

# Assessment of Patient Satisfaction Level at Dental Outreach Programmes

Amit Tirth<sup>1</sup>, Surbhi Agarwal<sup>2\*</sup>, Vaibhav Tandon<sup>3</sup>, Faisal Noor Ahmad<sup>4</sup>

<sup>1</sup>Professor, Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, India

<sup>3</sup>Reader, Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, India

<sup>2,4</sup>Student, Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, India

**Abstract: Introduction:** The community-based dental outreach programmes play a very important role in awareness through health education programmes and dental services to the required populations. The community outreach programs are an essential part of public health services, helping health professionals reach the weaker sections of the society for delivery of basic oral health services. The current study was planned to assess patient's satisfaction at dental outreach programme. **Objective:** To evaluate patient satisfaction with dental health services provided at outreach programs in Moradabad. To compare satisfaction level between male and female according to their needs and facilities in outreach programmes. **Methodology:** The present study was conducted on patients visiting outreach dental programmes organised by Department of Public Health Dentistry. Data were obtained from a total 92 patients using a pre-tested questionnaire as a survey instrument. The questionnaire consisted of thirteen questions, measuring the patient satisfaction levels on a five point Likert scale. Chi-square was used for statistical analyzing difference between the responses. **Result:** Overall, 92 adults participants participated in the study. A total of 36.95% of females regarded Satisfaction to doctor's explanations as good and 28.26% of males regarded it as good. The responses for the majority of the questions on patient satisfaction during the community outreach camps ranged in the category of satisfactory to good. **Conclusion:** The outreach programs are source of affordable and accessible oral health care for the underprivileged population. The satisfactory level of the population regarding the programs helps us in improving the quality of oral health care.

**Keywords:** Outreach, satisfaction, dental treatment, rural.

## 1. Introduction

The community-based dental outreach programmes play a very important role in awareness through health education programmes and dental services to the required populations. It is becoming an increasingly important marker of the quality of dental care.<sup>2</sup> Patient satisfaction is an individual's appraisal of the extent to which the care provided has met his/her expectations and preferences and it could facilitate further regular visits and patient compliance.<sup>3</sup> It is the degree of congruence between a patient's expectation of ideal care and their perceptions of actual care received. It is worthwhile noting that patient satisfaction is a multidimensional concept.<sup>4</sup>

Satisfaction of patient is an individual appraisal of the extent to which the care provided has met his/her expectation and preferences, hence it could facilitate further regular visits and patient compliance.<sup>5</sup> Hence, it represents a key marker for the quality of health care delivery. 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"<sup>6</sup>. In India, dentist: population ratio is adequate, inequality to receive dental care exist among the population. This may be due to lack of knowledge, convenience or affordability to dental care. To reduce the inequality, dental institutions conduct regular dental outreach program.<sup>7</sup> Some identified dimensions of dental care satisfaction include: the technical or aspects of care related to the process of diagnosis and treatment; interpersonal aspects; accessibility/availability; financial access; efficacy/outcomes; continuity of care; facilities; and general attitudes about overall care. In a rural setup, the success of any oral health program depends largely on how it meets the needs and expectations of the community. 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. In India, the accessibility and utilization of dental health services are still governed by inverse care law. Those in the utmost need of care have limited access to the health services. Patient satisfaction should have a comprehensive impact at many levels of treatment provided. To enhance evaluation of patient's satisfaction towards doctor is integral measure <sup>8</sup>. Thus present study was planned to assess the patient's satisfaction at dental outreach programme and the quality of treatment received towards doctor.

## 2. Materials and Method

A cross-sectional study was carried out among patients attending community dental outreach programmes of kothiwal dental college in Moradabad. Overall, 92 adults participants participated in the study from which 45 were females and 47 were males. The structured questionnaire on the patient satisfaction was developed focusing the probable preferences

\*Corresponding author: agarwalsurbhi455@gmail.com

concerning the dental treatment of local population after discussing with the experts and translated to the local language (Hindi). It was designed for easy use by patients, who had only

The responses to the questions 1-13 on the patient satisfaction was recorded on a 5 point Likert scale ranging from excellent (1) to poor (5). The questionnaire was administered by face to

Table 1  
Assessment of patient’s satisfaction towards doctors at dental outreach programmes

Question	Excellent N=92 (%)	Good N=92 (%)	Satisfactory N=92 (%)	Poor N=92 (%)	Very Poor N=92 (%)	Mean
Initial dental check up	11 (12.0)	41(44.5)	22(23.9)	18(19.6)	0	2.5
Satisfaction through doctor’s explanations	8 (8.7)	36(39.2)	16(17.4)	28(30.4)	4(4.3)	2.8
Satisfaction with attitude of doctor	14(15.2)	39(42.4)	19(20.7)	18(19.6)	2(2.2)	2.5
Satisfaction with attitude of auxiliary	8(8.7)	36(39.1)	23(25)	23(25)	2(2.2)	2.7

Table 1(a): Responses of Patients towards Doctors according To Facilities at dental outreach Programmes

Question	Excellent N=92 (%)	Good N=92 (%)	Satisfactory N=92 (%)	Poor N=92 (%)	Very poor N=92 (%)	Mean
Satisfaction with meeting of felt need	8(8.7)	32(34.8)	26(28.3)	23(25)	3(3.2)	2.7
Satisfaction with explanation of need for referral	10(11)	35(38.0)	21(22.8)	21(22.8)	5(5.4)	2.7
Satisfaction with quality of treatment given by doctor	13(14.1)	29(31.5)	25(27.2)	24(26.1)	1(1.1)	2.5

Table 1(b): Responses of Patients towards Doctors According To Facilities at Dental Outreach Programmes

Question	Excellent N=92 (%)	Good N=92 (%)	Satisfactory N=92 (%)	Poor N=92 (%)	Very Poor N=92 (%)	Mean
Satisfaction With Cleanliness During Camp	12(11.0)	39(42.4)	16(17.4)	22(23.9)	4(4.0)	2.6
Satisfaction With Infection Control Practice During Camp	7(7.6)	39(42.4)	17(18.5)	27(29.3)	2(2.2)	2.7
Satisfaction By Location/Distance Of Campsite	12(13.0)	26(28.3)	28(30.4)	23(25.0)	3(3.3)	2.7
Satisfaction With The Time Duration Of The Camp	13(14.2)	39(42.4)	15(16.3)	21(22.8)	4(4.3)	2.6
Satisfaction By Other Dental Camps Respective This Camp	14(15.2)	38(41.3)	20(21.7)	20(21.7)	0	2.5

Table 2  
Comparison of Responses between Male and Female

Question	Male		Female		P value	χ <sup>2</sup>
	Good	Poor	Good	Poor		
Initial dental check up	35(38.0)	11(12.0)	39(42.4)	7(7.6)	0.293	1.105
Satisfaction through doctor’s explanations	26(28.2)	20(21.8)	34(37.0)	12(13.0)	0.042*	3.067
Satisfaction with attitude of doctor	36(39.13)	10(10.9)	36(39.13)	10(10.9)	1.000	0.000
Satisfaction with attitude of auxiliary	37(40.2)	9(9.8)	30(32.6)	16(17.4)	0.101	2.691

Chi square test , \*p<0.05 significant; \*\*p<0.001 highly significant, χ<sup>2</sup>- Pearson Chi-Square

Table 2(a)  
Comparison of responses according to needs

Question	Male		Female		P value	χ <sup>2</sup>
	Good	Poor	Good	Poor		
Satisfaction with meeting of felt need	33(35.9)	13(14.1)	33(35.9)	13(14.1)	1.000	0.000
Satisfaction with explanation of need for referral	37(40.1)	9(9.8)	30(32.7)	16(17.4)	0.101	2.691
Satisfaction with quality of treatment given by doctor	36(39.1)	10(10.9)	31(33.7)	15(16.3)	0.241	1.373

\*p<0.05 significant; \*\*p<0.001 highly significant, χ<sup>2</sup>- Pearson Chi-Square

Table 2(b)  
Comparison of responses according to facilities

Question	Male		Female		P value	χ <sup>2</sup>
	Good	Poor	Good	Poor		
Satisfaction with cleanliness during camp	31(33.7)	15(16.3)	35(38.0)	11(12.0)	0.354	.858
Satisfaction with infection control practice during camp	32(34.8)	14(15.2)	31(33.7)	15(16.3)	0.822	.050
Satisfaction by location/distance of campsite	35(38.0)	11(12.0)	31(33.7)	15(16.3)	0.354	.858
Satisfaction with the time duration of the camp	34(37.0)	12(13.0)	33(35.9)	13(14.1)	0.815	.055
Satisfaction by other dental camps respective this camp	36(39.1)	10(10.9)	36(39.1)	10(10.9)	1.000	.000

\*p<0.05 significant; \*\*p<0.001 highly significant, χ<sup>2</sup>- Pearson Chi-Square

mark the appropriate boxes for their answers. A 13-item questionnaire was self-administered by the interviewer and was checked for reliability and validity through test – retest method.

face interview, and indirect questioning was also done. All the subjects who attended camps for diagnosis and treatment were administered a pretested structured questionnaire. The protocol

of this study was reviewed and approved by the Institutional Ethical Committee. The written informed consent was obtained from the study subjects after explaining them the purpose and methodology of the study. The recorded data were compiled and exported to data editor page of SPSS version 20 (IBM SPSS Statistics 20). The descriptive statistics included computation of percentages. Chi square test was used to calculate mean satisfaction and percentage values. A p-value of 0.05 was considered.

### 3. Result

In the present study, the responses of 92 adult's participants visiting dental camps, Moradabad, for their health problems, were collected in structured, pre-tested questionnaire format. The highest mean satisfaction score (2.8) was observed for the question on the overall performance of camp, whereas mean score in Initial dental checkup, attitude of doctor, quality of treatment given by doctor was 2.5, 2.5 and 2.7. [Table 1]. A total 44.5% of the participants reported initial dental examination aspect as good and 42.4% of patients regarded attitude of the dentist as good, 37% of females showed "Satisfaction to doctor's explanations" as good and 28.2% of males as good. The mean percentage of patients regarded "location of campsite" as good was 28.3% and 30.4% as satisfactory. The "explanation of the treatment" was reported to be poor in 21.8% male patients whereas 13% among females. The responses for the majority of the questions on patient satisfaction during the community outreach camps ranged in the category of satisfactory to good. Statistically significant ( $p < 0.05$ ) was found in satisfaction through doctor's explanation at dental camps. The comparison of satisfaction between male and female according to their needs and facilities described in (Table 2).

### 4. Discussion

The patient satisfaction is an individual's review of the degree to which a care being provided has met their preferences and opportunity. It is vital to get the opinions and the level of patients' satisfaction with available services. A well conducted patient satisfaction survey would indicate levels of patient satisfaction with care and service. The present study showed a mean value of 2.5 regarding the satisfaction with the treatment rendered. However, in a study conducted by Shreshta *et al.*<sup>5</sup> the mean value was 4.37 for the quality of the treatment procedure. In the present study, the manner of the dental surgeon, dental assistant and other dental staff was valued as good by most patients (39%), which could be one of the reasons for a high satisfaction level among the patients treated. This is similar to the findings of Zini *et al.*<sup>9</sup> who reported that the two highest predictors of patient satisfaction were the professionalism of the dentist (41.4%) and a good attitude of dentists towards the patients. For a rural population; the factors like patient's behavior, limited awareness and treatment cost are the main influencing factors affecting patient's satisfaction.<sup>8</sup> Lack of education along with traditional beliefs and sociocultural factors leads to the development of false perceptions<sup>10</sup>. A

patient's attitude can be changed by understanding their individual needs, and a dentist needs to behave appropriately and adopt the right attitude.<sup>11</sup> It was found that a poor attitude on the part of the dentist, during the camps or during interactions with patients, can make the patient feel less satisfied and also determine patient's attitude.<sup>12</sup> The success of dental camps depends largely on how it meets the needs and expectations of the target population. The use of dental care is motivated not only by objective clinical needs, as defined by the dentists, but also by subjective feelings of illness. One of the major role of dental camp is to satisfy the needs of the community in the following ways. Providing the patient with further explanation of their treatment options should be highlighted by the dentist to achieve high level of satisfaction with dental service.<sup>13</sup>

### 5. Conclusion

The overall high level of satisfaction reflected the dental team's approach of responsibility and accountability of towards the target population. In outreach dental treatment programs, comprehensive oral health care with adequate review of patients should ensure satisfaction in patients. The utilization of dental services can be improved by identifying the barriers by providing appropriate education and knowledge. By changing the perception of individual towards their own and their family oral health and by transforming the roles of dentists in society, needs of individuals can truly be achieved. For the patient's satisfactions towards outreach programmes we should increase the utilization of dental services, thereby improving the oral health status.

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