

## Is Subjective Outcome Evaluation Related to Objective Outcome Evaluation? Insights from a Longitudinal Study in Hong Kong

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### ABSTRACT

**Study Objectives:** Empirical studies investigating the inter-relationships among subjective outcomes and objective outcomes are sparse in the scientific literature. This study examined the relationship between these 2 forms of outcome evaluation data in Chinese adolescents, utilizing longitudinal data.

**Design:** In Wave 3 and Wave 4 of a randomized group trial, 2,784 Chinese secondary school students responded to the Chinese Positive Youth Development Scale (CPYDS) assessing objective outcome at pretest (Wave 3) and posttest (Wave 4). Students in the experimental schools also responded to a measure of client satisfaction assessing the subjective outcome of a positive youth development program at posttest (Wave 4).

**Results:** Subjective outcome evaluation measures (eg, process, program, and effectiveness) at Wave 3 were significantly correlated with CPYDS scores at Wave 4 and difference scores. Subjective outcome evaluation measures also predicted changes in the objective outcome evaluation measures scores across time.

**Conclusions:** The present findings replicated the previous findings that subjective outcome and objective outcome evaluation findings were intimately related, and subjective outcome measures predicted posttest measures and their changes over time. The present study suggests that subjective outcome evaluation findings may yield useful information regarding program effectiveness in youth work settings.

**Key Words:** Subjective outcome evaluation, Objective outcome evaluation, Client satisfaction approach, Chinese adolescents, Project P.A.T.H.S

### Introduction

Program evaluation plays an important role in human services. Although there are different approaches to evaluation, objective outcome evaluation is commonly used in the evaluation contexts.<sup>1,2</sup> Objective outcome evaluation refers to the use of objective outcome indicators such as observable and reported behavior in assessing changes in the clients and systems. For example, public health professionals might use the extent of community participation in health programs (eg, operationalized in terms of number of participants) as an objective outcome indicator to evaluate the effectiveness of a community health awareness program. In the context of youth work, pediatricians may use the knowledge gained and drop in risky sexual behavior of participants across time as objective outcome indicators to assess the effectiveness of a sex education program. Besides physical and behavioral measures such as blood pressure and frequency of obsessive behavior, rapid assessment instruments assessing reported behavior (eg, anxiety and depression symptoms, measures of attitudes,

and value orientations) are also commonly used in objective outcome evaluation.

In contrast to the use of “objective” measures, subjective measures are also commonly used to assess program effectiveness. In subjective outcome evaluation, the views of different stakeholders (eg, primarily the clients and program implementers) on the program attributes and/or perceived effectiveness are examined. Most of the time, clients are asked whether they are satisfied with the program and whether they perceive the program to be beneficial to them. Specifically, the client satisfaction survey has been commonly used to assess clients’ perceptions of the program attributes and effectiveness. For example, public health professionals might use the views of program participants (eg, operationalized in terms of their ratings on satisfaction items) as a subjective outcome indicator to evaluate the effectiveness of a community health awareness program (eg, whether the participants feel that the program is effective). In the context of youth work, pediatricians may use the findings of client satisfaction surveys as subjective outcome indicators to assess the effectiveness of a sex education program (eg, whether the program was perceived to be effective in reducing risky sexual behavior). Subjective outcome evaluation is widely used in youth service settings in the clinical and non-clinical fields. Ideally speaking, inclusion of both objective outcome and subjective outcome evaluation in a program can give an all-rounded and

The authors indicate no conflicts of interest.

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comprehensive picture of the program effect. In an era emphasizing consumer rights, the inclusion of both objective and subjective outcome data is helpful as far as accountability is concerned.

Despite its popularity in evaluation, the subjective outcome evaluation approach has several problems.<sup>3</sup> First, the assumption that clients are able to tell the truth and have an objective evaluation is doubtful (ie, ability issue). For example, as remarked by Mills et al, “consumers are usually unable to assess the technical quality of services, with the result that they place more weight on the aspects of perceived quality, such as the interpersonal skills of providers and the comfort of the environment in which treatment occurs, both of which may be unrelated to technical competence. They may, therefore, be more exposed to inadequately qualified practitioners providing care of very poor quality.”<sup>4</sup>, p 326 Second, whether clients are willing to tell the truth is another issue (ie, motivation issue). In particular, if clients wish to appreciate the effort and services of the workers, they may simply say that the service is effective. Hence, it is noteworthy that there are different types of motivation underlying favorable client satisfaction findings. Third, as those who complete client satisfaction surveys are usually those who stay until the end of the program, biases are likely to be involved because those who are dissatisfied with the program might have left the program already. Finally, convenience samples rather than random samples are commonly used in the field.<sup>5</sup>

Perhaps the most serious criticism of the subjective outcome evaluation approach is that favorable client satisfaction results do not necessarily mean effective treatment. Weinback remarked that “the major problem of using client-satisfaction surveys as indicators of intervention effectiveness, or of quality of a service, is that satisfaction with services and successful intervention are not the same.”<sup>3</sup>, p 38 Walsh and Lord also warned that “client satisfaction should not be used as an all-encompassing method of service evaluation or quality assurance.”<sup>6</sup>, p 50 Empirically speaking, the issue on the convergence of subjective outcome and objective outcome evaluation findings is grossly under-researched in the scientific literature. For example, among 27 studies on the treatment of overactive bladder patients, Abrams et al<sup>7</sup> showed that the relationship between subjective and objective outcomes was examined in 1 study only. There are 2 reasons why the degree of convergence of objective outcome and subjective outcome findings should be examined. First, if these 2 domains do not converge, the use of subjective outcome evaluation is not meaningful because it can only generate outcomes unrelated to intervention effects. As such, how we can get relevant treatment outcome information from client satisfaction surveys should be re-considered, particularly in an era emphasizing accountability in services. Second, the related findings can help to develop theoretical models on the relationship between subjective outcome and objective outcome measures which are currently not available.

Besides the paucity of studies in this field, several methodological problems in the existing studies should be noted. First, generic client satisfaction scales utilized in

some of the existing studies may not be specific enough to assess subjective outcomes in social services programs in different populations although they are usually comprehensive. For example, generic client satisfaction scales may not be suitable for youth services because benefits of the program to young people are multi-faceted (such as beneficial in the interpersonal domain but not in the academic domain) and different intervention approaches (eg, adventure-based counseling and voluntary service training) are commonly used. Hence, specific tools on subjective outcome evaluation are needed.<sup>5</sup>

Second, different types of client satisfaction measures were commonly used. While some studies employed a single item<sup>8</sup> or a set of items,<sup>9,10</sup> others utilized client satisfaction scales, such as the Medical Interview Satisfaction Scale,<sup>11</sup> Consumer Satisfaction Questionnaire,<sup>12</sup> and Client Satisfaction Questionnaire.<sup>6,13,14</sup> As such, the use of validated scales specifically assessing the objectives of a program would give a more accurate picture on the linkage between subjective and objective outcomes.

Third, the sample size was small in the related studies in the field. There were only 19 cases in the study by Walsh and Lord<sup>6</sup>; Vandier and Jordan<sup>13</sup> studied empowerment and satisfaction with mental health services of 22 Laotian refugees; Tsai et al<sup>15</sup> reported subjective and objective outcome data based on 32 adult patients with epiphora caused by primary nasolacrimal duct obstruction; Elkadry et al<sup>8</sup> examined the relationships between patient satisfaction in 78 patients; LaSaLa<sup>1</sup> studied the relationship between client satisfaction and clinical outcomes among discharged clients (N = 100) in a counseling center; Ghouloum et al<sup>16</sup> employed 53 patients in which subjective evaluation and objective data were collected after surgery. Obviously, the problem of power is an issue in studies with small samples where Type II error is easily committed.<sup>17</sup>

Fourth, although different dimensions of subjective outcome evaluation have been proposed (eg, satisfaction with the program, instructors, and program effects), investigation of the relationships between global versus specific dimensions of subjective outcome evaluation and objective outcome measures are few.<sup>5</sup> Empirically, there are some studies showing that different dimensions of subjective outcome evaluation are differentially related to objective outcome evaluation.<sup>18,19</sup> Hence, there is a need to accumulate more evidence in this area.

Fifth, many studies in this field are cross-sectional in nature<sup>9,20,21</sup> and there are few longitudinal studies investigating the relationship between subjective outcomes and objective outcomes in the program participants.<sup>5</sup> The use of a longitudinal design can enable researchers to look at the temporal relationship between these 2 domains in a cause-effect manner. This approach can generate a more accurate and comprehensive picture on the problem area.

Finally, most of the existing studies have been conducted in the West and few studies were conducted in the Chinese culture. In view of the huge population in different Chinese societies, credible scientific theories must have supporting evidence in the Chinese context. Moreover, with reference to the Chinese cultural beliefs of “propriety,” “doctrine of the mean,” and “social harmony,” Chinese people may tend

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