

Factors influencing satisfaction with the process of orthodontic treatment in adult patients

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Introduction: Despite the increases in adults undergoing orthodontic treatment in both the public and private sectors, satisfaction with the treatment process has not been widely explored. In this study, we investigated factors influencing satisfaction with the process of orthodontic treatment in adult patients. **Methods:** This was a prospective cross-sectional qualitative study. Participants were adults who had completed orthodontic treatment with fixed appliances and were recruited from 2 sites (a National Health Service public sector teaching hospital and a private specialist practice). Data were collected using in-depth interviews, and a content thematic analysis with a framework approach was used to analyze the data. **Results:** A total of 26 adults were recruited (13 at each site). Five main themes were identified relating to patient satisfaction with the process of treatment: communication, staff, physical environment, appointments, and impact of appliance treatment. Effective communication was a dominant theme, particularly relating to explanations during treatment and making patients feel involved in their own care. **Conclusions:** In general, adult orthodontic patients were satisfied with the process of treatment, and good communication played a major part in this. Despite the differences in working models in the public and private sectors, many similarities arose when comparing the factors between the 2 sites. (*Am J Orthod Dentofacial Orthop* 2018;153:362-70)

Patient satisfaction has been defined as “positive evaluations of distinct dimensions of healthcare.”¹ Patient satisfaction is a fundamental measure of the quality of health care provision; however, satisfaction is the result of a complex process with many antecedent factors that we are far from fully understanding.² The treatment process is arguably as important as treatment outcome, and it is therefore essential to understand and quantify satisfaction at all stages of treatment from the patient’s perspective to provide the best possible treatment outcomes.³ Patient-reported measures are increasingly used to assess and compare treatment outcomes, and inclusion of patient values is at the core of evidence-based practice.⁴

In orthodontics, clinician-derived objective measures have been used to assess outcomes of treatment for many years,⁵ but recently there has also been an increase in research involving patient-based subjective measures.^{6,7} Measuring satisfaction with the process of orthodontic treatment is a complex task because multiple dimensions of treatment must be considered.⁶ Although some attempts have been made to quantitatively assess satisfaction with treatment, previous studies have mainly focused on children and adolescents. It is important to appreciate that adult orthodontic patients may differ from children and adolescents with regard to psychological experience.^{8,9}

The lack of condition-specific, standardized measures to investigate satisfaction with the process of treatment in orthodontics complicates research in this area further, and previous studies have adapted questionnaires developed for use in the general dental setting (eg, the Dental Visit Satisfaction Questionnaire) or the orthognathic setting, neither of which is ideal.^{9,10} This is further complicated by the fact that instruments are not always developed based on qualitative methodology, considering patient views.

Bennett et al⁶ developed a reliable self-reported measure of parental satisfaction with orthodontic treatment

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in children and adolescents using mixed methods of qualitative and quantitative research and found the questionnaire to be useful in assessing satisfaction with both the process and the outcome of treatment. However, this method has yet to be applied to investigating satisfaction in adult orthodontic patients. There is still a relative paucity of information relating to adult orthodontics, despite the increase in adults seeking treatment.¹¹ Research in this patient group is key to enabling provision of treatment that matches patient expectations, providing an understanding of patient satisfaction in health care, and thereby enhancing our provision of holistic care. There is also a need for investigations of this type in both the public and private sectors, since most adult treatment is carried out in the private sector.¹²

Therefore, in this study, we investigated the factors that influence satisfaction with the orthodontic treatment process in adult patients in both the public and private sectors.

MATERIAL AND METHODS

Ethical approval was granted by the National Research Ethics Service, North West-Lancaster (reference number 15/NW/0595), in the United Kingdom, and written consent was obtained from all participants. This was a prospective, cross-sectional qualitative study undertaken at 2 sites. The orthodontic department at the Eastman Dental Hospital is a public-sector postgraduate teaching hospital in London where patients do not contribute toward the cost of treatment and are funded by the government's National Health Service. Treatment is primarily undertaken by postgraduates in specialty training programs. The private practice site was located in Oxford, United Kingdom. Treatment planning was conducted by a specialist orthodontist, and treatment appointments were shared between the orthodontist and a dentist with a special interest in orthodontics.

Inclusion criteria were patients who had commenced active treatment over the age of 18 years, had completed fixed appliance treatment, and were willing to be interviewed. Patients with syndromic conditions (including clefts of the lip or palate) or patients who underwent orthodontics in preparation for orthognathic treatment were excluded from the study.

The ability to draw wider inferences from qualitative research depends largely on the nature and quality of the sampling. Convenience sampling was used in this study, and equal numbers of patients were recruited to allow some comparisons between sites. The intention was to recruit men and women of varying ages and with a variety of malocclusions, including patients who underwent

orthodontics only and some who had multidisciplinary care (including restorative and periodontal treatment but excluding orthognathic treatment). In contrast with quantitative research, sample size was not a consideration since it was dictated by the saturation of the emerging themes.

All interviews were undertaken in a private room away from clinical areas to ensure privacy. The interviews were undertaken by 1 researcher (L.W.) who had undergone in-depth interview training provided by attendance at a course given by an independent social research agency. The interviews followed a semistructured format using a topic guide; any relevant new topics that arose during the process were subsequently added to the topic guide for further exploration in subsequent interviews. The interview duration depended on the amount of information provided, and recruitment was terminated once no new themes arose.

A content thematic analysis using a framework approach was used to analyze the data.¹³ This involved transcription of the interviews verbatim and identification of recurrent themes by 2 researchers (L.W. and S.J.C.) independently. Both researchers read and reread the data and agreed on the themes and subthemes. Each theme was then color coded, and the transcripts were labeled accordingly for ease of sorting. Quotes were input into an Excel workbook (Microsoft, Redmond, Wash); each theme was allocated a separate worksheet, and the columns represented the subthemes. Each patient was allocated a row, and any relevant quotes from the transcriptions were entered accordingly.

RESULTS

A total of 26 participants were recruited for this study, 13 at each site. All patients from the private practice were women, with an age range of 40 to 57 years. At the National Health Service site, 4 participants were men, and 9 were women; they were between the ages of 23 and 58 years. Overall, the average time since debond was 10 months: 7 months (range, 1.5-13 months) at the dental hospital and 14 months (range, 1.5-33 months) in the private practice. Interviews lasted between 12 and 57 minutes.

From the analysis, 5 main themes were elicited. In each main theme, there were several subthemes (Fig). Overall, similarities were noted between patients treated in the public and private settings in relation to the factors that influenced their satisfaction with the treatment process. The main difference between the 2 sites was the greater impact of the physical environment on satisfaction in patients in the private setting compared with those treated at the public hospital.

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