

Patient satisfaction with dental services at a rural health care center: A questionnaire survey

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Abstract:

Objective: To evaluate patient satisfaction with dental health services provided at a rural health and training center.

Methodology: A cross-sectional questionnaire study was conducted over a period of 3 months from March 2014 to May 2014. Patient's satisfaction was evaluated using a face to face interview for 200 patients, which consisted of 15 questions under the dimensions of convenience, communication, and technical quality. Patients aged 18 years and above who underwent treatment and referral cases to Sri Ramachandra dental college for further treatment were included in the study. The data obtained was subjected to statistical analysis using SPSS software version 16.

Results: The results showed that overall satisfaction for convenience was 83.02%, communication was 68.2%, and technical quality was 93.06%.

Conclusion: The level of patient satisfaction was high overall and it reflects the good work of the dental team providing quality dental care at the rural health center.

Key Words: Patient satisfaction, dental care, rural health center

Introduction

In developing countries such as India, ensuring adequate access to oral health care services and improving oral health are a health policy's major concern. Although the overall dentist: Population ratio has improved from 1:80,000 to 1:27,000 during the last decade, rural areas still have only one dentist caring for 3,00,000 people.¹

In the year of 1977, the concept of Rural Health Scheme was introduced in India, and efforts were made to improve general health care and oral health care at Primary health center level.²

In a rural setup, the success of any oral health program depends largely on how it meets the needs and expectations of the community.⁸ There is an increase in the number of rural centers providing dental health care, which calls for frequent assessment of the quality of health care provided.³

Patient satisfaction is an individual patient's appraisal of the extent to which the care provided has met his/her expectation and preferences, as it could facilitate further regular visits and patient compliance.⁴ Hence, patient's satisfaction represents a key marker for the quality of health care delivery, and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the health care systems.⁵

However, studies analyzing patient's satisfaction at rural centers are limited. Hence, this study aims at evaluating patient's satisfaction with dental health services provided at Vayalanallur rural health and training center.

Materials and Methods

A cross-sectional study was conducted over a period of 3 months. A patient satisfaction questionnaire was formulated and translated in the local language. A pilot study was carried out to pre-test the questionnaire. The study protocol was reviewed and approved by the Institutional Ethics Committee of Sri Ramachandra University and permission was obtained from the concerned authorities for conducting the survey.

For the present study, the patients aged 18 years and above, those who underwent treatments such as scaling, restoration, extraction, or patients who were referred to Sri Ramachandra dental college were included. Sample size was calculated by obtaining the average number of patients visiting the dental facility over 3 months, and the sample size was fixed at 200.

The questionnaire was administered using a face to face interview after obtaining informed consent from the participant following which the participant was expected to answer fifteen close-ended questions under the dimensions of convenience, communication and technical quality on a six point Likert's scale (excellent, good, satisfactory, poor, very poor, and no response). The data, thus obtained was subjected to statistical analysis using SPSS software version 16. Following which, mean satisfaction and percentage values were obtained.

Results

A total of 214 patients were approached for this survey, out of which 200 of them agreed to participate. The results showed

a mean value of 5.0, which was the highest, for the questions on waiting time for procedures, hospital environment, ease of approach and communication with the dentist, explanation given for treatment and facilities in the dental wing.

The lowest mean values observed were, (1.07 ± 0.47) for information about event updates and (2.9 ± 2) for questions on knowledge about the existence of a dental facility and care taken to ask about oral hygiene practices and dietary habits (Table 1 and Figure 1).

A 117 patients, out of 200 chose yes for the question enquiring if they would go to the dental college for treatment if referred and 83 patients chose no as their reply. Out of the 83, 56 patients stated the reason for choosing no as lack of transport facility, 15 patients chose personal reasons and 12 patients chose lack of time.

Discussion

The concept of “consumerism,” inclusion of patient’s opinion in the assessment of services has gained greater prominence.⁶ Patients can participate in the evaluation of quality of oral health care in 3 ways: By defining what is desirable or undesirable (i.e. setting standards of care); by providing information that permits others to evaluate the quality of care; and by expressing satisfaction or dissatisfaction with care.²

Patient’s satisfaction is an essential component for evaluating the quality of health care which has emerged as one of a key issue for all health services.² The present study aimed to evaluate patient satisfaction with dental services provided at the rural health center, the response from 200 patients was considered to be excellent.⁷⁻¹¹

In the present study, the mean value for convenience was 4.32, which is considered to be very good. Similarly in a study done by Jain *et al.*, the success of reaching the place of outreach dental

program was highly satisfactory. However in a study conducted by Matee *et al.*, there was no significant difference in patient’s satisfaction levels to reach the clinic.

In the present study, 100% of people felt that the explanation given for treatment was excellent. In a similar study conducted by Hashim, 94.1% of the people felt that the dentist explained the treatment needed well.

The present study showed a mean value of 3.41 regarding the satisfaction with the treatment rendered. However, in a study conducted by Shreshta *et al.* the mean value was 4.37 for the quality of the treatment procedure.

The present study shows that about 58.5% of the people rated the explanation of need for referral as excellent. In a similar study by Sreshta *et al.*, 56.3% of people rated the explanation of the need for referral as excellent.

An overview of the results revealed a high level of overall patient satisfaction with the highest level of satisfaction for communication. Appropriate communication is one of the factors needed to achieve patient satisfaction and motivate them to continue their treatment and proper communication between patient and dentist can play an important role in understanding patient’s chief complaint, and therefore conducting the most appropriate treatment.¹²⁻¹⁵ This is supported by the studies conducted by Sreshta *et al.* and Madan *et al.*, where the most important component of satisfaction were found to be behavior of the dentist.^{4,5}

In this study, the minimum level of satisfaction was seen for questions on knowledge about the existence of a dental facility.

Conclusion

The overall high level of patient satisfaction reflects the dental team’s approach of responsibility and accountability of the people visiting the rural health center. Measuring level of satisfaction is an important factor toward improving the services provided and should be monitored regularly.

References

1. Kittu J, Pramila M, Archana K, Umashankar GK, Rangnath S, Geetha S, *et al.* Patient satisfaction at outreach dental program and dental institution – A comparative study. JIOH 2013;11(2):34-9.
2. Hashim R. Patient satisfaction with dental services at Ajman University, United Arab Emirates. East Mediterr Health J 2005;11(5-6):913-21.
3. Kikwilu EN, Kahabuka FK, Masalu JR, Senkoro A. Satisfaction with urgent oral care among adult Tanzanians. J Oral Sci 2009;51(1):47-54.
4. Shrestha A, Doshi D, Rao A, Sequeira P. Patient satisfaction at rural outreach dental camps – A one year report. Rural Remote Health 2008;8(3):891.
5. Madan K, Zahra F. Factors affecting Patient Satisfaction

Table 1: Mean value of satisfaction for each dimension.

| Dimension | Mean (SD) |
|----------------------|-------------|
| Convenience | 4.32 (0.75) |
| Communication | 4.53 (0.63) |
| Technical quality | 4.08 (0.38) |
| Overall satisfaction | 4.28 (0.32) |

SD: Standard deviation

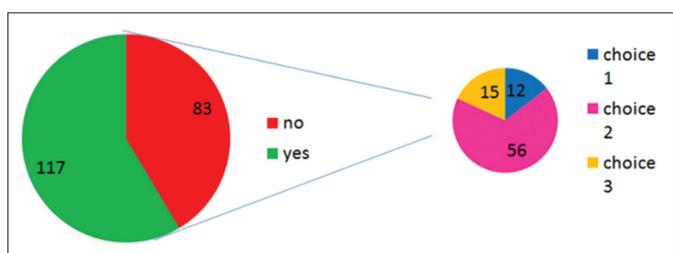


Figure 1: Patient’s response to referral for further dental management

- among those attending an out patient department in Chennai City, India. *J IAPHD* 2008;12:15-20.
6. Mascarenhas AK. Patient satisfaction with the comprehensive care model of dental care delivery. *J Dent Educ* 2001;65:1266-71.
 7. Ahmad I, Din S. Patients' satisfaction from the healthcare services. *Gomal J Med Sci* 2010;8(1):1266-71.
 8. Matee MI, Scheutz F, Simon EN, Lembariti BS. Patients' satisfaction with dental care provided by public dental clinics in Dar es Salaam, Tanzania. *East Afr Med J* 2006;83(4):98-104.
 9. Maryam G, Saeideh G, Soraya K. Evaluation of the satisfaction of patients referred to pediatric department of Babol dental school. *FMEJ* 2013;3(2):14-7.
 10. Harutyunyan T, Demirchyan A, Thompson ME, Petrosyan V. Patient satisfaction with primary care in Armenia: Good rating of bad services? *Health Serv Manage Res* 2010;23(1):12-7.
 11. Gomes AP, da Silva EG, Gonçalves SH, Huhtala MF, Martinho FC, Gonçalves SE, *et al*. Relationship between patient's education level and knowledge on oral health preventive measures. *Int Dent Med J Adv Res* 2015;1:1-7.
 12. Sharma R, Singh S, Rajmani H, Degra H. An evaluation of the current oral hygiene practices and attitude towards oral health in the population of Jaipur, India. *Int Dent Med J Adv Res* 2015;1:1-6.
 13. Khemka S, Baliga S, Thosar N. Approaches to improve access to dental care services. *Int Dent Med J Adv Res* 2015;1:1-4.
 14. Jain S, Gupta A, Jain D. Estimation of sample size in dental research. *Int Dent Med J Adv Res* 2015;1:1-6.
 15. Jain S, Punyani PR, Jain D. Relevance of statistical and clinical significance in dental research. *Int Dent Med J Adv Res* 2015;1:1-3.