

## EVALUATION OF THE QUALITY OF PUBLIC SERVICES IN LITHUANIAN MUNICIPALITIES

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**Abstract.** After Lithuania became a member of the EU, the competitiveness of public services was determined by the ability to ensure efforts of state institutions to provide quality public services and ensure quality of life for local residents. This article presents concept of public service quality and quality evaluation models. Research of public opinion regarding the quality of public services was carried out in Lithuanian municipalities. Research includes seven fields of municipal public services: 1) social services, 2) health care services, 3) education services provided by secondary schools of municipalities, 4) education services provided by adult education institutions and centres. Based on the research, a model of the quality development of public services in Lithuanian municipalities is formed. In the model the key elements that make the public policy effective are identified.

**JEL classification:** D60.

**Keywords:** public services, quality, models, evaluation (assessment), consumers, needs (demands)

**Raktažodžiai:** viešosios paslaugos, kokybė, modeliai, vertinimas, vartotojai, poreikiai.

### 1. Introduction

In the dynamic environment institutions focus on the management of service quality, therefore, institution's activity assessment raises the service quality into important place. Quality of services has always been an important issue; however interpretation of quality itself as well as methods of quality control eventually has changed. Expanding quality concepts have changed research objects too. At the beginning, only quality of service as final result of institution's activity was a matter of interest. Later, an interest in service implementation process quality was taken. Currently, the understanding of quality is even wider—it includes quality of processes and functions carried out in institutions and incorporation of all staff in the process of quality improvement. In

the public sector's institutions, questions of service quality are mostly assigned as direct responsibility of directions, trying to make every employee not only implement all activity procedures properly and on time, but to be concerned to think about further activity improvement as well. Recently, the assessment of the main economic resource of this epoch reveals itself—employee's knowledge quality in the institution. It shows that the direction of institutions understood the importance of service quality; however, practical management of service quality in the public sector is still poorly related to meeting the consumer's needs.

The following foreign scientists have paid most attention to the solving of quality management problems: N. Kelemen (2003), H. D. Seghezzi (1996), A. V. Feigenbaum (1983), P. Dickens (1994), A. Donabedian (1980), A. Griffin, J. R. Hauser (1993), Ch. Gronroos (1990), E. Gummesson (1991), A. Parasuraman, L.L. Berry, V. A. Zeithaml (1993), A. C. Rosander (1989), R. T. Rust, R.L. Oliver (1994). In Lithuania, quality management questions have been analysed by: P. Vanagas (2004), A. Kaziliūnas (2007), E. Vitkienė (2004), L. Žalimienė (2001, 2003, 2007) and others.

Although quality management is a very wide field of research, problems of public service quality management are not finally solved in scientific literature. Furthermore, many scientists interpret essence and substance of quality management in a different way. All it shows is that quality management methodological provisions are not fully formed. Empirical researches in individual fields of public administration service quality assessment are missing.

Lithuanian municipalities are affected by the economical recession of the country, political changes and especially public administration reform, also by changes in the fields of health care, education, social care. Most of the mentioned conditions are changing very intensively and essentially. So, staff of municipal institutions must change their activity constantly and adapt systematically to the changing environment. Strategic plans of municipalities and objectives for the carrying out of public services presented there should be the basis for formulating strategic requirements for staff. Consumer's opinion research should be a primary question of public service quality assessment.

**Objective of the article**—to present the concept of the quality of public services, carry out an evaluation of the quality of public services supplied by education, health and social care systems in Lithuanian municipalities.

**Tasks:**

- 1) Introduce the concept of public service quality;
- 2) Analyse service quality models;
- 3) Carry out evaluation of the quality of public services provided by education, health and social care systems in Lithuanian municipalities.

**Object of research**—quality of services provided by education, health and social care systems in Lithuanian municipalities.

**Research methods**—analysis of scientific literature, abstraction, simulation, comparison, systemic and public opinion research. Public opinion research was carried out in May–December, 2009. Six Lithuanian cities and region municipalities participated

in the research. In total 1542 filled questionnaires were received. The questionnaire consisted of eight parts: 1. Respondent's demographic data. 2. Questions regarding criteria evaluation of the quality of social services. 3. Questions regarding evaluation of the quality of health care services in the municipality. 4. Questions regarding the quality of health strengthening services in local municipal institutions. 5. Questions regarding the quality of preschool education services provided by municipality evaluation. 6. Questions regarding the quality of education services provided by evaluation of gymnasiums. 7. Questions regarding quality of education services provided by secondary schools evaluation. 8. Questions regarding quality of education services provided by adult education institutions and centres.

## **2. Theoretical basis of research**

### **2.1. The concept of the quality of public services**

Different interpretations of quality are used in scientific literature sources. In most cases, quality is defined by the level of well-being, which indicates the response of a person to physical, mental and social changes in life. This is not only adequate physical welfare, but also perception of welfare and common sense of own value. According to the opinion of E. Vitkienė (2004), quality is the human ability to create wide, informative, overall, creative attitude to many things, as quality is based on social, ethical, cultural, historical experience, generally acceptable and individual perception. It is a very abstract interpretation of the concept of quality, which includes many dimensions of life. According to international quality standard, quality is a degree of compliance of totally available characteristics to requirements (Lithuanian Department of Standardization, 2001). Requirements can be established by taking into account product features and the needs of consumers. A. Kaziliūnas (2007) especially relates the concept of quality with satisfaction of consumer's needs. According to his opinion, requirements mostly are determined by taking into account the consumer's needs, wishes and expectations, therefore, quality can be defined with another shorter term: quality—level of consumer's satisfaction. According to P. Dikens (1994) actions related to quality should be oriented to consumer's present and future expectations.

A. Parasuraman, L. Berry and V. Zeithalm (1985) say that the quality concept for goods and services differs: the latter in most cases is intangible, it cannot be calculated and measured, also, anticipated tests cannot be carried out in order to ensure the quality of service. Authors point out that the quality of provided service also depends on the relationship between client and service supplier, furthermore, carrying out of service and consumption are inseparable in evaluating the quality of provided service.

Public services, according to their features, belong to the service sphere, though in nature they cover private as well as public interests. Publicity covers the aspect of human activity, which, supposedly, needs authority or society regulation, intervention

or at least some kind of joint efforts (W. Parsons, 2001). Quality of public services can be analysed in various aspects.

D. Garvin (1988) identified five main approaches to quality:

- Transcendent approach—a semi-philosophical approach, when, according to D. Garvin (1988), quality is neither matter nor mind, but the third objective reality. This is condition for perfection, meaning perfect quality is different from bad quality.
- Quality of service is one of the main factors to which consumers give most attention and which undertakes reliability, delivering on promises, sensitivity, supplying service on time, competence and many other aspects which can be measured. Contrary to A. Parasuraman, L. Berry and V. Zeithalm, says that consumer measures quality mostly by his time and money.
- Quality to consumer—level of compliance of consumer's requirements to the service.
- Quality in production is defined as compliance to parameters foreseen in advance, which are registered in standards, technical specifications, recipes and other documents. Any deviation from the standard is considered as a defect.
- Value approach—quality is defined in concepts of expenses and price. Quality service is such which is operated with acceptable costs and price. (P. Vanagas, 2004).

In this article a third approach is maintained, meaning that research of quality to the consumer of supplied education, health and social care services is carried out. Some literature sources assign these services to social services in a wide view. According to L. Žalimienė (2001), social services in a wide view are the services offered to society—education, health care, social care, sport, leisure, culture services.

In the opinion of Žalimienė (2001, 2003), when speaking about the issues of social services, the following needs of the receiver of social services (client) as consumer, citizen and member of society should be considered firstly:

1. Receiver of services as consumer—individuality should be ensured, as consumption of any service is individual.
2. Receiver of services as citizen—rights of the citizen should be ensured.
3. Receiver of services as member of society—their integration into the society where they live should be ensured.

Supplied services will be quality services when their quality will be guaranteed in all pointed out aspects. Lack or ignoring of any of them will mean insufficient quality. All mentioned aspects of client's needs are typical for municipal institutions and should be object for new research.

Quality of social services also can be estimated as quality of technology or as quality appointed to the individual. Quality of social services in the level of the individual depends not only on politics of social services carried out on the state level but also on quality of supplied services on the institution level. L. Žalimienė (2001) points out the following levels of the social service quality evaluation:

1. Individual—service receiver level. It is satisfaction of a client's needs according to special methodology.

2. Level of social service institution. It is organization of an institution's activity to guarantee social–economic efficiency.
3. Municipal level. It is estimation of reasonable needs of service receivers and development of adequate services. As well as stimulation of advanced experience's application and assurance of service's accessibility.
4. State level. Preparation of regulating laws and standards and determination of their control method.

Looking at quality in the context of public services, satisfaction of the individual with the received service is important. Quality is achieved when there are certain provided requirements which public institutions must comply with. Quality satisfying standards can be only minimal assurance of the quality. According to Ch. Gronroos (1990) service perceived by a consumer is estimated according to two main quality parameters: technical (result) and functional (process). Technical—what is supplied to consumer, functional—how it is supplied. Measure of quality is the result of the service supply process: that which remains to the consumer when supply of service is ended and when interaction between consumer and supplier is ended. Quality usually is perceived subjectively, that's why this process is complicated, as there are no measurements which would help to determine the level of quality. Quality is good when it meets the expectations of consumer. If expectations are unrealistic, from the view of consumer, quality of the service will be bad, even if, by objective evaluation, it is good. In the opinion of Ch. Gronroos, expectable quality of services is determined by three factors: direct communication, image of the institution and the wishes and needs of the consumer. Perceived quality of services is not influenced by technical and functional levels of quality as well as by incompliance between expected and incurred quality. It is thought that the image of a service enterprise makes the biggest influence on a consumer's understanding of service quality. So, the quality model of Gronroos reveals aspects of incurred and expected quality. The quality model of E. Gummesson (1991) shows that the consumer has a preliminary expectation which can be satisfied by a certain institution; also the consumer has formed a proper image of quality. Positive image helps while negative image forms an opinion which is usually worse than the real situation. Quality acceptable to the consumer is the result of expected and incurred quality evaluation. In the opinion of E. Gummesson technical and functional quality is influenced by such sources as planning, production, presentation and interaction with the market. The quality formation process can be described by other models of service quality as well. One of those is the expanded quality function model (Griffin, Hauser, 1993). In quality management, quality function deployment is widespread. Quality function deployment (QFD) is a process when employees of different subdivisions (departments), using various matrices, evaluate the consumer's influence on service quality. As application of QFD model employees of different departments take part, strategic and tactical decisions are influenced by the results.

A hierarchical system of consumer's needs helps to define that influence.

QFD can be considered in three stages:

1. evaluation of consumer's needs;

2. classification of consumer's needs;
3. marking out of priority needs.

This model shows that service quality is an expression of the consumer's needs. An institution as a service provider first of all has to find out which services a consumer feels at the moment and how to provide service that is most acceptable to the consumers. The QFD model seeks to ascertain how service politics causes the choices of a consumer, experiences satisfaction and sales volumes. Advantage of this model is that it is very simple and easily perceptible to everyone, therefore, everybody can take part in its practical implementation. The QFD model foresees that all necessary data would be presented in four positions which show:

1. Link between consumer's needs and features of provided service;
2. What activities can be taken by the institution to bring features of service nearer to the consumer's needs;
3. Using the means that the institution will implement its ideas with;
4. How the decisions will influence volumes of provided services.

The objective of QFD—a satisfied consumer.

In the institution of the public sector, the method of service mistake analysis, offered by A. Parasuraman, L. Berry and V. A. Zeithaml (1990), can be applicable as well. Core of the model is that the consumer evaluates quality of the service as the result of the difference between expected and received service. In the model of mistake analysis, five differences which may cause unsuccessful presentation of the service are presented. Differences presented here are analysed as mistakes:

1. Mistakes of management—this is the gap between the expectations of the consumers and the understanding of management about them. Management of organization doesn't always have the correct perception regarding expectations of the consumers;
2. Mistakes in quality criteria determination—this gap between imaginary situation and required quality. Management of organization may correctly understand the expectations of the consumers, but determine the wrong standards of provided service;
3. Service provision mistakes—this gap between provided service and quality of its provision;
4. Quality of received service mistakes—this is the gap between perception of service and service (attention) expectations. The gap appears in the cases when the consumer has a wrong understanding of provided service quality.

To evaluate the quality of the service criteria, its measurement is required. To measure the quality of public services, the methodology of service quality evaluation, presented by A. Parasuraman, L. Berry and V. Zeithalm (1990), can be partly used. The methodology is named *Servqual* ("service+quality") (A. Parasuraman, L. Berry and V. Zeithalm (1990, 277)). By applying this methodology, clients of services can be asked to express their opinion regarding evaluation of provided services, if the provided services meet their needs, were their needs satisfied facing service providers in real situation. This model helps to determine the discrepancy between expectations of the

consumer and quality of provided service (A. Parasuraman, L. Berry and V. Zeithalm (1988, 30)). On the basis of Servqual methodology, five service quality indicators, mostly determined by service consumers, were distinguished. They allow evaluation of the strong and weak features of provided services:

- *Tangibles*—flexibility of usage of equipment, premises, documents and other resources;
- *Reliability*—capability to provide services despite different obstacles and factors which have a negative influence on the process, capability to provide promised service the way it was agreed;
- *Responsiveness*—kindness and operative service;
- *Assurance, competence*—knowledge of employee, qualification and complaisance;
- *Empathy*—care and individual attention to the consumer (Parasuraman, Berry, Zeithalm; 1990, 23).

Servqual methodology is used for periodical monitoring of provided service quality. Pointed out criteria helps the service receiver decide about the quality of provided services and institution and service providing staff can decide what more should be done in order to improve provided services. With assistance of this methodology the expectations of consumers and approach to provided services can be evaluated, as well as areas which mostly require attention and new activities of management in order to improve service quality can be determined (Parasuraman, Berry, Zeithalm; 1990, 34).

Scientists A. Guogis and D. Gudelis (2005) also agree that providing social services, besides the public service role of private and non-governmental, should increase. They think that social services can be not only purchased, but sold in the market as well.

According to L. Žalimienė (2006) European Integration increases its influence on state, private and non-governmental providers of social services, to their role and position in society, as one of the main principles of the European Union's policy is to stimulate free competition and not discriminate participants of the free-market. It means that the same criteria of free establishment, operation and possibilities of provided services are valid to all providers of social services.

According to scientists L. Žalimienė ir E. Rimšaitė (2007), at the end of the 20th century new concepts and concepts appearing in social and economic policy are changing the understanding of local municipal functions. Creation of possibilities for local residents to receive social services becomes its main function, but not the direct providing of them.<sup>1</sup> According to scientists, municipalities should create such conditions so that non-governmental institutions or private organizations could compete regarding contracts of provision with state service institutions on equal rights (L. Žalimienė, E. Rimšaitė, 2007).

<sup>1</sup> Žalimienė L., Rimšaitė E. „Nevyriausybių organizacijų metamorfozės – nuo labdaringos pagalbos vargšams XVIII amžiuje iki socialinių paslaugų rinkos dalyvio šiuolaikinėje visuomenėje.“ *Socialinis darbas: mokslo darbai*. Vilnius: Mykolo Romerio universiteto Leidybos centras, 2007. Nr. 6(1), p. 90. – ISSN 1648-4789.

As L. Žalimienė states, in reference to the concept of contemporary management, involving the clients in the improvement of service quality is a necessary element of service quality assurance (Žalimienė, 2007). In the area of public services their “client oriented” service management model is not applicable yet, but in estimating the system of public service quality evaluation nascent in Lithuania it was noticed that it highlights too many indicators of objective—the technological rating scale and underestimates or even ignores application of subjective (individual consumption) scale. Very often politics estimate quality as technologists who are interested in rationality, efficiency and inexpensiveness first, but not in changing the receiver’s (client’s) situation, feeling and, lastly, his opinion and evaluations. Evaluation of public service quality and standards implementation cannot be imagined without involving the client in the process of evaluation, however, standardized quality assurance methods should be adjusted to special circumstances, such as municipality size or the type of institution. The quality of public services should be evaluated at several levels, which would reveal the peculiarity of different processes in the levels of service receiver, service provider or municipality as service coordinator. It is necessary to divide the process of public service quality assurance into two parts—quality evaluation, which would cover work processes, and from there following results and feedback in further implementation of reforms in education, health care and social care systems.

States cooperating with non-governmental organizations can expand possibilities to provide public services, improve quality of public services, and stimulate competition and participation in contests.

## 2.2. Methodology of Research

In order to find out if the investigated Lithuanian municipalities implement social, health care and education services the way they are declared in their strategic action plans, residents of different municipalities were questioned to find out their opinion about services organized and provided by municipalities. For that the goal of research was raised—carry out research of public opinion in order to find out how residents evaluate public services organized and provided by the municipalities. For data collection and verification, an anonymous questionnaire was used.

Questionnaires were distributed in six Lithuanian municipalities. 1800 questionnaires were distributed, 1542 came back after questioning. The survey was carried out in May–December, 2009. In the municipalities respondents were selected in random order.

Data for research was collected at the time and place convenient to the respondents. The content and purpose of the survey was introduced to the respondents. Confidentiality and anonymity of respondents was ensured regarding provided information. Essential ethical, legal principals were taken into account during research to ensure that the personal rights of research participants were not violated.

To avoid subjectivity, a sufficient number of questions and a wide range of answers were presented, which allowed collection of comprehensive and reliable data.

The reliability statistics were measured using Cronbach’s Alpha coefficient. The measure of Cronbach’s Alpha coefficient was 0,941, and the measure Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0,948, which is considered as excellent.

The data was analysed by two steps. At first step aimed to evaluate the quality of social, health care and education services depending on living area using distributive statistical methods was made. Then explanatory factor analysis of elements of social, health care and education services was performed, aiming to identify the key elements that have significant importance for provided social, health care and education services in researched municipalities. The elements researched are represented in Table 1.

**Table 1.** The research model for analysis of elements of social, health care and education services

<b>Elements of social services</b>	<b>Elements of health care services</b>	<b>Elements of educational services</b>
<ol style="list-style-type: none"> <li>1. Capacities to bring back people to changing labour market and to ensure safety of society</li> <li>2. Social support system</li> <li>3. Development of entrepreneurship</li> <li>4. Development of activities of communities</li> <li>5. The cooperation of various groups of different sectors</li> <li>6. Implementation of long term crime prevention programs</li> <li>7. Reconstruction and reorganization of infrastructure of social services institutions</li> <li>8. The system of social services facilitated to people needs</li> <li>9. The training of social services staff</li> <li>10. The publicity of projects on social services in European Union</li> <li>11. Developed the supply of social services</li> </ol>	<ol style="list-style-type: none"> <li>1. The health policies aimed at disease prevention, healthy lifestyle, health education and preservation</li> <li>2. Network of health service institutions</li> <li>3. Implementation of sport program</li> <li>4. Implementation of long-term disease and addiction prevention programs</li> <li>5. Development of health services</li> <li>6. Promotion of public healthy lifestyle and rich recreational facilities</li> <li>7. Health education and strengthening programs</li> <li>8. Development and participation in various health care programs financed by EU structural funds</li> </ol>	<ol style="list-style-type: none"> <li>1. The reorganization of school network</li> <li>2. Information systems network of educational institutions</li> <li>3. Implementation of compulsory pre-school education</li> <li>4. The services of pre-school age children education</li> <li>5. Decreased the differences between the city and village schools</li> <li>6. Modernized education and schools system, adapted to the needs of labour market</li> <li>7. Provided possibilities for any age people to come back into the education system</li> <li>8. Development of qualitative qualification services</li> </ol>

Factor analysis is widely applicable in many contexts and is a useful tool in studying the characteristics or behaviour of a population (Yu, Lam, Lo, 2005). The basic idea of key factor analysis is to identify the extent to which variables that are related can be grouped together so that they can be treated as one combined variable or factor rather than as a series of separate variables (Cramer, 2003). Several statistical methods to identify a key factor have subsequently been proposed in the literature. These are, in terms of the familiar relationship,  $K = k_1 + k_2 + \dots + k_n$ , to correlate  $K$  with a  $k$ , regress  $K$  on a  $k$ , or regress a  $k$  on  $K$ , the last method being currently most frequently used (Royama, 1996).

Statistical software package “SPSS 17.0.0 for Windows” was used for data analysis.

### Research Results of Evaluation of the Quality of Social, Health Care and Education Services Depending on Living Area

The research aimed at investigation of the impact of different indicators on the opinion of public services. Tables depicting opinion—differentiated by living area—distribution are provided below.

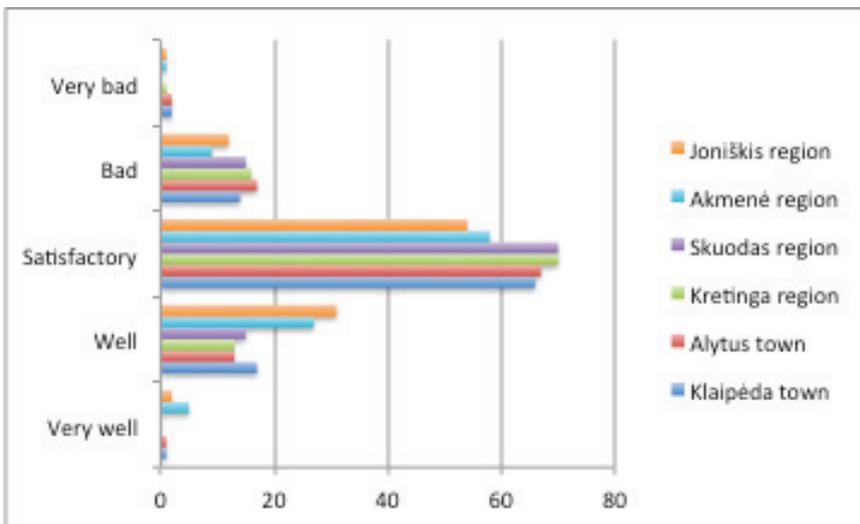


Fig. 1. Evaluation of Quality of Social Services depending on Living Area

Figure 1 shows that the majority of the respondents, depending on their occupation and living location, evaluated the quality of social services as satisfactory. The conclusion is drawn up that the respondents evaluated as best the social services provided by the regions of Kretinga and Skuodas.

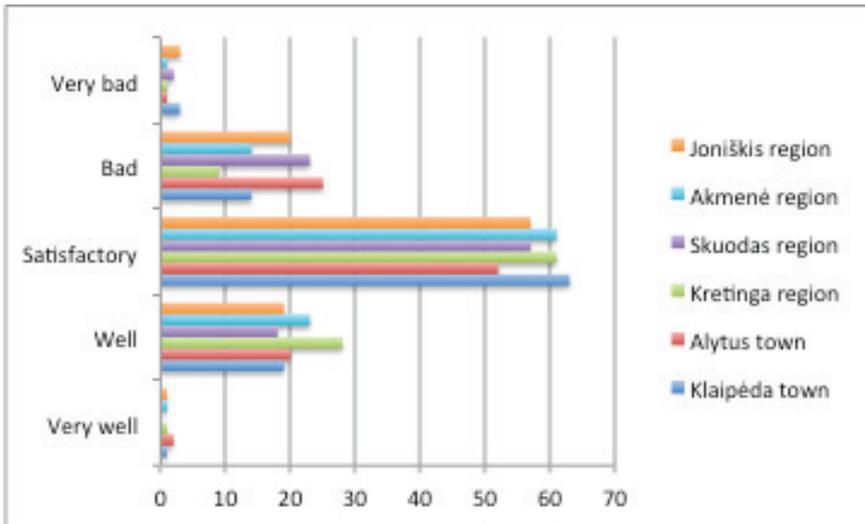


Fig. 2. Evaluation of Health Care Services depending on Living Area

Figure 2 reveals that respondents, depending on their occupation and living area, evaluate health care services as satisfactory. The conclusion runs as follows—the health care services in the Kretinga region municipality are evaluated as best and the same services in Joniškis region municipality are evaluated at a lower scale.

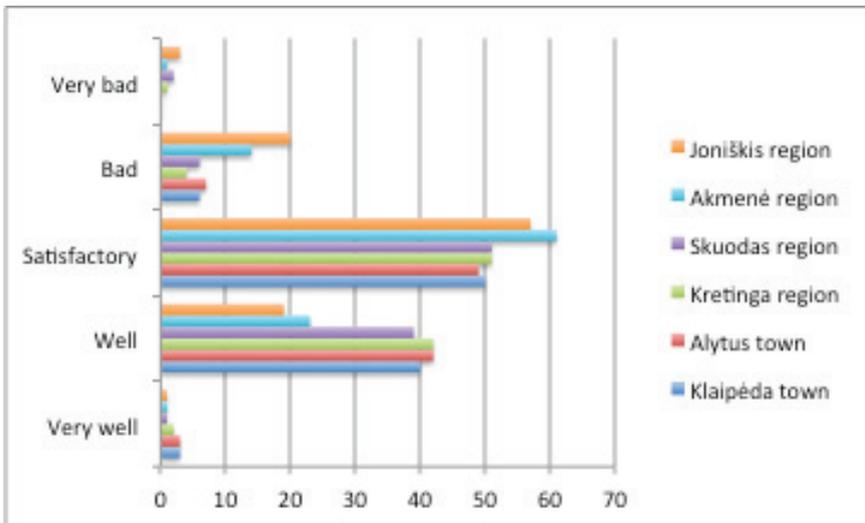
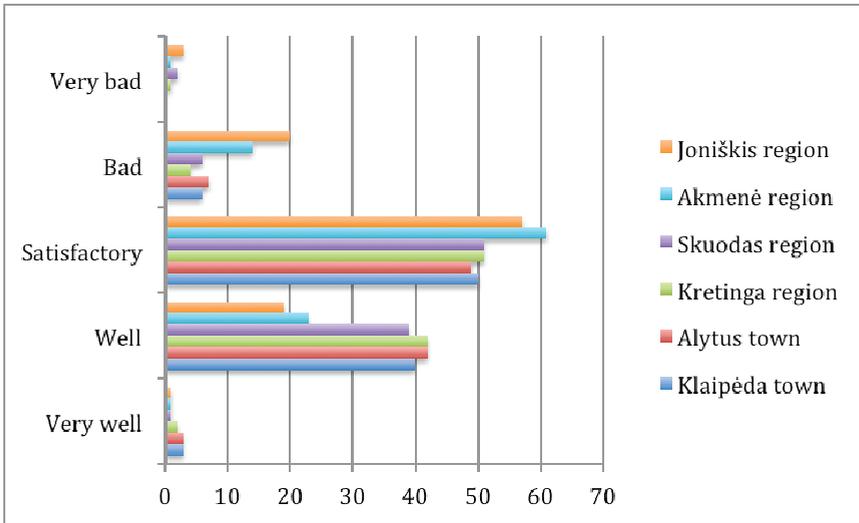


Fig. 3. Evaluation of Number of Qualified Teachers at Gymnasiums depending on Living Area

The data provided in Figure 3 proves that the respondents evaluate the number of qualified teachers as well or satisfactory in the towns of Klaipėda and Alytus, Kretinga

region and Skuodas region municipalities. Meanwhile the evaluation of the number of qualified teachers in Akmenė and Joniškis regions are evaluated at a lower scale.



**Fig 4.** Evaluation of Quality of Services of Life Long Learning Centres depending on Living Area

The information provided in Figure 4 shows that the evaluation of the quality of the services of the lifelong learning centres, depending on the occupation and living area, almost equals the evaluation of the number of qualified teachers. The conclusion can be formulated that the quality of the evaluation of the education services is lower in the more problematic areas such as Akmenė and Joniškis region municipalities. Therefore, the administrations of the municipalities of the mentioned areas should consider the list of institutions providing education services and announce calls for tenders seeking to find institutions providing higher quality services that would lead to more satisfied consumers with public services provided by the municipality.

### **Research Results of Explanatory Factor Analysis of Key Elements of Social, Health Care and Education Services**

According to the Results of Factor Analysis the key elements of social, health care and educational services are identified.

In figure 5 a scree test of initial eigenvalues of components is represented. The scree plot indicates the number of factors as being the important factors. The extraction method is principal component analysis using covariance matrix. The figure illustrates that 3 components are important for further analysis. Factor 1 has 37,83 % of variance, factor 2—9,10 % of variance, factor 3—5,635 % of variance. The extraction method used is principle component analysis.

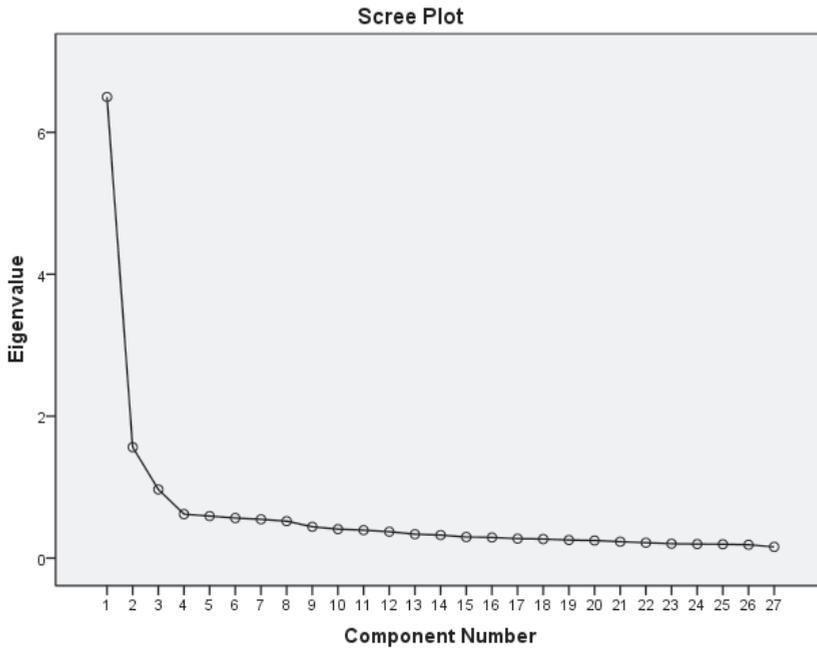


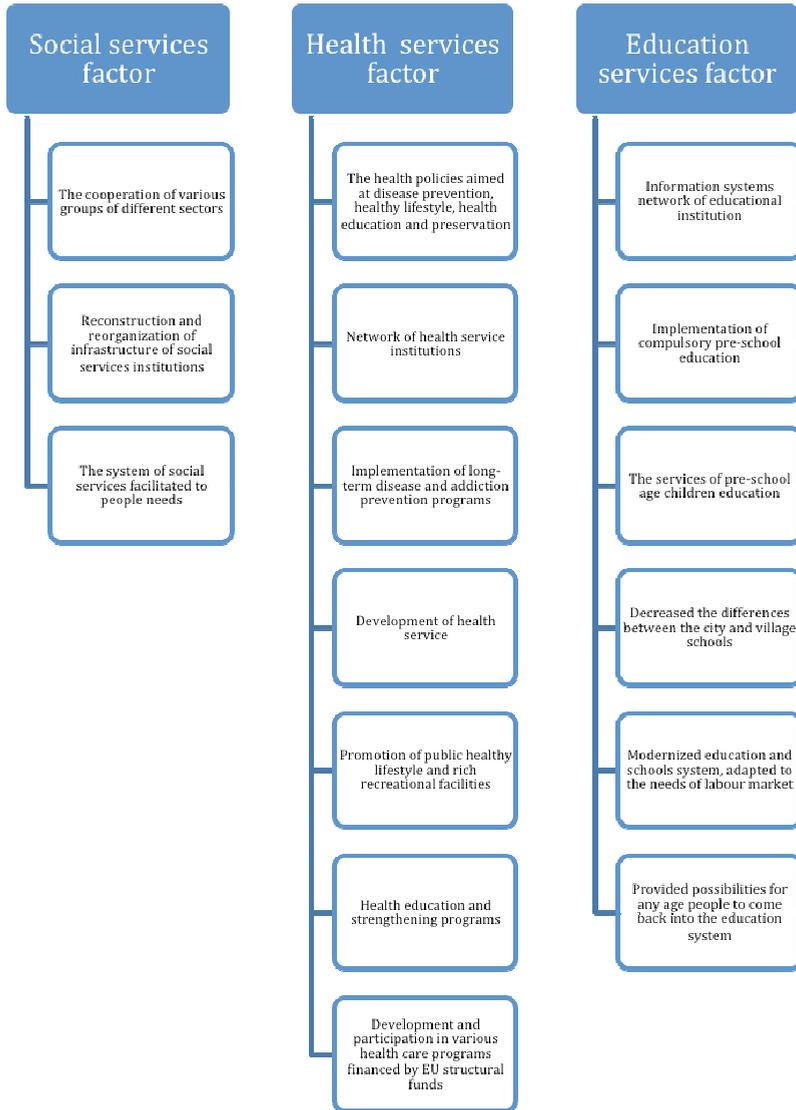
Fig. 5. Scree Test for the Principal Components

In Table 2, a rotated component matrix is represented. The initial principal components, which explain most of the variance in the variables, are rotated to make the meaning clearer (Cramer, 2003). Extraction method used is principal component analysis. Rotation method—varimax with Kaiser Normalization. From rotated component Matrix we can identify key elements of identified factors. In the research it is considered that the key element is the element with a score of 0.65 and more.

Table 2. Rotated Component Matrix

	Raw			Rescaled		
	Component			Component		
	1	2	3	1	2	3
Capacities to bring back people to the changing labour market and to ensure the safety of society	,479	,167	,068	,636	,222	,090
Social support system	,448	,120	,112	,622	,166	,156
Development of entrepreneurship	,462	,135	,123	,610	,179	,162
Development of activities of communities	,448	,109	,111	,590	,143	,146
The cooperation of various groups of different sectors	,475	,151	,136	<b>,670</b>	,213	,192
Implementation of long term crime prevention programs	,438	,185	,163	,565	,238	,210

	Raw			Rescaled		
	Component			Component		
	1	2	3	1	2	3
Reconstruction and reorganization of the infrastructure of social services institutions	,503	,175	,136	<b>,674</b>	,234	,182
The system of social services facilitated to people needs	,516	,206	,148	<b>,671</b>	,268	,193
The training of social services staff	,387	,180	,208	,528	,245	,284
The publicity of projects on social services in the EU	,501	,198	,148	,622	,246	,184
Developed the supply of social services	,477	,243	,120	,633	,322	,160
The health policies aimed at disease prevention, a healthy lifestyle, health education and preservation	,252	,581	,144	,301	<b>,693</b>	,172
Network of health service institutions	,124	,616	,206	,144	<b>,713</b>	,238
Implementation of sport program	,292	,389	,202	,345	,460	,239
Implementation of long-term disease and addiction prevention programs	,228	,592	,130	,285	<b>,739</b>	,162
Development of health services	,221	,629	,149	,265	<b>,754</b>	,179
Promotion of public healthy lifestyle and rich recreational facilities	,265	,537	,139	,328	<b>,666</b>	,173
Health education and strengthening programs	,231	,540	,122	,307	<b>,719</b>	,163
Development and participation in various health care programs financed by EU structural funds	,213	,512	,138	,277	<b>,666</b>	,180
The reorganization of school network	,190	,097	,471	,228	,116	,565
Information systems network of educational institutions	,214	,110	,502	,282	,145	<b>,660</b>
Implementation of compulsory pre-school education	,105	,075	,576	,131	,094	<b>,720</b>
The services of pre-school age children's education	,105	,136	,648	,121	,158	<b>,749</b>
Decreased the differences between the city and village schools	,193	,119	,662	,212	,131	<b>,729</b>
Modernized education and schools system, adapted to the needs of the labour market	,173	,180	,602	,203	,212	<b>,708</b>
Provided possibilities for people of any age to come back into the education system	,087	,160	,574	,101	,186	<b>,667</b>
Development of qualitative qualification services	,157	,208	,520	,191	,253	,634
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 5 iterations.						



**Fig. 6.** The Model of Quality Development of Public Services in Lithuanian Municipalities

According to confirmatory factor results we can identify three factors, which can be called social the services factor, health services factor and education services factor. The key elements of these services are evaluated in Table 2. We can evaluate that the key elements of social services factor are the cooperation of various groups of different sectors, reconstruction and reorganization of infrastructure of social services institutions, the system of social services facilitated to people needs. The key elements of health services factor are the health policies aimed at disease prevention, healthy lifestyle, health education and preservation, network of health service institutions, implemen-

tation of long-term disease and addiction prevention programs, development of health service, promotion of public healthy lifestyle and rich recreational facilities, health education and strengthening programs, development and participation in various health care programs financed by EU structural funds. Education services factor has these elements—information systems network of educational institution, implementation of compulsory pre-school education, the services of pre-school age children education, decreased the differences between the city and village schools, modernized education and schools system, adapted to the needs of labour market, provided possibilities for any age people to come back into the education system. From these elements could be formed the model of quality development of public services in Lithuanian municipalities, that is represented in figure 6.

The model of quality development of public services in Lithuanian municipalities could be used for public services in social, health care and education areas in Lithuania. In the model, the key elements, that make the public policy in specific areas effective, is identified.

### 3. Conclusions

1. Looking at quality in the context of public services and in pursuance of the quality to the consumer approach, most important is the consumer's satisfaction with provided service. However, the "client oriented" public service management model is not applicable yet in Lithuania.

2. In the management of public services, quality function deployment and mistake analysis models can be partly applicable, as well as modifications of the Servqual model.

3. It is necessary to divide the process of public service quality assurance into two parts—quality evaluation which includes work processes and their results and feedback in further implementation of reforms in education, health care and social care systems.

4. Financial responsibility of the state and municipalities is not described exactly; there is a lack of coordination between parties in the level of management in organizing provision of public services. More financial autonomy would undoubtedly influence further development of the public service provision sector.

5. The institutions that provide public services should consider initiating public opinion polls and increase the quality of the public services. Local municipality institutions should thoroughly organise public procurement procedures ensuring that the enterprises winning the competitions meet the requirements of the residents and engage residents in evaluation of the evaluation of the public services provision procedures.

6. According to confirmatory factor results, we can identify key elements for public policy in the areas of social, health care and education services. According to these elements, the model of quality development of public services in Lithuanian municipalities is formed. This model could be used for making public policy effective. Also the model could be used as instrument for further researches, aiming to evaluate the quality of public services in specific region.

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## VIEŠŪJŲ PASLAUGŲ KOKYBĖS VERTINIMAS LIETUVOS SAVIVALDYBĖSE

Gita KONDROTAITĖ

**Santrauka.** Lietuvai tapus ES nare, viešųjų paslaugų konkurencingumą lemia gebėjimas užtikrinti valstybės institucijų pastangas suteikti kokybiškas viešąsias paslaugas ir užtikrinti vietos savivaldos gyventojų gyvenimo kokybę.

Lietuvos savivaldybės dabartiniu metu yra veikiamos ekonominio šalies nuosmukio, politinių permainų ir ypač viešojo administravimo reformos, taip pat pokyčių sveikatos apsaugos, švietimo ir socialinės rūpybos srityse. Daugelis minėtų sąlygų keičiasi labai sparčiai ir iš esmės. Todėl savivaldos institucijų personalas, siekdamas prisitaikyti prie kintančios aplinkos, privalo keisti savo veiklą nuolatos ir sistemingai. Savivaldybių strateginiai planai ir juose pateikti tikslai teikiant viešąsias paslaugas turi būti pagrindas formuojant strateginius reikalavimus personalui. Svarbiausias viešųjų paslaugų kokybės vertinimo pagrindas turėtų būti paslaugų vartotojų nuomonės tyrimo rezultatai.

Siekiant išsiaiškinti, ar Lietuvos savivaldybės įgyvendina socialines, sveikatos priežiūros ir švietimo paslaugas taip, kaip deklaruoja savivaldos strateginiuose veiklos planuose, nuspręsta apklausti skirtingų savivaldybių gyventojus ir sužinoti jų nuomonę apie savivaldybių organizuojamas bei teikiamas paslaugas. Tam buvo iškeltas tyrimo tikslas – atlikti viešosios nuomonės tyrimą, siekiant išsiaiškinti, kaip gyventojai vertina savivaldybės organizuojamas ir teikiamas viešąsias paslaugas.

Straipsnio tikslas – pateikti viešųjų paslaugų kokybės sampratą, atlikti švietimo, sveikatos ir socialinės apsaugos sistemų teikiamų paslaugų kokybės vertinimą Lietuvos savivaldybėse.

Uždaviniai:

1. pateikti viešųjų paslaugų kokybės sampratą;
2. išanalizuoti paslaugų kokybės modelius;
3. atlikti švietimo, sveikatos ir socialinės apsaugos sistemų teikiamų paslaugų kokybės vertinimą Lietuvos savivaldybėse.

Tyrimo objektas – švietimo, sveikatos ir socialinės apsaugos sistemų teikiamų paslaugų kokybė Lietuvos savivaldybėse.

Tyrimo metodai: mokslinės literatūros analizė, abstrakcijos, modeliavimo, lyginimo ir viešosios nuomonės tyrimo analizė.

Viešosios apklausos tyrimas atliktas 2009 m. gegužės–gruodžio mėn. Tyrime dalyvavo šešios Lietuvos miestų ir rajonų savivaldybės. Tyrimas aprėpia septynias savivaldybių viešųjų paslaugų sritis: 1) socialines paslaugas, 2) sveikatos priežiūros paslaugas, 3) savivaldybėje teikiamas švietimo paslaugas vidurinėse mokyklose, 4) savivaldybėje teikiamas švietimo paslaugas suaugusiųjų mokymo įstaigose bei centruose

Tyrimui reikalingų duomenų patikrinimui ir surinkimui buvo naudojama anoniminė anketa. Savivaldybėse respondentai pasirinkti atsitiktine tvarka. Iš viso išdalinta 1800 anketų, grąžintos 1542 užpildytos anketos. Tyrimo anketos sudarytos iš aštuonių dalių: 1. Respondentų demografiniai duomenys. 2. Klausimai dėl socialinių paslaugų kokybės kriterijų vertinimo 3. Klausimai dėl sveikatos priežiūros paslaugų kokybės vertinimo savivaldybėje. 4. Klausimai dėl sveikatos stiprinimo paslaugų kokybės vietos savivaldos įstaigose. 5. Klausimai dėl savivaldybėse teikiamų ikimokyklinio ugdymo paslaugų kokybės vertinimo. 6. Klausimai dėl švietimo paslaugų teikiamų kokybės vertinimo gimnazijose. 7. Klausimai dėl švietimo paslaugų kokybės vertinimo vidurinėse mokyklose. 8. Klausimai dėl švietimo paslaugų kokybės vertinimo suaugusiųjų mokymo įstaigose bei centruose.

Gauti tyrimo rezultatai parodė, kad dauguma respondentų pagal užsiėmimą ir gyvenamąją vietą socialinių paslaugų kokybę daugiausiai įvertino vidutiniškai. Geriausiai savivaldybės teikiamas socialines paslaugas įvertino Kretingos ir Skuodo rajonų respondentai. Kvalifikuotų mokytojų skaičių respondentai gerai ir vidutiniškai įvertino Klaipėdos miesto, Alytaus miesto, Kretingos rajono ir Skuodo savivaldybėse, tuo tarpu Akmenės ir Joniškio rajono savivaldybėse kvalifikuotų mokytojų skaičių įvertino blogiau. Suaugusiųjų mokymo centrų paslaugų kokybę respondentai pagal užsiėmimą ir gyvenamąją vietą įvertino panašiai kaip ir kvalifikuotų mokytojų skaičių. Galime daryti išvadą, kad probleminėse teritorijose, tokiose kaip Akmenės ir Joniškio rajonų savivaldybėse, švietimo paslaugų kokybė yra vertinama blogiau, todėl šių rajonų savivaldybių administracijos turėtų peržiūrėti įmonių, kurios teikia viešąsias paslaugas, sąrašą ir skelbti naujus konkursus, kad paslaugos būtų suteiktos kokybiškai ir paslaugų vartotojas būtų patenkintas savivaldybės teikiamomis paslaugomis ir gyvenimo kokybe.

Tyrimo metu nustatyta, kad viešųjų paslaugų kontekste ir laikantis kokybės užtikrinimo vartotojui požiūrio, svarbiausias yra vartotojo pasitenkinimas gauta paslauga. Tačiau Lietuvoje dar netaikomas „į klientą orientuotas“ viešųjų paslaugų vadybos modelis. Viešųjų paslaugų kokybės vadyboje gali būti iš dalies taikomas išplėstinis kokybės funkcijos modelis, klaidų analizės modelis, taip pat *servqual* modelio modifikacijos.

Viešųjų paslaugų kokybės užtikrinimo procesą būtina skirstyti į dvi dalis – kokybės vertinimą, kuris apimtų darbo procesus ir jų rezultatus, bei grįžtamąjį ryšį toliau vykdant švietimo, sveikatos apsaugos ir socialinės rūpybos reformas.

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