

## **Consumer Satisfaction with Vocational Rehabilitation Services**

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*Abstract: The author examines Missouri's mandated evaluation of vocational rehabilitation services. Information regarding the political aspects, program goals, and results of a consumer services survey is provided.*

The purpose of the Rehabilitation Act Amendments of 1992 (the Act) is to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society. One measure of the implementation of both the spirit and letter of the Act

is consumer satisfaction with vocational rehabilitation (VR) services. The purpose of this article is twofold: (a) to present the consumer satisfaction survey process implemented by the Missouri Division of Vocational Rehabilitation (MDVR) in response to mandates in the Act, and (b) to report first year results of this process. Results indicated high levels of satisfaction with all aspects of MDVR services among the vast majority of respondents. More specifically, respondents indicated that they: (a) received services in a timely manner, (b) viewed the rehabilitation counselor as a critical component in the VR process, (c) believed they were involved in making choices throughout their rehabilitation process, and (d) obtained or anticipated obtaining employment as a direct result of VR services. Implications of consumer satisfaction data for program evaluation and the continuous improvement of VR services are discussed.

Empowerment of individuals with disabilities may be viewed as possession of the same degree of control over one's own life, and the conditions that affect life, as is generally possessed by people without disabilities (Harp, 1994). It is the transfer of power and control of values, decisions, choices, and directions of human services from external entities to individuals themselves. In recent years a growing belief has emerged that consumers of human services should gain power over the services they receive, and, in the process, gain or regain control over their lives. West and Parent (1992) report that choice, a fundamental aspect of empowerment, remains significantly limited for many individuals with disabilities within the current vocational rehabilitation (VR) service system.

The purpose of the Act is to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society. A primary vehicle for accomplishing this goal is through the provision of effective VR services. Increased employment of individuals with disabilities can be achieved through individualized training, independent living services, educational and support services, and meaningful opportunities for employment in integrated work settings through the provision of reasonable accommodations (Rehabilitation Services Administration, 1993). Increased employment, in turn, allows individuals with disabilities to live independently, enjoy self-determination, make choices, contribute to society,

and pursue meaningful careers.

The quality of increased employment for individuals with disabilities is first and foremost a perception in the consumer's eyes (Johansson & McArthur, 1988). Consumer involvement and the increased demand for program accountability has resulted in a need for rehabilitation programs to demonstrate consumer satisfaction with services (Janikowski, Bordieri, & Musgrave, 1991; Kosciulek, Prozonik, & Bell, 1995). Increased levels of consumer satisfaction with VR services thus represents one measure of the implementation of both the spirit and letter of the Act.

As mandated in the Act, the Missouri State Rehabilitation Advisory Council (the Council) was formed to advise the MDVR with regard to rehabilitation services for people with disabilities. The Program Evaluation Committee (PEC) of the Council was charged with establishing a new direction for MDVR regarding consumer satisfaction feedback. The purpose of this article is twofold: (a) to present the new consumer satisfaction survey process implemented by the MDVR, and (b) to report first year results of this process.

It was anticipated that the information provided in this paper would be useful to consumers with disabilities, state VR agencies, and community rehabilitation programs for program evaluation and development purposes leading to the continuous improvement of VR services.

### **The Missouri Consumer Satisfaction Survey Process**

Section 105 of the Act requires that state VR agencies establish a state rehabilitation advisory council. The Missouri State Rehabilitation Advisory Council was created to meet this regulation. The Council was initially formed and appointed by Governor Mel Carnahan on March 10, 1994 with a total of 19 members. Council members are appointed to terms not exceeding three years, and no more than two consecutive full terms. The Council is responsible for reviewing, analyzing, and advising the MDVR regarding performance on issues relating to: (a) eligibility, (b) extent, scope, and effectiveness of services, and (c) functions performed by the MDVR that affect the ability of individuals with disabilities to achieve rehabilitation goals and objectives (Missouri State Rehabilitation Advisory Council, 1994).

A major responsibility of the Council is to conduct a review and analysis of consumer satisfaction with (a) the functions performed by the MDVR and other entities responsible for performing functions for individuals with disabilities and (b) VR services. To address the consumer satisfaction issue, the PEC of the Council was charged with establishing a new direction for MDVR regarding consumer satisfaction feedback. MDVR previously used a 34-question survey that was mailed to a 20% random sample of consumers one year after case closure. This process consistently yielded a response rate of approximately 4%. Following PEC recommendations, MDVR implemented a process involving a postage-paid survey card sent to all consumers at the time of case closure along with the closure letter. A copy of the Consumer Satisfaction Survey Card developed by the PEC, approved by the Council, and adopted by the MDVR is shown in Figure 1. It is important to note that the MDVR consumer satisfaction survey process and data reported in this article pertain to those consumers served by the general VR agency within the Missouri Department of Elementary & Secondary Education and not the Missouri Rehabilitation Services for the Blind within the Missouri Division of Family Services.

## First Year Consumer Satisfaction Survey Results

The new MDVR Consumer Satisfaction Survey process was initiated October 1, 1994. First year data collection involved mailing survey cards to the 12,374 consumers whose cases were closed status 26, 28, or 30 from October 1, 1994 to September 30, 1995. A total of 2,128 survey cards were returned yielding a 17.2% response rate. Demographic characteristics of participating consumers are presented in Table 1.

**Table 1**

### Sample Demographic Characteristics (N = 2,128)

	%	n
<b>Gender</b>		
Female	51	1,083
Male	49	1,045
<b>Age</b>		
40 and under	66	1,408
Over 40	34	720
<b>Race</b>		
Caucasian	89	1,912
African American	10	209
Asian	<1	6
Native American	<1	1
<b>Disability</b>		
Orthopedic	28	602
Mental Illness	17	364
Mental Retardation	16	357
Deafness/Hearing Impairment	12	249
Learning Disability	5	97
Alcohol & Drug Addiction	4	82
Traumatic Brain Injury	4	80
Digestive Disorders	3	61
Blindness/Visual Impairment	1	34
Heart Disease	1	29
Other	9	173

For the purposes of the present article and clarity and brevity of discussion, overall results for survey cards completed by consumers themselves are discussed regarding survey questions 1-7. The survey card provides a box to be checked if the card is completed by a family member of the consumer. The present discussion does not include data from survey cards completed by family members. Question 8 allows the consumer to provide brief written feedback regarding their satisfaction with MDVR services. In addition, the PEC assisted MDVR with forming focus groups as another method for

gathering consumer satisfaction data. Thus, a variety of consumer satisfaction data collected by MDVR is not reported in this article.

[Graphic omitted]As shown on the survey card in Appendix A, consumers rated seven statements in terms of their level of agreement (strongly agree, somewhat agree, somewhat disagree, strongly disagree) with that particular service aspect. Table 2 presents results for all consumers responding to each of statements 1-7. The percentage of consumers who were in strong agreement with the various facets of the MDVR service process ranged from a high of 90% (statement 1) to a low of 69% (statement 3). These results indicate that the vast majority of respondents were highly satisfied with all aspects of MDVR services.

**Table 2**

**Missouri Division of Vocational Rehabilitation Consumer Satisfaction Survey Results (Fiscal Year 1995)**

**Survey Statement: Strongly Agree**

	<b>%</b>	<b>n</b>
1. The VR staff treated me with respect and courtesy.	90	1702
2. Overall, my VR services were provided in a timely manner.	80	1519
3. My counselor helped me to understand my disability and how it might affect my future work.	69	1288
4. I was involved in making choices about my goals and services	82	1529
5. My experience with VR was good and I would recommend it to others.	84	1603
6. VR policies were fair.	82	1548
7. VR services have helped or will help me get a job.	76	1006

**Survey Statement: Somewhat Agree**

	<b>%</b>	<b>n</b>
1. The VR staff treated me with respect and courtesy.	8	146
2. Overall, my VR services were provided in a timely manner.	15	281
3. My counselor helped me to understand my disability and how it might affect my future work.	20	370
4. I was involved in making choices about my goals and services.	13	240
5. My experience with VR was good and I would recommend it to others.	10	194
6. VR policies were fair.	12	234
7. VR services have helped or will help me get a job.	15	198

**Survey Statement: Strongly Disagree**

<b>%</b>	<b>n</b>
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1. The VR staff treated me with respect and courtesy.	1	27
2. Overall, my VR services were provided in a timely manner.	3	55
3. My counselor helped me to understand my disability and how it might affect my future work.	6	106
4. I was involved in making choices about my goals and services.	3	60
5. My experience with VR was good and I would recommend it to Others.	2	43
6. VR policies were fair.	3	51
7. VR services have helped or will help me get a job.	4	58

#### **Survey Statement: Somewhat Disagree**

	<b>%</b>	<b>n</b>
1. The VR staff treated me with respect and courtesy.	1	26
2. Overall, my VR services were provided in a timely manner.	2	39
3. My counselor helped me to understand my disability and how it might affect my future work.	5	92
4. I was involved in making choices about my goals and services.	2	45
5. My experience with VR was good and I would recommend it to others.	4	60
6. VR policies were fair.	3	46
7. VR services have helped or will help me get a job.	5	65

Note. The total number of consumers responding to each survey item (total across each now) may not equal to the total sample due to missing data (i.e., individual items not completed by all respondents).

While all seven survey card statements represent areas critical for improving the VR process, four particularly significant survey items (2, 3, 4, and 7) are discussed in greater detail. These items specifically pertain to consumer satisfaction with service delivery and outcome. Item 2 pertains to the timeliness of services, item 3 addresses the critical role of the rehabilitation counselor, item 4 investigates consumer empowerment and choice, and item 7 specifically addresses satisfaction with vocational outcomes. Although items 1, 5, and 6 are important, these items reflect consumer subjective perception of their interactions and experience as opposed to satisfaction with specific aspects of the rehabilitation process.

#### **Timeliness of Services**

**Statement 2**, Overall, my VR services were provided in a timely manner, relates to the efficiency and expediency of services. Eighty percent (n = 1,519) of the responding consumers reported strong agreement with the statement that they were provided services in a timely manner. This finding suggests that MDVR has, at least in part, effectively addressed the service provision streamlining mandates in the Act (e.g., eligibility determination within 60 days).

#### **Importance of the Rehabilitation Counselor**

**Statement 3**, My counselor helped me understand my disability and how it might affect my future work, relates to the pivotal role of the rehabilitation counselor in the rehabilitation process. Sixty-nine percent ( $n = 1,288$ ) of the respondents reported that they were in strong agreement that their counselors helped them understand their disability and how it might affect their future work. This result is consistent with a series of findings by Szymanski and Parker (1989), Szymanski (1991), and Szymanski and Danek (1992) that the rehabilitation counselor's skill and knowledge relates directly to the outcome of increased employment opportunities. As purported by Szymanski (1991), the significance of qualified rehabilitation counselors with disability and rehabilitation process expertise for promoting positive outcomes among consumers of rehabilitation services cannot be over-stated.

### **Empowerment and Choice**

**Statement 4**, I was involved in making choices about my goals and services, relates directly to the primary purpose of the Act: to enhance consumer choice and empowerment in the rehabilitation process. Eighty-two percent ( $n = 1,529$ ) of the respondents reported that they were in strong agreement that they were involved in making choices about their goals and services. The finding that such a large percentage of respondents were in strong agreement with the statement that they were involved in making choices about their rehabilitation goals and services provides initial evidence that consumers of MDVR services are being empowered to gain control over their lives.

### **Vocational Outcomes**

The primary purpose of the state-federal vocational rehabilitation system is to assist individuals with disabilities with obtaining and maintaining meaningful employment. Over three-fourths (76%,  $n = 1006$ ) of the respondents were in strong agreement with the statement that "VR services have helped or will help me get a job" (Statement 7). This finding indicates a high level of consumer satisfaction with the primary objective of VR services: To assist consumers with getting a job.

### **Discussion**

The purpose of this article was twofold: (a) to present the consumer satisfaction survey process implemented by the MDVR, and (b) to report first year results of this process. Prior to discussing results, a caveat regarding limitations must be noted. The authors acknowledge that a limitation of the present data is that the survey process yielded a 17.2% response rate of all consumers whose cases were closed status 26, 28, or 30 by MDVR from October 1, 1994 to September 30, 1995. Thus, satisfaction levels among a large percentage of consumers who did not return survey cards is not known.

Given the above response rate, survey respondents may not have been a representative sample of MDVR consumers. Response patterns may have been influenced by the following two scenarios. First, consumers who were disenfranchised or dissatisfied with services may have been less likely to complete the survey. Second, consumers who did respond may have a greater propensity to follow through with tasks, and thus, may have fared more positively in the VR process.

The new survey process, however, increased previous consumer satisfaction survey response rates by 13%. Response rates and overall numbers of consumers responding to the new survey process, as anticipated by the PEC, increased dramatically over the previous method which, as noted above, yielded response rates of approximately 4%. Consistent, year-to-year surveying of all consumers whose cases are closed and focus groups may thus be effective methods for receiving feedback from as many consumers as possible and obtaining both quantitative and qualitative consumer satisfaction data.

The data reported here provide initial evidence that consumers are satisfied with VR services. More specifically, respondents indicated that they: (a) received services in a timely manner, (b) viewed the rehabilitation counselor as a critical component in the VR process, (c) believed they were involved in making choices throughout their rehabilitation process, and (d) obtained or anticipated obtaining employment as a direct result of VR services. These findings are important in light of recent efforts at the national level to reduce or eliminate the state-federal VR program and other specialized services for people with disabilities due to alleged service ineffectiveness (Goetz & Barstow, 1996). On the contrary, the MDVR Consumer Satisfaction Survey data presented in this article indicate that high percentages of consumers are very satisfied with all aspects of the rehabilitation process.

### **Applications of the Consumer Satisfaction Survey Process**

The Consumer Satisfaction Survey results can be used by MDVR to facilitate continuous service improvement in several ways. First, as reported here and most importantly, results can be used to evaluate overall levels of satisfaction among consumers of MDVR services. Comparisons can also be made between satisfaction levels of consumers whose cases were closed status 26, 28, and 30. Furthermore, results can be analyzed to assess similarities and differences between levels of satisfaction among consumers and family members. Finally, specific program aspects can be evaluated in detail by focusing on one of the seven survey statements. For example, data on Statement 7, VR services have helped or will help me get a job, may be used to evaluate job development and placement services throughout the state.

Second, survey results can be used to evaluate the effectiveness of service provision to various consumer subgroups. Data can be analyzed by age, gender, race, and disability to assess levels of satisfaction among specific consumer groups. Such analyses may be particularly useful for delineating those aspects of the rehabilitation process requiring attention to improve outcomes for individuals from under-represented groups who have traditionally not been served effectively by the state-federal vocational rehabilitation system (Fuentes, 1994; Rosenthal, Pichette, & Kosciulek, 1995).

Third, the data collected from the MDVR Consumer Satisfaction Survey process may be used as one aspect of performance appraisal of state districts, local offices, and individual counselors. The strengths of the MDVR service process can be highlighted and areas needing improvement readily identified and addressed in a timely manner. In addition, a consumer satisfaction focus and survey results may be useful for enhancing new counselor orientation and training and counselor inservice training sessions. A comprehensive and consistent consumer satisfaction survey process may thus have multiple important uses for the MDVR and other state agencies, which include training, program evaluation, and performance appraisal (Koch & Merz, 1995; Schwab & Fenoglio, 1992).

## Future Needs

Undoubtedly, other state VR agencies must develop, implement, and report results of consumer satisfaction surveys if federal support for VR services is to be maintained at current levels. Additional evidence indicating that high percentages of consumers are satisfied with VR services will help refute

beliefs in Congress that the state-federal system is inefficient and not providing services and that consumer needs are going unmet (Alliance for Rehabilitation Counseling, 1995). A compilation of large amounts of such data is necessary to provide continuous evidence demonstrating the effectiveness of the state-federal VR program. If large percentages of consumers of VR services across the country are, in fact, satisfied with the services they receive and are getting and keeping meaningful jobs, then perhaps individuals with disabilities are being empowered to live independently, enjoy self-determination, make choices, and contribute to society. As aptly stated by Queen (1993), it behooves state VR agencies to continuously demonstrate the effectiveness of the services they provide through consumer satisfaction and other types of outcome data.

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