

Patients' self reported satisfaction of dental treatments received

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ABSTRACT

Objective: Unfulfilled patients' treatment expectation may influence their judgment of dental care, therefore a commitment to achieving patients' expectations is an important matter for dental care professionals. This study aimed at assessing patients' self-reported satisfaction of dental treatment received based on their expectations.

Methods: Cross-sectional study of patients attending a Government dental clinic in Jos, Nigeria. Self-administered questionnaire was used for data collection on socio-demographic characteristics, treatments expected by patients. Professional care given to patients was also added for each respondent. Data was analyzed using SPSS version 21.

Results: A total of 150 patients participated in this study, 42.0% males and 58.0% females. Ages ranged between 16-65 years. Only 8.0% had correct knowledge of who a dentist is. The major reasons for going to see the dentist were pain 71.3%, cavity 8.7% and check up 4.7%. Treatments expected by patients were check-up 42.0%, extraction 25.3%, prescriptions 11.3% and fillings 8.4%. Of those that expected check up (check up refers to visiting the dental clinic or dentist in order to check the state of the oral cavity to maintain good oral health) and extractions, only 5.0% and 84.4% were treated as expected. Generally there was satisfaction with treatments patients received, p =0.001. Most (87.9%) of the patients who expected check up and treated otherwise were also satisfied with treatments received.

Conclusion: Despite conflicting expectations from patients on what is to be done, there was still satisfaction from the treatments rendered. However, those who believed they came for check-up had no idea of what it entails. Enlightenment on dental health matters may build the right knowledge of dental care.

Key words: Patients, treatments, satisfaction, dental, expectation

INTRODUCTION

Patient satisfaction with dental care is a major component of the quality of health care and a key to successful dental practice¹². It is the extent to which patients feel that their needs and expectations are being met by the services provided³⁴. It is a global trend in healthcare system to include subjective user satisfaction into the evaluation of quality of services provided.³ Although, there is no universally accepted method of measuring quality of care, there is growing consensus that measuring quality of care should be based at least on patients' satisfaction studies.⁴

Patient expectations of care and attitudes greatly contribute to their satisfaction¹. Expectations are beliefs about future consequences, which may contribute to an individuals' psychological and physiological change'. Medical research had shown that individual's expectation of a drug's effect critically influences its

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therapeutic efficacy and that regulatory brain mechanisms differ as a function of expectancy. Also, satisfied patients are more likely to comply with medical treatment and therefore ought to have a better outcome. A study on expectations and perceptions of Greek patients regarding the quality of dental health care showed a statistically significant gap between the desires of the patients and their perceptions.

There seems to be no complete integrated model of expectation that is dynamic, multi-dimensional and able to identify determinants of expectation, alongside socio-cognitive components.⁸⁶

In Western societies, knowledge of oral health and demands for care are increasing. The level of knowledge of patients about oral health is not limited to just having oral health, but an attractive smile as well for their self-esteem. Oral health professionals are therefore exploring better ways of meeting patients' expectations and satisfaction.

Fulfilling patients' treatment needs and expectation may have implications on promotion and maintenance of health. Dental treatment expectations

among patients may be formed according to their knowledge of oral health. In Nigeria, there is generally low awareness of dental health care and utilization of dental service had. Evaluation of quality service provided through periodic satisfaction survey is not routine and is at the introductory level in our environment. This may have implication on knowing whether patients' treatment expectations have been met or not. Patients' dissatisfaction with treatment expected may grieve them and prevent compliance with dental care leading to poor oral health condition. It is possible that patients' treatment expectation for their dental problems may not conform to the professionals' treatment plan. However, this does not mean that professionals should go by patients' desires. Measures of expectations and satisfaction have been highlighted which include cost of dental care, availability and distribution of professionals, technical skills, cleanliness of facilities, waiting time, appointment and relationship of staff with patients and. There is no data on measures of sansfaction utilizing data on the actual treatment expected by patients from professionals and their judgment of dental care when they are treated otherwise from their expectations.

This study assessed patients' treatment expectations from dentists and their judgment of the care they reserve based on what they expected. This might help to know the patients' perspective in terms of actual treatment expectations, address their misconceptions and establish or build patients' confidence in the professional decisions of their dental care.

MATERIALS AND METHODS

This was a cross-sectional study on adult patients

Table 1: Demographic variables of study participants

attending a Government dental clinic for routine care. An adult according to this study refers to patients 16. years and above. A proposive sampling of patients who came to the clinic during the period (2014) of study was used. Patients were informed about the study and those willing to participate were given a self-administered questionnaire which they complexed at the clinic's reception before any contact. with the dentist. Questionnaire consisted of two sections. The first focused on demographic information, knowledge of who a dentist is, and reasons for visiting the dentist, treatments expectation and treatments given. The second section of the questionnaire collected information on satisfaction. which was judged by the patients on the rank of satisfied, very satisfied and not satisfied. Patients responded to the questionnaire twice or, the same day, of their visit. They filled the first section of the questionnaire and thereafter went to see the dentist for their treatments. The same questionnaire was given. back to them to complete the second section.

Data was analyzed using SPSS version 2t and Chisquare statistical test was applied at 0.05% significance.

RESULTS

A total of 150 questionnaires were analyzed, more females (56.0%) were involved. Ages ranged between 16-55 years. Most of the patients (76.8%) had high level of education comprising of tertiary education (post secondary schooling). Only 8.0% of the patients knew who is dentist is. Table 1 summarizes other demographic characteristics of the respondents.

Demographic variables	Frequency (n=150)	Percentage (%)	
Sex	296.0	44/0384	
Male	63 87	42.U	
Female	87	56.D	
Age group (years)			
16-20	2÷	37.3	
21-30	ri4	31.3	
31-40	24	15.4	
41-50	19	12.7	
51-61	3	2.0	
>60	2	1.3	
Educational level			
Low (informal, primary & secondary	31	20.7	
ed rostion)			
High (tertiary education)	115	76.7	
No response	4	2.7	

Who is a dentist?

Correct response	_3	3.0	
Incorrect response	138	52.0	

Most patients (71.3%) vising the cental clinic only when they have bein and their treatments espectations were constly the k-up/(2.0% and extraction 25.3% (Table 2).

Table 2: Reasons for visiting the dentist and treatment expected

Variables	Frequency	Percentage 1%	
Reasons for visiting the dentist	iber See But	5355.67539-06-90-00-00-0	
Pain	TIDZ	21.3	
Cavity	1.3	87	
Cleaning	_3	3.7	
Chick-up	7	4.7	
Others	7	47	
No response:	1	2.0	
Total	(59)	1000	
Treatment expected by patients			
Chack-up	fi3	12.0	
Example of	35	25.2	
Filings	_1	73	
Prescription	19	12.7	
No response	. 5	125	
Total	159	10%	

Table 3: Iroamont received with regard to expectation

Freatment exprected	Treatment given (n,%)					p value
(n=105)	Check-up	Extraction	Filling	Scaling & Polishing	Prescription	
Check up (67)	3 (5.0)	23(38,3)	14(27.5)	D2(30.0)	2(1.1)	0.000
Extraction (21)	0(0.0)	27(87.1)	3(9.2)	1(1.2)	190,16	11.00
Edling (8)	0%00%	D(DD)	(0:00)	40,47.5;	1(12.5)	T.4000
Prescription (16)	0(0.0)	5(0.8.5)	1(6.4)	8(59.0)	4(43.0)	0.090

Table 4: Satisfaction with treatment received by sampled population across gender and educational level.

Treatment	Level of satisfaction Very satisfied(%)	Satisfied(%)	Not satisfied(%)	Non respunse	p values
Received					
Check-up				623	
As expected	2(66.7)	1(33.3)	0(0,0)	0(0.0)	0.011
Otherwise	5(8.1)	49:37.91	7100	9(0.0)	
Extraction					
As expected	5(18.5)	20(74.1)	2(7.4)	9(0.0)	0.502
Otherwise	2(44.4)	3(33.6)	0(0,0)	0(0.0)	
Filling					
As expected	2 (6n.7)	1 (53.3)	d (BB)	9(0.0)	0.083
Otherwise	D (C.C)	3 (100.0)	c (0.0)	9(0.0)	
Prescription					
As expected	C (0.0)	I (100 0)	0 (0.0)	2(0.0)	0.569

Otherwise	3 (23.9)	9 (73.0)	0 (0.0)	0(0.0)	
Sampled population	23 (15.0)	100 (66.7)	5 (3.3)	72(14.7)	0.000
Sec					
Mate	9 (17.0)	(3 (81.1)	T (1.9)	0(0.0)	0.577
Female	14 (18.7)	97 (76.0)	4 (5.3)	G(G,G)	
Educational level					
Low	3 (10.0)	.01 (94.0)	1 (4.5)	0(0.0)	0.591
Lliga	19 (19.2)	77 (77.8)	3 (3.0)	C(C,C)	

Table 3 summarizes the proportions of freatments given to patients with respect to what drey were expecting from the Denta clinic. In all, the shaded population had statistically significant high level of satisfaction with the services rendered at the Dental clinic (Table 4). No statistically significant difference was found between satisfaction and gender or educational evel (ps)(05%, Table 4).

DISCUSSION

This study showed a low knowledge of who a cenust is among the respondents. Most of them visited the dentist because of pain. This attitude of visiting the dentist only when there is pain may be connected to tack of knowledge of vehoms alreads is and the roles of allertist.

Treatments expected by the paramits were mustly. check-ups and extraction. Check up is a comprehensive examination to ascertain the state of the cral cavity for the maintenance of good eral health. Health information is provided during theck up and potential problems may be detected which the patient. may not be aware of unless the problem is fully established with evidence of para. Unhealthy lifestyle. habits may also be corrected during check up. Check up is important in the prevention of disease occurrence and pain. Extraction being one of the most expected treatments highlights the work of the dendstas perceived by the volunteers to be that of "feeth removal". This is confirmed by the respondents: concept of who is dentist is, a "teeth remover" although, about 12% in the patients claimed they expected regular check-ups, and most of them were given curative and resterative treatments while only 5.0% acrostly received check ups. This indicates ignorance arrong the patients of what dental their cupentails. In a study from Japan seeking to essess the correlation between patient satisfaction and dental credibility in regular dental check-ups, there was awareness of dental checking among the parients with the mean percentage of patients reporting for regular thetk-ups up to fow". From knowledge of dental theth-up may result in negative attitudes towards

regular dental visits. Oral health care required for dental check up is not likely to be the same with that required for conative and restorative care or for instrument to retief pain. Regular check-up is a preventive dental visit. Fait helps in the early detection and treatment of oral diseases. Check-up is important to ensure good health and prevent exposure to any risk. There is need to clarify what dental check-up is a labout, its implications and need to contients and the entire population.

Alabidy on patients' expensation for oral health care?" shirtered high expertations in oral health care by patients which was not limited to curative and restorative care but also cosmetic care²⁴. Most patients visit the dental clinic when they are in nain as observed in this study, only tew visited for check-up, but forir treatments expectation conflicted with reasons for visiting the denset. Visto 'them expected check-up as treatment, spart from check up an appreciable number of patients expected extractions and to receive jusciplescriptions as treatment for their dental problems. This showed a lack of understanding of eral health care among the potients. restricting it betrether noval and recordings alone. As expected, enabled att given to patients were at the dentises discretion out measurally based on patients' expectations. Despite that, patients expressed satisfaction with treatment rendered possibly because of alleviation of pain as most of them carne because of pain. Though, a study on patients' assessment of treatment satisfaction' showed that some factors within the patients influence report about satisfaction with treatment such as age. educational level, gender and personal preferences". this study showed no significant differences between the level of safisfaction emong patients with respect to their gender and educational levels. This may brus a result of the level of oral health awareness in these environments. Studies have shown high treatments expectations among patients as a result of goodknowledge of our nearth and eithering "".

Though, the data collection too consisted more of structured questions restrucing patients (expressions.)

Generally, the patients were satisfied with the care they received though their treatments expectations showed. some level of ignorance of oral health care. There was a misconception about dental check-ups among the patients. This has implication on follow up treatments. regular visits and oral health status. Therefore efforts to meeting patients' expectation and satisfaction should not be limited to solving an aspect of oral health challenge such as availability and fair distribution of professionals and facilities only. There is also need to consider patients' perspective such as lack of awareness and knowledge of oral health care. Neglecting this may deter a successful dental practice which can hinder oral disease prevention, maintenance of good oral health and reduced quality. of life. In conclusion, patients visit the dentist more for curative and restorative purposes than preventive care. Three quarter visited because of pain and close to half of our respondents expected check up as treatment. General check up is required for regular dental visit which is recommended twice a year for everyone in order to prevent oral diseases and maintain good oral health. Therefore the need for reemphasis on cheek up, what it is and regular visit to the dentist will help patients to know that visiting the dentist for check up is not when you are in pain.

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