#60 PAPER 81 -
THEORETICAL REVIEW ON PATIENT SATISFACTION WITH DENTAL SERVICES: PSYCHOLOGICAL CORRELATES

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Abstract
Patient satisfaction has emerged as an important aspect for health care policies decisions and its multidimensional facets are still under investigation. The dental care industry has some characteristics that differ from the general field of health care and viewing patient satisfaction in this context is important. The purpose of this study is to relate the literature on patient satisfaction in health care in general to the research conducted on the topic on dental care satisfaction and to offer suggestions for future research investigations with a focus on the psychological dimensions related to dental care satisfaction. While the research on patient satisfaction in the general field of healthcare has been continuously refined through the decades, research on satisfaction with dental care is largely spotty with limited theoretical coherence. Researchers either focus on rather general measurement or on very specific measurements where few factors are considered. Efforts to seek a common theoretical basis for research on dental care satisfaction among patients would be beneficial as it would allow better comparison between results. Further, research including more factors, based on this common theoretical understanding would offer a fuller picture of the issue of patient satisfaction with dental care, allowing for better policy decisions.

Keywords: dental anxiety; emotions; patient satisfaction; dental care

1. INTRODUCTION

Up until two or three decades ago, patients’ opinions about the quality of service they receive in health care, were not seen as a valuable source of information for improving the standard of care. However, this has changed and nowadays patient opinions is seen as a valuable source for better health care policies, alongside professional evaluations. These opinions are being used to understand the patient experience and the process of care rather than just the medical treatment (Williams, 1994). Further, patient satisfaction is nowadays seen as a valid outcome of the health care process along with medical indications (Fitzpatrick, 1991). This paper aims to offer a short review of the main approaches used to understand patient satisfaction in general, as well as to address the specific factors associated with dental care satisfaction.

2. WHAT IS PATIENT SATISFACTION?

While a widely accepted definition of patient satisfaction had been missing from this research field (Linder-Pelz, 1982), Ware, Snyder, Wright, and Davies (1983) have summarized the three most important components of satisfaction ratings among patients. These reflect the preferences of a patient, their expectations and the reality of the treatment and care they received. Bond and Thomas (1992) further emphasize the importance of what the patient believes to be a relevant outcome of the health care process. For most patients, the outcome they hope for is not a measure, but it is a transformation in their state of wellbeing (Donabedian, 1988).

Generally, patient satisfaction has been studied by using three different theoretical models. The first model is based on the idea that the determinants of the satisfaction of a patient is primarily is expectations which are shaped socially (Fitzpatrick, 1991). For example, patients can have a range of expectations with regards to different aspects of the care they receive and these play independent roles on overall satisfaction (Abramowitz, Coté, & Berry, 1987). However, actually analyzing these expectations is difficult as Webb and Lloyd (1994) point out. This is due to the fact that expectations are difficult to measure, as is the concept of satisfaction. The
second model takes a different approach. More specifically, patients evaluate health care services simply based on the fact whether they offer a solution to the discomfort or pain they experience (Wensing, Jung, Mainz, Olesen, & Grol, 1998). The final model is based on the insight that being ill is an emotional experience where anxiety plays a lead role and further, patients often times cannot judge a health care professional on the truly technical factors that affect competence (Strasser, Aharony, & Greenberger, 1993).

Patient characteristics and their relation to satisfaction have received as well significant attention from the research community. For example, patients who are older tend to be more satisfied with health care, possibly because they have different expectations. Also lower education tends to be associated with higher patient satisfaction (Hopton, HOWIE, & D PORTER, 1993). However, gender has not been found to be related to differences in patient satisfaction. However, even with these results, Hall and Dornan (1990) have performed a meta-analysis and found that the socio-demographic characteristics play a secondary role in patient satisfaction. Ware et al. (1983) have provided eight elements for patient satisfaction that help to understand how patient satisfaction is formed. They have identified the following dimensions: interpersonal manner (how care providers interact with the patient), the technical quality of care (standards and competence), convenience (elements such as waiting time), financial considerations (affordability), outcomes of care (how the health improves after the care), the environment (the setting, such as the hospital or clinic), and availability (sufficient staff and facilities).

### 3. PATIENT SATISFACTION WITH DENTAL SERVICES

The need to explore these concepts with regards to dental in particular is that the dental care industry is somewhat different from the general field of health care services. One of the reasons is that the diseases that may occur are fewer and therefore more predictable. Also, often times patients experience the same dental procedure more than in time in their lives and become able to tell the level of service quality. Dental diseases can almost always be spotted with the help of an X-ray. Unlike general health care, dental care has a wider variety of treatments and there are extensive prevention possibilities which may save resources. Fortunately untreated dental illnesses rarely have dramatic consequences, therefore one may plan and time treatment. Also, this gives the client the freedom of choosing the service provider, which changes how they relate to the service.

A number of authors have addressed the issue of satisfaction with dental care in particular. Jackson, Chamberlin, and Kroenke (2001) surveyed 500 subjects over three months. Patient symptom characteristics, symptom-related expectations, functional status (Medical Outcomes Study Short-Form, Health Survey [SF-6]), mental disorders (PRIME-MD), symptom resolution, unmet expectations, satisfaction (RAND 9-item survey), visit costs and health utilization, physician perception of difficulty (Difficult Doctor Patient Relationship Questionnaire), and Physician Belief Scale were taken into consideration. Their results indicate that 52% of patients were fully satisfied with their care, with an increase to 59% after another two weeks, and with 63% after a three months follow-up. Another study based on 1, 129 participants from Switzerland aged 15-74, found that 47.9% of them responded that they were satisfied with their dentist (Armfield, Enkling, Wolf, & Rameseier, 2014). Gender, language spoken, region of residence, and educational attainment were factors that affected the satisfaction level. Dentist dissatisfaction was greatly associated with dental fear while interpersonal characteristics of the dentist and staff was the most common reason for satisfaction. Even though dental fear is associated with dissatisfaction, the level of satisfaction among fearful individuals in Switzerland is still high.

Moreover, high correspondence between recommended or collected patient satisfaction items and patients’ rights, accessibility of care (information, financial, physical), availability (services, programs, personal), acceptability (cultural, gender-related), quality of care (scientific, medical) indicate that patient satisfaction could prove a useful right to health indicator (Mpinga & Chastonay,2011). Other authors (Williams, Coyle, & Healy, 1998) have attempted to identify whether and how service users evaluate services. They developed a survey which was applied to twenty-nine people with current or recent contact with mental health services within the British National Health Service. Many expressions of “satisfaction” hid a variety of reported negative experiences.

On the other hand, Riley, Gilbert, and Heft (2006) research shows how prior experiences affect patient satisfaction in dental care. They grouped their participants into four groups: the group with favorable attitudes about dental care, which had the highest number of preventive and restorative visits and the lowest prevalence of tooth ache, temperature sensitivity and painful gums, the group with frustrated believers in dental care who had equivalent access to dental care with the favorable attitude but delay dental care until oral disease becomes severe, the group with negative attitudes about dental care with the least preventive care and the largest oral health decrements on dental exam and last but not least, the pessimistic about personal and professional oral care group. The results was that each group had different expectations and different levels of patient satisfaction.
Another approach in understanding patient satisfaction with dental care is to look at its association with socio-demographic characteristics. A number of studies looked at socio-demographic characteristics and their relationship to patient satisfaction with dental care. Although prior research in the general domain of health care found little relevance for these factors, it seems that in the dental field, these characteristics are more important. Hittner and Hemmo (2009) found that age, gender income, life satisfaction, thoughts and a strong health locus increase dental anxiety.

Individual factors have also been examined. Halvari, Halvari, Bjørnebekk, and Deci (2010) tested oral self-care behaviors and dental clinic attendance. Patients’ perceptions of autonomy supportive dental professionals were expected to be associated in a positive way with patients’ psychological needs satisfaction in treatment, which was expected to be correlated in a positive way with relative autonomous motivation for dental treatments and perceived dental competence, and related in a negative way to anxiety for dental treatment. On the other hand, relative autonomous motivation for dental treatment and perceived dental competence were expected to be associated in a positive way with oral self-care. Also, anxiety for dental treatment was expected to be related negatively to dental clinic attendance and linked positively to putting off making an appointment.

Other authors (Skaret, Berg, Raadal, & Kvåle, 2005) explored the prevalence and distribution of satisfaction with dental care among 23 year olds in Norway. They also examined a wide range of factors that may affect patient satisfaction, and they explored varied factors. Their results indicated that positive beliefs of the dentist (DBS), low dental anxiety, perception of having a dentist to go to, last treatment session not painful/pleasant, and gender (male) explain 58% of the variance of satisfaction with dental care at 23. High DMFT at 16 and few previous painful experiences lead to being very satisfied with dental care. Low general well-being, previous painful experience and disliking the dentist at 18 lead to being very dissatisfied at 23. Pain control and dentist credibility may be important factors in young adults’ evaluation of dental care. Another study on 5363 participants showed that care organization, cost for care, visit to dental specialist, time spent in waiting room, regular attendance, reception at dental clinic, feelings of anxiety, taking part of school dentistry, smoking, oral health factors, dental appearance, and being dissatisfied 5 years earlier are all factors related to satisfaction with dental care. Almost no correlation was seen between socio-economic factors and satisfaction (Stahlnacke, Söderfeldt, Unell, Halling, & Axtelius, 2007). Newsome and Wright (1999) examine the way patient satisfaction is perceived in the dental literature and it suggests that duty and culpability may be central to explaining this process.

4. CONCLUSIONS

A functional health care system is directly dependent on its patients’ satisfaction. Factors such as expectations related to the quality of care, reduction of symptoms or anxiety towards the illness and treatment shape the overall individual satisfaction with the health services. Building on these factors, specific satisfaction with dental care services distinguishes itself as a different process. Even if there are some mutual determinants between the two processes, several specific factors associated with patient dental satisfaction have been identified. Factors such as accessibility, availability and quality of care play an important distinct role. Moreover, psychological factors such as anxiety towards dental treatment and expectations regarding the treatment are important determinants of patient satisfaction. Future studies should explore these factors in more depth.

5. REFERENCES


