can only succeed when senior managers set directions and create a client orientation, clear and visible values and high expectations. Reinforcement of these values and expectations requires a personal commitment and involvement and management must be committed to establish a service quality system (American Society for Quality Control 1995:2). Commitment starts with a vision of what the service quality system is going to be, how it is going to be implemented, what employees should expect when implementing it, how it will be used to improve client satisfaction and how it will be supported over time. This is, as can be seen in chapter 3, the integral part of planning. Total management commitment could be reflected in a vision statement or mission statement related to service quality (Clutterbuck & Kernaghan 1991:28). Foundations for a service quality system can be established by defining the organisation's culture and vision for the future, determining the weak spots in the organisation, *ensuring commitment to the principle of quality service delivery*, involving every single employee, working out what message is going to be put across and how it is going to be done (Brown 1989:18).

Secondly, social work organisations must get to know their clients' likes and dislikes; the changes they would like to make in the organisation; their needs, wants and their expectations of the organisation (now and in the future); what motivates them to come to the social work organisation; and what must be done to make them loyal clients of the organisation. This can be achieved through active listening (Gerson 1993:23-24; Brown 1989:19-22). Active listening to clients and responding creatively to what they say will contribute to excellence and achieving organisational competitiveness.

The third step is to develop standards of service quality which forms the basis of the controlling function. According to Zemke (1990:47) standards of service quality are determined by the client's assessment of what service quality is. The concept of quality

includes not only the service characteristics that meet basic client requirements, but it also includes those characteristics that enhance them and differentiate them from competing organisations and service offerings. In social work such enhancement and differentiation could be based on providing new service offerings (e.g. where a social work organisation focusing on family counselling provides new services such as a health and nutrition information service), combining service offerings (e.g. providing family counselling as well as a day care service for children with employed parents), special relationships (e.g. where two social work organisations, one specialising in family care services and the other in drug counselling services, form a partnership).

Client-driven quality is therefore a strategic concept. It is directed toward market share gain (American Society for Quality Control 1995:2; LeBoeuf 1988:51; Manning 1989:59; Davidow & Bro Uttal 1989:204). Although service quality appears to be intangible because it is based upon perception, it does have tangible and visible aspects that can be measured and managed. Examples include, clients dislike waiting a long time for a telephone to be answered or for a service to be rendered such as the placement of a child in a place of safety for a lengthy period before being placed in a children's home or in foster care. These are examples of tangible aspects of service quality and they can be measured. Gerson (1993:24) indicates that if organisations have any doubts about what to measure, they should just ask their clients. Clients might not be direct or exact but they will tell the organisation what they are looking for and how they judge service quality. As service quality and satisfaction only exist in the minds of clients it is important that the organisation develops standards and measurement systems to meet clients' perceptions.

Fourthly, the organisation has to recruit good personnel, train and motivate them and give them the opportunity to advance (Zemke 1990:59). An organisation's success in improving service quality performance depends increasingly on the skills and motivation of its employees. *Employee success depends increasingly on having meaningful opportunities to learn and practise new skills* (American Society for Quality Control 1995:3). In order to succeed, social workers and other employees in the organisation must understand the organisation's standards of service quality and the clients' expectations of service quality. Social workers are under constant strain of frequent intensive encounters with people, which

could very easily lead to burnout. Organisations must recognise and deal with the emotional labour component of social work - organisations could respond as many dynamic organisations in the profit sector do, to train employees in developing emotional self-defence strategies and to form support groups to help one another deal with stresses and frustrations. Empowerment is the act of vesting responsibility in the people nearest to the problems to be solved and in essence implies that employees are to use their own best judgement at all times. Employees should be empowered to make decisions and do the right things to benefit and satisfy clients needs and to help them solve their problems (Zemke 1990:59-68; Gerson 1993:25-26; Manning 1989:136).

Furthermore, in developing a service quality system organisations must reward their employees by recognising and praising their employees for work well done. Incentives should be provided to employees and may be financial or non-financial. In view of budgetary constraints and increasing workloads in social work organisations, social workers often consider their compensation to be unfair, which impacts negatively on productivity. In this context Herzberg (1954) provides a possible answer in social work context in making work more challenging, interesting, meaningful and receiving recognition for work well done (Gerber, Nel & van Dyk 1987:258). This is especially the case if one considers that social work organisations are financially constrained and that money cannot be used as the main motivator. In social work organisations, social workers are evaluated by and receive recognition from their supervisors. However, due to the confidential nature of social work, supervisors have limited access to objective information of the service encounter and "moments of truth"\*, e.g. notes and reports of the worker, and consequently they lack knowledge of the effectiveness and quality of their subordinate's service. Through implementing service quality measures involving clients, social workers who do deliver service excellence could receive recognition directly from those they aim to serve based on objective and scientific data. Utilising this strategy could also result in more challenging, interesting and meaningful work.

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\*Carlzon (1989) refers to the face-to-face contact between employees and clients as the "moments of truth".



The sixth step in developing a service quality programme requires the social work organisation to stay close to clients. Quinn (1990:43) emphasises the importance of getting and staying close to clients. Even though social workers may know their clients intimately it is important to stay close to them. Social workers could keep their clients informed through letters, cards, newsletters and published articles that would be of interest to them. *Continuous research should be conducted to learn about their changing needs and expectations.* In this regard social work organisations could get their clients involved in advisory and focus groups. Clients must know that the social work organisation cares about them and the organisation must make sure that they are satisfied and determine what is necessary to maintain their satisfaction and loyalty (Gerson 1993:26-27; Peters & Waterman 1982:156-198).

Finally, achieving the highest levels of service quality requires a well-executed approach to continuous improvement. The American Society for Quality Control (1995:3) identifies certain types of improvement that organisations could implement such as enhancing value to clients through improved services, reducing errors, improving responsiveness, improving *productivity and effectiveness in the use of resources, improving the organisation's performance and leadership position in fulfilling its public responsibilities and serving as a role model in corporate citizenship.* Therefore, improvement is driven not only by the objective to provide better services, but also by the need to be responsive and efficient. To meet these objectives, continuous improvement must contain cycles of planning, execution and evaluation. This requires a basis, preferably a quantitative basis for assessing progress and improvement (American Society for Quality Control 1995:3). Social work clients who are satisfied with the quality of service will view attempts to improve service quality positively and may even want to assist in the effort. Clients could be the social work organisation's best source of information about how to improve the quality of their services. Implementing their ideas and suggestions will give them the perception that the organisation values them more. This could result in them co-operating better which should lead to increasingly satisfied clients and happier social workers.

#### 4. Tools and Instruments for Measuring Service Quality

There are various tools and techniques that can be utilized to measure and monitor service quality. Examples of the most commonly used as identified by Griffin & Hauser (1992), Gerson (1993), Brown (1989), and Clutterbuck & Kernaghan (1991), Nuehring & Pascone (1986) include:

*Check sheets* are used to understand how often customer dissatisfaction and satisfaction are occurring. The *Pareto chart* is a vertical bar graph that helps to identify problems in quality and customer satisfaction by the frequency of their occurrence. *Histograms* are vertical bar graphs which are similar to Pareto charts with the difference that they display numerical information about the frequency of distribution of continuous data. *Scatter diagrams* are used to study the potential relationship between two variables e.g. responsiveness and service quality. *Cause-and-effect diagrams* try to determine causes of client satisfaction or dissatisfaction by breaking up the causes into various categories. A *Run chart* is a collection of measurements over a specified period of time that is plotted on a graph (in social work also referred to as *Single Subject Design*). *Benchmarking* is a technique where an organisation compares its processes, procedures, service quality rating etc. with that of an organisation that is considered to be best in its class. Another technique, which is often used to generate ideas for continuous improvement, is *brainstorming*. *Force field analysis* is a technique used to understand the forces that drive the organisation towards service quality improvement and those that restrain the organisation to achieve higher levels of quality.

As can be seen the above tools and techniques focus primarily on the display and interpretation of data in respect of service quality. To gather data on service quality that could be interpreted and displayed, instruments such as the SERVQUAL questionnaire, which will be described in the next chapter, could serve as a useful starting point.

## 5. Summary

In this chapter social work was classified within the framework of the service sector. It was indicated that managers across various industries face similar challenges and a service classification scheme can facilitate breaking down the industry barriers to shared learning. The distinctive nature of services was considered and the implications they have for the measurement of service quality in social work organisations. The distinctive characteristics are intangibility, inseparability, variability, perishability and client participation.

The reasons for and benefits of measuring service quality were discussed and applied to social work organisations in the South African context. Guidelines were formulated for implementing an effective service quality programme which is a prerequisite for measurement and, finally, the different tools and instruments for measuring service quality were identified.

The next chapter will specifically focus on SERVQUAL which is a generic instrument for measuring service quality.

## CHAPTER 5

### THE SERVQUAL INSTRUMENT

#### 1. Introduction

The previous chapter indicated SERVQUAL to be a useful instrument for collecting service quality data. In order to facilitate understanding of service quality and its applicability to the SERVQUAL instrument this chapter will identify the dimensions of service quality. Using these dimensions, the Gap Analysis Model of Service Quality as developed by Parasuraman, Zeithaml and Berry (1985) is introduced and applied to social work. It is based on the difference between a client's expectations of a service and the perceptions of the service as delivered. The SERVQUAL instrument which is based on implementing the gap concept is discussed.

#### 2. Dimensions of Service Quality

Parasuraman et al. (1985:47) identified ten key categories in which all the criteria used by consumers to evaluate quality seem to fall. These ten categories are labelled by the authors as "service quality determinants" namely, reliability, responsiveness, competence, credibility, security, communication, courtesy, understanding/knowing the client, accessibility and tangibles.

The first determinant is *reliability* which involves consistency of performance and dependability. It means that the organisation performs the service right the first time. It also means that the organisation honours its promises. Specifically, it involves accuracy in billing, keeping records correctly and performing the service at the designated time. The second determinant is *responsiveness* and concerns the willingness or readiness of employees to provide service. It involves timeliness of service such as mailing a transaction slip immediately, calling the client back quickly and giving prompt service (e.g. setting up appointments quickly). Thirdly, *competence* which means possession of the required skills and knowledge to perform the service. It involves knowledge and skill of the contact

personnel as well as the knowledge and skill of operational support personnel and the research capability of the organisation. *Access* is the fourth determinant and involves approachability and ease of contact. It means the service is easily accessible by telephone, waiting time to receive the service is not extensive, convenient office hours, and convenient location of the service facility. The fifth determinant is *courtesy* and it involves politeness, respect, consideration and friendliness of contact personnel (including receptionists, telephone operators). It includes consideration for the client's property (e.g., no muddy shoes on the carpet) and clean and neat appearance of client contact personnel. Determinant six is *communication* and means keeping clients informed in language they can understand and listening to them. It may mean that the organisation has to adjust its language for different clients, increasing the level of sophistication with a well-educated client and speaking simply and plainly with a novice. It involves explaining the service itself, explaining how much the service will cost, explaining the trade-offs between service and cost and assuring the client that a problem will be handled. The seventh determinant is *credibility* and it involves trustworthiness, believability and honesty. It involves having the client's best interests at heart. Contributing to credibility are the organisation's name, the organisation's reputation and personal characteristics of the contact personnel. *Security* is the eighth determinant and represents the freedom from danger, risk or doubt. It involves physical safety and confidentiality. Determinant nine is *understanding/ knowing the client* and involves making the effort to understand the client's needs. It involves learning the client's specific requirements, providing individual attention and recognising the regular client. Finally, *tangibles* include the physical evidence of the service, physical facilities, appearance of personnel, tools or equipment used to provide the service and the physical representation of the service.

Further research by Parasuraman et al. (1988:23) which involved computation of coefficient alphas and item-to-total correlation for each determinant (referred to as dimensions) resulted in the narrowing down of the ten determinants to five which the authors claim are used by consumers when evaluating service quality. They are identified in Table 1:

**TABLE 1:  
DIMENSIONS FOR MEASURING SERVICE QUALITY**

DIMENSIONS	DESCRIPTION
1. Tangibles	Appearance of physical facilities, equipment and personnel.
2. Reliability	Ability to perform the promised service dependably and accurately.
3. Responsiveness	Willingness to help customers and provide prompt service.
4. Assurance	Knowledge and courtesy of employees and their ability to inspire trust and confidence.
5. Empathy	<i>Caring, individualized attention the organisation provides to its clients.</i>

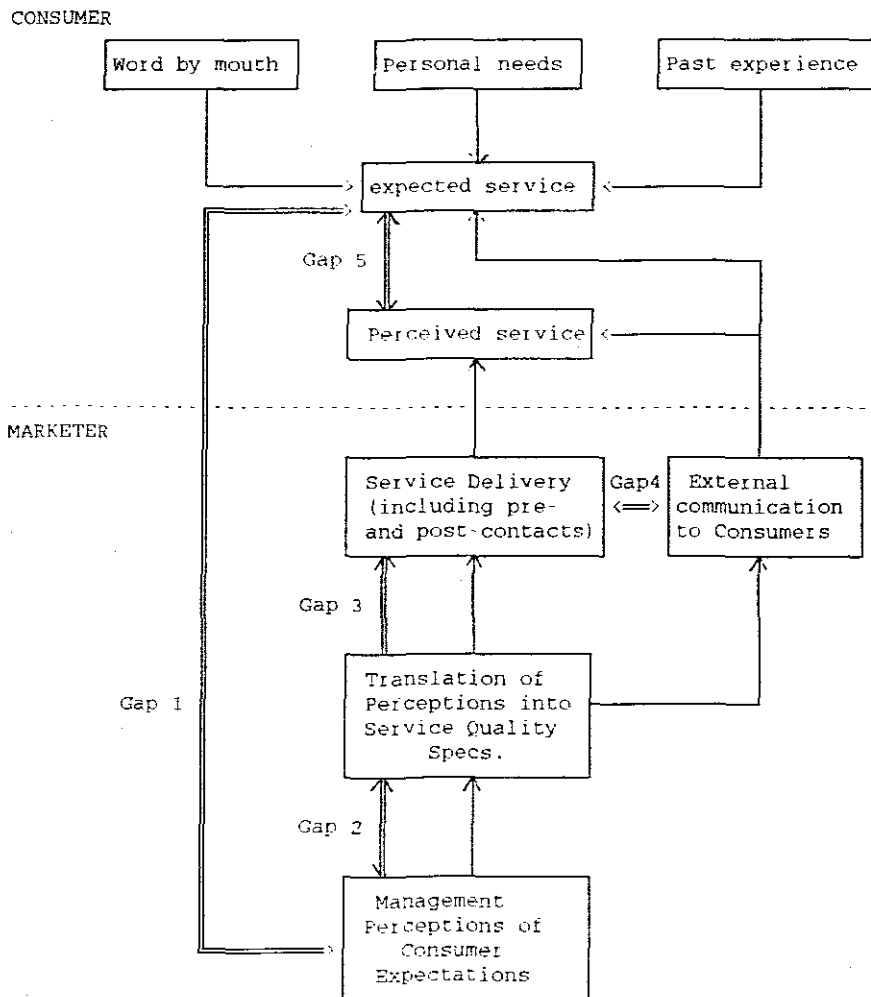
From the aforementioned it is clear that SERVQUAL has five distinct dimensions, yet captures the facets of the original ten conceptualised dimensions (Parasuraman et al. 1988:24).

### 3. The Gap Analysis Model of Service Quality

As indicated in chapter four, conceptualising and measuring service quality is an illusive concept mainly because of its intangibility, problems with simultaneous production and receipt of services and the distinction between humanistic and mechanistic quality. Parasuraman et al.(1985) facilitated understanding of the concept of service quality and the factors that influence it by identifying four gaps that manifest in organisations and cause quality problems. The quality problems that are caused by the four gaps lead to a fifth gap namely the difference between client expectations of service and the client's perception of the service he actually received - this difference is defined by Parasuraman et al. (1985) as service quality.

Figure 7 gives a graphic outlay of the Gap Analysis Model and it summarizes the key insights about the concept of service quality and the factors that have an influence on it.

**FIGURE 8:  
GAP ANALYSIS MODEL**



To give a brief overview of the indicated gaps the following is considered:

### 3.1 Gap 1: Not knowing what clients expect

Gaining knowledge of what clients expect from social work services is considered to be the most critical step in providing a high quality service. Therefore, in order to provide a service that clients perceive as excellent the organisation must know what clients expect. When an organisation doesn't know precisely what clients want it could result in losing them to another organisation who exactly knows and understands their expectations. Not knowing clients' expectations could mean spending time and other resources on things that don't count for clients. Not knowing and understanding clients' expectations could in the final analysis mean

not surviving in a fiercely competitive market (Parasuraman et al. 1990:51; Peters 1989:88; Senge 1990:334). This gap is caused by two factors:

Firstly, lack of a marketing focus. This is evidenced by insufficient marketing research, *inadequate use of research data findings and lack of interaction between management and clients*. Secondly, insufficient upward communication. This manifests in lack of interaction and communication between contact personnel and management.

### **3.2 Gap 2: The wrong service standards**

Once managers know exactly what clients expect from the organisation they go about setting service-quality standards. However, in spite of having the knowledge of what clients expect, management may not be willing or able to put systems in place to match or exceed clients' expectations. Parasurman et al. (1990:71) identify the following constraints that prevent delivery of what the consumer expects:

The first constraint is the lack of commitment by management to service quality i.e. the extent to which management views service quality as a key strategic goal. This manifests in the following: the lack of resources that are committed to service quality; the absence of internal programmes aimed at improving quality of service to clients; not rewarding managers who improve the quality of service to clients; placing stronger emphasis on productivity goals rather than on emphasizing serving clients; and a lack of middle management focus on providing quality service to clients. The second constraint is a perception of infeasibility i.e. it can't be done in this organisation. This is evidenced by the belief of management that: the organisation lacks the necessary capabilities to meet client requirements for service; client requirements cannot be met without hindering financial performance; existing operations-systems *cannot be adapted to enable client expectations to be met*; resources and personnel are not available to deliver the level that clients demand; existing policies and procedures cannot be changed to meet the demands of clients. Thirdly, inadequate standardization, i.e. every time the client has contact with the organisation the experience and the service is different. This manifests in the lack of automation used to achieve consistency in serving clients and the absence of programmes aimed at improving operating procedures so that



consistent service is provided. Lastly, an absence of goal setting i.e. when service-quality goals are based on the organisation's standards and not on client standards and expectations. This is evident in the absence of: a formal process for setting quality of service goals for employees; clear goals about what the organisation wants to accomplish; absence of organisational measures to determine if service quality goals are being met; lack or absence of client-oriented standards rather than organisation-oriented standards.

### **3.3 Gap 3: The service performance gap**

The third gap in the model indicates that even when guidelines for performing services well and treating clients correctly do exist, service of high quality may not be a certainty. Pitt (1991:28) is of the opinion that this gap is the most serious gap seen from a management point of view. However, according to the author, it is also the gap that is the easiest to identify, rectify and manage. Parasuraman et al. (1990:89) identify the following causes for gap three:

When employees don't have the information or necessary training to perform their jobs adequately, they experience role ambiguity. Thus they don't have the skills and training necessary to satisfy clients. Employees also do not know how their performance will be evaluated. When employees cannot satisfy all the demands and needs of the clients they serve they experience role conflict. Role conflict is experienced when managers and clients don't have the same expectations, when employees have more work to do than they have time to do it, when the number of demands in employees' jobs make it difficult to effectively serve clients and when too many clients want service at the same time. A poor fit between the employee's skills and the job which occurs when employees don't believe they are able to perform their jobs well, when the organisation doesn't hire employees who are adequately trained to do their job and when management doesn't devote sufficient time and resources to hiring and selecting employees. A poor fit between the technology (tools and technology that employees use to perform their jobs) and the job. This is evident when employees are not given the tools and equipment needed to perform their jobs well and when equipment often fails to operate. Inadequate supervisory control systems (evaluation and reward systems), which manifests in employees not knowing which aspects of their jobs will be stressed most

during performance appraisals, when employees are not evaluated on how well they interact with clients, when employees doing the best job of serving clients are not rewarded, when employees making special efforts to serve clients don't receive financial or other rewards such as job advancement or recognition and when employees don't feel appreciated for their efforts. Inadequate control over work as perceived by the employee is evident when employees have to spend time to resolve problems over which they have little control, when employees are not given the freedom to make individual decisions to satisfy clients' needs, when employees are not encouraged to learn new ways to serve clients better and when employees are required to get approval from another department before delivering services to clients. Lack of teamwork which manifests when employees and managers don't work as a team to serve clients, when support services employees don't provide good service to client-contact personnel, when employees are not personally involved and committed to the organisation, when client-contact personnel compete more than they co-operate with other employees and when employees are not encouraged to work together to provide quality service to clients.

### **3.4 Gap 4: When promises do not match delivery**

Gap four indicates that there is a discrepancy between what the organisation promises to deliver and what is in actual fact delivered. Advertising campaigns and other methods of communication with clients affects the consumer's expectations. As indicated, expectations play a major role in consumer perceptions of service quality. Therefore, the organisation must be certain not to promise more than it can deliver in reality. Peters (1989:96-97) states that:

*...reliability, rather than overly aggressive promises, is the most valuable strategic edge...*

Making promises through the one or other form of communication will raise initial expectations, but if they are not fulfilled perceptions of quality will decline. Therefore, external communications not only affects client expectations about a service but also consumer perceptions of the service delivered. If there is a discrepancy between the external communications and service delivery due to exaggerated promises, absent and/or incomplete

information about the delivery of the service it can affect consumer perceptions of service quality. Parasuraman et al. (1990:115-133) identified the following causes of gap four:

*Inadequate horizontal communication i.e. communication between different functional areas of the organisation.* This is evident when client-contact personnel have very little or no input in advertising planning and execution, when client-contact personnel are not aware of external communications to clients before they occur, when management does not discuss the level of service that can be delivered to clients with client-contact personnel, and when policies and procedures for serving clients are inconsistent across departments and branches. A propensity to overpromise i.e. the extent to which the organisation's external communications do not accurately reflect what clients receive in the service encounter. This manifests in an increase in pressure inside the organisation to generate new clients and when competitors overpromise to gain new clients.

### **3.5 Gap 5: Service quality (Expected service versus perceived service)**

Parasuraman et al. (1985:46) found in their research that the key to ensuring good service quality lies in meeting or exceeding client expectations. The authors state that judgements of high and low service quality depend on how clients perceive the actual service performance in the context of what they expected. The foundation of the Gap Analysis Model lies in the set of gaps discussed. Service quality from the perception of the consumer depends on the size and direction of gap five which in turn is dependent on the nature and direction of gaps one, two, three and four. Clients have expectations and perceptions on each of the dimensions as identified by Parasuraman, Zeithaml and Berry (1988). The gaps on the providers side of the equation may or may not be favourable from a service quality perspective. The size and direction of each gap will impact on service quality, e.g. gap three will be favourable when service which is actually delivered exceeds specifications. However, it will be unfavourable when service specifications are not met (Parasuraman et al. 1985).

In order to measure the size and direction of gap 5 the SERVQUAL instrument was developed. What does the SERVQUAL instrument entail?

#### **4. The SERVQUAL Instrument**

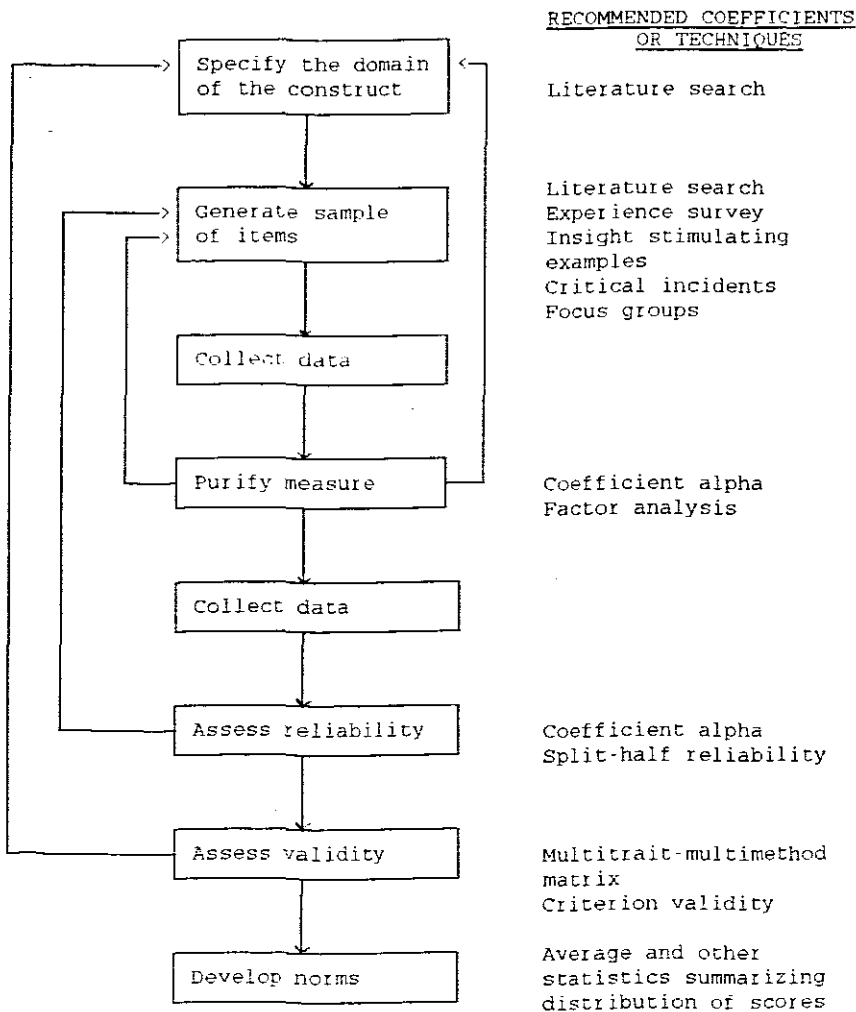
The SERVQUAL instrument was developed in the United States of America by Parasuraman, Zeithaml and Berry in 1988. The instrument is a multiple-item scale developed to measure the fifth gap as identified in the Gap Analysis Model which the authors define as service quality.

##### **4.1 Development Process**

Parasuraman et al. (1985) identified, as described previously, 10 potentially overlapping dimensions. These 10 dimensions were, as indicated, narrowed down to five. The five dimensions are tangibles, reliability, responsiveness, assurance and empathy. These dimensions served as the basic structure from which items were derived for the SERVQUAL scale.

Parasuraman et al.(1988) followed the procedures for scale development as suggested by Churchill (1979) [see Figure 8] and involved five different types of service organisations and their clients.

**FIGURE 9:  
PROCEDURE FOR SCALE DEVELOPMENT**



A questionnaire consisting of the ten dimensions and a description of every dimension was used to generate 97 items. The items were then "recast" into two statements - one statement was aimed at measuring expectations about the organisations being investigated and the second to measure perceptions about the particular organisation.

More or less half of the statement pairs were positively worded and the other negatively worded in accordance with Churchill's (1979) procedures for scale development. The questionnaire used a seven-point scale with extremes "strongly agree" (7) to "strongly disagree" (1). No verbal labels were attached to points 2, 3, 4, 5, and 6. Prior to analysis of the data scale, values were reversed for negatively worded statements. The statements focusing on expectations were grouped together to form the first half of the instrument and

the corresponding statements focusing on perceptions formed the second half. The discrepancies between the clients expectations and their perceptions were used to define service quality.

The instrument was then refined and involved two stages focusing on the following: condensing the instrument by focusing on the items capable of discriminating well between respondents with different quality perceptions and focusing on scale dimensionality and establishing reliability of its components.

#### 4.1.1 First stage of data collection and scale purification

Data for the initial refinement of the 97-item instrument was gathered from respondents who administered the two-part (expectations and perceptions) questionnaire.

Purification of the 97-item instrument started with the computation of Cronbach's alpha coefficient (1951) as recommended by Churchill (1979:68). Coefficient alphas were computed separately for each of the 10 dimensions in order to determine the extent to which the items making up the dimension share a common core. Service quality of each item was represented by a difference score "Q" (which is the perceived quality along that item) and defined as follows:

$$Q = P - E$$

*P* and *E* are the ratings on the corresponding perception and expectation statements respectively.

Purification of the instrument involved an iterative process of item deletion from each dimension that resulted in increased alpha values. The result was a set of 54 items across the 10 dimensions. The next task was to examine the dimensionality of the 54-item scale and was done by factor analysing the difference scores on the identified 54 items. The principal axis factoring procedure as described by Harman (1967) was used and the analysis was constrained *a priori* to 10 factors. In order to facilitate easy interpretation the ten factors were subjected to oblique rotation (using the OBLIMIN procedure in SPSS-X). This rotation produced a factor loading matrix which facilitated a reduction in the presumed dimensionality

of the service quality domain and required a reassignment of some of the items as well. The deletion of certain items and reassignment of others necessitated the recomputation of alphas and the re-examination of the factor structure of the reduced items. The iterative sequence of analyses was repeated which eventually resulted in 34 items representing seven dimensions. Furthermore, it became clear that five of the original 10 dimensions namely, tangibles, reliability, responsiveness, understanding/knowing clients and accessibility remained distinct. The other four dimensions namely, communication, credibility, security and competence fell into two of the distinct dimensions suggesting that service quality might have seven unique facets.

#### **4.1.2 Second stage of data collection and scale purification**

The 34-item scale and its psychometric properties were evaluated further and data collected from questionnaires which were self-administered by respondents.

Further purification of the 34-item scale followed with the deletion of items with low item-to-total correlations. Furthermore, four of the seven dimensions were combined to form two separate dimensions resulting in a total set of five dimensions. For each item, alpha values were recomputed and a factor analysis was performed. An iterative sequence similar to the process in the first stage followed and resulted in SERVQUAL which consists of 22 items spread among the five dimensions as discussed earlier (tangibles, reliability, responsiveness, assurance and empathy). The dimensions of assurance and empathy contain items that represent seven original dimensions namely communication, credibility, security, competence, courtesy, understanding/knowing clients and access which did not remain distinct during the process of scale purification.

#### **4.1.3 Refinement of SERVQUAL**

In 1991 Parasuraman, Zeithaml and Berry refined and reassessed the original SERVQUAL instrument. The refinement followed as a result of high expectation scores (the overall mean expectation was 6.22 on the seven point scale as discussed earlier).

According to Parasuraman et al. (1991:422) the high means scores were not unanticipated because

*the items were intended to measure customers' normative expectations.*

The wording contributed to unrealistic high expectation scores. For example, one of the statements in the original SERVQUAL read "Companies should keep their records accurately". The authors recognised that the word "should" might be a contributing factor and the wording was revised in order to focus on what consumers would expect from companies providing an excellent service. The aforementioned statement was modified to read "Excellent companies will insist on error-free records". Instructions with reference to the expectations items were changed appropriately. The section focusing on perceptions remained primarily the same with minor changes to wording to come into line with the revised expectation items. Furthermore, all negatively worded items were changed to a positive format in the final questionnaire in order to ensure consistency, acceptability (the organisations involved were more accepting towards positively worded items) and reliability. During pre-test revision of the questionnaire two new items were substituted for two original items and minor wording adjustments were made to capture the dimensions and to incorporate suggestions from managers of companies involved in the study.

In the original study estimates of the importance of the SERVQUAL dimensions were derived indirectly in the form of regression weights. In the refined instrument direct measures were used and respondents were asked to allocate a total of 100 points across the five dimensions according to how important they considered each to be.

#### **4.1.4 Reliability and Validity of SERVQUAL**

The service quality construct (as discussed earlier) is defined by Parasuraman et al. (1988) to be the gap between clients expectations of a service and their perceptions of the services rendered.

In order to assess how well each question or group of questions in SERVQUAL are doing their job the concepts of reliability, factor structure and validity were required.



### \* Reliability

Reliability is the ability to get the same results every time the research is duplicated (Holbert & Speece 1993:79). Oppenheim (1992:147) warns that attitudinal questions are sensitive to changes in wording, context, emphasis etc. and that it becomes almost impossible to assess reliability by asking the same question in another form as done in the case of factual questions. Therefore, to measure those attitudes that are most important to the study there should be sets of questions or attitude scales (the latter being used in SERVQUAL).

However, reliability is never perfect, it is always a matter of degree. Reliability can be measured in several ways of which one is the *internal consistency* method.

One of the most commonly accepted methods for assessing the internal consistency of a multi-item measurement scale is Cronbach's alpha. The internal consistency method is based on the classical scaling theory. If the scale is focused on measuring a specific underlying continuum then the items should have a strong relationship with that continuum and with one another. The scale will be internally consistent if the items correlate highly with one other and consequently they are more likely to measure the same homogenous variable. When items are reliable and have low error-components they are more likely to satisfy these requirements. As coefficient alpha gives an estimate of the proportion of the total variance that is not due to error, this represents the reliability of the scale (Oppenheim 1992:159-160). Cronbach's alpha\* can be computed as follows:

$$\alpha = \frac{kr}{1+(K-1)r}$$

### \* Construct Validity

Even if a measurement scale is reliable, it may or may not be construct valid. A measurement scale has construct validity to the extent that differences in the observed scale scores reflect true differences in the construct being measured.

Validity depends on the extent of non-random error present in the measurement process.

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\*Abbreviations for computation of Cronbach's alpha are provided in Chapter 6.

According to Dillon, Madden & Firtle (1994:324-325) validity, as reliability is a matter of degree and depends on the extent of non-random error.

\* **Face Validity**

Is determined by subjective assessments made by the researcher and/or by other experts about the validity of the measurement.

\* **Content validity**

Seeks to establish that the items or questions are a well balanced sample of the content domain being measured. Content validity seeks to determine whether SERVQUAL measures what it is supposed to measure. Assessing a scale's content validity involves examining two aspects namely:

- (1) The thoroughness with which the construct to be scaled and its domain were explicated.
- (2) The extent to which the scale items represent the construct's domain.

\* **Convergent validity**

Is the extent to which the scale correlates positively with other measures of the same construct. Convergent validity seeks to determine if SERVQUAL's measurement of service quality corresponds with other measures of service quality i.e. the association between SERVQUAL scores and responses to a question that asked clients to provide an overall quality rating of the organisation involved.

\* **Divergent validity**

Is the extent to which the measurement scale is novel. According to Dillon et al. (1994:325) if two presumably distinct measurement scales correlate very highly, then they may be measuring the same characteristic or construct rather than different characteristics or constructs. If when measuring attitude and the affective (like/dislike) and cognitive (belief) measurement, scales approach unity the measurement scales would be indistinguishable, and it can be concluded that the two scales are not reflecting separate and distinct components of attitude but rather just a single component.

Parasuraman et al.(1988) evaluated the reliability and validity of the SERVQUAL instrument as did a number of other researchers such as Babakus and Boller (1991), Brensinger and Lambert (1990), Carman (1990) and Finn and Lamb (1991) under a variety of situations and in various industries. The collective findings from the various replications by and large provide consistent support for the reliability and validity of the instrument.

## **4.2 The Value of SERVQUAL**

SERVQUAL is a generic instrument and was designed to have broad applicability. The instrument is very adaptable and can be adjusted to the requirements, characteristics and research needs of a wide range of organisations.

SERVQUAL's dimensions and items represent core evaluation criteria that transcend specific organisations and industries as implied by the multi-stage and iterative process that produced the instrument. It can be used to track service trends and be utilised to assess an organisation's quality of service along the five dimensions (Pitt 1991; Parasuraman et al. 1988).

Furthermore, SERVQUAL could serve as a diagnostic methodology for uncovering broad areas of a company's service quality shortfalls and strengths (Parasuraman et al. 1991).

SERVQUAL could also serve as a market segmentation tool as different customer groups may consider different dimensions of service quality as more desirable or more important. Dimensions such as demographics and psychographics can also be identified by categorisation included in the SERVQUAL questionnaire. Organisations (and industries) frequently need to consider the quality of their service provision in (organisations) branches, departments and regions in order to evaluate and control them.

According to Pitt (1991:32) SERVQUAL provides a reliable, valid and fair way of doing this. Furthermore, organisations and industries can use SERVQUAL studies to compare organisations with one another. Expectation statements need not be repeated for each organisation - the only requirement is the gathering of perceptions data for each specific

organisation in the study.

## **5. Summary**

This chapter focused on SERVQUAL. SERVQUAL's foundation lies in the multi-dimensional construct of service quality and the Gap Analysis Model of service quality and its development was described. The gaps are "not knowing what clients expect", "the wrong service standards", "the service performance gap", "when promises do not match delivery" and "service quality".

The development of SERVQUAL was discussed and the various stages of refinement of the instrument was described. The development of SERVQUAL indicates a philosophy of understanding of service quality and reliability and validity of the instrument was indicated with reference to previous replication studies. Finally, the value of SERVQUAL was considered.

## CHAPTER 6

### METHODOLOGY AND APPROACH

#### 1. Introduction

The objective of this study is to determine the applicability, reliability and validity of the SERVQUAL instrument for measurement of social work services. This study is an application of the refined SERVQUAL instrument developed by Parasuraman et al. in 1991 in the field of social work. A replication serves as a safeguard against over-generalization and establishes reliability and validity of the instrument (Rubin & Babbie 1989:11). Through this study it will be possible to determine if SERVQUAL is applicable, reliable and valid to social work organisations and the services they render.

In this chapter the methods and techniques used to obtain empirical data the sampling and the duration of the study are described. It will also describe the use of the SERVQUAL instrument in the study, and the changes made to the refined instrument (1991) for application under particular conditions. A brief description of the relevant statistical techniques used in the study, such as reliability computation using coefficient alpha, factor analysis and the one-way ANOVA is given and the elements of their application provided.

#### 2. Methodology

The empirical study involved four phases:

- Phase 1: Clients who qualify to participate in the research were selected by social workers who are employed by SANCA, Western Cape Association and a list of names was compiled.
- Phase 2: From the list of names respondents were selected through simple random sampling.
- Phase 3: The SERVQUAL questionnaire was administered to respondents. Data was collected and edited and mean expectations and perceptions were calculated.
- Phase 4: Reliability and validity checks were performed. Results were assessed.

## 2.1 Sampling

Interviews with social workers of SANCA (WCA) were conducted. From the interviews they were requested to select clients on their caseloads. A list of names of potential respondents was compiled. The potential respondents had to comply with the following criteria:

- (1) They had at least to have a command of the English language.
- (2) They had to be clients of SANCA (Western Cape Association).
- (3) They had to be willing to participate in the research.

A list of 87 names was provided to the researcher by the social workers. A random stratified sampling technique per branch was then executed and 40 clients were selected, thus representing 46% of the population.

## 2.2 Interview survey

The face-to-face interview was chosen as the main data collection technique. The purpose of the interview technique was to assess clients' expectations and perceptions of service. The reason for selecting interviews as the main data collection technique is the fact that SERVQUAL in its present form, requires a reasonably high degree of literacy - many clients of social work organisations in South Africa have low levels of literacy and some are even illiterate, making utilization of the self-administered SERVQUAL questionnaire in its present form impossible (Pitt 1991:113).

To score the SERVQUAL questionnaire a seven-point linear numeric scale with extremes, "not at all" (1) through to "definitely" (7), was used. Respondents were also required to apply weights according to the importance of the different dimensions of the SERVQUAL instrument. Respondents were requested to rate the overall quality of service on a seven-point scale (very poor, poor, somewhat poor, adequate, somewhat good, good, very good). A response technique using Schutte's Attitude Assessment Gauge was utilized to facilitate the process of data collection.

### 2.3 Schutte's Attitude Assessment Gauge

One of the main problems with measurement of attitudes is that abstraction needs to take place if these attitudes are to be accurately expressed and recorded (Hall 1991:1; Oppenheim 1992:178; Churchill 1995:339). Hall (1991:1) suggests that existing methods of measurement use named categories to describe respondents' attitudes forcing them to think in terms of the researcher's frame of reference and therefore makes it difficult to give a true reflection of their often unclear, disorganised and seemingly confused thoughts. According to the author it is

*unfair of the researcher to demand that the respondent condenses all his wide-range feelings, beliefs, ideas and experiences (i.e. his attitudes as conceptual system) into one short sentence which he himself does not compose, and which, particularly across cultural barriers, can and does lead to confusion of meaning. At the other extreme, it would be impossible to collect data objectively from an essay or interview in which the respondent gives vent to his/her attitudes towards one or many topics.*

The **Semantic Differential Scale** recognises that attitudes to any subject are multi-dimensional and can only be expressed with reference to several conceptual abstractions. The developer of the scale suggests the use of adjective pairs which contribute to the understanding of the attitude to a given subject. Therefore, concepts about which attitudes exist, can be explored from many sides within the "semantic space" (Churchill 1995:470).

Hall (1991:1) states that in order to express fully the attitudes of people, the problem of semantic meaning must be solved and the make-up of a conceptual framework must be understood. Since abstracts are needed to reflect these conceptual patterns, the researcher's approach must be as broad as is practically possible within the "semantic space".

According to Hall (1991:2) the Schutte Gauge could be used in interview situations to move towards a broader more realistic approach to attitude assessment, without the long existing problems of response sets, falsifications and misunderstandings which are caused by semantics of category names. The Schutte-Gauge makes it possible for respondents to decide on the perceptual distance that they interpret to be between the two extremes of the dichotomous semantic differential - this illustrates effectively degrees of feeling because category boundaries, which exclude subtle meanings, do not exist. Hall (1991:1) states that:

*It is often assumed on existing (Likert) scales that, for example "neutral" and "feel strongly" are equally as close as "feel strongly" and "feel very strongly" in the respondents conceptual distancing. It is often taken for granted that people inject the same meaning into the words. This need not be the case.*

Furthermore, the Schutte-Gauge "involves" the respondent more intimately and actively in the questioning process. When questioned, the respondent listens to the question, s/he uses cognitive processes to formulate a response and responds visually as well as motorically. Due to the combined use of abstract concepts and sensory involvement an answer is provided to a question on attitude.

Hall (1991:2) identifies two key areas in which the gauge can be seen as being useful:

- (1) In cross-cultural research: The problem of language is diminished. Symbols that have been found to be even more discriminating are eliminated.
- (2) In market research: Changes in attitudes and relative likes and dislikes are more accurately shown - verbalization of a given attitude is not demanded. The gauge can be used to extract attitudes, conceptual frameworks and belief systems of clients, without the danger of falling under the influence of the interviewer.



## 2.4 Statistical Techniques Applied

Analysis of the reliability, factor structure and validity of the refined SERVQUAL scale requires utilization of various statistical techniques. As this is a replication study the same statistical techniques used by the developers of the instrument will be employed. Therefore, it is necessary to utilise calculations of reliability coefficients, factor analysis, multiple regression and one-way ANOVA. All these techniques are standard procedures under the SPSS/PC+ Statistics 4.0 computer package (referred to further as SPSS) used to process the collected data in this study. The techniques employed are briefly discussed:

### 2.4.1 The reliability coefficient (Cronbach's alpha)

One of the most commonly used reliability coefficients is Cronbach's alpha. According to SPSS (1990:B-190) Cronbach's alpha has several interpretations. It can be viewed as the correlation between a scale and other scales (that measure the same thing) containing the same number of items. Another interpretation of Cronbach's alpha is the squared correlation between the score a person obtains on a particular scale (the observed score) and the score he would have obtained if questioned on all of the possible items in the universe. Alpha is a correlation coefficient and ranges in value from 0 to 1. Cronbach's alpha can be computed using the following formula:

$$\alpha = \frac{(k)cov/var}{1+(k-1)cov/var}$$

where  $k$  is the number of items in the scale,  $cov$  is the average covariance between items and  $var$  is the average variance of the items. If items are standardised to have the same variance, the formula can be simplified to:

$$\alpha = \frac{kr}{1+(k-1)r}$$

where  $r$  is the average correlation between items (SPSS 1990:B-190 to B-191).

The purpose of the calculation of the coefficient alpha in this study is to determine the internal consistency of the SERVQUAL scale overall, by dimension and by individual item, across the organisation being investigated.

#### 2.4.2 Factor analysis

Factor analysis is a statistical technique used to identify a relatively small number of factors that can be used to represent relationships among sets of interrelated variables. Factor analysis helps identify underlying, not directly observable, constructs (SPSS 1990:B-125). The basic assumption of factor analysis is that underlying dimensions, or factors, can be used to explain a certain phenomena. Observed correlations between variables result from their sharing these factors. The goal of factor analysis is to identify the not-directly-observable factors based on a set of observable variables (SPSS 1990:B-126).

Factor analysis is a linear reduction technique which assumes a specified model that implies a reduced form of the input matrix, that is, the factor analytic model presumes the existence of a smaller set of factors that can produce exactly the correlation in the larger set of variables.

The basic model in factor analysis is expressed by:

$$X = \Lambda f + E$$

where

$X$  =  $p$ -dimensional vector of observed responses

$\Lambda$  =  $p \times q$  matrix of unknown constants called factor loadings

$f$  =  $q$ -dimensional vector of unobservable variables called common factors

$E$  =  $p$ -dimensional vector of unobservable variables called unique factors

It is assumed that the variance-covariance matrix of  $E$  is a diagonal matrix with entries

$\sigma_i^2$  and that all covariances between  $E$  and  $f$  are zero. The rotational process of factor analysis allows the researcher a degree of flexibility by presenting a multiplicity of views of the same data set in order to aid in interpretation (Dillon et al. 1994:500-502).

According to SPSS (1990:B-127 to B-145) factor analysis proceeds in four steps:

Firstly, the correlation matrix for all variables is computed. The correlation matrix for all variables (by dimension and by item) are drawn. Since one of the goals of factor analysis is to obtain "factors" that help explain these correlations, the variables must be related to one another for the factor model to be appropriate. If the correlations between variables are small, it is unlikely that they share common factors.

Second the factors are extracted - the number of factors necessary to represent the data and the method of calculating them are determined. A commonly used procedure is to extract all factors with an Eigenvalue greater than 1. A plot of the eigenvalues (the scree plot) is very helpful in determining the number of factors.

The third step involves rotating the factors to make them more interpretable. Although the factor matrix obtained in the extraction phase indicates the relationship between the factors and the individual variables, it is usually difficult to identify meaningful factors based on the factor matrix. The rotation phase of factor analysis attempts to transform the initial matrix into one that is easier to interpret. As in the original and refined SERVQUAL studies the five factor solution was subjected to oblique rotation.

Lastly the scores for each factor are computed for each case. Since one of the goals of factor analysis is to reduce a large number of variables to a smaller number of factors, it is often desirable to estimate factor scores for each case. The factor scores can be used in subsequent analysis to represent the values of the factors.

There are several methods for estimating factor score coefficients of which one is regression available in the SPSS/PC + FACTOR. Regression factor scores have a variance equal to the squared multiple correlation between the estimated factor scores and the true factor values. Regression method factor scores can be correlated even when factors are assumed to orthogonal (independent).

Factor analysis is used to verify the dimensionality of the 22 items of SERVQUAL in the study. It is also used to assess aspects of validity of the SERVQUAL instrument.

#### **2.4.3 One-Way Analysis of Variance (One-Way ANOVA)**

One-way ANOVA is a technique of testing more than two sample means (Cangelosi, Taylor & Rice 1983:261). ANOVA can be used when the independent variable has more than two categories. A statistic called the F-value is produced, which is compared to a table of significant F values. It establishes, based on the F-value, the probability that the differences between groups are due to chance. ANOVA ascertains this by comparing those between group differences to the variation within a group about the group mean and variability of the group means (Rubin & Babbie 1989:460; SPSS 1990:B-26).

#### **2.4.4 Multiple regression**

Social research rarely deals with monocausal phenomena - that is that the phenomena is not the mere result of one cause but of a whole range of determinants. In many cases the determinants are not only outcome-related, they are also interrelated. This forms a network of interrelated determinants. Regression analysis is a statistical technique that can disentangle this kind of associational network. Multiple regression can do three things:

Firstly, it enables the researcher to determine how much of the variation in the dependent variable can be explained with the aid of the independent variables and how much variation remains unexplained.

Secondly, it gives an indication of which determinants are most important and which are insignificant.

Finally, it enables the researcher to determine how important each determinants' contribution (power) is after its links with other variables have been discounted (Oppenheim 1992:26). Multiple regression predicts the value of the criterion (dependent) variable on the basis of the known values of two or more explanatory (independent) variables (Dillon et al. 1994:474).

The formula for multiple regression is as follows:

$$y_i = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_p x_{pi} + e_i$$

Where

- $y_i$  =  $i$  th response for the dependent variable
- $x_{1i}$  =  $i$  th response for the first independent variable
- $x_{2i}$  =  $i$  th response for the second independent variable
- $x_{pi}$  =  $i$  th response for the  $p$ th independent variable
- $\beta_0$  = model intercept
- $\beta_1$  = regression intercept coefficient for variable 1
- $\beta_2$  = regression intercept coefficient for variable 2
- $\beta_p$  = regression coefficient for variable  $p$
- $e_i$  =  $i$  th residual

The **coefficient of determination** is a measure of goodness of fit. It indicates how much of the variation in the dependent variable is explained by the independent variable. It is the square of the correlation coefficient between variables  $X$  and  $Y$ . If there is no linear relationship between the dependant and independent variables,  $R^2$  is 0. The closer  $R^2$  is to 1 the stronger the linear relationship between the two variables.

In this study, multiple regression analysis will be undertaken where necessary. The main purpose of multiple regression analysis is to assess aspects of validity of the SERVQUAL questionnaire using the overall assessment of service quality required of respondents in each case as the criterion (dependent) variable.

### 3. Summary

This chapter focused on the methodology and approach of the study. The phases involved in the study were identified and it was indicated that the interview was selected as the main data collection technique. In order to facilitate the process it was decided to make use of Schutte's Attitude Assessment Gauge. Finally, the statistical techniques utilized in the research and sampling were discussed.

## CHAPTER 7

### RESULTS

#### 1. Introduction

The SERVQUAL instrument which consists of two sections, namely a 22-item section to measure clients' service expectations as well as a corresponding 22-item section which measures clients' perceptions of organisations' service, were, for the purpose of this research, adapted for application in a social work organisation. The SERVQUAL questionnaire has five dimensions:

The first dimension (questions 1-4) assesses the appearance of physical facilities, equipment, personnel and communication materials of the organisation and its units. The second dimension (questions 5-9) assesses the organisation and its units' ability to perform promised service dependably and accurately. The third dimension (questions 10-13) assesses the organisation and its units' willingness to help clients and provide prompt service. The fourth dimension (questions 14-17) assesses the organisation and its units' knowledge and courtesy of employees and their ability to convey trust and confidence. The fifth dimension (questions 18-22) assesses the organisation and its units' provision of care and the individualised attention it provides to its clients.

In this chapter the results of the study are presented and discussed. At first the results are provided followed by a discussion. The results are discussed in the order of overall SERVQUAL scores, then with regard to reliability, followed by face validity, convergent and content validity, nomological validity, construct validity and divergent validity.

#### 2. Results

Overall measurements of the service quality of SANCA are presented in Table 2. As already mentioned, the SERVQUAL instrument was adapted to be administered to social work clients (literate and illiterate) utilising Schutte's Attitude Assessment Gauge.

**TABLE 2:  
OVERALL GAPS BY ITEM**

ITEMS	EXPECTATIONS	PERCEPTIONS	SCORES
1. Will have up-to-date equipment	6.33	4.80	-1.53
2. Physical facilities will be good-looking	6.35	5.62	-0.73
3. Employees will be well-dressed and appear neat	6.10	6.60	0.50
4. Pamphlets and brochures will be eye-catching	5.93	5.85	-0.08
5. Will do something at the time they promised to do it	6.70	6.78	0.08
6. Will show genuine interest in solving clients problems	6.83	6.85	0.02
7. Will perform the service right the first time	6.30	6.73	0.43
8. Will provide their services at the time they promised	6.60	6.83	0.23
9. Will insist on error-free notes and reports	6.83	6.15	-0.68
10. Will tell clients exactly when services will be performed	6.85	6.70	-0.15
11. Will give service to clients immediately on their demand	5.80	6.05	0.25
12. Will always be willing to help clients	6.95	6.60	-0.35
13. Will never be too busy to respond to clients requests	6.43	6.45	0.02
14. Will increase the trust clients have in them	6.75	6.78	0.03
15. Clients will feel safe in working together with them	6.85	6.88	0.03
16. Will always take clients' feelings into account	6.88	6.85	-0.03
17. Will have the knowledge to answer clients' questions	6.65	6.43	-0.22
18. Will give clients individual attention	6.78	6.95	0.17
19. Will have convenient office-hours	6.58	6.28	-0.30
20. Will give clients personal attention	6.55	6.85	0.30
21. Will have clients' best interests at heart	6.73	6.65	-0.08
22. Will understand the specific needs of their clients	6.80	6.60	-0.20

As can be seen from Table 2, SANCA exceeded the expectations of their clients on 11 of the 22 items ranging from .02 for item 13, to .43 for item 7. Item 13 relates to responsiveness and item 7 is related to reliability. SANCA did not live up to the expectations of their clients on 11 of the 22 items ranging from a low -.08 for item 21, which relates to empathy, to a relatively high -1.53 for item 1 which is related to tangibles. Overall gap scores by dimensions are summarised in Table 3:

**TABLE 3:  
OVERALL SERVICE QUALITY BY DIMENSION**

DIMENSIONS	PERCEPTIONS	EXPECTATIONS	OVERALL SQI
TANGIBLES	5.72	6.18	-0.46
RELIABILITY	6.68	6.67	0.01
RESPONSIVENESS	6.46	6.52	-0.06
ASSURANCE	6.75	6.78	-0.03
EMPATHY	6.67	6.69	-0.02
OVERALL SERVICE QUALITY INDEX		-0.11	

As can be seen from Table 3, SANCA only exceeded the expectations of the respondents on one dimension namely, reliability. All the other gaps on the dimensions are negative, indicating that SANCA did not live up to the expectations of its clients to the survey, although this was reasonably close. This ranges from a gap of -.46 on the tangibles dimension to a low -.02 on the empathy dimension. The overall service quality index is -.11. The most serious shortfalls are tangibles (-.46). The least severe gap is empathy (-.02). Generally SANCA is performing close to the expectations of its clients and exceeding it on reliability.

### 3. Reliability

The coefficient alphas for each item in the SERVQUAL instrument used in the SANCA service quality study are reported in Table 4.



**TABLE 4:  
REIABILITY DATA**

DELETED VARIABLE*	COEFFICIENT ALPIHA
1.	.83
2.	.81
3.	.81
4.	.79
5.	.80
6.	.80
7.	.81
8.	.80
9.	.80
10.	.80
11.	.80
12.	.82
13.	.80
14.	.80
15.	.80
16.	.80
17.	.80
18.	.81
19.	.82
20.	.80
21.	.79
22.	.81
(Total-Scale Reliability) Alpha	.81
Standardized Item Alpha	.85

Table 4 indicates that the SERVQUAL instrument utilised in SANCA exhibits internal consistency. All alphas are close to or exceed .8. Cronbach's alpha for total-scale reliability is .85. In the social and behavioural sciences, it is rare to find interval reliabilities above .9, indicating that the SERVQUAL scale shows a fairly high degree of reliability. It can,

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\*See Table 2 for variable description.

therefore, be accepted that the SERVQUAL instrument shows interval reliability for the measurement of service quality in SANCA (WCA).

#### **4. Factor Structure**

The first step in determining the factor structure of the SERVQUAL instrument is the extraction of factors. Estimates of the initial factors were obtained from principal component analysis. In principal component analysis, linear combinations of the observed variables are formed. The first principal component is the combination that accounts for the largest amount of variance in the sample. The second principal component accounts for the next largest amount of variance in the sample and is uncorrelated with the first. Successive components explain progressively smaller portions of the total sample variance and all are uncorrelated with one another. In general, principal components analysis is a separate technique from factor analysis. It can be used whenever uncorrelated linear combinations of the observed variables are desired. It transforms a set of correlated variables to a set of uncorrelated variables (principal components).

The results are reported in Table 5:

**TABLE: 5**  
**FACTOR EXTRACTION: QUALITY**

FACTOR	EIGENVALUE	PCT OF VARIANCE
1	6.07	27.6
2	2.65	12.1
3	2.35	10.7
4	1.64	7.4
5	1.57	7.1
6	1.24	5.7
7	1.09	5.0
8	.94	4.3
9	.81	3.7
10	.69	3.2
11	.63	2.9
12	.52	2.4
13	.39	1.8
14	.37	1.7
15	.26	1.2
16	.20	1.0
17	.18	.8
18	.14	.6
19	.08	.4
20	.07	.3
21	.04	.2
22	.03	.1
TOTAL VARIANCE	100%	

Table 5 shows that almost 76% of the total variance is attributable to the first seven factors. The remaining 15 factors together account for only 24.4% of the variance, indicating a model of seven factors to be adequate to represent the data.

## 5. Validity

Now that interval reliability and factor structure of the SERVQUAL instrument have been determined we turn to focus in this section on validity. As indicated earlier, validity and

reliability can be related to each other. Reliability is a necessary (though not sufficient) condition for validity.

*...a measure which unreliable cannot attain an adequate degree of validity - its error component is too great. On the other hand, a measure may be highly reliable yet invalid (Oppenheim 1992:162).*

The following types of validity are considered in this section of the empirical research:

### **5.1 Face Validity**

Face validity is a subjective criterion reflecting the extent to which scale items are meaningful and appear to represent the construct being measured. In this study feedback from top management of SANCA (WCA) who reviewed the questionnaire confirmed that SERVQUAL, with wording changes (especially for low functioning and illiterate clients), had face validity. After discussions with top management the adapted SERVQUAL questionnaire was presented to the social workers whose clients participated in the study. The result was that all 22 items with wording changes were used in the study (see Appendix 1). Thus the SERVQUAL items appear to be appropriate for assessing service quality in SANCA (WCA).

### **5.2 Convergent and Content Validity**

The adapted SERVQUAL's validity was also assessed empirically by examining its convergent validity, i.e. the association between SERVQUAL scores and responses to a question that asked clients to provide an overall quality rating of SANCA. Respondents rated SANCA's overall quality by checking one of seven categories - very poor, poor, somewhat poor, adequate, somewhat good, good, very good. The correspondence between the overall quality rating and the SERVQUAL scores was examined using one-way ANOVA\*.

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\*The one-way ANOVA was used as Parasuraman et al. (1988) who used the technique in the development of the original SERVQUAL model.

The treatment variable in the ANOVA's was overall quality ("Overall Q") with three categories "poor", "good" and "very good" instead of seven because very few respondents checked "very poor", "somewhat poor" and "adequate", necessitating creation of a combined "poor/adequate" category. Very few respondents also checked the "somewhat good" category, resulting in a combined "somewhat good/good" category. The results are reported in Table 6:

**TABLE 6:  
SIGNIFICANT DIFFERENCES IN MEAN SCALE  
VALUES FOR RESPONDENTS**

	POOR	GOOD	VERY GOOD
SAMPLE SIZE	1	13	26
TANGIBLES	-.0250	-.0067	-.0123
RELIABILITY	-.0400	-.0031	.0037
RESPONSIVENESS	-.0375	-.0096	.0041
ASSURANCE	-.0375	-.0014	.0002
EMPATHY	-.0500	.0000	.0012
OVERALL SQI	-.0350	-.0046	-.00006

Content validity seeks to establish that the items or questions are a well-balanced sample of the content domain to be measured. Convergent validity is, for the purposes of this study, a similar component and is based on the correlation between responses to maximally different measuring methods of measuring the same construct. Content validity should answer the question "Does SERVQUAL appear to measure what it is supposed to?".

Convergent validity should answer the question "Does a measure of service quality determined by SERVQUAL correspond with other measures of service quality?". Both the above questions are answered in Table 6. In the table, service quality by dimensions and by overall service quality index (Overall SQI) are compared to overall ratings by respondents. Table 6 indicates a fairly high content and convergent validities for the adapted SERVQUAL instrument used in this study. The service quality scores by dimension and the overall service quality index improves as the overall ratings increase from poor to very good. In the case of those respondents rating the overall service quality of SANCA as very good, the gaps on all dimensions, except tangibles, were positive - SANCA, therefore, exceeded their expectations.

To further investigate convergent validity, a closer look at the F-statistic reveals the following:

In the table for critical values of the F-distribution with  $\alpha = 0.5$  gives:

$$F_{2,37} = 3.23 < 3.6621$$

There is a significant difference with Alpha 0.5. Therefore, convergent validity is supported.

A multiple regression analysis was also undertaken, using the overall quality rating (OverallQ) as the dependent variable and the five dimensions of SERVQUAL as the independent variables. The results are reported in Table 7:

**TABLE 7:  
CORRELATION MATRIX: BY OVERALL QUALITY RATING  
AND BY DIMENSION**

	OVERALL Q	TANGIBLE	RELIABLE	RESPONSE	ASSURE	EMPATHY
OVERALL Q	1.000	.066	.334	.458	.307	.424
TANGIBLE	.066	1.000	.394	.277	.378	.190
RELIABLE	.334	.394	1.000	.198	.721	.402
RESPONSE	.458	.277	.198	1.000	.323	.552
ASSURE	.307	.378	.721	.323	1.000	.577
EMPATHY	.424	.190	.402	.552	.577	1.000

From the above table it is clear that responsiveness correlates more highly (.458) with OverallQ than do tangibles (.066). Empathy also correlates stronger with OverallQ than do the other dimensions. Therefore, more importance is assigned to responsiveness as a predictor of service quality while tangibles appear to be insignificant.

### 5.3 Nomological Validity

If items, expected to load together in a factor analysis, actually do so, nomological validity is indicated. In order to verify the dimensionality of the 22 items in the adapted SERVQUAL and to establish nomological validity, perception-minus-expectation gap scores for these items were factor analyzed, with number of factors extracted by the SPSS/PC+ MINEIGEN criterion using VARIMAX rotation with KAISER normalization. The results are reported

in Table 8:

**TABLE 8:  
VARIMAX ROTATED FACTOR MATRIX AFTER ROTATION  
WITH KAISER NORMALIZATION (QUALITY)**

DIMENSION	ITEMS	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7
TANGIBLES	1			.28		-.55		.34
	2							.77
	3				.45	.55	.40	
	4	.29	.31		.29			.62
RELIABILITY	5	.86						
	6	.75						
	7			.86				
	8	.43						.30
	9	.28			.78			
RESPONSIVE- NESS	10						.85	
	11						.26	.29
	12			-.45			.73	
	13	.28	.83					
	14	.74		.57	.27			
ASSURANCE	15	.60	.34					
	16		.50	.48	.30		-.43	
	17				.78	.25		
	18		.31	.41			.26	-.47
	19	-.36	.80					
EMPATHY	20	.34				.75		
	21	.46			.40	.60		.25
	22	.67				.25		-.33

The factor analysis in Table 8 shows that the five dimensions do load together as expected. Factor 1 is the reliability dimension of the instrument, Factor 4 is the assurance dimension of the instrument, Factor 5 is the empathy dimension, Factor 6 is the responsive dimension and Factor 7 is the tangibles dimension.

To further explore these differences in factor structures, the perceptions and expectations were factor analyzed separately. The factor-loading patterns that emerged are quite

different. Table 9 reports the results of the factor-loading matrix for perceptions.

**TABLE 9:  
VARIMAX ROTATED FACTOR MATRIX  
AFTER ROTATION WITH KAISER NORMALIZATION  
(PERCEPTIONS)**

DIMENSION	ITEMS	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5
TANGIBLES	1			.62		
	2			.44		.70
	3			.28	.81	
	4	.27		.71		
RELIABILITY	5	.89		.28		
	6	.95				
	7	.48	.31		-.29	.52
	8	.93				
	9	.27	.39	.63		
RESPONSIVENESS	10	.60			.33	
	11		.34	.70		
	12				.81	
	13		.49	.42		-.46
ASSURANCE	14	.94				
	15		.91			
	16		.82			
	17	.35		.81		
EMPATHY	18		.93			
	19	.62	.39			
	20		.83			
	21	.56	.28	.44		
	22	.73				

The factor analysis in Table 9 shows that three of the five dimensions - tangibles, reliability and empathy load strongly together as expected - responsiveness and assurance being the exceptions. Factor 1 is the reliability dimension of the instrument, Factor 2 is the empathy dimension and Factor 3 the tangibles dimension. It is notable that Factor 4 and Factor 5 have a small number of items loading on to them. Factor 4 relates to the responsiveness dimension. Table 10 reports the results of the factor-loading matrix for expectations.



**TABLE 10:  
VARIMAX ROTATED FACTOR MATRIX AFTER ROTATION  
WITH KAISER NORMALIZATION (EXPECTATIONS)**

DIMENSION	ITEMS	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7	FACTOR 8
TANGIBLES	1				.90				
	2				.69		.28		
	3	.37			.52	.32			.56
	4	.37	.53		.36		.32		
RELIABILITY	5			.86	.27				
	6			.55					.68
	7		.62						
	8		.90						
RESPONSIVENESS	9					.84		.26	
	10						.91		
	11	.62					.45	-.32	
	12							.90	
	13	.72					.47		
ASSURANCE	14	.38	.38	.45					.39
	15			.90					
	16		.86						
	17	.65							.29
EMPATHY	18			.42		.43		.41	-.37
	19	.56			.35			-.29	-.36
	20	.85							
	21	.90							
	22	.29			.55	.54			-.27

The above factor-loading matrix suggests an eight-factor structure for expectations. Factor 4 is clearly a tangibles factor, Factors 2 and 3 fall into the reliability and assurance dimensions, Factor 6 is the responsiveness dimension and Factor 1 is the empathy dimension.

As indicated earlier, for SERVQUAL to be nomologically valid, items are expected to load together under the five SERVQUAL dimensions. The factor analyses in Tables 8 to 10 show this to apply to SERVQUAL. However, overlaps do occur on the reliability, responsiveness and assurance dimensions. Overall, SERVQUAL can therefore be considered as having a

fairly acceptable degree of nomological validity.

#### **5.4 Construct Validity**

Construct validity is indicated when the same items that reflect a factor in the original SERVQUAL (Parasurman et al. 1988) factor analysis, load on that same factor replication. Pitt (1991) found the SERVQUAL items do a fair job in this regard, and it would appear from the factor analyses in Tables 8 to 10 that the adapted SERVQUAL questionnaire, performed fairly well with regard to construct validity. However, five factors did not emerge as expected in respect of the factor-loading matrixes for "quality" (Table 8) and "expectations" (Table 10). Five factors did emerge as expected in respect of perceptions (Table 9).

Table 8 reports that all five factors load together along the five SERVQUAL dimensions. However, there is some uncertainty with regard to assurance. Three of the five factors load highly along the five SERVQUAL dimensions as indicated in Table 9, while there is somewhat uncertainty of the responsiveness dimension. Table 10 reports that three of the five factors load highly along the SERVQUAL dimensions as expected. Factors 2 and 3 appear to fall into the reliability dimension while factor 8 appears to relate to the assurance dimension.

Therefore, there is limited statistical support for the relationship between the SERVQUAL dimensions as described by Parasuraman et al. (1988) in respect of measurement of social work services. However, due to the relatively small number of respondents (n=40), it would be unfair to say that the adapted SERVQUAL is lacking construct validity for the measurement of social work services.

In this context, consideration must be given to expectations and perceptions. The question that has to be answered is "Are they truly two different measures of the SERVQUAL dimensions?". In order to answer this question the focus was placed on divergent validity.

## 5.5 Divergent Validity

To possess divergent validity, expectations and perceptions and the dimensions they measure must be truly different from one another. The factor analyses in Table 8 to 10 indicate the dimensionality of SERVQUAL. Items do load together as indicated by Parasuraman et al. (1988; 1991). However, overlaps do occur mostly on the assurance and responsiveness dimensions. Carman (1990:37) found that when one of the dimensions of quality is particularly important to clients, they are likely to break that dimension into subdimensions. In this study it was found that responsiveness was indicated as the dimension contributing most to quality. Respondents broke this dimension into subdimensions. However, no specific pattern could be detected. This finding is in line with similar replication studies. Parasuraman et al. (1991:440) state that

*Collectively, the replication studies imply greater overlap among SERVQUAL-dimensions - especially among responsiveness, assurance and empathy - than implied in the original study.*

In contrast to the findings of the developers who found SERVQUAL to have a five factor structure, this study indicates a seven factor structure for quality (perceptions minus expectations gaps), an eight factor structure for expectations and a five factor structure for perceptions. Furthermore, SERVQUAL dimensions do not consistently load on the same factors as was found to be the case in the development of the refined SERVQUAL (1991). This finding is in line with various other replication studies which vary from two factors in the Babakus and Boller (1991) study, to eight in one of four settings studied by Carmen (1990). Carmen (1990:46) questions the validity to analyze the difference between expectations and perceptions. In this regard it was decided to make use of the multitrait-multimethod matrix (MTMM). The results are reported in Table 11:

**TABLE 11:**  
**MULTITRAIT-MULTIMETHOD MATRIX (MTMM)**

METHOD 1 PERCEPTIONS						METHOD 2 EXPECTATIONS				
	TANGI BLES	RELIA BILITY	RESPO NSIVE NESS	ASSUR ANCE	EMPAT HY	TANGI BLES	RELIA BILITY	RESPO NSIVE NESS	ASSUR ANCE	EMPAT HY
TANGI BLES	.87									
RELIA BILITY	.35	.76								
RESPO NSIVE NESS	.39	.51	.77							
ASSUR ANCE	.41	.82	.68	.74						
EMPAT HY	.32	.66	.57	.79	.77					
TANGI BLES	.44	.05	.15	.17	.24	.72				
RELIA BILITY	.16	.00	.24	.07	.05	.45	.76			
RESPO NSIVE NESS	.35	.11	.01	.18	.04	.51	.17	.72		
ASSUR ANCE	-.02	-.07	.18	-.10	.07	.35	.52	.31	.74	
EMPAT HY	.40	.15	.18	.17	.25	.55	.24	.63	.53	.70

Table 11 indicates reliability coefficients of .87, .76, .77, .74, .77, .72, .76, .72, .74, and .70. The correlations between the same dimensions with different methods are, except for the tangibles dimension (.44, .00, .01, -.10, .25), all lower than different dimensions with the same method (.35, .51, .68, .79, .24, .45, .17, .31, .53). Furthermore, the same dimensions with the different methods are, except for tangibles, all lower than the different dimensions with different methods (.16, .05, .11, .24, .18, .18, .17, .07). Therefore, the adapted SERVQUAL instrument does not possess divergent validity.

The above findings are in line with the results of the SERVQUAL study. As can be seen from table 2, the study indicated that the respondents had high expectations of social work services. However, they also indicated high perceptions. Therefore, the adapted SERVQUAL instrument in this study, cannot possess divergent validity when focusing on

the difference between expectations and perceptions.

In overall terms, the adapted SERVQUAL questionnaire does not possess divergent validity for the measurement of social work services. Of course the conclusion is specific to this study.

## **6. Conclusions**

Overall, the adapted SERVQUAL questionnaire has shown to be reliable. The instrument exhibited face, convergent and content validity while there is limited statistical support for nomological and construct validity. The instrument has not shown divergent validity.

## CHAPTER 8

### CONCLUSIONS AND RECOMMENDATIONS

#### 1. Introduction

Having discussed the results and major findings, the study concludes with certain recommendations. Recommendations are also made with regard to future research in the area of using the SERVQUAL instrument for the measurement of service quality in social work services.

#### 2. Conclusions

Eight hypotheses were stated in the first chapter. In general the hypotheses formulated were that the SERVQUAL questionnaire is applicable to and a reliable and valid instrument for measuring service quality in a social work organisation.

2.1 Hypothesis 1: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries, is as applicable in a social work organisation.

The study indicated that SERVQUAL is a useful instrument to assess the quality of services of SANCA (WCA). It also proved to be a methodology for uncovering broad areas of strengths and weaknesses in the organisation. The results of the SERVQUAL-study were presented to top management and the social workers of the organisation. During this session respondents confirmed the findings of the study.

2.2 Hypothesis 2: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with demonstrated reliability, maintains reliability when applied in a social work organisation.

The study indicated SERVQUAL-items to exhibit coefficient alphas consistently close to or higher than .8. The overall reliability indicated a coefficient alpha of .85.

Therefore, SERVQUAL can be considered a reliable instrument for assessing service quality in a social work organisation.

2.3 Hypothesis 3: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with face validity, maintains face validity when applied in a social work organisation.

Interviews conducted with executives, social workers and clients of SANCA (WCA) emphasised the importance of the SERVQUAL items. Wording of the SERVQUAL items was adapted to be administered to social work clients.

Hence, SERVQUAL maintains a high degree of face validity when assessing the quality of services in a social work organisation.

2.4 Hypothesis 4: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with content validity, maintains content validity when applied in a social work organisation.

The study indicates that the service quality construct and its domain were thoroughly explicated and the items were proven to represent the construct's domain.

SERVQUAL maintains content validity when assessing the quality of services in a social work organisation.

2.5 Hypothesis 5: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with convergent validity, maintains convergent validity when applied in a social work organisation.

The study indicates that the SERVQUAL scale correlates positively with other measures of the same construct, i.e. the association between SERVQUAL-scores and the responses to a question that asked respondents to provide an overall quality rating of SANCA.

SERVQUAL maintains convergent validity when assessing the quality of services in a social work organisation.

2.6 Hypothesis 6: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with nomological validity, maintains nomological validity when applied in a social work organisation.

The study indicated that SERVQUAL-items do in general load together as expected. However, overlaps do occur on the reliability, responsiveness and assurance dimensions.

SERVQUAL in overall terms maintains nomological validity when assessing the quality of services in a social work organisation.

2.7 Hypothesis 7: The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with construct validity, maintains construct validity when applied in a social work organisation.

The study indicates limited statistical support for construct validity. Five factors did not emerge consistently as expected and items did not always load together as expected. However, due to the statistical sensitivity of factor analysis and the relative few respondents (n=40) it would be unfair to determine that SERVQUAL does not possess



construct validity when assessing the quality of services in a social work organisation.

It can be concluded that SERVQUAL maintains construct validity when assessing the quality of services in a social work organisation.

**2.8 Hypothesis 8:** The SERVQUAL instrument which is used to measure and manage service quality in business and profit industries and with divergent validity, maintains divergent validity when applied in a social work organisation.

The study indicates that only 2.5% respondents diverged (discriminated). Furthermore, the study indicates that respondents consistently had high expectations and perceptions of SANCA's service quality.

Therefore, divergent validity could not be indicated.

### **3. Recommendations**

As indicated, the adapted SERVQUAL questionnaire showed interval reliability. The instrument exhibited face validity. A fairly high content and convergent validity was indicated while there is limited statistical support for nomological and construct validity. The instrument has not shown divergent validity. The following recommendations are proposed and directions for future research identified:

#### **3.1 Social Work Policy**

A social work organisation and its programmes can only be considered to provide democracy, human rights, transparency and accountability, accessibility, appropriateness, "ubuntu" and service excellence if they can provide empirical evidence from data obtained from the client system. Only if empirical evidence of the above principles is provided can social work organisations be considered to provide truly appropriate social welfare services.

Recommendation 1: It is recommended that SANCA (WCA) makes use of the adapted SERVQUAL to provide empirical evidence of their application of the principles as spelled out in the draft White Paper for Social Welfare (1995).

### 3.2 Managing Service Quality

Social work organisations should come to grips with the fact that providing services of high quality is a strategic concept and ensures organisational competitiveness and well-being. Organisations should also realize the difficulties of managing service quality and the nature of the management process associated with service quality. An approach to successful management of service quality is found in Total Quality Management (TQM). In order to be pro-active and progressive, organisations could adopt TQM as a management approach to guide it into the next century.

Recommendation 2: It is recommended that SANCA (WCA) adopts the TQM approach to managing service quality. In this regard SERVQUAL could serve to be a useful instrument to facilitate the management process.

### 3.3 Measuring Service Quality

Classifying social work in the service sector permits the utilization of the same service quality measurements across various industries and professions where service offerings are applicable. Social work organisations could develop and implement a service quality programme and make use of various tools and instruments to measure service quality.

Recommendation 3: It is recommended that SANCA (WCA) probes the service sector for quality measurements and programmes and develops and implements a service quality programme. In addition to SERVQUAL, SANCA (WCA) can make use of various instruments and tools to measure and manage the quality of their services.

### 3.4 The SERVQUAL Instrument

The Gaps Model of service quality provides a methodology for uncovering broad areas of strengths and weaknesses in the organisation. The development of SERVQUAL implies an underlying philosophy of service quality which has been proven to be applicable, reliable and valid in a wide range of industries and organisations including SANCA (WCA).

**Recommendation 4:** It is recommended that SANCA (WCA) uses SERVQUAL to track service trends and to assess its quality of service along tangibles, reliability, responsiveness, assurance and empathy dimensions. SERVQUAL could also serve as a diagnostic methodology for uncovering broad areas of SANCA's service quality strengths and weaknesses. Furthermore, SERVQUAL could serve as market segmentation tool as different client groups may consider different dimensions of service quality as more desirable or more important. Dimensions such as demographics and psychographics can also be identified by categorisation included in the SERVQUAL questionnaire.

## 4. Directions for Future Research

Limited research in the area of service quality in social work organisations has been conducted and there is scope for much continued effort in this regard. Additional replications will provide further insight. Especially in the area of communication and cross-cultural comparisons a great deal of work needs to be done. As a large proportion of social work clients are illiterate more research needs to be done about ways of communicating with them. In this regard Schutte's Attitude Assessment Gauge provides a starting point for creative development and adaptation to be utilized in social work services.

Further research into the quality of social work services is necessary to provide answers to crucial issues in the social work profession. Do different client groups have different expectations and perceptions of service quality? Do the different client groups value the

dimensions of SERVQUAL as being equally important? Do social work clients consider the items of SERVQUAL to fall under the dimensions as indicated by the developers of the instrument? Do clients view perception and expectation measurement separately or do they measure the same thing? These are all questions which will need to be answered to effectively measure and manage service quality in social work organisations.

## **5. Conclusion**

This study has indicated that SERVQUAL is a reliable and valid device for measuring service quality in a social work organisation. However, it did not perform as expected in the case of nomological, construct and divergent validity. More extensive research in the field of social work services was indicated as an important step to improve the quality of services rendered to the client system.

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**ADAPTED SERVQUAL SCHEDULE AND  
SCHUTTE RESPONSE TECHNIQUE**

(APPENDIX 1)

*Expectations section*

**DIRECTIONS FOR THE RESPONDENT AND FACILITATOR:** Based on his/her experiences as a client of social work services, the respondent must please think about the kind of social work organisation that would deliver excellent quality of social work services. The respondent must think about the kind of social work organisation with which s/he would be pleased to deal with. The respondent must please show the degree to which s/he thinks such a social work organisation would possess the feature described by each question. If s/he feels a feature is not at all important for an excellent social work organisation such as the one the respondent has in mind, s/he must indicate it by moving the gauge to the lightest shade on the visual assessment card - the facilitator must please circle number "1" which would be indicated on the side of the visual assessment card facing him/her. If the respondent feels a feature is definitely important for excellent social work organisations s/he would indicate it by moving the gauge to the darkest shade - the facilitator must please circle "7" which would be indicated on the side of the visual assessment card facing him/her. If the respondent's feelings are less strong s/he would indicate it by moving the gauge to the appropriate shade - the facilitator must please circle the numbers on the schedule which appears on the side of the visual assessment card facing him/her.

**FOR EXAMPLE,** if the respondent feels that it is definitely important that employees of excellent social work organisations should be efficient, s/he would move the gauge to the darkest shade on the card - the side of the card facing the facilitator would show a "7" and the facilitator would indicate it on the schedule as follows:

not at all			definitely			
1	2	3	4	5	6	⑦

There are no right or wrong answers - all we are interested in is a number that truly reflects your feelings regarding social work organisations that would deliver excellent quality of service.

**PLEASE RESPOND TO ALL THE QUESTIONS**

1. How important is it that excellent social work organisations will have up- to-date equipment (for example, fax machines, computers, photocopy machines etc.)?

not at all			definitely			
1	2	3	4	5	6	7

2. How important is it that excellent social work organisations' physical facilities (for example the building, the waiting room, social workers' offices etc.) will be good-looking?

not at all			definitely			
1	2	3	4	5	6	7

3. How important is it that employees of excellent social work organisations will be well-dressed and appear neat?

not at all			definitely			
1	2	3	4	5	6	7

4. How important is it that materials associated with service (such as pamphlets or brochures) will be eye-catching?

not at all

definitely

1	2	3	4	5	6	7
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5. How important is it that excellent social work organisations will do something at the time they promised to do it?

not at all

definitely

1	2	3	4	5	6	7
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6. How important is it that excellent social work organisations will show genuine interest in solving clients problems?

not at all

definitely

1	2	3	4	5	6	7
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7. How important is it that excellent social work organisations will perform the service right the first time?

not at all

definitely

1	2	3	4	5	6	7
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8. How important is it that excellent social work organisations will provide their services at the time they promised?

not at all

definitely

1	2	3	4	5	6	7
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9. How important is it that excellent social work organisations will insist on error-free notes and reports?

not at all

definitely

1	2	3	4	5	6	7
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10. How important is it that employees of excellent social work organisations will tell clients exactly when services will be performed?

not at all

definitely

1	2	3	4	5	6	7
---	---	---	---	---	---	---

11. How important is it that employees of excellent social work organisations will give service to clients immediately when they demand it?

not at all

definitely

1	2	3	4	5	6	7
---	---	---	---	---	---	---

12. How important is it that employees of excellent social work organisations will always be willing to help clients?

not at all	definitely					
1	2	3	4	5	6	7

13. How important is it that employees of excellent social work organisations will never be too busy to respond to client requests?

not at all	definitely					
1	2	3	4	5	6	7

14. How important is it that the behaviour of employees of excellent social work organisations will increase the trust clients have in them?

not at all	definitely					
1	2	3	4	5	6	7

15. How important is it that clients of excellent social work organisations will feel safe in working together with the organisation?

not at all	definitely					
1	2	3	4	5	6	7

16. How important is it that employees of excellent social work organisations will always take clients' feelings into account?

not at all	definitely					
1	2	3	4	5	6	7

17. How important is it that employees of excellent social work organisations will have the knowledge to answer client questions?

not at all	definitely					
1	2	3	4	5	6	7

18. How important is it that excellent social work organisations will give clients individual attention?

not at all	definitely					
1	2	3	4	5	6	7

19. How important is it that excellent social work organisations will have convenient office hours for all their clients?

not at all	definitely					
1	2	3	4	5	6	7

20. How important is it that excellent social work organisations will have employees who give clients personal attention?

not at all				definitely		
1	2	3	4	5	6	7

21. How important is it that excellent social work organisations will have clients' best interests at heart?

not at all				definitely		
1	2	3	4	5	6	7

22. How important is it that the employees of excellent social work organisations will understand the specific needs of their clients?

not at all				definitely		
1	2	3	4	5	6	7



**Perceptions section**

**DIRECTIONS FOR THE RESPONDENT AND FACILITATOR:** The following set of questions relates to the respondents' feelings about SANCA's social work service. For each question, the respondent must please show the extent to which s/he believes SANCA has the feature described by the question. Once again, should the respondent move the gauge to the lightest shade on the visual assessment card it means that s/he feels that SANCA does not have this feature at all - the side of the visual assessment card facing the facilitator should indicate a "1" and the facilitator circles the "1" on the schedule. Should the respondent move the gauge to the darkest side of the visual assessment card it will mean the s/he feels that SANCA definitely has that feature - the side of the visual assessment card facing the facilitator should indicate a "7" and the facilitator circles the "7" on the schedule. The respondent may move the gauge to the appropriate shade to show how strong his/her feelings are - the facilitator must please circle the numbers on the schedule which appears on the visual assessment card facing him/her.

**FOR EXAMPLE,** if the respondent feels that employees of SANCA definitely are efficient s/he would move the gauge to the darkest shade on the card - the side of the card facing the facilitator would show a "7" and the facilitator would indicate it on the schedule as follows:

not at all			definitely			
1	2	3	4	5	6	7

There are no right and wrong answers - all we are interested in is a number that best shows your perceptions about SANCA's service.

**PLEASE RESPOND TO ALL THE QUESTIONS**

1. Does SANCA have up-to-date equipment (for example, fax machines, computers, photocopy machines etc.)?

not at all			definitely			
1	2	3	4	5	6	7

2. Are SANCA's physical facilities (for example, buildings, waiting rooms, offices etc.) good looking?

not at all			definitely			
1	2	3	4	5	6	7

3. Are SANCA's employees well-dressed and appear neat?

not at all			definitely			
1	2	3	4	5	6	7

4. Are SANCA's materials associated with the service (such as pamphlets or brochures) eye-catching?

not at all			definitely			
1	2	3	4	5	6	7

5. Does SANCA keep their promises to do something by a certain time?

not at all			definitely			
1	2	3	4	5	6	7

6. Does SANCA show a genuine interest in solving your problems?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
7. Does SANCA perform the service right the first time?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
8. Does SANCA provide its services at the time it promises to do so?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
9. Does SANCA insist on error-free notes and reports?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
10. Do employees of SANCA tell you exactly when services will be performed?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
11. Do employees of SANCA give you service immediately when you demand it?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
12. Are employees of SANCA always willing to help you?
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |
13. Are employees of SANCA never too busy to respond to your requests.
- |            |   |   |            |   |   |   |
|------------|---|---|------------|---|---|---|
| not at all |   |   | definitely |   |   |   |
| 1          | 2 | 3 | 4          | 5 | 6 | 7 |

14. Does the behaviour of SANCA employees increases the trust clients have in them?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
15. Do you feel safe in working together with SANCA?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
16. Do employees of SANCA always take your feelings into account?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
17. Do employees of SANCA have the knowledge to answer your questions?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
18. Does SANCA give you individual attention?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
19. Does SANCA have convenient office hours for all its clients?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
20. Do SANCA employees give you personal attention?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
21. Does SANCA have your best interests at heart?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |
22. Do employees of SANCA understand your specific needs?
- |            |   |   |   |            |   |   |
|------------|---|---|---|------------|---|---|
| not at all |   |   |   | definitely |   |   |
| 1          | 2 | 3 | 4 | 5          | 6 | 7 |