

Patient Satisfaction with Services Provided in a Dental Hospital in India: An Institution Based Study

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ABSTRACT

Background: The necessity to measure patient satisfaction is rooted in the basic responsibility of clinicians to assure that the public receives optimal benefits from available knowledge and facilities accessible. The purpose of this study was to ascertain if there was a statistically significant influence on behaviour of the care providers & technical factors on level of patient satisfaction.

Objective: To evaluate the patient's satisfaction regarding the quality of dental care provided at dental clinics of a private college In New Bombay.

Materials and Method: A study was conducted at the dental clinics of the D Y Patil School of Dentistry at New Bombay. A study was employed over a period of 2 weeks. A modified questionnaire based on the Othman L questionnaire used in a study conducted in the Journal of Tahibah University of Medical Sciences was used. The questionnaire consisted of 4 sections 1) patient- personnel interaction 2) technical competency 3) administrative efficiency 4) clinical environment.

Results: The total average mean percentage score was 91.5% which indicates good patient satisfaction among the patients that visited the clinic. Patient- personnel interaction showed a score of 79.5% and assessment of clinical environment showed a 95.2% indicating high patient satisfaction.

Conclusion: Overall commendable patient satisfaction was seen. Measures to be taken for improved patient satisfaction have been looked into. In summary these studies will help provide a foundation for managerial action to improve care in all academic dental institutions.

Keywords: Patient Satisfaction, quality, healthcare.

INTRODUCTION

Patient satisfaction with dental care is an important aspect of the quality of service provided and will influence the future utilization of the service. Analysing the quality of care provided in colleges is a necessity as it has a direct influence on patient motivation and their return for further treatment and follow ups. Patient surveys are used mainly to assess treatment processes proficiency from the patient's perspective.

The goal of this study was to determine the level of patient satisfaction in the various departments of the college in order to find out the areas of weakness to further enhance the efficiency of the department to sustain services within a competitive environment. Many dental organisations have been striving for a greater independence and recognition (Adams 2004). It has been shown that patients who were more satisfied with dental care had better compliance, fewer un-

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Table 1: Participant's satisfaction on Patient- Dentist interaction.

Item	Agree		Neutral		Disagree	
	n	%	n	%	n	%
1. Dental staff did not talk with each other while providing my treatment	128	64.0	64	32.0	8	4.0
2. Dental staff were concentrating on their work	173	86.5	23	11.5	4	2.0
3. Dentist were friendly towards me	180	90.0	17	8.5	3	1.5
4. Dentist explained the procedures to me before they started treatment	161	80.5	35	17.5	3	1.5
5. Dentist gave me post-procedure instructions	176	88.0	24	12.0	0	0.0
6. Dentist's facial expression was friendly and	189	94.5	11	5.5	0	0.0
7. Dentist did not criticize my oral condition	144	72.0	47	23.5	9	4.5
8. Dentist did not compare my oral health with those of others	192	96.0	4	2.0	4	2.0
9. Dentist did not ask me personal question during consultation	189	94.5	5	2.5	6	3.0
10. Dental staff did not force me to receive dental care from a student	190	95.0	10	5.0	0	0.0

Table 2: Participant's satisfaction with Technical Competency.

Item	Agree		Neutral		Disagree	
	n	%	n	%	n	%
1. Treatment offered to me was not painful	172	86.0	21	10.5	7	3.5
2. I was given a thorough dental examination	188	94.0	12	6.0	0	0.0
3. I received a good quality treatment	196	98.0	3	1.5	1	0.5
4. Dental instrument used during my treatment were sterilized	173	86.5	18	9.0	9	4.5

Table 3: Participant's satisfaction with Administrative Efficiency.

Item	Agree		Neutral		Disagree	
	n	%	n	%	n	%
1. Working hours of the clinic were suitable for me	188	94.0	12	6.0	0	0.0
2. I did not have to wait for long time to get an appointment	179	89.5	15	7.5	6	3.0
3. I had a short waiting time to get my treatment	168	84.0	25	12.5	7	3.5
4. I received a complete dental treatment	198	99.0	02	1.0	0	0.0

Table 4: Participant's satisfaction with Clinical Setup Environment.

Item	Agree		Neutral		Disagree	
	n	%	n	%	n	%
1. The waiting area where I waited, was comfortable	189	94.5	11	5.5	0	0.0
2. I was assured privacy during the treatment.	192	96.0	8	4.0	0	0.0

attended appointments, less anxiety, better understanding of dental hygiene and were happier. Dentist-patient interactions as well as administrative efficiency during dental treatment affect patients' compliance with clinical advice and commitment to scheduled visits. Therefore, information on patients' feedback and satisfaction is

necessary to properly evaluate the service being given.

Economic studies in 2013 indicated over 67% of Indian population fall in low income groups, and are unable to afford good dental care. The treatment costs in the dental colleges of India have

Table 5: Overall satisfaction for the Four main disciplines.

Item	Minimum Agree %	Maximum Agree %	Mean Agree	SD
Patient dentist interaction (10 items)	64.0	95.0	79.5	21.92
Technical competency (4 items)	86.0	98.0	92.0	8.48
Administrative efficiency (4 items)	84.0	99.0	91.5	10.60
Clinic setup environment (2 items)	94.5	96.0	95.2	1.06
Overall average percent mean score (20 items)	84.0	99.0	91.5	10.60

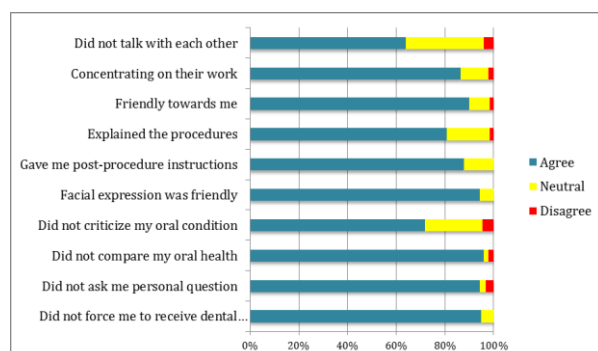


Fig 1: Participant's satisfaction on Patient-Dentist interaction a graphical representation.

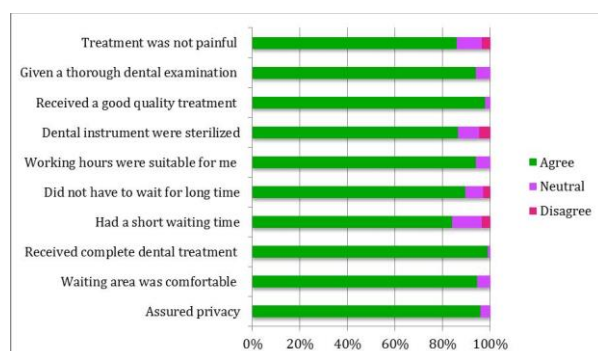


Fig 2: Participant's satisfaction with Technical competency, Administrative efficiency, Clinical Setup environment a graphical representation.

been subsidized owing to the large number of low income groups in India. D Y Patil School of dentistry in Navi Mumbai was chosen to conduct this study owing to the excellent patient flow in all departments. The university aims at providing top notch facilities for their patients and invests a good amount on providing resources for the same and also provides quality training to their students to deliver supreme treatment, but little information is available on the satisfaction of patients with the treatment received. Understanding the importance of patient satisfaction and learning to provide

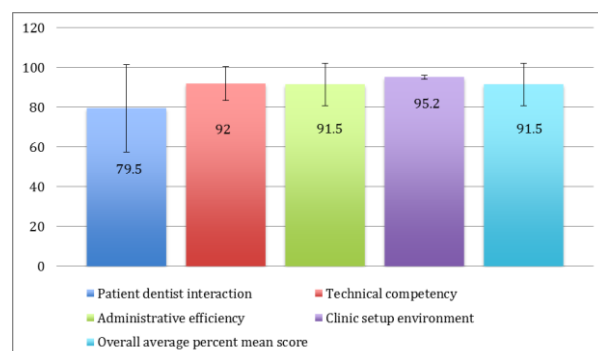


Fig 3: Overall satisfaction for the four main disciplines a graphical representation.

quality service should be integrated at the university level itself and hence it was imperative to conduct a study at the dental university.

MATERIALS AND METHOD

A study was conducted among 200 healthy adult patients who visited the dental clinics of D Y Patil School of Dentistry. Of which 122 were males and the other 78 were females. The patients selected were between age groups of 20-70. Patients suffering from systemic diseases, smokers, pregnant and lactating mothers were excluded from the study. Also patients who did not received treatment and children were excluded from the study. A random sampling technique was employed over a 1month period.

A self-administered (Hindi/English) questionnaire was used. The modified questionnaire was based on Othman L questionnaire to measure the criteria affecting patient's satisfaction. A set of 20 questions were provided which were placed into four different categories 1) patient-personnel interaction- 10 questions 2) technical competency- 4 questions 3) administrative efficiency- 4 questions 4) clinical

setup- 2 questions. The patients were asked to indicate their degree of agreement using a 3 point Likert scale (agree, neutral, disagree) which was relatively easy for the patients to fill. Students guided the patients with filling up their forms. In the study conducted on 200 patients, all of them completed the survey post treatment and handed it over to the dental student treating them. Personal details such as name, age, sex and department in which the treatment was carried out were specified.

Clearance from the Ethical committee was obtained for the study.

Statistical Analysis

The data was coded and keyed into Statistical Package for Social Sciences Version 20.1 (SPSS Inc., Chicago, IL). Descriptive statistics and graphical representations were done. Percentages, mean values, standard deviations and tabulation of the same were conducted.

RESULTS

The data collected was analysed on four main disciplines and studied in a tabulated form. The results are depicted in the tables below. Table 1 shows the evaluation of patient satisfaction with his/her interaction with the dentist. Friendliness of the dentist and the concern for the patient's privacy were seen to show a 96% satisfaction among patients. Table 2 depicts the patient's satisfaction with technical competency. Table 3 depicts administration efficiency and Table 4 clinical setup environment. Table 5 represents overall satisfaction for the four main disciplines. Figure 1 is a graphical representation of satisfaction on dentist-patient interaction. Figure 2 is a graphical representation of satisfaction on technical competency administrative efficiency and clinical setup environment. Figure 3 is a graphical representation of overall satisfaction of the four main disciplines. Refer to Tables & Figures given below. Patient satisfaction based on Demographic characteristics such as age and sexes were also evaluated. Majority of males took part in the study. The mean age was 38 years.

DISCUSSION

Patients develop respect towards the care providers and the healthcare organisation when value is created in the form of quality healthcare.

Measuring level of patient satisfaction is very important because the data can be used to develop strategies and action plans to improve care for consumers, enhance providers knowledge of satisfaction variables and overall improve the dental care. The purpose of managing expectations in the dental setting is to minimise any discrepancy between the patient's expectations and their actual experience.

In the study conducted dentist-patient interaction showed a satisfaction of 79.5% which is higher compared to the studies conducted at other universities [1,2]. But among the remaining parameters measured this showed a lower satisfaction percentage. Low satisfaction was seen when asked questions like "whether the dental staff spoke with each other during treatment" and "whether the patient's oral condition was criticised". Discipline is of great importance in an educational setting and hence minimal interaction between co-workers and students during treatment is recommended. It improves concentration and promotes increased interaction with the patient. The patient can also be made to feel comfortable by interacting in languages that he can understand and discussing treatment plans directly with him. Owing to the large number of low income groups visiting the university and their lack of oral hygiene education and poor practices, the efforts of the dental student to inform the patient about the importance of hygiene and inculcate good oral hygiene practices might be interpreted by certain patients as criticism. Politely convincing patients about the need to improve oral hygiene without hurting their sentiments help foster a friendly environment. In a healthcare setting patients tend to compare actual outcomes with that of perceived outcomes (Oliver and DeSabro,1998) this is also known as the expectancy- disconfirmation theory. In various studies conducted patients exhibited more satisfaction when the dentist encouraged questions, paid more attention to them, had a calm attitude, and were friendly and reassuring (Mataki,2000). Patients expect to be treated by highly competent and skilled healthcare professionals (Wilde et al., 1993) and patients are displeased if this satisfaction levels are not met. Dissatisfaction also arises when dentists fail to give enough information to the patients (Badner et al.,1992).

Academic dental care providers like faculty, clinical students and assistants must offer technically competent quality procedures and also develop a good working relationship amongst each other. Clinical experience is one of the important aspects of dental education hence it is the academic institution's obligation to make sure that the patients are highly satisfied with the level of care (Yoshido & Matak, 2002). Explaining procedures clearly to the patient shows competency and confidence. Providing as painless a treatment as possible with the use of methods like provision of topical local anaesthesia before treatment, etc. are methods to improve technical competency. Past occurrences often shape patient's expectations - affecting both the diagnosis and treatment. It is seen that patients who have visited a number of practitioners for the same complaint may have unrealistic expectations, which will need to be addressed before attempting further treatment.

Timely appointments, well organised system for giving appointments, cancellations, reappointments and follow ups to ensure complete treatment must be implemented. Newer effect systems such as the Patient Appointment Reservation Systems online and other advanced internet facilities should be utilized to improve administrative efficiency. Various models such as the Advance access or Advanced appointment system proposed by Murray and Tantau for preventing backlog of appointments and delay in providing medical care can be efficiently used in clinics. Researches have suggested that modern furniture welcomes visitors, improving visual ambience comforts them, reading and doing puzzles avoids frustration, presence of comfortable chairs, cooling fans, provision of water, clean restrooms, magazines, newspapers, etc. in the waiting areas improves patient comfort.

CONCLUSION

The current study indicated that the patients that came to the university were well satisfied with the treatment provided, owing to the overall satisfaction being above ninety percent. Frequent studies must be conducted to evaluate quality and improve dental services provided in India. In this consumer driven society, patient satisfaction data can be used for the welfare of the

public, the healthcare providers as well as the Institution.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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