



## RESEARCH ARTICLE

### EVALUATION OF CONTENTEDNESS OF PATIENTS OVER THE SERVICES PROVIDED BY COMPREHENSIVE ORAL HEALTH CARE SYSTEM

\*Dr. Madhulatha, G., Dr. Manasa, P., Dr. Jaya Krishna, B. and Dr. Harshavardhan, T.

Department of Oral Medicine and Radiology, Meghna Institute of Dental Sciences, Nizamabad, Telangana, India

#### ARTICLE INFO

##### Article History:

Received 29<sup>th</sup> June, 2017  
Received in revised form  
19<sup>th</sup> July, 2017  
Accepted 14<sup>th</sup> August, 2017  
Published online 30<sup>th</sup> September, 2017

##### Key words:

Contentedness,  
Fulfillment,  
Satisfaction,  
Contentment,  
Patient-dentist interaction,  
Technical competency,  
Administrative efficiency and Clinical setup,  
Comprehensive oral health care.

#### ABSTRACT

**Introduction:** Satisfaction of the patient with dental treatment provides an important aspect of quality of treatment and determines the future utilization of services. Fulfillment of patient expectation and demands as well as positive assurance, good responses to patient as well as resolve confusions and doubts of the patient provides better satisfaction and result in a future return of the patients to receive subsequent good quality of treatment. Feedback on contentedness regarding dental care is vital for continuous improvement of the service delivery process and outcome.

**Aim of present study:** To explore satisfaction of patients associated with dentist and dental practice set up.

**Material and Methods:** The present study included 1000 patients out of which 921 forms were evaluated. They were asked to tick appropriate options for 24 questions of the feedback form. These were tabulated and subjected to statistical analysis.

**Results:** Among the 921 study subjects, 493 (53.5%) were males, and 428 (46.4%) were females. The overall report in terms of response was good & agree (79.1%), fair & neutral (20.8%), poor & disagree (0.1%). Based on main factors patients expressed maximum satisfaction patient-dentist interaction, (88.2%) and least with technical competency (50%) and moderate with administrative and clinic setup (66%).

**Conclusion:** Though the responses were not high but they were satisfactory. Hence further improvement in all aspects and especially regarding aseptic instruments and waiting area to be considered for further utilization. By conducting such study one can be able to understand the difference between patients demands and patients satisfaction. This is the only study conducted on large sample size in category of studies related to patient satisfaction.

Copyright©2017, Dr. Madhulatha et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Madhulatha, G., Dr. Manasa, P., Dr. Jaya Krishna, B. and Dr. Harshavardhan, T. 2017. "Evaluation of contentedness of patients over the services provided by comprehensive oral health care system", *International Journal of Current Research*, 9, (09), 57674-57677.

## INTRODUCTION

Contentedness, fulfillment, satisfaction, contentment are the various terms used to describe ones feeling of happiness. Kotler defined satisfaction as: "a person's feeling of pleasure or disappointment resulting from comparing a product's perceived performance or outcome, in relation to his or her expectations". (Kotler, 2003) Patient satisfaction is defined by keegan the patient satisfaction reflect the total experience of health care. It is the duty of the oral health care provider to maintain oral health of the dental patients in order to gain satisfaction from the patient. (Keegan et al., 2003) Satisfaction involves intellectual, emotional, psychological factor and previous experience, expectation of the patient behavior of dentists. (Lliffe et al., 2008) Fulfillment of patient's expectation and demands as well as positive assurance, good responses to patient as well as resolve confusions and doubts

of the patient provides better satisfaction and result in a future return of the patients to receive subsequent good quality of treatment. (Goedhart et al., 1996) Patient satisfaction can be assessed using certain parameters like patient dentist interaction, technical competency, administrative efficiency and clinical setup. (Mohamed Saad Mahrous and Tamer Hifnawy, 2012) Thus, patient's expectations can be assessed based on dental experience. (Joseph L. Riley et al., 2014) Dissatisfaction may eventually change the dentist which may effect the clinical practice. (Bedi et al., 2005) Dental teaching schools and hospitals are the preferred choice for comprehensive dental treatments due to their reputation, affordability and professional competence of the clinicians. (Syed Rashid Habib et al., 2014) Teaching institutions, dental clinics of Colleges of Dentistry maintain a balance between meeting the needs of patients and students. It has been shown that patients who were more satisfied with dental care had better compliance, fewer un-attended appointments, less anxiety, pain and perception. (Murray and Wiese, 1975;

\*Corresponding author: Dr. Madhulatha, G.

Department of Oral Medicine and Radiology, Meghna Institute of Dental Sciences, Nizamabad, Telangana, India.

Firestein, 1976) For the improvement of patient's satisfaction, the quality of dental treatment provided alone is not enough, environment, accessibility, basic sanitation waiting facilities provided in the hospital are also important. (Patient satisfaction with the dental services offered by a dental Hospital, 2014) Most of the studies have reported about patient satisfaction following dental treatment from dental training centers. However, studies regarding the patient satisfaction with comprehensive dental care are very few. Good communication between patient and dentist during clinical procedure scheduled appointments with less waiting time, clean equipment and environment would enhance the satisfactory levels of the patient. Therefore, information on patients' feedback and satisfaction is necessary to properly evaluate the outcome regarding service rendered. (Awliya Wedad, 2003) Patients seek advices and gets reassured with their participation in discussion regarding diagnosis, treatment of choice, material to be used, thus the involvement and participation of patients in the management of their care, treatment planning significantly satisfy the patient. (Bowers and Lutz, 2000) Based on following factors such as patient– dentist interaction, technical competency, administrative efficiency and clinic setup, this study has been conducted to evaluate satisfaction of patients with dental services as the studies on patient satisfaction are very few in the region of Telangana hence following study was conducted to evaluate patient satisfaction using self administered questionnaire.

### Aim

To examine the dentist's view of the patient's experience and concordance with the patient's rating of satisfaction by using specific 3 point response scale.

### Objectives

To determine the satisfaction with dental care services among the dental patients based on Patient–dentist interaction, Technical competence, Administrative efficiency and clinical setup.

## MATERIALS AND METHODS

The study was conducted in Meghna Institute of Dental Sciences in department of Oral Medicine and Radiology. Study comprises of 1000 patients taken from the outpatient block. A questionnaire consisting of demographic details of patient and 24 questions divided into 3 sections was used. Both literate, illiterate and female and male aged from 18yrs and above who were willing for study were included in the study and informed consent was taken from the patient who had undergone the study. For illiterate patient attendant or internee helped to mark the questionnaire. Patients below 18yrs, Patients not coming to outpatient of college located in north telangana, those were physically challenged and mentally disabled and who did not finish their treatment plans were excluded from study.

### Study design

A cross-sectional study by random sampling technique

### Study area & population

Out patients visited Meghna Institute of Dental Sciences, located in north Telangana of Telangana state. Sample size

was about 921 patients out of 1000 for a period of 3 months. Patients from department of oral medicine were dispersed to their respective clinical department based on their chief complaint.

### Study instrument

- A self-administered questionnaire was used to measure the patient satisfaction.
- The total of 24 closed-ended questions of 3 point scale were used. Items covered were
- Patient–dentist interaction, Technical competency, Administrative efficiency and clinical setup environment
- Questions about each patient's demographic data like age and sex were included.

### Study methodology

After patients received their respective dental treatment based on their chief complaint they were introduced to the study, Informed consent was taken questionnaires were distributed then they were Collected and analyzed. Only completely filled questionnaire forms were considered for analysis.

The questionnaire conducted using 3-point response scale, where the items are scored as 0 - good & agree, 1 - fair & neutral, 2 – poor & disagree for three of the sections.

### Statistical analysis

All the questions were evaluated, tabulated and Data were entered in Microsoft Excel, data was subjected to statistical evaluation using (SPSS 21 version).

## RESULTS

Among the 921 study subjects, 493 (53.5%) were males, and 428 (46.4%) were females. All study subjects were aged 18 years and above. Patient satisfaction was measured according to three sections patient–dentist interaction (section1), technical competency (section2), administrative and clinic setup (section3). The overall report in terms of response was good & agree (79.1%), fair & neutral (20.8%), poor & disagree (0.1%). Based on main factors patients expressed maximum satisfaction patient–dentist interaction, (88.2%) and least with technical competency (50%) and moderate with administrative and clinic setup (66%). Table 1 shows patients agree that dentist was friendly (74%), was fairly responding for their complaint (52%) and only 3% of patients felt that they were not confident about the dentist. Table 2 shows patients expressed neutrality regarding their thorough examination (56%) of oral cavity and for other three questions agreement and neutrality expression was same. Table 3 shows patients moderately high neutrality for longer waiting time (63%) and for waiting area (52%). Over all patient has moderate to slightly high satisfaction for friendly nature of dentist and waiting time. Based on gender males 17/24(70.8%), expressed high satisfaction compared to females 7/24(29.1%).

## DISCUSSION

Evaluation of quality of rendering and maintaining of the oral health care is necessary and compulsory for all health services, in such assessment the participation of patients and their

**Table 1. Participants' satisfaction on patient–dentist interaction (number & %) of scores**

Item	Good/Agree N(%)	Fair/neutral	Poor/disagree
1 Dentist was friendly with me	685(74)	234(25)	2(0.2)
2 Response of dentist for your dental complaint	433(47)	483(52)	5(.5)
3 Explanation for your option for treatment	497(54)	411(45)	13(1.4)
4 Explanation regarding treatment alternatives	462(50)	449(49)	10(1)
5 Your involvement in the process of decision making regarding treatment	506(55)	406(44)	9(1)
6 Dentist explained the procedures before start of treatment	529(57)	380(41)	12(1.3)
7 Dentist concern for your questions and worries	519(56)	385(42)	17(2)
8 Dentist response for discomfort felt by you like pain	498(54)	393(43)	30(3)
9 Dentist facial's expression during treatment	502(54)	398(43)	21(2.2)
10 Dentist gave me advices after treatment	505(55)	402(44)	14(1.5)
11 Dentist did not criticise your oral condition	445(48)	458(50)	18(2)
12 Friendliness and competence of dental chair assistant	512(55)	388(42)	21(2)
13 Team work shown by dental staff	477(52)	423(46)	21(2)
14 Degree to which the dentist talked with you using language you could understand	507(55)	395(43)	19(2)
15 Experience for treatment rendered to you	494(54)	409(44)	18(2)
16 Amount of time the dentist spent with you	424(46)	475(51)	22(2.3)
17 Your confidence in the dentist	472(51)	421(46)	28(3)

**Table 2. Participants' satisfaction with technical competency (number & %) of scores**

Item	Agree	Neutral	Disagree
18 Treatment offered was not painful	452(49)	423(46)	46(5)
19 Thorough dental examination	378(41)	516(56)	26(3)
20 Dental instrument used were sterilized & clean	428(46)	425(46)	68(7)
21 My dental treatment was completed efficiently and in a timely manner	420(46)	453(49)	47(5)

**Table 3. Participants' satisfaction with administrative efficiency and clinical setup environment**

Item	Agree	Neutral	Disagree
22 Working hours of the hospital were suitable for me	467(50)	387(42)	67(7)
23 I did not wait for long time to have an appointment	249(27)	581(63)	91(10)
24 Comfortable waiting area	331(36)	483(52)	106(11)

**Environment (number & %) of scores**

Item	Agree	Neutral	Disagree
22 Working hours of the hospital were suitable for me	467(50)	387(42)	67(7)
23 I did not wait for long time to have an appointment	249(27)	581(63)	91(10)
24 Comfortable waiting area	331(36)	483(52)	106(11)

experience as well as their review plays important role. (Gurdal *et al.*, 2000) The questionnaire tries to measure the level of patient satisfaction and quality of dental health care. Present study showed satisfaction with oral healthcare was moderate to high, which is in harmony with many other studies. (Sitzia, 1999; Skaret *et al.*, 2005) This is the only study conducted on large sample size in category of studies related to patient satisfaction.

**For patient dentist interaction**

The average percent mean score (79.1 & 20.8%), although this is considered high, reported by Bedi *et al.* (89%), Mohamed Saad Mahrous, and Tamer Hifnawy (79.8%) but better than the satisfaction response reported by Othamn and Abdel-razal (61.7%). Patients were satisfied maximum with the interaction with dentist by 88.2% though it was high but less than by Mohamed Saad Mahrous, and Tamer Hifnawy 98.1%. Satisfaction through Explanation of procedure before treatment was about 54% which is less than Mohamed Saad Mahrous, and Tamer Hifnawy and greater than Othamn and Abdel-razal which was very much lower than study done by nagappan, joseph(93.8%) and Hashim in Emirate of Ajman (2005). (Hashim, 2005) Explaining regarding procedure thoroughly and time spend spent with patient by dentist in reassuring them with no criticism would further more improve the scores as they build gap between patient and dentist.

**For technical competency**

Least satisfaction was on sterilization which is in accordance with Boswell and Awliya where as 87% patients felt comfortable in the study conducted by Mohamed Saad Mahrous, and Tamer Hifnawy (Awliya Wedad, 2003) painless procedures done under clean environment and efficiently timed further help in good returns from patient to dentist.

**For efficiency of administration & clinical support**

There was slight dissatisfaction regarding waiting area which is same as that of Fellani Danasra Dewi, Grita Sudjana, Yevis Marty Oesman and contrary to the study of Mohamed Saad Mahrous and Tamer Hifnawy (Fellani Danasra Dewi *et al.*, 2011). Javed Y patel felt that long waiting hours might be reason for dissatisfaction which in contrary to present study where patients are neutral for waiting time (Javid Y Patel, 2014). Further appointment times and waiting areas should be properly scheduled for future follow up.

**Conclusion**

Evaluation of patients satisfaction should be done regularly by the comprehensive oral health care providers or the hospitals by conducting such survey for the purpose of continuous improvement. The primary finding of this study was that

satisfaction was maximum with interaction with dentist but partly by clinical setup and administration and less by technical setup though the responses were not high but they were satisfactory Hence further improvement in all aspects and especially regarding aseptic instruments and waiting area to be considered for further utilization. By conducting such study one can able to understand the difference between patients demands and patients satisfaction. This is the only study conducted on large sample size in category of studies related to patient satisfaction.

## REFERENCES

- A study of satisfaction with dental services among adults in the United Kingdom British Dental Journal R. Bedi,<sup>1</sup> N. Gulati<sup>2</sup> and C. McGrath<sup>3</sup>, Volume 198, no. 7 april 9 2005
- A study on Evaluation of Patient Satisfaction with Dental Health Care Services *International Journal of Scientific and Research*, Javid Y Patel Volume 4, Issue 8, August 2014 .
- AwliyaWedad Y. 2003. Patient satisfaction with the dental services provided by the Dental College of King Saud University. *Saudi Dent J.*, 15: 11–16
- Bowers, B. and Lutz, B. 2000. Patient-centered care: Understanding its interpretation and implementation in health care. Philadelphia: WB Saunders Co
- Concordance between patient satisfaction and the dentist's view Findings from The National Dental Practice-Based Research Network Joseph L. Riley III, PhD; Valeria V. Gordan, DDS, MS, MS-CI; Susan E. Hudak-Boss, DMD; Jeffery L. Fellows, PhD; D. Brad Rindal, DDS; Gregg H. Gilbert, DDS, MBA; for The National Dental Practice-Based Research Network Collaborative Group JADA 145(4) <http://jada.ada.org> April 2014.
- Firestein SK. 1976. Patient anxiety and dental practice. *J Am Dent Assoc.*, 93: 1180–1187.
- Goedhart H, Eijkman M, Horst G. 1996. Quality of dental care: The view of regular attendees. *Commun Dent Oral Epidemiol.*, 24:28–31
- Gurdal P *et al.* 2000. Factors of patient satisfaction/dissatisfaction in a dental faculty outpatient clinic in Turkey. *Community dentistry and oral Epidemiology*, 28(6):461–9.
- Hashim R. 2005. Patient satisfaction with dental services at Ajman University, United Arab Emirates. *East Mediterr Health*, 11:913–21.
- Keegan, O., McDarby, V, Tansey, A. and McGee, H., 2003. Community involvement in A/E satisfaction survey. (Submitted for publication.)
- Kotler P. 2003. Marketing Management; 11th ed. Upper Saddle River, Nj, Prentice Hall; p. 61.
- Lliffe S, Wilcock J, Manthorpe J, Moriarty J, Cornes M, Clough R, *et al.* 2008. Can clinicians benefit from patient satisfaction surveys? Evaluating the NSF for Older People, 2005-2006. *J Royal Soc Med.*, 101:598–604
- Murray BP, Wiese HJ. 1975. Satisfaction with care and utilization of dental services at neighborhood health center. *J Pub Health Dent.*, 35: 170–176.
- Patient satisfaction analysis on service quality of dental health care based on empathy and responsiveness dental research Journal Fellani Danasra Dewi<sup>1</sup>, Grita Sudjana<sup>2</sup>, Yevis Marty Oesman<sup>3</sup> Oct 2011 / Vol 8 / Issue 4
- Patient satisfaction from dental services provided by the College of Dentistry, Taibah University, Saudi Arabia. Journal of taibah university medical sciences Mohamed Saad Mahrous, PhD and Tamer Hifnawy, MD.Dr.PH. November 2012, 7(2), 104–109
- Patient satisfaction with the dental services offered by a dental Hospital in India *Journal of Indian Association Of Public Health Dentistry* 298 Vol. 12, Issue 4, | October-December 2014
- Patients' Satisfaction With The Dental Care Provided By Dental Students Syed Rashid Habib, Sundar Ramalingam, Abdullah Al Beladi, Abdullah Al Habib Department Of Prosthodontics, Department Of Maxillofacial Surgery, College of Dentistry, King Saud University, Riyadh, Kingdom of Saudi Arabia *J Ayub Med Coll Abbottabad*, 2014; 26(3)
- Sitzia J. 1999. How valid and reliable are patient satisfaction data? An analysis of 195 studies. *Int J Qual Health Care*, 11,4:319-28.
- Skaret E, Berg E, Raadal M, Kvale G. 2005. Factors related to satisfaction with dental care among 23-year olds in Norway. *Community Dent Oral Epidemiol.*, 33:150-7.

\*\*\*\*\*