

Quality of Public Services: Irish Public Perceptions and Implications for Renewal

Dorothy Watson

RENEWAL SERIES
PAPER 6

December 2011



Quality of Public Services: Irish Public Perceptions and Implications for Renewal

Dorothy Watson

**RENEWAL SERIES
PAPER 6**

December 2011

Available to download from www.esri.ie

© The Economic and Social Research Institute
Whitaker Square, Sir John Rogerson's Quay, Dublin 2

The ESRI

The *Economic Research Institute* was founded in Dublin in 1960, with the assistance of a grant from the Ford Foundation of New York. In 1966 the remit of the Institute was expanded to include social research, resulting in the Institute being renamed *The Economic and Social Research Institute* (ESRI). In 2010 the Institute entered into a strategic research alliance with Trinity College Dublin, while retaining its status as an independent research institute.

The ESRI is governed by an independent Council which acts as the board of the Institute with responsibility for guaranteeing its independence and integrity. The Institute's research strategy is determined by the Council in association with the Director and staff. The research agenda seeks to contribute to three overarching and interconnected goals, namely, economic growth, social progress and environmental sustainability. The Institute's research is disseminated through international and national peer reviewed journals and books, in reports and books published directly by the Institute itself and in the Institute's working paper series. Researchers are responsible for the accuracy of their research. All ESRI books and reports are peer reviewed and these publications and the ESRI's working papers can be downloaded from the ESRI website at www.esri.ie

The Institute's research is funded from a variety of sources including: an annual grant-in-aid from the Irish Government; competitive research grants (both Irish and international); support for agreed programmes from government departments/agencies and commissioned research projects from public sector bodies. Sponsorship of the Institute's activities by Irish business and membership subscriptions provide a minor source of additional income.

Renewal Series

This paper is one of twelve in the ESRI *Renewal Series*. This special series of studies tackles key issues relating to economic renewal, as Ireland seeks to emerge from the economic crisis. Each study adopts an evidence-based approach to a major policy challenge, assessing what we can learn from current international and domestic evidence.

The ESRI acknowledges the financial support of the FBD Trust for the *Renewal Series*. FBD Trust is a philanthropic trust established by FBD Holdings plc.

The Authors

Dorothy Watson is an Associate Research Professor at the Economic and Social Research Institute (ESRI).

Acknowledgements

I am grateful to colleagues at the ESRI for comments on an earlier draft of this paper. The paper has benefited from very constructive comments from the series editors, Frances Ruane and Pete Lunn, and from two anonymous referees. The survey data on which the analysis is based is the *European Quality of Life Survey, 2007*, collected by the European Foundation for the Improvement of Living and Working Conditions, who kindly granted access to the data. The use of these statistical data does not imply the endorsement of the European Foundation. I am also grateful for Regina Moore for preparation of the manuscript. Any remaining errors or omissions are the responsibility of the author.

Quality of Public Services: Irish Public Perceptions and Implications for Renewal

Abstract

In the context of the recession and the need to deliver public services with maximum efficiency, this paper asks what lessons can be drawn from public perceptions of service quality in Ireland. In particular, it asks to what extent public services are meeting the needs and expectations of those most reliant on them: vulnerable groups in the population who cannot afford the option of 'going private'.

Data from the *European Quality of Life Survey (EQLS), 2007* are used to examine variations in the perceived quality of five public services in Ireland (health, education, public transport, care services for older adults and the state pension). The questions addressed are:

- How does Ireland compare with other European countries in terms of the perceived quality of public services?
- Are there differences between the economically deprived and the well-to-do in terms of how the quality of public services is assessed?
- What are the implications for policy on public sector reform?

The results suggested that perceptions of the quality of public services tend to be low in Ireland, relative to other European countries, but that the perceptions varied across services. Public perceptions of health services, for instance, tend to be less positive than perceptions of education. Across four of the five services, those who were economically vulnerable gave a less positive evaluation. The implications of the results for public sector reform are discussed.

1. INTRODUCTION

This paper analyses perceptions of public service quality in Ireland in order to draw lessons for public service reform. It focuses, in particular, on the extent to which public services are meeting the needs and expectations of those most reliant on them: vulnerable groups in the population who cannot afford the option of 'going private'.

Since the mid 1990s with the publication of the *Strategic Management Initiative* and *Delivering Better Government* (Co-ordinating Group of Secretaries, 1996) there has been an emphasis on efficient service delivery and accountability as part of the overall public service modernisation programme. Following the publication of the OECD's 2008 *Review of the Irish Public Service* (OECD, 2008) the Government implemented the *Public Service Transformation Programme* which contained a detailed set of actions designed to transform the Irish Public Service (Department of the Taoiseach, 2008). Drawing on the previous modernisation programmes and the recommendations set out by the OECD, the *Transforming Public Services* agenda aimed to achieve a more integrated, customer-centred and higher-performing public service (Task Force on the Public Service, 2008).

Since that time, however, the national and international fiscal crisis has created a very difficult environment. Declining GDP and GNP and falling employment, combined with the banking crisis and property price crash, has created an unprecedented challenge for the Irish state. In the current recession, fiscal pressures have led to the demand for a reduction in the cost of the public sector pay bill. A number of measures were introduced in 2009, such as a moratorium on public sector recruitment, a pension levy, a voluntary retirement scheme and a career break programme. The Government's *Public Service Reform Plan* of November 2011 expects public service numbers to be reduced below 300,000 by the end of 2011 and to 282,500 by 2015, from a peak of 320,000 in 2008, resulting in a reduction in public sector salary costs of €2.5bn, or 15% (Department of Public Expenditure and Reform, 2011).

Managing the cost of the public sector in the context of maintaining investment in infrastructure, education and health, and as social welfare claims continue to grow, presents a major challenge. However, the association at the international level between spending on services and measures of quality are rather weak (Rose and Newton, 2010, p. 16). Indeed, a focus on expenditure confuses inputs with the benefits citizens may gain (Rose and Newton, pp. 7-8). For instance, there is no clear link between spending on education and the measured performance of pupils: Finland, Austria and Portugal spend roughly the same

share of GDP on education, but pupil performance at age 15 (as measured by the international PISA survey) is very different (Mandl, Dierx and Ilzkovitz, 2008, p. 21). The weak link between spending and quality is confirmed by a number of international studies that focus on the effectiveness and efficiency of public sector spending (e.g. Afonso, Schuknecht and Tanzi, 2005; Mattina and Gunnarsson 2007; Clements, 2002, OECD, 2007). These studies show that efficiency gains are possible in the public sector (Mandl, Dierx and Ilzkovitz, 2008). The implication is that how the service is delivered is as important as how much is spent.

In July 2011, a new Department of Public Expenditure and Reform was established to oversee the process of reform in the public sector while ensuring cost reductions. In this context, it is prudent to ask how public services are perceived by their intended recipients. This paper asks whether there are differences across types of public services. In addition, given the commitment in the *Programme for Government, 2011-2016* to protecting the most vulnerable, it is worth asking whether there are differences between those who are economically vulnerable and the general population (Department of the Taoiseach, 2011, page 2, pp. 28-43). A focus on public perceptions is also appropriate given the emphasis in the *Public Service Reform Plan* on “placing customer service at the core of everything we do” (Department of Public Expenditure and Reform, 2011, p. 3). While the fiscal crisis has also necessarily led to an emphasis on reducing the cost of the public sector, maintaining the quality of public services is likely to be particularly important to vulnerable groups who are not in a position to purchase services in the market.

The quality of public services has implications for the quality of life of citizens beyond the traditional domain of particular services. Earlier analyses on the *European Quality of Life Survey* (Watson, Pichler and Wallace, 2010) showed that perceived quality of public services was important in accounting for differences in subjective quality of life. More importantly, from the perspective of the current policy concern with protecting the most vulnerable, the impact on life satisfaction was stronger for those who were facing material deprivation.

The importance of public service organisations to quality of life is also found where analysis is conducted at the small-area level and using objective measures of public service quality. Castelli et al (2009) used quality of life measures developed by the Audit Commission in the UK to examine variations at the level of local public service organisations in quality of life. Quality of service measures were derived from the performance indicators (‘star ratings’) of Local Authorities and Primary Care Trusts. They found that important variations existed between

local areas in the measures of quality of life, even after controlling for differences in 'need'. This implies that the quality of public services provided at a local level by health care and local government organisations can have a significant impact on quality of life, even outside the traditional domains of particular public services.

In this paper, data from the *European Quality of Life Survey (EQLS) 2007* are used to examine variations in the perceived quality of public services in Ireland. The questions key addressed are:

- How does Ireland compare with other European countries in terms of the perceived quality of public services?
- Are there differences between the economically deprived and the well-to-do in terms of how the quality of public services is assessed?
- What are the implications for policy on public sector reform?

Five different public services are distinguished in this paper: the health services, public education, public transport, care services for older adults and the state pension. In the context of subjective evaluations of public service quality, the analysis incorporates a control for any impact of a tendency to give negative or critical survey responses.

Since data analysed here are drawn from a survey conducted before the onset of the recession and the resulting public sector budget cuts, it could be regarded as a baseline against which to assess the progress of public sector reform in meeting its commitment to customer service. The third round of the EQLS is in the field at the end of 2011, and when the data become available a comparison of Ireland's relative position will be particularly informative.

2. QUALITY OF PUBLIC SERVICES AND SPENDING ON PUBLIC SERVICES

Three aspects of quality are particularly relevant to public services. Two of these centre on 'whose quality' (Gaster and Squires, 2003) and the third aspect is related to the cost of service provision. In terms of 'whose quality', we can distinguish between approaches that emphasise the perspective of 'experts' and those that emphasise the perspective of users or customers. The expert definition – what Garvin (1984) calls the 'manufacturing' approach – is based on specifications and criteria derived from an 'expert' view of the content of the service (Garvin, 1984; Moullin, 2002). This emphasises the perspective of service designers and providers – often professionals with a distinct set of priorities and

concepts of what constitutes 'good service'. In the context of health services, for instance, the professional perspective would emphasise correct diagnosis, treatment and outcomes, and place less emphasis on difficulties in accessing the service – physical or financial. In the educational setting, professionals may emphasise academic and learning outcomes rather than social, health or contextual criteria.

An alternative perspective, and one which is more prominent in the private sector where services are purchased, is to privilege the perspective of the 'customers' or service users (Garvin, 1984; Moullin, 2002). From the 'customer' perspective, accessibility, convenience and cost are likely to enter into the calculus. In the educational setting, parents and students, while sharing a concern with the quality of education as defined by professionals, are likely to have other concerns as well, including things like proximity of the school or college; affordability; the integration of class times and break periods with work and family commitments; the pleasantness of the environment, and so on. Current controversies over the closure of regional hospitals highlight this difference in perspective in the context of health services, particularly differences in the importance assigned to proximity by professionals and service users. This implies that an important source of variation in the evaluation of public services in the population will be the degree to which the service meets the needs and priorities of particular groups. We may therefore find different evaluations of the same public service by age, gender, family circumstances, education, health status and economic status.

In the context of public services, however, there is a third set of interests besides those of providers and users: the interests of those who pay for the services through taxation. In this sense, the general public is a stakeholder with a legitimate interest in the quality of public services since they pay for these services through direct and indirect taxation.

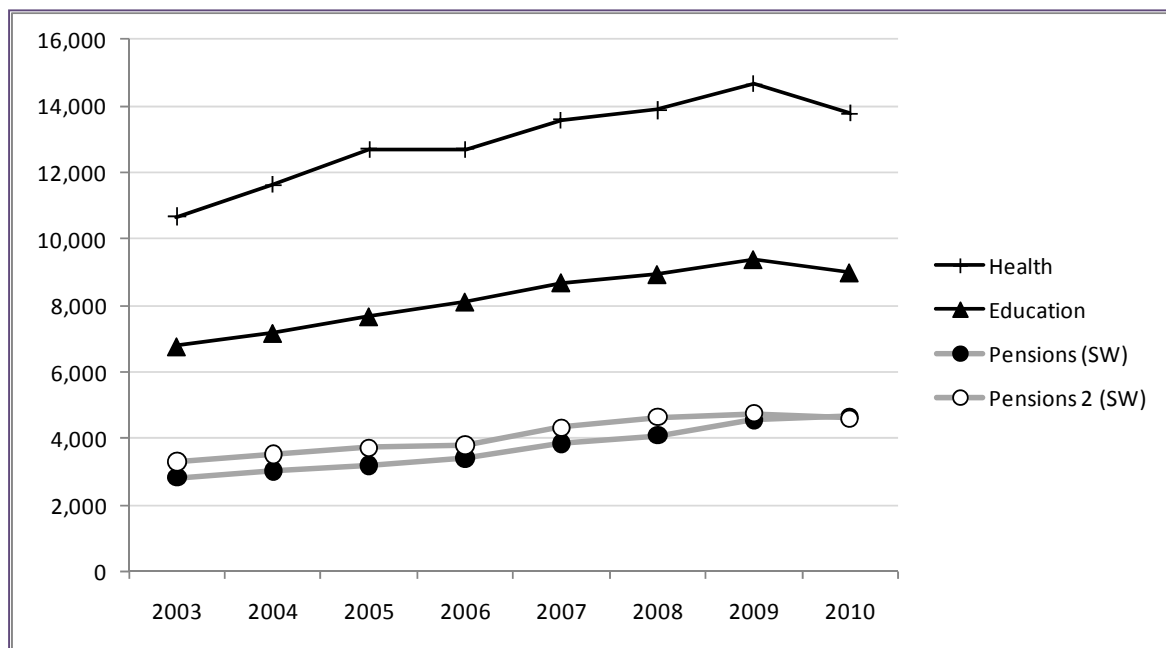
This paper emphasises the perspective of the users and paymasters. Their perspective may be based on first-hand knowledge of the service, on the experience of family and friends or on media reports. The EQLS data on perceived quality of public services allows us to look directly at how these services are evaluated by their intended recipients and the general public. Such perceptions are also important in that they will affect the level of demand for privately-produced substitutes, including health insurance, private schools, private modes of transport and private pensions.

Another source of variation in the public evaluation of services is related to the distinction between design and implementation. In most jurisdictions, public services are designed centrally but are delivered locally – particularly health, education and transport. Although the basic design of the service may not vary across areas within the jurisdiction, there may be important variations in implementation. This might arise because of centralization of service provision, such as is current policy in the case of many acute hospital services; or because of local bottlenecks which can arise if there are regional differences in the changing patterns of demand. These are likely to be one source of variation in the evaluation of services in the population.

2.1 Trends in Public Spending on Key Services

Figure 1 shows the trends in public spending on three public services in Ireland since 2003: health, education and pensions.¹ Government spending on in all three areas had increased steadily in real terms (2010 prices) until 2008-2009. Even controlling for the number of recipients of pensions (see ‘Pensions 2’ in the chart) the amount spent per recipient had increased until 2008. In fact, the standard state pension amount in Ireland had increased by between 22% and

Figure 1: Spending on Key Public Services (€m in 2010 prices)



Source: CSO, 2011, *Statistical Yearbook*. National accounts figures for Health and Education spending adjusted to 2010 prices using CPI. Figures on Old Age Payments (Pensions) are from Department of Social Protection Statistics (CSO 2011), adjusted to 2010 prices using CPI. “Pensions 2” controls for changes in the number of recipients, by standardising on 2010 recipient numbers.

¹ Spending on public transport and on care services for the elderly are not shown, because it is more difficult to disaggregate these from the general categories used in National Accounts.

27% in real terms between 2004 and 2007, with the higher rate for the non-contributory state pension. Between 2008 and 2010 it remained relatively flat in real terms. Public spending on health and education had both declined between 2009 and 2010, with a sharper decline in health spending. This means that the data in this paper, which was collected in 2007, reflects a period when spending on public services had been increasing in real terms.

3. DATA AND MEASUREMENT

The data used in this analysis come from the *European Quality of Life Survey* (EQLS), 2007. The EQLS 2007 round covered 31 countries (the EU-27, the three candidate countries and Norway). The sample of about 1,000 individuals in each country was based on a random route methodology. In this paper, we focus on the data for Ireland (N=1000).

3.1 Measuring Perceived Quality of Public Services

As well as detailed background information, the EQLS includes a set of items where respondents rate on a 10-point scale the quality of five public services (health, education, pensions, public transport, and care for older adults). Across the 27 EU member states and across service types, the averages score on these items ranged from 4.5 in Bulgaria to 7.5 in Finland, with an average of 5.9 in Ireland.

Table 1 shows the items measuring the perceived quality of five public services. Service quality is rated by respondents on a scale ranging from 1 (lowest quality) to 10 (highest quality). The rating of the quality of health services is low in Ireland (4.9) relative to the EU 15 and Norway (6.6), while the rating of public education services is relatively high (7.3 vs. 6.7 on average across countries). Note that there is a high proportion of missing information on the items dealing with the state pension system and care services for the elderly (29-31%). These cases are excluded in the analysis of evaluations of these particular services.

Table 1: Measuring Perceived Quality of Public Services

In general, how would you rate the quality of each of the following PUBLIC services in Ireland (1-10)	Mean IE	% missing	Mean EU15+ NO
Health services	4.9	2%	6.6
Education system	7.3	6%	6.7
Public transport	5.7	5%	6.5
Care services for elderly	5.6	29%	5.9
State pension system	5.7	31%	5.5

Source: EQLS 2007, analysis by author.

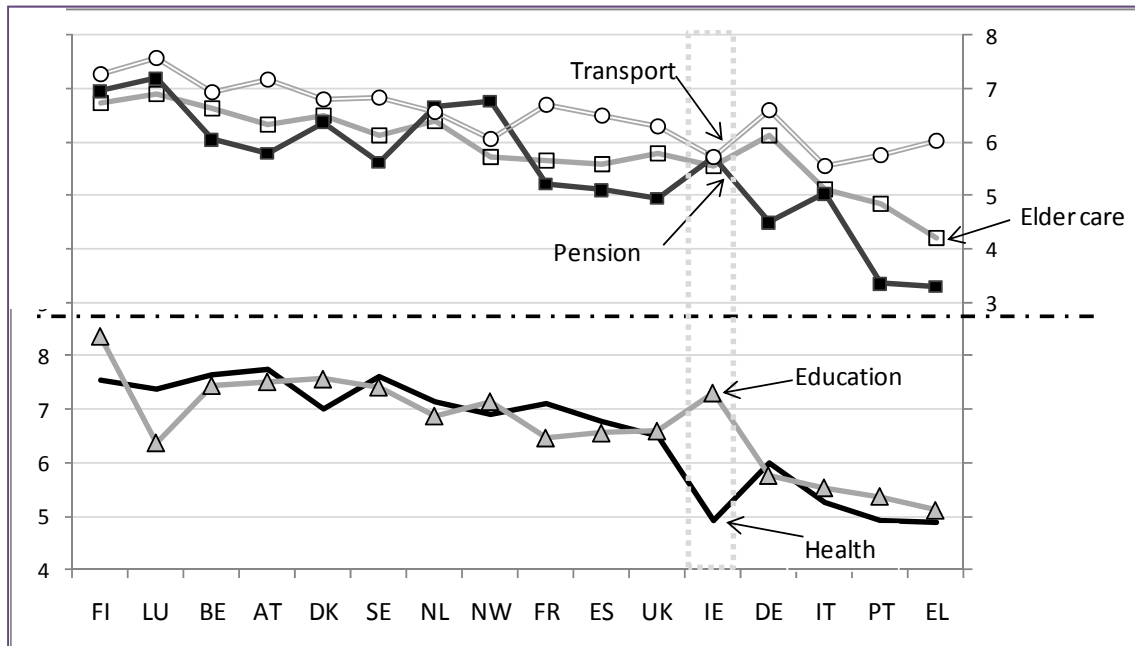
Compared to the 2003 EQLS, there was a decline in the perceived quality of health services (from 5.3 to 4.9) and of the pensions system (6.1 to 5.7) (Fahey, Whelan and Maitre et al, 2004, p. 60). On the other hand, perceived quality of the education system had increased from 6.9 to 7.3 (Fahey, Whelan and Maître, 2004. p. 73). Thus, despite the increase in spending on public services generally, there was a disappointing lack of improvement in the perceived quality of the services. This may be partly due to rising expectations in the context of the extended period of economic growth in Ireland.

Evaluations across different public services tend to be correlated (Rose and Newton, 2010). This correlation may reflect perceptions that a government will perform similarly in relation to a range of services. Alternatively, it could also “reflect people’s tendency to express a generalised opinion about the government serving the public interest or being wasteful and inefficient” (Rose and Newton, 2010, p.11). In the present paper, we are interested in evaluations of particular services, so we do not adopt the strategy of constructing a general ‘quality of public services’ scale. Analysing the services separately is possible in Ireland because the ratings of different services are only modestly correlated. Most of the correlations in Ireland are in the range .29 to .42, but with a higher correlation of 0.63 between evaluations of care services for older adults and evaluations of the state pension (Appendix Table A1).

Figure 2 shows the ratings of these five public services in the EU 15 countries and Norway. The countries are sorted according to the average rating across the five services. Ratings of public services tend to be higher in the Scandinavian countries, particularly Finland, and in Luxembourg, Belgium, Austria and the Netherlands. Typical ratings are lower than average in Ireland and are lowest in Greece, Portugal and Italy. As noted above, there is a marked contrast in Ireland between the public evaluations of the health services, which are among the

lowest across this group of countries, and education services, which are evaluated more favourably than average. Irish evaluations of the quality of public transport, care services for the elderly and the state pension are between these two extremes.

Figure 2: Rating of Public Services in Europe (EU 15 countries and Norway)



Note: Countries shown, in order, are Finland, Luxembourg, Belgium, Austria, Denmark, Sweden, The Netherlands, Norway, France, Spain, United Kingdom, Ireland, Germany, Italy, Portugal and Greece.

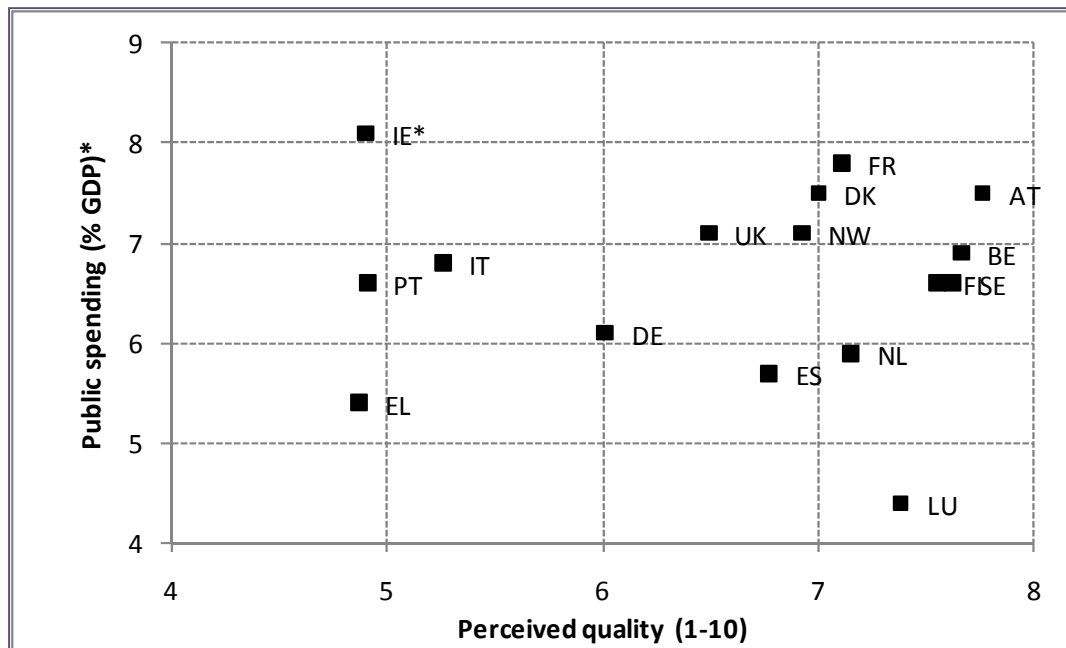
The difference in Ireland between the evaluation of the health and education systems is not unique to 2007. A similar pattern was found in the 2003 data: Ireland rated the health services lower than education (Fahey, Whelan and Maitre, 2004, pp. 60, 73). Ireland was also unusual in the strong association between income and the rating of the quality of health services: lower-income Irish tended to give a poorer rating to quality of health services, even though the overall link between income and perceived health system quality across countries was weak (Fahey, Whelan and Maitre, 2004, p. 61).

3.2 Perceived Quality of Public Services and Public Spending

Figures 3 and 4 show the relatively weak association between public spending and the perceived quality of health services and the education system across the EU 15 and Norway. Public spending is measured as the percentage of the GDP spent by government on the service. GNP rather than GDP is used for Ireland, as this is a better indicator of the wealth accruing to residents of the country in Ireland's case: GNP tends to be lower in Ireland, mainly due to profits repatriated by foreign-owned companies. The charts show that there is quite a spread in

terms of perceived quality even among countries devoting a similar proportion of national resources to the services in question. Spending on health is high in Ireland as a percentage of GNP, but it ranks second lowest of the 16 countries in terms of perceived quality of health services. In contrast, when it comes to the education system, Ireland is slightly above average in terms of perceived quality but towards the middle of the distribution in terms of spending.

Figure 3: Perceived Quality of Public Health Services and Percentage of GDP* spent by Government on Health in the EU15 (2007)

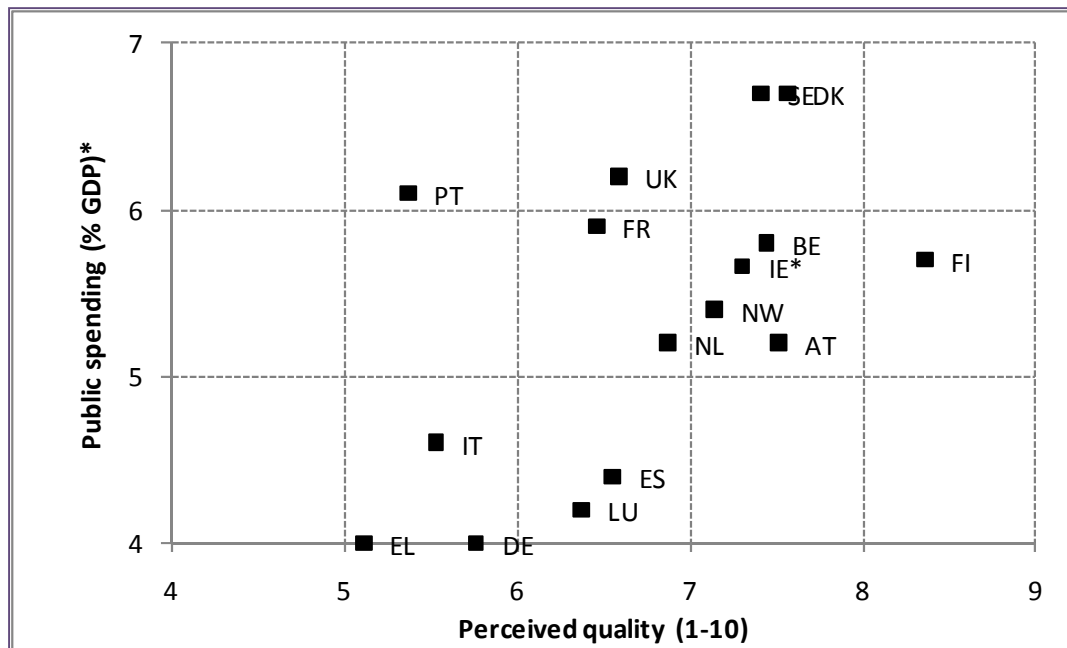


Source: EQLS 2007 for perceived service quality. Eurostat (2010) for public expenditure. * GNP rather than GDP is taken as the base for Ireland.

A different ranking of countries might be obtained if alternative measures of the quality of the services were used. For example, Afonso, Schuknecht and Tanzi (2003) uses 'performance indicators' to rank public services across countries based on outcomes. For the education system they used school enrolment and educational achievement, while infant mortality and life expectancy are used to rank the health services. Using data from 2000, Ireland ranks lowest of the EU 15 in terms of the quality of the health services and in the lower third of the distribution in terms of the quality of the education system (Afonso, Schuknecht and Tanzi, 2003, p. 12). These attempts to measure quality based on outputs are not without their own problems, however. One issue is that the results are very sensitive to the choice of indicators. In the context of education, for instance, studies on the efficiency of spending on education vary according to the methodology, with some finding that Ireland can make no efficiency gains and others that substantial improvement is possible (see overview by Mandl, Diex

and Ilzkovitz, 2008 p. 23; see also Kuhry, Pommer and de Kam, 2006). Another problem is that the use of ‘output’ indicators without any control for inputs such as the level of demand, age distribution and other factors which may affect the health or educational status of the population ultimately attributes to public service organisations credit (or blame) for outcomes over which they have limited control (Boyle, 2006).

Figure 4: Perceived Quality of Public Education System and Percentage of GDP* spent by Government on Education in the EU15 (2007)



Source: EQLS 2007 for perceived service quality. Eurostat (2010) for public expenditure. * GNP rather than GDP is taken as the base for Ireland.

3.3 Characteristics of Individuals and Households

In examining perceived public service quality in Ireland, we focus on a range of characteristics of the individuals and their households which might be expected to have an impact on perceived quality of public services. These include age, gender, marital status and a number of other characteristics, as shown in Table 2. We identify those living in cities (self-defined) to check for differences between urban and rural locations. Self-rated health is also examined. The item is coded to identify those whose health is not good. We also identify those who have a disability: a person with a chronic physical or mental health problem, illness or disability that hampers them in their daily activities.

Table 2: Characteristics of Individuals and Households

Variable	Items	Coding
Health not good	In general, would you say your health is ...(1=very good, 2=good; 3=fair; 4=bad; 5=very bad)	3,4,5=1
Has disability	Do you have any chronic (long-standing) physical or mental health problem, illness or disability? (1=Yes; 2=No) [If yes] Are you hampered in your daily activities by this physical or mental health problem, illness or disability? (1=Yes severely; 2=Yes, to some extent; 3=No)	Yes, and limited severely or to some extent.
Economic Vulnerability (scale, 1-10)	A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet....? (1=very easily; 2=easily; 3=fairly easily; 4=with some difficulty; 5=with difficulty; 6=with great difficulty) There are some things that many people cannot afford, even if they would like them. For each of the following things on this card, can I just check whether your household can afford it if you want it? <ul style="list-style-type: none"> Keeping your home adequately warm Paying for a week's annual holiday away from home (not staying with relatives) Replacing any worn-out furniture A meal with meat, chicken or fish every second day if you wanted it Buying new, rather than second-hand, clothes Having friends or family for a drink or meal at least once a month 	Sum of economic strain (1-5) and number of items lacked (1-5, 5=5 or more of 6) (Standardized before summing; rescaled to range from 0 = not vulnerable to 1 = highest vulnerability)
Practical support Ref: family	From whom would you get support if you needed help around the house when ill (Partner/ spouse; Other family member; Work colleague; Friend; Neighbour; Someone else; Nobody)	Family Non-family None (from nobody)
Pension income	Have you or someone else in your household received any of the following types of income over the past 12 months? <ul style="list-style-type: none"> Pension 	Household received income from pension
Other services in area	Still thinking about your immediate neighbourhood, are there any of the following facilities available within walking distance? (1=Yes; 2=No) <ul style="list-style-type: none"> Food store or supermarket Post office Banking facilities 	Count of number of these services available in the area
Access to public transport	<ul style="list-style-type: none"> Public transport facilities (bus, metro, tram, etc) 	Access to public transport
Access to medical services	On the last occasion you needed to see a doctor or medical specialist, to what extent did each of the following factors make it difficult for you to do so? (1=very difficult; to 4=not applicable) <ul style="list-style-type: none"> Distance to doctor's office/ hospital/ medical centre Delay in getting appointment Cost of seeing the doctor 	0=no difficulty/NA 1=a little difficulty 2=very difficult
Negative Responding	Included as a control for a tendency to give negative or critical responses (see Appendix for details)	Range 0 (low) to 1 (high negative responding)

Economic vulnerability refers to an inability to afford the kinds of basic goods and services that would allow someone to participate fully in the normal standard of living in a society (Whelan and Maitre, 2010). Although Whelan and Maître measure economic vulnerability using three indicators (income, subjective economic stress and deprivation), the measure based on the EQLS must rely on

two. The income data in the EQLS is of poor quality, and has a very high level of missing information for Ireland. Economic vulnerability is here measured as an additive scale comprised of level of difficulty in making ends meet (0='very easily' – 5 = 'with great difficulty') and the number of basic items (as shown in Table 2) which the household lacks because it cannot afford them (0=none, 5=5 or six)². Both scales are standardized before summing the scores and the resulting scale is re-scaled to range from 0 (not vulnerable) to 1 (high level of vulnerability).

Another aspect of vulnerability is social isolation. As a proxy for social isolation we use an item capturing the availability of someone to provide practical support if the person were ill, distinguishing those who could receive such help from family, non-family or from nobody. People who lack such practical support are likely to be particularly reliant on public services in adverse circumstances.

As the state pension is likely to be particularly important to households receiving pension income, a control for receipt of pension income is also included in the model. Note that such households may also receive other sources of income, from employment or other types of social welfare, and that the pension may be a private or occupational pension (rather than the state pension).

We include controls for general availability of services in the area. We distinguish public transport separately. Three other types of private services – post office, banking and food store or supermarket – capture aspects of the availability of general services within walking distance. This is correlated with city-dwelling, but the correlation is rather low (only 0.17). Three quarters of the population has access to all three types of service within walking distance, 89 per cent of city-dwellers and 69 per cent of non city-dwellers. Thus, it captures aspects of service provision in the immediate area apart from the differences between urban and rural locations.

For health services, we have direct measures of the experience of service use. Three measures are included in the model, capturing the level of difficulty experienced in accessing a doctor or medical specialist due to the distance, delay in getting an appointment and cost. Table 3 shows the correlation between these measures and economic vulnerability. Those who are economically vulnerable are more likely to experience difficulty in accessing health services, although the correlations are not strong. The correlation between economic vulnerability and difficulties associated with cost is lower than those associated with distance or

² The correlation between the two scales is 0.52.

waiting lists, because people with the lowest incomes (approximately one third of the population) would qualify for free doctor visits and prescriptions under the General Medical System. There is no significant relationship between economic vulnerability and access to public transport or the number of general services (banking, post office, food store) in the area, however.³

Table 3: Correlations between economic vulnerability, problems in accessing health services and public transport and number of general services in area.

	Correlations					
	A	B	C	D	E	F
A. Economic Vulnerability	1					
B. Difficulty – distance to medical services	0.22**	1				
C. Difficulty – wait for medical appointment	0.25**	0.47**	1			
D. Difficulty – cost of medical services	0.18**	0.33**	0.37**	1		
E. No public transport in area	-0.01	0.14**	0.08**	0.04	1	
F. Num. general services in area	0.06 ⁺	-0.07*	-0.02	-0.04	-0.50**	1

Note: ** p<=.01; * p<=.05; + p<=.10.

3.4 Negative of Critical Response Pattern

In analysing subjective indicators, such as the perceptions of service quality in the present paper, it is important to be aware of the potential of response patterns to bias the results. In this paper, we are particularly concerned that a tendency to give critical evaluations may influence the measure of perceived quality of public services and the pattern of differences between groups. The final variable in the model, then, represents an attempt to control for any tendency to give negative or critical responses to survey items. It is constructed as the number of extremely negative responses given to 6 items taken from different scales, dealing with trust in others, trust in the legal system and the press and with views on general compliance in terms of showing consideration for others, paying taxes and obeying traffic laws (see Appendix A1 for further details). A tendency towards negative responding is higher among those with lower levels of education, the economically vulnerable and those living in cities. Controlling for negative responding, then, results in a somewhat weaker (but less biased) association between these characteristics and the evaluation of public services.

³ It is worth noting that different types of difficulty in accessing health services are moderately correlated ($r=.33$ to $.47$). These correlations may make it difficult to identify their effects separately in the models. However, since distance, waiting time and cost may be issues for different groups, and because they are likely to have implications for perceptions of the quality of public transport, the indicators are kept separate.

4. FINDINGS FROM THE ANALYSIS

A set of regression models were estimated, one for the perceived quality of each service, and the results are shown in Table 4. Where respondents were unable to rate the quality of a particular service, the case was excluded from the analysis. The fit statistics indicate well-fitting models.⁴

All of the coefficients in the models are unstandardized. Recall that the scales measuring perceived quality of services run from 1 to 10 and all of the independent variables are dichotomies, with the exception of economic vulnerability which has been scaled to range from 0 (not at all economically vulnerable) to 1 (highest economic vulnerability). The coefficients can be interpreted as the amount of change in the service evaluation (which ranges from 1 to 10) resulting from a one unit change in the independent variable.

The models control for a tendency to give negative or critical responses. We can see from the table a pattern of negative responding is associated with a lower evaluation of some services, but not of others. The largest effect is on the perceived quality of health services (-6.28), followed by the quality of the state pension (-3.89) and care services for the elderly (-3.49). There is no impact of negative responding on the perceived quality of the education system or of public transport, when other factors are controlled.

4.1 Age and Gender

We might expect to find an association between gender, age and education and perceived quality of public services. For instance, women may be more directly involved than men in accessing public services. In their caring role, they may be more aware of how children and older family members are treated in schools and by care services. Older people may be better at claiming services because they have more experience in dealing with bureaucracies or have more time; younger people, on the other hand, may be comparing the service against an ideal standard whereas older people may be comparing current services to those that were in place several decades ago (Rose and Newton, 2010). However, Rose and Newton (2010) find no significant difference by age or gender in the overall evaluation of the quality of public services across Europe.

⁴ The root mean square error of approximation (RMSEA) ranges from 0.022 to 0.026. The Tucker-Lewis Index ranges from 0.927 to 0.940.

That pattern is largely replicated in Ireland: there are no significant differences between men and women in the perceived quality of any of the five services when we control for other characteristics. The only significant age difference concerns perceived quality of the health services: adults in their thirties have a slightly more negative perception of the quality of health services, with other characteristics controlled, by about half a point on the ten point scale. As we will see below, parents have a slightly more positive perception, again by about half a point. Taking these findings together suggests that adults in their thirties without children have a more negative view of the quality of health services. This may arise because young parents and young childless adults have different health care needs, so the responses may reflect perceptions of different parts of the health care system.

Other variables in the model may be capturing a difference in perception by older adults, however: for instance, the more positive evaluation of the public transport system by those who are retired. If retirement is omitted from the model, we find a positive association between older age and perceptions of the public transport system, which probably reflects the fact that older adults are entitled to free public transport services.⁵

4.2 Location

We might expect that people living in cities would face fewer problems in gaining physical access to public services. While this may be true, city-dwellers have a more negative view of the quality of the education system (by two thirds of a point on the ten point scale), care services for the elderly and the state pension, without any tendency for a more positive view of health services or public transport. Note that we have controlled for the number of general services within walking distance, however, and for access to public transport, and these variables are likely to be capturing any proximity advantage associated with city dwelling. Access to public transport and to general services is somewhat higher in cities. The number of services in the area is associated with a more positive perception of the quality of health services (by about 0.3 for each of the three – food store, bank and post office) and having public transport within walking distance is associated with very substantial increase in the rating of public transport services (1.3 points on the ten point scale). The number of general services in the area is associated with an increase in the perceived quality of the state pension. This suggests that the negative association between perceived quality of the state

⁵ The positive association between household receipt of pension income and evaluation of the health services and care services for the elderly, however, appears to be driven by the perceptions of other adults living with the pensioner rather than the pensioner himself or herself (see below).

pension and city dwelling may be linked to the cost or bother involved in getting to services if they are not available in the immediate area.

4.3 Health and Disability

Those who rate their health as fair, bad or very bad give a lower rating to the health services, education system and public transport. This pattern persists even when we control for a tendency to respond negatively or critically (which may also influence self-reported health status), and when we control for difficulties in accessing health services, such as cost, distance travelled, and waiting lists. There is no significant association between self-rated health and perceived quality of care services for older adults or the state pension, however. On the other hand, having a disability has no association with perceived quality of any of the services when self-rated health status and other characteristics are controlled. This might be because in the absence of health problems people with a disability have fewer requirements of the health care services.

4.4 Family and Marital Status

There are no differences by marital status in perceptions of the quality of health services, the education system or care services for older adults. However, single and separated/divorced people have a more positive view of the quality of public transport. These groups are less likely to own a car and may be more reliant on public transport. Single (never married) adults also have a more positive view of the state pension system, by about half a point on the ten point scale.

Adults with children tend to have a more positive view of the health services, as noted above, and also of public transport and care services for the elderly. There is no significant difference between adults with children and those without children in their view of the education system or of the quality of state pensions, however. Taken together with the absence of a significant effect of age on the perceived quality of the education system, this suggests that the fairly positive perception of the education system pertains across levels of the system: parents are likely to be thinking mainly of the primary and secondary levels while young childless adults are likely to be thinking mainly of the second and third levels.

Those who do not have a family member to rely on in the event of illness have a substantially more positive view of the health services (by 1.6 points). This is a very small group (less than one per cent of the population), but one for whom primary care services from the GP or community health nurse is likely to be particularly important.

4.5 Education and Economic Status

We might anticipate that education provides skills which are important in obtaining services, such as completing forms or demanding better care from professionals such as teachers and doctors. Alternatively, those with higher levels of education may have higher expectations regarding the quality of public services (Rose and Newton, 2010, pp. 13-14). However, Rose and Newton find a negative association between education and the evaluation of public services in Europe (Rose and Newton, 2010, p. 18). This suggests that differences by education in expectations or in awareness with service quality problems may be playing a role in service quality evaluation at the European level. In Ireland, however, as we see from Table 4, there is no association between education and perceived quality of services when we control for other characteristics.

The only significant differences by economic status are between the retired and those in employment. Retired people, as noted above, give a more positive evaluation to the public transport system, which probably reflects their entitlement to free transport services. The difference is substantial: almost one point on the ten point scale. The 'other economically inactive' group (caring for home and family, student, unable to work because of illness or disability) also give a more positive evaluation to public transport, but by a smaller amount (about one third of a point).

4.6 Economic Vulnerability

Those who are economically vulnerable have a less positive evaluation of four of the five services (the association with public education does not reach statistical significance ($p=.089$)). The difference between the most vulnerable group and the least vulnerable group is substantial for the remaining services: about one point for the health services, public transport, care services for the elderly and about two points for the state pension system. This is disturbing, as the economically vulnerable are likely to be most reliant on public services. It is worth recalling that we have controlled for difficulties in gaining access to the health services and to public transport (see below), and for a tendency to give negative or critical responses. The negative association, then, must reflect differences in the extent to which economically vulnerable people see these services as meeting their needs.

Table 4: Model of Ratings of Quality of Public Services (Maximum Likelihood, unstandardized coefficients)

Models ----->		Health	Education	Transport	Elder Care	Pension
Gender	Female	-0.07	-0.18	0.09	0.14	0.25
Age	30-39	-0.52*	0.32 +	0.11	-0.34	-0.20
Ref:18-29	40-49	-0.26	0.15	0.17	-0.31	0.03
	50-64	-0.23	0.37 +	-0.15	-0.09	0.15
	65 and over	0.01	0.15	-0.32	-0.15	0.43
Location	City	-0.19	-0.67**	-0.01	-0.55**	-0.44*
Health	Fair/Bad/					
	V bad	-0.48*	-0.45**	-0.64**	-0.32	0.13
Disability	A little/Severe	0.17	0.00	0.45 +	0.52	0.13
Marital status	Separated	-0.34	0.03	0.62*	0.47	0.35
Ref: married	Widowed	0.41	0.34	0.45	0.25	-0.03
	Never married	0.22	0.30 +	0.40*	0.31	0.53*
Has children?	Yes	0.47*	0.24	0.36*	0.49*	0.45 +
Practical support (Ref=from family)	From others	0.17	-0.05	-0.20	0.00	-0.45 +
	None	1.60*	0.16	0.90	0.44	1.33
Education (Ref=< Lower 2nd)	Upper 2nd	0.01	0.17	-0.23	-0.29	0.10
	3 rd level	0.07	0.27 +	-0.21	-0.03	0.03
Economic situation (Ref=at work)	Unemployed	-0.08	-0.54	0.25	-0.49	-0.07
	Retired	0.36	0.42	0.95**	0.31	0.48
	Other inactive	-0.10	0.20	0.37*	-0.21	0.01
Income sources	Pension	0.54*	0.28	0.33	0.74*	0.55 +
Economic vulnerability	Scale, 0-1	-1.06*	-0.58 +	-1.19**	-1.11*	-2.03**
Difficulty in accessing health services	Distance travelled	-0.29	-0.33*	-0.73**	-0.55*	-0.27
	Wait for appt.	-0.16	-0.17	0.02	-0.23	-0.45*
Services in area	Cost	-0.37**	-0.06	0.10	-0.14	-0.24 +
	No pub. transport	-0.17	-0.07	-1.30**	-0.24	0.08
	N. services in area	0.29**	-0.07	-0.06	0.13	0.27**
Response pattern	Negative pattern	-6.28**	-0.64	0.01	-3.49*	-3.89**
Model information	N cases	984	927	944	717	700
R-square		0.151	0.112	0.149	0.106	0.163
	CFI	0.942	0.943	0.944	0.951	0.950
	TLI	0.927	0.929	0.931	0.940	0.938
	RMSEA	0.026	0.025	0.025	0.022	0.022

Source: EQLS 2007, analysis by author. Note: ** p<=.01; * p<=.05; + p<=.10.

4.7 Measures of Service Use

We have a number of measures of service use or difficulties in accessing services in the model. Those in households with income from a pension, as noted above, tend to give a more positive rating to health care and care services for the elderly. It is worth recalling that the measure of pension income captures receipt of any pension income by the household, and it may include occupational or private pensions as well as state pensions. Additional checks broken down by broad age group (under 50 and over 50) suggested that these positive evaluations are mainly driven by people under 50 who live with a pensioner rather than by people over age 50 who may be the beneficiaries of pension income in their own right.

The findings suggest that negative experiences in accessing one type of service may well be associated with negative experiences in accessing other services as well. For instance, those who have had difficulty in accessing a doctor or medical services because of the distance they had to travel give a lower rating to public transport (-.73), the education system (-.33) and care services for the elderly (-.55). It is the cost of health care services that is significantly associated with a lower evaluation of health services in the model, however (-.37), rather than distance travelled or waiting time. Recall that the different difficulties encountered in accessing health services (distance, wait and cost) are correlated. Each would be significantly associated with a reduced evaluation of the quality of the health services if entered singly into the model. Cost emerged as the strongest effect as it may be capturing problems encountered by those who are not economically vulnerable (which is controlled in the model) and who do not qualify for the free medical services covered by the GMS. It is likely that the impact of costs on perceived quality of the health services is driven by those with middle incomes who experience the costs of primary care (GP visits and prescriptions) as burdensome.

5. DISCUSSION

To return to the questions posed at the outset, the overall evaluation of the quality of public services in Ireland in 2007 was below the EU15 average. Nonetheless, there are important variations across type of service. There is a contrast, in particular, between perceived quality of public health services and of public education. Ratings of the quality of the health services are particularly low in Ireland while ratings of the quality of the education system are above the EU15 average. It is difficult to say how that might have changed in the interim, with the onset of the recession. As we saw, there is only a weak association across countries between public spending on particular services and the perceived

quality of these services. In addition, spending was increasing in Ireland between 2003 and 2007, but the perceived quality of health services declined in that time. However, cuts in spending implemented on an emergency basis, without the time required to reorganise service delivery to enhance efficiency, may well have resulted in a drop in service quality. The impact on public perceptions, however, may also be conditioned by a general adjustment of expectations.

The second major question was whether there were differences between those who are economically vulnerable and those who are better-off in terms of how services are perceived. The findings in this regard from the model were very striking. Those who are economically vulnerable – the group most likely to be reliant on public services – give less positive ratings across four of the five types of public service (all except education). The strongest association was found for the state pension. Those with poor health, another vulnerable group, also gave a lower rating to health services, the education system and public transport. These patterns persist even when we control for a number of measures of personally experienced difficulties in accessing health services, for non-availability of public transport in the area and for a pattern of negative responding.

In terms of the experience of service use and perceived quality of health services, cost emerged as a significant factor. Distance travelled and waiting time for an appointment did not have a significant impact on perceived quality of health services, when cost was included in the model. Since both are correlated with difficulties related to cost, and are correlated with economic vulnerability, however, it is likely that the model was not powerful enough to identify the separate impacts. The significance of the cost of health services, when economic vulnerability is controlled, may arise because those who do not qualify for the GMS, face substantial doctor fees for each visit and charges for prescriptions.

Difficulty in accessing medical services due to the distance the person needed to travel was negatively associated with perceived quality of several of the services, including education, public transport and elder care. Since we have no specific measure of difficulties in accessing these services, this variable is likely to be capturing elements of a more general problem in accessing services in some areas or for some service users.

Apart from the measures of difficulty in accessing health services, we did not have measures of actual service use. However, there was some evidence of more positive evaluations on the part of groups likely to be users of other services: parents were more positive in their evaluation of health services and public transport; households with pension income gave more positive evaluations of the

state pension; retired people (who are entitled to free travel) and single and separated adults (who are less likely to have access to a car) give more positive evaluations of public transport.

The analysis in this paper had a number of limitations. In particular, there was limited information on the use of specific services (apart from difficulties in accessing health services) and on services entitlements (such as GMS membership, private health insurance). As a result, we were limited in the conclusions we could draw regarding differences in perspective between users and non-users of services. We also lacked information on why people were reporting positive and negative evaluations of particular services: whether it was based on personal experience, the experience of family members or on general reports in the media. Nevertheless, the broad patterns in the data do point to a number of areas worthy of further consideration.

6. POLICY IMPLICATIONS

The commitment to a 'customer focus' in the provision of public services in *Transforming Public Services* (Department of the Taoiseach, 2008) and reiterated in the *Public Service Reform Plan* (Department of Public Expenditure and Reform, 2011) should continue to be emphasised. Although none of the policy documents on public service reform is explicit about how quality of services is to be assessed, the preferences and priorities of service users should be considered an important component of quality assessment. The perspective and expectations of the customer is a legitimate and important element of the quality of a service, alongside the criteria emphasised by professionals involved in the design of a service. The findings here show that vulnerable groups tend to evaluate public services less positively. This suggests that particular attention needs to be paid to understanding precisely how public services are failing them.

While the *Plan* expresses a strong commitment to "placing customer service at the core of everything we do", this commitment needs to be given real content. Many of the initiatives under this heading in the *Public Service Reform Plan* are oriented to use of technology (such as electronic delivery of services, use of the public service card). While these will undoubtedly lead to cost-savings and improvements in access to information (particularly for those with internet access), there is a need for 'customer focus' to go beyond this to the level of service design and delivery.

There are some specific strategies that could be adopted at different levels in the public sector to ensure that a commitment to quality and customer focus is grounded in evidence. It is important to do this in a context where the professionals involved in service design and delivery are organised and vocal groups. While these groups claim to ‘speak for the customer’, and often do, indeed, emphasise the concerns and needs of patients, students and other service users, it is important to let the customers speak for themselves. This needs to be done in a systematic and careful way, to ensure that the voices of a vocal minority – which may represent sectoral rather than general interests – do not dominate the process of assessing customer concerns.

6.1 Survey of Public Perceptions of Service Quality

The establishment in 2011 of the Department of Public Expenditure and Reform provides an opportunity to consider public service quality and the issue of the customer perspective at the broadest level. The fact that this Department is at a remove from the concerns and interests of particular service-oriented departments puts it in a good position to direct this exercise with objectivity. This would involve a survey of the general population based on a robust statistical sample, large enough to provide breakdowns at the level of broad regions. The target group for this exercise should be the general population – users and non-users of public services – and the scope should be the main public services (health, education, long term care services and community services, income protection, roads and public transport). The aim would be to obtain an overview of public perceptions of the quality of services. In this process, particular attention should be paid to the perspective of economically vulnerable service users (and potential users), as this is the group most reliant on public services. The use of subjective indicators provides a metric which allows a comparison across types of service and with results from other countries. It would also give real content to the commitment to place customer service at the centre of public sector reform.

The survey should go beyond what was possible here with the EQLS data by (a) collecting general information on the use of different services by the respondent and other household members; (b) collecting general information on the reasons for choosing privately provided services in each domain, where applicable; (c) collect information on the socio-demographic characteristics and, especially, the income position of the household and (d) collect high level information on barriers to access, particularly cost, overcrowding/ waiting lists and distance.

Like the analysis here, for the reasons outlined in more detail in the appendix, attention should be paid to controlling for a pattern of negative responding which may distort the results and bias the comparisons across groups in the population. When the risk of this kind of bias is anticipated at the survey design stage, improved methods of correcting for it can be built into the survey.

It would not be the goal of this survey to examine detailed experiences of service use or detailed reasons for satisfaction or dissatisfaction: this would be the goal of the more detailed customer satisfaction data collection exercise conducted at the level of the service organisations. Incorporating into this survey the items on perceptions of the quality of services used in the EQLS would allow trends over time and across services to be compared as well as permitting a comparison with the position in other European countries. The survey should be conducted on a regular basis (every 2-3 years) with a standardized content to allow an assessment of trends and of Ireland's position in a European context.

6.2 Performance Indicators

The *Public Service Reform Plan* also commits to the development of performance indicators, although these appear under a number of different headings, at a number of different levels⁶ and their precise role in ensuring improved quality of public services is not clear. While there are many problems with the broad measures of public sector performance that have been used in international studies (see review by Boyle, 2006), this is often because of limitations in the data available, because of the level of generality of the indicators or the failure to take account of 'inputs' such as differing levels of demand or need for services. Other less tractable difficulties include the challenge involved in measuring quality, as opposed to quantity. The general survey of perceptions of the quality of public services, described above, could potentially play a role in providing broad indicators of quality from the customer perspective.

The ideal performance indicator would be (a) closely tied to the core mission of the public service organisation (b) flexible enough to take account of changes in the 'inputs' – the socio-demographic characteristics of the population served, changing needs and opportunities and (c) used by the organisation on a continuous basis to assess how well it is meeting its goals so that corrections and improvements can be implemented. Because of the need for flexibility and the

⁶ Performance indicators are mentioned five times in the *Plan*: in the context of rationalising the number of state agencies on p. 9; in the context of communicating the level of cross-government initiatives on p. 6; in the context of back-office functions within departments on p. 13; in the context of communicating information on public service delivery to the public on p. 29; in the context of the activities of state agencies on p. 30.

need for indicators that are useful to the organisation, a case can be made that these should be established at the level of the public service organisation rather than being imposed externally. The parent department and the Department of Public Expenditure and Reform would have a role in assessing the adequacy of the indicators and in ensuring a balance between the professional standards of the provider and the legitimate concerns of customers.

Nevertheless, given commitment in the *Public Service Reform Plan* to “radically reducing our costs to drive better value for money” (p. 4), there is also a need for high-level public service performance indicators to ensure that service quality is maintained, while costs are being reduced. This need is given an additional impetus by Ireland’s dependence on funding from the IMF and the ECB, and the resultant scrutiny of public spending this brings. In the context of our present economic crisis, there is a danger that the focus will be directed to the easily measured cost of the public sector, or numbers employed, at the expense of measures of quality. Further, without broad measures of performance, it will be impossible to detect or quantify improvements in the efficiency of public sector delivery. High level measures of outputs and outcomes are required to support a budgetary process that emphasises performance and accountability (Boyle and MacCarthaigh, 2011). Suggesting the form of such performance indicators goes beyond the scope of this paper, but a good beginning could be made by assessing what is right and what is wrong with the approaches adopted elsewhere (see reviews by Boyle, 2006; Mandl, Dierx, and Ilzkovitz, 2008; Prendergast, 2010).

6.3 Customer Focus and Service Design

As well as the survey of perceptions of public services, outlined above, proactive strategies could be adopted to involve service recipients in the design of services. The *Programme for Government*, for instance, emphasises the inclusion of representatives of local communities as well as staff on hospital boards (Department of the Taoiseach, 2011, p. 5). As well as involvement at the level of delivery (where the location, size and scope of the hospital, school, care home or bus route has already been decided), service users and potential service users could be involved at the design stage. Particular care should be taken to ensure that vulnerable service users are represented in this context. A proactive strategy is needed here, rather than a passive request for submissions. The latter is likely to attract inputs mainly from groups that are already organised and who might not represent the interests of service users more generally.

6.4 Customer Satisfaction Surveys and Staff Climate Surveys

The *Public Service Reform Plan* adopts a somewhat ambivalent attitude to customer satisfaction surveys: noting only on page 9, that the Department should “consider whether all parts of the Public Service should undertake two types of annual surveys; a customer satisfaction survey and a staff climate survey”. Undoubtedly, the ambivalence regarding whether to mandate these surveys is related to the cost of designing, implementing and analysing them combined with some doubts as to their usefulness. Rather than being conducted annually and by an external organisation, however, these surveys would be most useful if conducted on an ongoing basis with service recipients, and at least annually with staff, so that the data are immediately available to the public sector organisation itself. Results are most useful to management where they are relevant and timely.

Customer satisfaction surveys could be implemented relatively inexpensively by having the questionnaire administered at the point of service contact. It has become routine for those organising courses or conferences to have participants complete an evaluation sheet at the end. Although the design of the evaluation form often leaves something to be desired – in that the resulting data does not easily lend itself to useful analysis – it serves an important dual function. It provides feedback to organisers and it affirms to participants that their opinion matters. A carefully designed customer satisfaction survey, administered at the point of contact in a manner that ensures the anonymity of the respondent, could yield important information that is immediately useful to the organisation in assessing its approach to service delivery on an ongoing basis. This would allow problems to be detected relatively quickly and, where possible, remedial action to be taken. If the survey could be completed electronically, this would obviate the need for a separate data entry exercise. Surveys completed at the point of contact have a further advantage in that they generally have a higher response rate, and are more representative as they do not rely on people feeling strongly (positively or negatively) enough to take the trouble to complete a questionnaire afterwards.

In designing customer satisfaction surveys, it is important to be aware of the potential for differences between the interests of customers and the organisation to distort the results or, even worse, to distort the performance of agents (see discussion by Prendergast, 2010). For instance, in a social protection context, the customer is interested in receiving the benefit while the organisation is interested in the correct application of eligibility criteria to each case. In designing the survey, information must be collected in enough detail to allow for the effects of unsuccessful applications due to eligibility criteria to be isolated. Instead of a

general question on how satisfied someone was with their encounter, specific questions are needed on accessibility of information on entitlements prior to the application, gaining access to the building, waiting time, courtesy of the official, clarity of the explanations provided, outcome of the application, whether a follow-up call or return visit is needed, and so on.

Regular anonymous staff climate surveys have the potential to provide information important to effectively managing an organisation. When these surveys focus on problems or challenges emerging in the workplace – either in interpersonal relationships, in interactions with customers or in executing tasks – they have the potential to provide information that facilitates timely management intervention to address issues before they become problems. They are likely to be most useful in this regard when they are designed with the specific needs of the organisation in mind. Staff surveys are likely to be most useful in large organisations. Even in relatively small organisations, however, where management-staff relationships are positive, they have a role in bringing to light issues that individual staff members may be reluctant to raise directly with management.

6.5 Communicating with customers and the public

It may not always be feasible to deliver services in the way customers would prefer, either for reasons of cost or because there is a trade-off between different aspects of the quality of the service (such as between proximity of service and the quality advantages associated with scale of operation). The response of service providers and service designers should be one of respect for the legitimate concerns of the customers and the public; managing expectations while working with the customers to find alternative solutions. This involves rethinking where the responsibility of the public service provider begins and ends: at the door of the school or hospital or at the point where the service need is first identified. Issues of access must necessarily enter into the evaluation of public services.

When the expectations of service recipients and the public cannot be met, or cannot be met in the form they would prefer, there is a need for clear communication and dialogue. A continual flow of information, through customer and staff surveys is important to this process. The general survey of public perceptions, considered alongside high-level performance indicators specific to each service, could play an important part in identifying areas where communication gaps exist.

7. CONCLUSION

In this paper, we examined public perceptions of the quality of public services in Ireland. The results suggested that perceptions of the quality of public services tended to be low in Ireland, relative to other European countries, but that the perceptions varied across services. Another important finding was that across four of the five services, those who were economically vulnerable gave a less positive evaluation. This suggests that public services are failing those likely to be most reliant on them. We concluded with a number of suggestions regarding the potentially important role in public sector reform of evidence on quality from the customer perspective:

- The commitment to customer focus needs to be given real content, by involving customers at the service design stage. Particular attention should be paid to involving economically vulnerable customers.
- Well-designed surveys conducted at different levels of generality have the capacity to provide important evidence for public sector reform. This would include general surveys to allow comparison of trends over time and comparison with other European countries and organisation-level customer satisfaction surveys to be used by public service organisations to monitor their own performance.
- Outcome-based performance indicators are also needed to complement the measures based on customer perceptions. While good performance indicators are difficult to design, they are essential if a focus on quality is to be maintained in the context of pressure to deliver budget reductions.
- Managing customer expectations is important to effective service delivery. This requires an ongoing flow of information between customers and service providers. Information on customer concerns is essential to identifying areas where there are communication gaps.

REFERENCES

- Afonso, A., Schuknecht, L. and V. Tanzi, (2003). "Public sector efficiency: an international comparison", ECB Working Paper # 242. Frankfurt: European Central Bank.
- Afonso, A., Schuknecht, L. and V. Tanzi, (2005). "Public sector efficiency: an international comparison", *Public Choice* 123 (3-4), pp. 321ff
- Bandura, Albert (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*, Englewood Cliffs, NJ: Prentice Hall.
- Beck, Aaron T. (1976). *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.
- Boyle, Richard & MacCarthaigh, Muiris (2011). *Fit for Purpose? Challenges for Irish Public Administration and Priorities for Public Service Reform*. (IPA State of the Public Service Series, Research Paper No. 4), Dublin: Institute for Public Administration.
- Boyle, Richard (2006). "Measuring Public Sector Productivity: Lessons from International Experience", (CPMR Discussion Paper Series), Dublin: Institute for Public Administration.
- Castelli, Adriana; Jacobs, Rowena; Goddard, Maria and Smith, Peter C. (2009). "Exploring the Impact of Public Services on Quality of Life Indicators" University of York Centre for Health Economics, Research Paper 46.
- Central Statistics Office (2011). *Statistical Yearbook*. Dublin: Government Publications Office.
- Clements, B. (2002). "How Efficient is Education Spending in Europe?" *European Review of Economics and Finance* Vol. 1, 3ff.
- Co-ordinating Group of Secretaries (1996). *Delivering Better Government: Second Report to Government of the Co-ordinating Group of Secretaries - A Programme of Change for the Irish Civil Service*, May 1996. Dublin: Department of the Taoiseach. (available at: http://www.taoiseach.gov.ie/eng/Publications/Publications_Archive/Publications_2006/Publications_pre_1997/DeliveringBetterGov1.pdf)
- Cronbach, L. J. (1946). "Response sets and test validity". *Educational and Psychological Measurement*, 6:475-494.
- Department of Public Expenditure and Reform (2011). *Public Service Reform Plan*, (17 November 2011). Dublin: Department of Public Expenditure and Reform (<http://per.gov.ie/wp-content/uploads/Public-Service-Reform-181120111.pdf>)
- Department of the Taoiseach (2008). *Government Statement on Transforming Public Service* (available at: http://per.gov.ie/wp-content/uploads/Government_Statement_on_TPS.pdf)
- Department of the Taoiseach (2011). *Programme for Government*, (11 March 2011; available at http://www.taoiseach.gov.ie/eng/Publications/Publications_2011/Programme_for_Government_2011.pdf)

- Edwards, Kari and Smith, Edward (1996). "A Disconfirmation Bias in the Evaluation of Arguments," *Journal of Personality and Social Psychology*, 1996, Vol. 71, No. 1, 5-24
- European Commission (2007). *Eurobarometer 67 Spring 2007: Public Opinion in the European Union*, Brussels: European Commission [http://ec.europa.eu/public_opinion/archives/eb/eb67/eb67_en.pdf]
- European Commission (2011). *Eurobarometer 74 Autumn 2010: Public Opinion in the European Union*, Brussels: European Commission [http://ec.europa.eu/public_opinion/archives/eb/eb74/eb74_publ_en.pdf]
- Eurostat (2010). *Europe in Figures: Eurostat Yearbook 2010*. Brussels: European Commission (Doi: 10.2785/40830)
- Evans, B. *Bias in Human Reasoning: Causes and Consequences* (Psychology Press, 1990).
- Fahey, T., Whelan, C., Maitre, B. (2004). *Quality of life in Europe – First European Quality of Life Survey 2003*, Eurofound, Office for Official Publications of the European Communities, Luxembourg
- Flecker, Jörg; Hermann, Christoph; Brandt, Torsten; Böhlke, Nils; and Thörnqvist, Christer (2008). *Liberalisation and privatisation of public services – company reactions*. PIQUE, paper 15. [http://www.pique.at/reports/pubs/PIQUE_028478_Del15.pdf]
- Garvin, David A. (1984). "What Does "Product Quality" Really Mean?" *MIT The Sloan Management Review*, October 15, 1984, Vol. 26, No. 1, pp. 25-43.
- Gaster, L and Squires, A (2003). "The conceptual framework: stakeholders, values, objectives and definitions" pp. 39- 62 in Lucy Gaster, Amanda Squires, John Crawley, Michael Greenwood, Tessa Harding, Carol Hayden, and Pat Scrutton, *Providing Quality in the Public Sector: A Practical Approach to Improving Public Services* (Philadelphia: Open University Press, 2003) 42, Questia, Web, 30 Sept. 2011.
- Kuhry, B., Pommer, E. and De Kam, F. (2006). "Public Sector Performance, An International Comparison", paper presented at the National Institute of Economic and Social Research (NIESR) fourth Public Sector Performance Conference, London, 20 January.
- Lewis, Jane (2000). "Gender and Welfare Regimes", Chapter 2, pp. 37-51 in Gail Lewis, Sharon Gewirtz and John Clarke, *Rethinking Social Policy*, London: Sage and The Open University.
- Mandl, Ulrike, Dierx, Adriaan, Ilzkovitz, Fabienne (2008). *The Effectiveness and Efficiency of Public Spending*. Brussels: European Commission (doi: 10.2765/22776)
- Mattina, T.D, and Gunarsson, V. (2007). "Budget Rigidity and Expenditure Efficiency in Slovenia." IMF Working Paper WP/07/131
- Moullin, Max (2002). *Delivering Excellence in Health and Social Care: Quality, Excellence, and Performance Measurement* (Philadelphia: Open University Press, 2002) 13, Questia, Web, 30 Sept. 2011.).
- OECD (2007). "Public spending efficiency: institutional indicators in primary and secondary education", Economic Department Working Paper No 543

- OECD (2008). *Ireland: Towards An Integrated Public Service*, OECD Public Management Reviews, Paris: OECD Publishing
- Parker, David (2004). *The UK's Privatisation Experiment: The Passage of Time Permits a Sober Assessment*, CESifo Working Paper No. 1126 [<http://www.cesifo-group.de/portal/pls/portal/docs/1/1189348.PDF>]
- Prendergast, Canice (2010). "What Have We Learnt About Pay For Performance?" (Geary Lecture Winter 2010) *The Economic and Social Review*, Vol. 42, No. 2, Summer, 2011, pp. 113–134
- Rose, Richard and Newton, Kenneth (2010). *Second European Quality of Life Survey: Evaluating the quality of society and public services*. Dublin: European Foundation for the Improvement of Living and Working Conditions.
- Task Force on the Public Service (2008). *Transforming Public Service: Report of the Task Force on the Public Service*. Dublin: The Stationery Office. (http://per.gov.ie/wp-content/uploads/Transforming_Public_Services_Report.pdf)
- Ware JE, Snow KK, Kosinski M. (2000). *SF-36 Health Survey. Manual and Interpretation Guide*. Lincoln, RI: QualityMetric Incorporated, 1993, 2000.
- Watson, Dorothy. (1992). "Correcting for Acquiescent Response Bias in the Absence of a Balanced Scale An Application to Class Consciousness." *Sociological Methods Research* August 1992 vol. 21 no. 1 52-88. doi:10.1177/0049124192021001003
- Watson, Dorothy; Lunn, Pete; Russell, Helen and Quinn, Emma (2011, forthcoming). *Multiple Disadvantage in Ireland: An Analysis of Census 2006*. Dublin: The Equality Authority
- Watson, Dorothy; Pichler, Florian and Wallace, Claire. *Subjective well-being in Europe* (Second European Quality of Life Survey). Dublin, European Foundation for the Improvement of Living and Working Conditions.
- Whelan, Christopher T. and Maitre, Bertrand (2010). "Identifying Economically Vulnerable Groups as the Economic Crisis Emerged." *The Economic and Social Review*, Vol. 41, No. 4, Winter, 2010, pp. 501–525

Appendix

Table A2: Correlation Coefficients between measures of perceived public service quality in Ireland

	Health	Education	Transport	Elder Care	Pension
Health-care	1.00				
Education	0.29	1.00			
Transport	0.37	0.31	1.00		
Elder care	0.42	0.31	0.33	1.00	
State pension	0.38	0.33	0.28	0.63	1.00

Source: EQLS 2007, analysis by author. Note: all correlations significant at $p \leq .01$.

A.1 CONTROL FOR NEGATIVE RESPONSE PATTERNS

In analysing subjective indicators, such as perceptions of the service quality in the present paper, it is important to be aware of the potential of response patterns to bias the results. Much has been written about the potential impact of acquiescent response bias on agree/disagree items (e.g. Cronbach, 1946; Moss 2008; Watson, 1992). However, it is possible that a pattern of negative responding – giving critical assessments in response to survey items, may influence the measure of perceived quality of public services. A plausible interpretation of this pattern is that it operates via the influence of life experiences on mental well-being. Negative circumstances, such as economic vulnerability or health problems, lead to reduced mental well-being and depressed affect. This, in turn, is associated with negative views of the self, the world and the future (Beck, 1976). If we are interested in comparing the quality of services as assessed by different groups, this negative perspective can be seen as a form of cognitive bias (Evans, 1990; Edwards and Smith, 1996), which needs to be controlled in examining differences between social groups. The cognitive bias may have its origin in negative experiences associated with economic deprivation or health problems (Bandura, 1986), but it expands beyond areas of life that directly contributed to that negativity. Because of this potential over-spilling, it is important to control for it in comparing the evaluations of public services across social groups.

The control for any tendency to give negative or critical responses to survey items is constructed as the number of extremely negative responses given to 6 items taken from different scales, dealing with trust in others, trust in the legal system and the press and with views on general compliance in terms of showing consideration for others, paying taxes and obeying traffic laws (see Table A2). Only the extreme negative responses (code 1 on a 10 point scale) were counted

in constructing this scale in order to minimise the extent to which the response pattern scale was influenced by the substantive content of the items (trust and perceptions of compliance).

Table A2: Measures of Response Pattern

Items	Counted score
Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can't be too careful and 10 means that most people can be trusted. (1 = 'You can't be too careful' to 10 = 'most people can be trusted')	1 = 'You can't be too careful'
Please tell me how much you personally trust each of the following institutions. (1 = 'Do not trust at all' to 10 = 'trust completely') The legal system. The press	1 = 'Do not trust at all'
To what extent do you think that most people in Ireland obey the rules when it comes to (1 = 'Do not obey the rules at all' to 10 = 'obey the rules completely') Showing consideration for others in public places? paying taxes? traffic laws?	1 = 'Do not obey the rules at all'

Reliability checks showed that the items form an additive scale with good reliability (Cronbach's alpha = .777). The average respondent gave 0.54 extremely negative responses across the six items and 24 per cent of respondents gave at least one extremely negative response.

A3 MODEL FITTING

For each of the five public services, a structural equation model, incorporating a measurement model for negative responding, was estimated by maximum likelihood using the "lavaan" routine in R (<http://lavaan.org>). A measurement model was constructed to capture a tendency to give negative ratings across a range of items. This latent variable is then included as a regressor in the models for perceived quality of public services, to control for any influence of this response pattern on ratings of the quality of public services. An examination of the residuals suggested that model fit could be improved by freeing the covariances among the three trust items, and this was done in the models.

A3.1 Measurement Model for Negative Responding

Table A3 shows the statistics for the measurement model, including the loadings of the six items on the measurement model and the relationship between the

model and education, living in a city and economic vulnerability. Negative responding is associated with economic vulnerability and with living in a city. It is negatively associated with third level education and with mental well-being, as we would expect if it reflects a generalised negative view of the self and the world.⁷ These relationships, particularly the association with economic vulnerability, point to the importance of controlling for response pattern in evaluating the impact of vulnerability on perceived quality of public services.

The fit statistics indicate that the model fits the data well (RMSEA is .043), although only a small proportion of the total variance in negative responding is accounted for by education, economic vulnerability, living in a city and mental well-being (r-square=.098).

Table A3: Measurement model for Negative Responding

Negative responding ()	Latent variable loadings
Most people cannot be trusted	1.000 ¹
Not trust legal system	1.758**
Not trust the press	1.836**
Not comply-tax	2.258**
Not comply-traffic	2.931**
Not comply-consideration	2.476**
Regression (Dependent variable = Negative responding)	Regression coefficients
Educ. 2nd Lev	-0.010
Educ 3rd Level	-0.020**
City-dwelling	0.030**
Econ. Vulnerability	0.060**
Mental Wellbeing ²	-0.003 *

Note: ** p<=.01; * p<=.05; + p<=.10. Fit statistics: Comparative Fit Index (CFI)= 0.967; Tucker-Lewis Index (TLI)= 0.952; Root mean square error of approximation (RMSEA)=.043; R-square (Negative responding)=.098.

¹ The loading for 'Most people cannot be trusted' is fixed to identify the model.

² Mental well-being is measured as a scale using the 5-item Mental Health scale, part of the Short Form 36-item health survey recommended by the World Health Organization for use (Ware et al., 2000).

⁷ Mental well-being is measured as a scale using the 5-item Mental Health scale, part of the Short Form 36-item health survey recommended by the World Health Organization for use (Ware et al., 2000).



The Economic & Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2, Ireland
+ 353 1 863 2000 www.esri.ie

The ESRI acknowledges the
financial support of FBD Trust
for the *Renewal Series*

