

Patient Contentment Assessment: A Contrivance of Standard Refinement

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Abstract

Background: The aim of the study is to determine the level of satisfaction after periodontal therapy (non-surgical and surgical). **Materials and Methods:** Questionnaires were given to patients after treatment and the responses were scored. **Results:** Results have implications for dental school administrators and educators in their efforts to provide high-quality patient care and to retain an adequate patient pool. **Conclusion:** Patient satisfaction is one of the desirable outcomes of dental care. The majority of studies carried out since the early 1980s concentrate on patient perceptions of various service quality attributes and the role that socio-demographic variables play in determining satisfaction.

Keywords: Complaints, healthcare, ramifications, satisfaction

INTRODUCTION

Healthcare quality is of great concern for health care agencies all over the world. It is important for the profession to promote high standards of professional conduct among dentists. Patient satisfaction has been investigated in many colleges of dentistry in various countries. Dental complaints made by patients may cause a great deal of anxiety and stress among dental care providers.^[1] Dissatisfaction and complaints may result in patients changing their dentist, which might have ramifications in terms of the family and friends' perceptions of the dental practice.

Patient satisfaction measures have been incorporated into reports of hospital and health plan quality, and health care providers are eager to assess their customers' reactions by telephone, fax, and modem.^[2] Feedback on satisfaction regarding dental care is vital for continuous improvement of the service delivery process and outcome.

Healthcare industries recently moved towards continuous quality improvement and this is speeding since 1990 and according to Donabedian's declaration for incorporating

patient perception into quality assessment, healthcare managers thus incorporate patient centered care as a major component in the healthcare mission.^[3-6]

Therefore, this study was carried out to assess the degree of satisfaction.

MATERIALS AND METHODS

Source of data: The present study was done at the Department of Periodontology and Implantology, Jaipur Dental College, Jaipur. The study was designed as randomized controlled trial. This study employed a self-administered questionnaire consisting of 20 questions given among 300 patients that were divided into 2 groups—surgical and non-surgical.

Selection criteria: For surgical group mainly.

Inclusion criteria: Patients in age range of 18–55 years, otherwise systemically healthy subjects having pocket probing depth in the range of 4–7mm were selected.

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All procedures performed in the study were conducted in accordance with the ethics standards given in 1964 Declaration of Helsinki, as revised in 2013. The study proposal was submitted for approval and clearance was obtained from the ethical committee, of our institution. A written informed consent was obtained from each patient.

Exclusion criteria: Medically compromised subjects (H/O diabetes, hypertension, thyroid), pregnant or lactating female, patient with drug allergy history, and smokers. Patients with unacceptable oral hygiene and periodontal re-surgical cases were excluded.

Non-surgical procedure: Included scaling, root planning, and local drug delivery if required.

Surgical procedure: Done as per standardized surgical protocol.

Statistics: Graphical representation of data was done in four categories as illustrated below.

RESULTS

Upon statistical analysis it was found that the reason for visit in both groups was dirty teeth and the patients that were medically compromised were diabetics mainly.

Regarding treatment facilities it was found that patients experienced less pain following both surgical and non-surgical treatment modalities. In a broader range (40–70%) of patients in both groups were satisfied with appointment, timings, sterilization and instruments care, treatment charges, treatment facilities provided.

From the overall satisfaction point of view, it was found that 60% patients in the non-surgical group and 61.3% patients in the surgical group were unaware about gum problems. In a broader range, 29–58% of patients in both groups were satisfied with doctor's opinion, post-op instruction given by doctor, patient's consent for the treatment, experienced no bleeding from gums while brushing post-treatment, and did not get treatment at any private clinic.

In terms of resolution of dental problems, 67.3% patients in the non-surgical group and 48.3% patients in the surgical group were satisfied with the treatment procedure. In a broader range, 24–67.3% of patients in both groups were satisfied with improvement in tooth mobility, improvement in mastication, improvement in food lodgement not increase in space between teeth, satisfied with medications given, main problem has been solved.

While 29.3% patients in the non-surgical and 34% patients in the surgical group do not know whether the problem is completely subsided or not.

DISCUSSION

Patients' satisfaction with the dental care they receive is crucial because it will influence their pattern for service utilization.^[1] It has been shown that patients who were more satisfied with dental care had better compliance,

fewer unattended appointments, less anxiety, and pain perception.

In addition, patient satisfaction increasingly is seen as an essential element in the assessments of the quality of oral care. Nonetheless, patient satisfaction is multifaceted and constitutes a complex set of objective and subjective elements.^[7] A large aspect of this relationship involves communication, as quality of dentist patient communication is related closely to patient satisfaction. An important element of quality is the satisfaction with the services provided. This study employed a self-administered questionnaire that required less than 5 min to be completed and which has been shown to be an efficient and effective tool for collecting information. "Patient satisfaction" is not a unitary concept but rather a distillation of perceptions and values.

Perceptions are patients' beliefs about occurrences. They reflect what happened. Values are the weights patients apply to those occurrences. They reflect the degree to which patients consider specific occurrences to be desirable, expected, or necessary. The healthcare managers that endeavor to achieve excellence take patient perception into account when designing the strategies for quality improvement of care. Recently, the healthcare regulators shifted towards a market-driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance. In Donabedian's quality measurement model, patient satisfaction is defined as patient reported outcome measure while the structures and processes of care can be measured by patient reported experiences. Many authors tend to have different perceptions of definitions of patient satisfaction. While Mohan *et al.*^[6] referred to patient satisfaction as patients' emotions, feelings, and their perception of delivered healthcare services. On the other hand, other authors defined patient satisfaction as a degree of congruency between patient expectations of ideal care and their perceptions of real care received.^[5] Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans, and provide benchmarking across the healthcare institutions.^[5,8–10] In addition, due to the tendency of healthcare industries to concentrate on patient centered care, patient satisfaction reflects patients' involvement in decision making and their role as partners in improving the quality of healthcare services.^[5,11] Mohan *et al.* also deemed the significant correlation between measuring patient satisfaction and continuity of care where the satisfied patients tend to comply with the treatment and adhere to the same healthcare providers.^[6] In contrast, some of the literature dismiss patients' views as a wholly subjective evaluation and an unreliable judgment of the quality of care.^[6,8,12] Basically, there are

two approaches for evaluating patient satisfaction— qualitative and quantitative. The quantitative approach provides accurate methods to measure patient satisfaction. Standardized questionnaires (either self reported or interviewer administered or by telephone) have been the most common assessment tool for conducting patient satisfaction studies.^[12,13] On the other hand, Elaine *et al.*^[14] declared that based on many standardized, validated patient satisfaction instruments which have been developed primarily to assess patient satisfaction with specific aspects of care, these have little potential of validity and reliability in other settings of care.^[14,15] Therefore, selecting an appropriate patient satisfaction instrument is a critical challenge for healthcare organizations. Marley *et al.* stated that measuring satisfaction should “incorporate dimensions of technical, interpersonal, social, and moral aspects of care.”^[16] Research of patient satisfaction in advanced as well as developing countries has many common and some unique variables and attributes that influence overall patient satisfaction.^[5] On the other hand, a national survey performed in different accredited hospitals of Taiwan found that patient characteristics such as age, gender, and education level only slightly influenced patient satisfaction but that the health status of patients is an important predictor of a patient’s overall satisfaction.^[10] In addition, Nguyen *et al.* and Jenkinson *et al.* declared from their studies that the two strongest and most consistent determinants of higher satisfaction are old age and better health status.^[4,17] While two studies reported contrary results regarding the influential effect of the two controlled variables (age and gender) on overall patient satisfaction in different aspects of healthcare services.^[6,18] In contrast, a 2006 national survey of 63 hospitals in the five health regions in Norway showed that age, gender, perceived health, and education level were not significant predictors of overall patient satisfaction.^[8]

CONCLUSION

Patient satisfaction is identified as an important quality outcome indicator to measure success of the services delivery system. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking. The advantages of patient satisfaction surveys rely heavily on using standardized, psychometrically tested data collection approaches. Therefore, a standardized tool needs to be further developed and refined in order to reflect positively on the main goals of patient satisfaction survey.

Furthermore, it is agreed that a patient satisfaction questionnaire is considered to be a significant quality improvement tool.

Finally, this review of various elements of patient satisfaction ranging from its measurement, predictors for improving overall patient satisfaction, and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject.^[19] It thus provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services. Furthermore, managers implement effective change by unfreezing old behaviors, introducing new ones, and refreezing them for better healthcare.^[20]

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Conflicts of interest

Nil.

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