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Original Research Article

Assessment of patient satisfaction in dental outreach programmes conducted among Chengalpet district population: a cross sectional survey

Vishnu Prasad S.*, Ravisankar B., Denesh P. S. G., Gowtham V., Hrithish C.

Department of Public Health Dentistry, Karpaga Vinayaga Institute of Dental Sciences, GST Road, Chinnakolambakam, Chengalpattu, Tamil Nadu, India

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***Correspondence:**
Dr. Vishnu Prasad S.,
E-mail: vishnumds@icloud.com

ABSTRACT

Background: Patient satisfaction and the nature of the doctor patient relationship have been investigated as potential keys to better understanding the healthcare process. Therefore, the present study was designed to evaluate patient satisfaction at various rural outreach dental camps conducted by the institution over the period of 15 days.
Methods: A cross-sectional study was conducted among patients attending community dental outreach programs organized by the dental teaching hospital over a period of 1 month. A total of 4 weekly and 1 monthly camp were included, and all the subjects who attended these camps were administered the pretested structured questionnaire. The questions were related to the satisfaction level of the patient in outreach dental camps and answers were recorded using a four-point "Likert" scale with Chi-square and independent t-test were used for statistical analysis.
Results: The results showed that level of satisfaction among patients were higher in weekly camps (95.2%) as compared to monthly camps that is (80%). The response rate for the weekly camps was 95.2%, whereas for the monthly camp was 80%. Overall patient satisfaction scores reported highest in aspects of dental treatment provided followed by meeting the perceived need of the patient with almost care.
Conclusions: Patient satisfaction with the community dental outreach programs was high, reflecting the delivery of quality treatment and positive attitude of the dental team during the camps. The overall response towards need for the dental treatment was also a good response towards enhancing oral health service to public through outreach programmes.

Keywords: Community health, Dental outreach programs, Patient satisfaction

INTRODUCTION

Concern about the doctor patient relationship was documented as far back as hypocrite. In more recent times, Patient satisfaction and the nature of the doctor patient relationship Have been investigated as potential keys to better understanding the healthcare process.[1] With the shift in healthcare from a seller to a buyer's Market on the advent of the concept of consumerism in the sense of patients being consumers of care, research into patient satisfaction has gained greater prominence. In addition, patient satisfaction is becoming an increasingly important indicator of the quality of dental care. Patient satisfaction with dental care has an added importance regarding an association between satisfaction with care and patient behaviour, in terms of compliance and utilization of services.[1] During the last decade, increasing attention has been paid to the quality of healthcare as a means tendon the effectiveness of healthcare systems in developing countries. There is also increasing recognition of patient satisfaction as an important indicator of the quality of healthcare. Satisfaction of patient has long been considered

an important component of care outcomes frequently integrated into evaluations of the overall quality of health services.[2] The world health organization (WHO) has included patient satisfaction in the concept of quality-of-care assessment. In that definition, it considers that: "quality evaluation is an approach that ensures that every patient has a diagnostic and therapeutic approach that ensures the best clinical outcomes in accordance with current medical research, at the best cost, the best results in the least iatrogenic risk and greater satisfaction in terms of treatments, results and human interaction within the healthcare system".[3] Patient satisfaction is a multidimensional concept that includes technical aspects of care related to the process of diagnosis and treatment along with Interpersonal aspect such as staff attitude, availability, efficacy, continuity of care and facilities. The accessibility and utilization of dental health services are governed by inverse care law. Health Services are limited to those who are in the utmost need of care.[2] Satisfaction can be characterized as the degree of an individual experience compared with his or her desires. Nature of treatment depends on facilities available. Awareness in regards to dental wellbeing has prompted to change in patients' state of mind towards nature of dental treatment.[4] The oral health services in India are still limited to the urban areas and provided mostly by the private practitioners. The community outreach programs or an essential part of public health services, helping health professionals reach the weaker sections of the society for delivery of basic water health services.

A very few documented literatures have been available on the patient satisfaction in the community dental outreach programs. 75% of the Indian population resides in 580781 villages of different sizes and population density. Although the overall dentist: population ratio has been improved from 1:80000 to 1:27000 during the last decade, rural areas still have only one dentist caring for 300000 people. This may be due to lack of knowledge convenience or affordability to dental care. To reduce the inequality, Dental institution conduct regular dental outreach program. Patient satisfaction should have worked comprehensive impact at many levels of treatment provided. To enhance evaluation of patient's satisfaction towards doctor is integral measure. Thus, present study was planned to access the patient satisfaction at dental outreach program and quality of treatment received towards doctor.

Many patients' necessity may differ from the ideal treatment plan suggested by doctor due to various reasons like time constraints, financial inadequacy, limited understanding. Hence, patients opinion should be taken into consideration to initiate a holistic approach in order to render a conducive and satisfactory healthcare dispensation. It has been shown that patients who are more pleased with dental care pass better compliance fewer unattended appointments less anxiety and Pain perception during treatment. The aim of this study was to access the satisfaction level of patient who came to the dental camp conducted by Karpaga Vinayaga institute of dental science. The objective of the study is to evaluate and compare level of patient satisfaction provided by those who conducted the camp and to assess the competence communication skills and management efficiency in the treatment approach. However, the success of any oral Health program depends largely on how it meets the needs and expectations of the target community. Therefore, the present study was designed to evaluate patient satisfaction at various rural outreach dental camps conducted by the institution over the period of 15 days.

METHODS

The cross-sectional study was conducting on patient attending community dental camp organised by the dental institute at Chengalpet district over a period of 1month duration from 1 June 2022 to 30 June 2022. The informed consent was obtained from the study participant in a written format after explaining the participants about the purpose of need for the study.

Questionaries

The structural questions were used to evaluate the patient satisfaction on dental treatment camps conducted in Chengalpet district. The questions formed the portable preference which are concerned with the dental treatments provided for the local population which were discussed with the experts and was formulated to local language Tamil. A 11-item self-administered questionnaire was subjected to check for reliability and validity of the reliability of the question was found to be good with (Cronbach's alpha- 0.80**)** the responses on the patient participant questions was recorded on a 4-point Likert scale ranging from (excellent to good).

Inclusion criteria

Subjects who were willing to participate in the study were included. All the subjects who attended the dental outreach camps and were willing to participate in the study were included. Subjects who underwent treatment as well who only attended the screening were also included.

Exclusion criteria

Subjects who attended the dental outreach camps and were not willing to participate in the study were excluded. Subjects who were below the age of 18 years were excluded. Subjects who came along with the person attending the dental outreach camps were also excluded.

Sample size

The sample size and sampling method employed in the survey was convenience sampling method by which the samples were drawn from the population who attended the screening as well as the treatment procedures in the dental outreach camp conducted in the month of June. From this

method a total of 600 people had participated in the camps who were represented to be the samples of the study.

Data collection

The monthly and weekly camps was organised in Chengalpattu district by the dental institute-Karpaga Vinayaga institute of dental sciences). A total of 4 weekly and 1 monthly camp was included for the purpose of the study. All the subject who attended the camps (those who attended and got the treatment) where provided with the protest questionaries on patient satisfaction. A total of 600 people participated in the weekly camps and monthly camps in which 510 participants responded the questionaries.

Statistical analysis

The data were entered in MS Excel spread sheet process using the SPSS 23 (SPSS INC Chicago IL, USA). The frequency distribution was analysed Chi-square test used to compare the responses from the weekly camps with those monthly camps was compared using (independent sample t-test).

RESULTS

The response rate for weekly camp was 95%, whereas for monthly camp was 80%. Total of 510 participants from monthly and weekly camp respond. The result of the study shows that overall patient satisfaction score ranges from excellent to fair. The response for the majority of the questions from the participants on patient satisfaction during community outreach dental camp ranged mostly in excellent and good in categories. Of the total population 99% of respondents satisfy the overall performance of the camp. According to the questions of the quality of the treatment give during the 96% when satisfied (Table 1).

Table 1: Overall patient satisfaction in both weekly and monthly camps.

	Excellent n (%)	Good n (%)	Satisfactory n (%)	Fair n (%)
Initial dental checkup	204 (40)	240 (47)	41 (8)	25 (5)
Waiting time	372 (73)	92 (18)	10 (2)	36 (7)
Communication of doctor	15 (3)	367 (72)	128 (25)	0
Satisfaction of dentist explanation	15 (3)	433 (85)	35 (7)	26 (5)
Cleanliness	10 (2)	408 (80)	51 (10)	41 (8)
Quality of treatment	117 (23)	362 (71)	10 (2)	20 (4)
Individual treatment time management	5 (1)	244 (48)	76 (15)	183 (36)
Explanation of dental hygiene	122 (24)	337 (66)	51 (10)	0
Need for camp	15 (3)	439 (6)	36 (7)	20 (4)
Overall performance	122 (24)	337 (66)	51 (10)	0
Do you want further camp from the group	127 (25)	332 (65)	25 (5)	25 (5)

Table 2: Mean patient satisfaction score for monthly and weekly camps.

Camp	Number of subjects	Mean score
Monthly	200	4.67±0.69
Weekly	310	3.89±0.63

Table 3: Mean patient satisfaction score for monthly and weekly camp.

	Monthly	Weekly	p value
Initial dental checkup	3.70±0.80	4.10±0.80	0.001
Waiting period	3.68±0.80	3.81±0.63	0.043
Communication of doctor	3.67±0.50	3.87±0.40	0.035
Satisfaction of dentist explanation	4.11±0.80	4.51±0.75	0.002
Cleanliness at camp	3.70±0.60	3.75±0.59	0.001
Quality of treatment	3.64±0.50	3.76±0.51	0.041
Individual treatment time management	3.41±0.69	3.54±0.89	0.04
Explanation of dental hygiene	3.75±0.60	3.99±0.36	0.003
Need for the camp	3.69±0.70	3.75±0.36	0.003
Overall performance	3.70±0.70	4.11±0.50	0.002
Do you recommend further camp from the group	3.71±0.60	3.78±0.71	0.86

When the comparison was made for weekly and monthly camps the overall mean patient satisfaction was higher for weekly camps compared to monthly camps and there was statistical significance among them. For all the questions for the cleanliness during the camp and performance with respect to other camp the satisfaction score (significantly higher as compared to monthly camps.

DISCUSSION

Studies have shown that expectation of patients are based on their experiences, the environment, social background and personality. The main focus of the present study on determining the patient satisfaction at campsite focused mainly on the quality of treatment providers, attitude towards the patient's felt needs, dental health education and the preliminary dental check up.

The results of the study correlates near to the study of Sur et al and Bockting et al who have reported 5 key factors for patient satisfaction-technical competence, interpersonal relationship, quality, perceived need and cost. For a rural population; the factors like patient's behaviour, limited awareness and treatment cost are the main influencing factors affecting patient's satisfaction. The result of the present study shows that the patients were highly satisfied with the services provided in the community enhancement activities. Virtually every organization is now concerned with satisfying the users of its products or services, be they known as clients, customers, consumers or patients. Against a background of growing consumerism, satisfying patients has become a key task for all healthcare provider.

Although the reported rate of satisfaction is considered moderate to high, it was still lower than that reported by Bedi et al (89%) who aimed to determine satisfaction with dental care services among the UK adult population using face-to-face home interviews of 5,385 UK residents and also lower than that reported by Mahrous et al. When we compared it with other studies done by Wedad et al demonstrated that the primary reason behind patients going to the dental hospital was the availability of up-to-date care. In the present study, (28.7%) of the respondents from rural areas came to know about the dental school by friends/relatives and (30.3%) from rural respondents (41%) respondents from urban areas were known about the dental school through advertisement/camp.[5-15]

However, in a study conducted by Shreshtha et al the mean value was 4.37 for the quality of the treatment procedure.[1] 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 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.[13] In the present study the manner of the dental surgeon and other stuff was regarded as excellent by most patients 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 WHO reported that the 2 highest predictors of patient satisfaction were the professionalism of the dentist and a good attitude of dentist towards the patients.[13]

The success of dental camps depends largely on how it meets the needs and expectations of the target populations. 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 roles of dental camps is to satisfy the needs of community in the following ways. Even when the minimal charges made for care, patient's expectations regarding that cost must be addressed with clear explanations provided regarding the expected cost of care. However, the results of this study must be interpreted with some caution and limitation. First, the survey instrument was based on commonly identified aspects of patient satisfaction and because the study involved rural population, a Tamil (local language) version was used. Therefore, comparison with other studies using standard instruments like that dental satisfaction questionnaire (DSQ) or dental visit satisfaction scale (DVSS) is not possible. Finally, the completion of the questionnaire was not accounted for. So, questions that had a non-response could have made significant difference in the analysis.

CONCLUSION

Patient satisfaction with the community dental outreach programs was high, reflecting the delivery of quality treatment and positive attitude of the dental team during the camps Among the weekly and monthly camp, there was a good response for the weekly camps than the monthly camps. The study interferes in mere future dental treatments provided various areas like rural, suburban and urban areas by comprehensive dental camps can be motivating factor on promoting oral health same to public.

Recommendations

Patient satisfaction evaluation should be done as an adjunct in outreach programs, so as to facilitate the better provision of services to the people. in order to improve the patient satisfaction and dental attendance, further investigations should be carried out to identify the barriers and control them by appropriate intervention and education.

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