What is this methodology?

A self-administered questionnaire is a structured form that consists of a series of closed-ended and open-ended questions. It is called self-administered as the respondents fill it in themselves, without an interviewer. Closed-ended questions have a list of possible options listed, from which the respondents must choose — these can be pre-coded. Open-ended questions permit any answer that the respondent thinks is appropriate and should be recorded in the respondents' own words. These need to be coded after all the possible responses and assigned themes have been read.

This questionnaire (see Section 2a Data collection tool) provides the following information:

- it establishes a comprehensive profile of the categories, qualifications and job responsibilities of health workers by clinic, district, region and province. This is particularly useful where poor health information systems exist;
- it provides an overview of certain existing clinic management practices, which include protocols for patient treatment and for staff supervision, and health workers' opinions regarding their usefulness;
- it allows staff to identify their training needs, and their attendance, and perceived usefulness of, the present in-service education programme; and
- it explores health workers' level of work satisfaction, their understanding of the range and organisation of reproductive health services, and their perception of the need for change in these areas.

This is an example of whether health workers would like to see changes in their health services

<table>
<thead>
<tr>
<th>Province</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Missing (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>79%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Province 2</td>
<td>59%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Province 3</td>
<td>70%</td>
<td>11%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Where the Health Workers for Change methodology is unable to cover all health workers from the area for which the project is being planned (owing to constraints such as time, or budgets), the Self-administered Questionnaire can
What is the target group?

How does the information help you understand the impact of inequalities between men and women on the health system?

Play a complementary role. It also provides quantitative data where Health Workers for Change gives qualitative data. Although this questionnaire could be used as a tool by itself, we would advise that it be used in conjunction with at least one other tool, like the Health Workers for Change workshops.

This tool is for all staff at primary health care centres, which includes every person working in any capacity at clinics. The definition of health workers includes all nursing staff and other support staff, such as gardeners, cooks, drivers, security guards, clerks, social workers, cleaners, volunteers, inspectors, community health workers and any other category of staff.

When assessing the information on health workers' understanding of what constitutes reproductive health service, ask these questions:

- Does the range of health services go beyond those that concentrate on childbearing health services like antenatal and postnatal care or delivery? Does it acknowledge that reproductive health needs begin well before conception and continue well after delivery, and should therefore include health services for menstruation problems, sexuality education and menopause services?
- Do health workers acknowledge that women have a right to choose and have a right to control their own fertility by acknowledging the need for a wider range of contraceptives and safe abortion services?
- Do the mentioned services regard reproductive health as being services for both men and women? Are sexually transmitted disease (STD) services mentioned?
- Do health workers consider the needs of teenagers when talking about reproductive health?
- Do health workers take into account the low status given to women by including services like the prevention and treatment of sexual violence?

When assessing the information on health workers' understanding of how reproductive health services should be organised, think about who uses the services and ask the following questions:

- Are the opening hours of the clinic suitable to the time constraints, work patterns and economic situation of clients and do the hours take account of the geographical accessibility of services to clients? Compare this with the information from the focus group discussion with users. It will indicate whether or not services are planned according to the needs of the clients.
- Are services rendered on specific days or at specific clinics or by specific providers? Does this reflect the interrelated nature of health needs? For example, does the arrangement of providing family planning services separately from the treatment of STDs suit clients or push clients away from services?

Further ideas to guide you on this issue can be gathered from the workshops on 'Women's status in society' and 'Unmet needs' in the Health Workers for Change manual.
How does this methodology involve people in the process of change?

As a manager, how can you use this information?

How do you implement the methodology?

The methodology by itself does not initiate a process of change amongst health workers. It needs to go hand-in-hand with some form of disseminating and planning activity (see Section 7 for the methodology we used). However, as it takes account of the opinion of every health worker it sets in motion a process that allows for broad-based consultation and forms part of a participatory style of management. Including all staff and taking into account all opinions begins the process of building a health team and softening hierarchy.

- The information forms part of a comprehensive database on staff distribution and management practices, which can be used if there is a need for major or minor restructuring. It can also be used by you and health workers for the monitoring and evaluation of services.
- It will inform you about the issues supervision will have to deal with. Is there an appropriate balance of work and staff development opportunities amongst staff members? Are treatment protocols available and being adhered to? Is the frequency of supervision as important as supportive supervision?
- It allows you to develop in-service education programmes based on local needs and situations.
- It will identify areas where change is required. Areas where health workers are more willing to change should form the basis for further consultation in developing action plans, whereas if health workers are resistant to change then steps to address this will be your primary concern.

1. The success of this method depends on large numbers of health workers participating, by sending back their completed questionnaires. You should aim to get back 80% of the questionnaires. You need to look at the logistics in your area and decide on the best method to ensure each staff member gets a questionnaire, understands its purpose, wants to complete it, and fills it in and returns it.

2. To reduce the percentage of non-responders, the following information should be given to health workers prior to sending out the questionnaires: the aims of, and reasons for, conducting the project; what they as respondents need to do; that their participation is voluntary; and that their responses will be treated as confidential information. This could be done at staff meetings and/or by writing an article about the project in a newsletter.

3. It is absolutely necessary to ensure that the people in charge of clinics are involved in the discussions about the overall project, so that they do not fear their staff members’ inputs.

4. If possible, acquire details from the appropriate section of the health service of the numbers of staff in the areas where the questionnaires are to be distributed.
How do you analyse the information?

5. Decide who would be the best located person(s) to manage the distribution and collection of questionnaires. In our project the Provincial Co-ordinators were responsible for each of their provinces and they worked closely with relevant section heads.

6. Ensure that the questionnaires are distributed when clinic staff can complete them. Try to avoid overlapping with special programmes such as campaigns or when clinics are busy compiling and sending in their regular reporting schedules.

7. A checklist needs to be maintained stating details such as the clinic name, the number of staff, the number of questionnaires distributed and the number of questionnaires collected. Work out a system so that you will know how many questionnaires have been distributed and returned in each area you are covering.

8. On distribution, instructions regarding the date by which forms should be completed and the person to whom they should be handed over should be given verbally, as well as written on the front of the questionnaire.

9. Once the questionnaires are returned, check for inconsistency or missing data which could be corrected or filled in. For example, if the respondent has not filled in the clinic name, by looking at the checklist, the name can be established.

The data consists of both closed-ended and open-ended information. To analyse this data, a statistical package is required. A basic statistical package like Epi Info will serve the purpose. However, if the project is conducted in only one or two clinics, then the analysis can be done through manual compilation rather than using a computer.

**Step 1: Coding**

For those using a computer statistical software package, the first step is to develop a coding sheet – this can be done by one person and checked by another. If the project is being implemented at a district or regional or provincial level, then one combined coding sheet should be developed, as this will facilitate analysis for individual areas, as well as giving an overall picture.

The process for closed-ended questions is relatively easy compared to that for open-ended questions. Coding takes on a predetermined form for closed-ended questions, for example in a question with a yes/no option, ‘yes’ could be 01 and ‘no’ could be 02.

For open-ended questions themes must be developed using the method described in Section 1. Thereafter codes should be allocated for each theme. Under each code each participant’s response should be listed.

On the basis of the coding sheet (which includes both the open-ended and closed-ended questions), all the questionnaires should be coded. This can be done

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1 Epi Info is a statistical program and word processor produced by and available from, the Centers for Disease Control, Atlanta, Georgia 30333 and the World Health Organisation, Geneva.
by two or three team members, depending on the number of questionnaires. There may be times when a new code needs to be added to the coding sheet, which then needs to be communicated to all the members involved in coding. After coding is completed, a random check on a sample of questionnaires (10%) should be done to check for errors made during coding.

**Step 2: Data entry**

If a statistical package is being used then fields need to be created on Epi Info (see Chapter 7: ‘Creating questionnaires using EPED’ in the Epi Info Manual). The data should then be entered (see Chapter 8: ‘Entering data using the enter program’ in the Epi Info Manual) and cleaned.

**Step 3: Analysis**

Basic analysis could be done through a frequency distribution for the following variables (see Chapter 9: ‘Analysis: producing lists, frequencies, tables, statistics and graphs from Epi Info files’):

- the job titles of respondents
- the number of respondents per clinic/district/region/province
- the highest qualifications of respondents
- the main duties of respondents
- the features of clinics mentioned as being good
- the features of clinics mentioned as being bad
- whether change is desired in health services
- aspects in the health services that need to be changed
- reasons why changes to health services are necessary
- the availability of treatment protocols
- the utilisation of treatment protocols
- whether supervisors visit the clinic
- the frequency of supervisors’ visits in the previous six months
- the usefulness of supervisory visits
- the components of comprehensive reproductive health services
- respondents’ perspectives on how to organise comprehensive health services
- the frequency of attending in-service education in the previous year
- topics covered at in-service education
- satisfaction with in-service education
- reasons for being satisfied with in-service education
- reasons for not being satisfied with in-service education
- topics that respondents would like to have covered by in-service education.
In addition to drawing up frequency distributions, it could be useful to combine two or more variables to explore further relationships. At such times cross-tabulations should be done. For example, in our project a cross-tabulation of primary duties and the job titles of staff gave us a clear picture that a certain category of staff was doing jobs beyond their scope of practice and that within a certain category of staff, junior staff were performing a greater number of tasks compared to their seniors. The decision as to which variables to cross-tabulate depends upon the local situation and data. Given below are some of the variables which we cross-tabulated:

- highest qualification by job title of respondents
- primary work duty by job title of respondents
- attendance of in-service education in the previous year by job title of respondents
- number of supervisory visits in the previous six months by job title of respondents.

**How much time is required to complete the process?**

Clearly this depends on how many clinics you are covering. A large area (three provinces with more than 400 clinics in our case) took four to six months. During that time, we did, however, also distribute and analyse data from other tools as well. If you are only covering a few clinics, say one to four clinics, approximately two weeks to a month will be required.

- Given that those who conduct the project are not physically present at the time of filling in the questionnaires, the questions need to be as clear as possible, to control for a vast range of interpretation of the questions.
- If the project uses several methodologies then it is essential that clear instructions are given regarding who is meant to fill in the questionnaire. In our project in one province the self-administered questionnaire was filled in by the person in charge of the clinic and the facility checklist was filled in by all health workers, which was exactly opposite of what was required!
SECTION 2a
DATA COLLECTION TOOL: SELF-ADMINISTERED QUESTIONNAIRE

This questionnaire is to be used for all staff at clinic level

Dear colleague

This questionnaire is to assist us to know who is working at the clinic, their qualifications and individual responsibilities at work. There is also a series of questions that we would like to ask to explore your job satisfaction and your ideas for change at work. It is part of the reproductive health transformation project which your province has initiated, with the aim of making services better for women and for the people who work in the services. We need your response. Please feel reassured that there are no right or wrong answers – some are about the way your clinic runs and some are about the training needs and the management support to render comprehensive services. We are interested in getting an idea of what is happening in your province and we are asking questions in other places in your province. We appreciate your contribution.

Date

Job title

Clinic name

Region/district

Province

Qualifications and training

1. What is your highest qualification? Please make a cross in the relevant box.
   - primary school
   - high school
   - tertiary education (diploma )
   - degree
   - other

2. What are your main duties at work? Can you describe your job, what you do and what you are responsible for?
Changes in the workplace

3.1 Some people say health services are OK, some say they are good and some say they are bad. Can you describe what you think is good about your clinic?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3.2 Can you describe what you think is bad about your clinic?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Many people say things in the health services need to change. Would you like to see anything change in the health service where you work?
   Yes ☐   No ☐

5. If yes, what? (You can also suggest changes in your job description.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Why?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Clinic management

7. If you treat patients, do you have guidelines?   Yes ☐   No ☐
   Do you use them?

   Never ☐
   Rarely ☐
   Sometimes ☐
   Usually ☐
   Always ☐

8. Do supervisors visit your clinic?   Yes ☐   No ☐
   If yes, how many supervisory visits did you receive in the last 6 months?
9. Have you personally found these visits: useful □ not useful □ no comment □

Reproductive health

10. We know that antenatal care, maternal child health, family planning and postnatal care services are provided for women. What other services would you add to this list to meet women's health needs?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

11. Most people are talking about comprehensive health services. Assuming that you had enough staff and equipment, how do you think clinic services should be organised?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

In-service education

12. Have you ever attended in-service education? Yes □ No □

If yes, please continue to answer.
Otherwise, you can end here. Thank you for your response.

13. How many in-service education sessions did you attend in the year 1995?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

14. What were the topics of each one of them?

1

2

3

4
15. Were you satisfied with them?  Yes ☐  No ☐

16. Explain why:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

17. Are there any other topics you would like to see covered by the in-service education programme? List five in order of priority.

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________
5. ______________________________________________________

If you are a nurse, please continue to answer. Otherwise, you can end here. Thank you for your response.

18. Looking at the components that make up reproductive health, do you need any training in order to provide comprehensive reproductive health services? If yes, can you elaborate?

(Here are some examples: For running cervical screening, you may need retraining on smear-taking techniques. For improving contraceptive service, you may need to know different methods of contraception and their side effects, methods of emergency contraception, technology for applying IUD etc. For running family planning, you may need to know about management of family planning services, in-depth knowledge of family planning, training programmes for family planning, research in family planning etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your co-operation. We will give you feedback about this questionnaire.