



Concordance between patient satisfaction and the dentist's view

Findings from The National Dental Practice-Based Research Network

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The results of a number of studies have shown that the quality of the affiliation between dentist and patient is important to patients.¹ In addition, patient satisfaction increasingly is seen as an essential element in assessments of the quality of oral care.¹ Nonetheless, patient satisfaction is multifaceted and constitutes a complex set of objective and subjective elements.¹⁻³ A large aspect of this relationship involves communication, and investigators in studies consistently have reported that the quality of dentist-patient communication is related closely to patient satisfaction.⁴⁻⁹ Studies of the extent to which patients prefer to be involved in decision making are common in medicine,¹⁰ but investigators in few studies have examined this for the practice of dentistry. Furthermore, research findings have shown that health care providers generally are poor judges of patients' actual preferences,^{11,12} in part because patients often are unable or unwilling to express their expectations and needs.^{13,14}

Several investigators have suggested that satisfaction

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ABSTRACT

Objectives. In this study, the authors examined the dentist's view of the patient's experience and concordance with the patient's rating of satisfaction.

Methods. Practitioners from 197 practices in The National Dental Practice-Based Research Network recruited consecutively seen patients who had defective restorations that were replaced or repaired. At the end of the dental visit, the treating dentist and 5,315 patients completed and returned a survey that asked about the patient's satisfaction.

Results. Most dentists viewed their patients as having been satisfied with the treatment experience ($n = 4,719$ [89 percent]) and as having perceived them as friendly ($n = 5,136$ [97 percent]). Dentists had less strong feelings about whether patients had a preference for the restorative material ($n = 2,271$ [43 percent]) or an interest in obtaining information about the procedure ($n = 1,757$ [33 percent]). Overall, patients were satisfied, and most of the time dentists correctly predicted this outcome. Among patients who were less than satisfied, there was a substantial subset of cases in which dentists were not aware of this dissatisfaction.

Conclusion. For improved patient-centered care, dentists should assess patients' desires, expectations and perceptions of the dental care experience and then manage or correct the expectations and perceptions as needed.

Practical Implications. By taking a patient-centered approach, dentists should seek to understand how patients evaluate and rate the services provided, thereby enabling them to focus on what each patient values most.

Key Words. Access to care; behavioral sciences; community dentistry; consumer satisfaction; dental care utilization; public opinion; dentist-patient relations; patient affect; patient relations; professional-family relations.

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with one's dentist can facilitate stress reduction, which may, in turn, promote further satisfaction.^{8,15,16} Consistent with this finding, researchers in several studies have highlighted the importance that patients give to dentists' willingness to discuss patients' fears and perceived pain.^{8,15,16} By inference, when complications occur or when the patient is in pain and experiencing significant anxiety, the dentist should realize that without proper management of the patient's care, the patient's overall experience and satisfaction could be affected negatively. Thus, assessing patients' perceptions of the dental experience is important to ensure that patients' expectations are consistent with the services to be performed. Because few researchers have examined patients' satisfaction with regard to specific dental procedures, it is possible that dentists err in their assumptions.

We report findings from participants in The National Dental Practice-Based Research Network (the "network"), a consortium of dental practices and dental organizations focused on improving the scientific basis for clinical decision making.¹⁷ The network was funded in 2012 and builds on the former regional dental networks, including the Dental Practice-Based Research Network¹⁸ (DPBRN), that existed from 2003 to 2012. The DPBRN was established in 2003 with a seven-year grant from the National Institute of Dental and Craniofacial Research, National Institutes of Health. The data for this study were collected under the auspices of the DPBRN. That organization subsequently evolved into The National Dental PBRN, under the aegis of which we prepared the manuscript of this article.

At the time of this study, the network was composed primarily of clinicians from five regions: Alabama/Mississippi; Florida/Georgia; dentists in Minnesota, either employed by HealthPartners in Bloomington, Minn., or in private practice; Permanente Dental Associates, in cooperation with Kaiser Permanente's Center for Health Research in Portland, Ore.; and dentists from Denmark, Norway and Sweden. The network has a wide representation of practice types, treatment philosophies and patient populations, including diversity regarding race, ethnicity, geographical location and rural/urban area of residence of practitioners and their patients. Analyses of these characteristics confirm that network dentists have much in common with dentists at large,¹⁹ while offering substantial diversity with respect to these characteristics.²⁰

We were unable to find any studies in which researchers examined the extent to which dentists understood their patients' views or experiences during a restorative procedure. Making use of the diversity of patient and practitioner characteristics in the network, we sought to build on our earlier study² in which we found that patient satisfaction comprised three components: interpersonal relationship-comfort factors, material choice-value factors and sensory-evaluative factors.

Therefore, the aim of this study was to examine the dentist's view of the patient's experience and concordance with the patient's rating of satisfaction by using specific areas of a restorative dental visit that are important to patients. In particular, we focused on the extent to which dentists were aware of patients' viewpoints when patients did not report being satisfied. We also tested the hypothesis that certain practice, patient and procedural variables were associated with dentists' lack of awareness.

METHODS

Network dentists. We recruited network practitioners through continuing education courses, mass mailings to licensed dentists within the participating regions or both. As part of the eligibility criteria, all dentists completed an enrollment questionnaire describing their demographic and practice characteristics and certain personal characteristics; completed an assessment of caries diagnosis and caries treatment questionnaire; completed training in human participants' protection; and attended a network orientation session with the regional coordinator in their practices. The institutional review boards of the participating regions approved the study.

Recruitment and data collection. The overall project involved collecting data regarding the restoration procedures, assessing patient satisfaction with the restorative visit and conducting a longitudinal follow-up of the restorations. Each participating dentist ($n = 197$) recruited consecutively seen patients who had defective restorations that were replaced or repaired in the treatment of permanent teeth. Practitioners obtained written informed consent from patients before the study procedures took place. Each participant received the satisfaction survey form, along with a stamped envelope, and was instructed to complete the survey the following day. Patients mailed the completed satisfaction survey directly to the network regional coordinators to ensure that dentists remained masked to patient satisfaction ratings. Once the patient questionnaire was received, a network staff member mailed to the participant as compensation either \$10 or a gift bag of the same value. At the end of the dental restorative procedure, the dentist completed a form about the visit and forwarded it to the regional center. Data from this form are the focus of this report. Two dentists did not provide complete data and were not included in the study.

Measures. The survey development was an iterative process in which we began by interviewing 15 patients who had had a recent restorative visit and 16 practicing dentists about specific characteristics of tooth restoration visits that are important to patients. We designed the preliminary set of questions and field-tested it among nine

ABBREVIATION KEY. DPBRN: Dental Practice-Based Research Network. LGP: Large group practice. PHP: Public health practice. SGP: Small group practice.

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