Evaluation of the satisfaction level of patients visiting dental emergency services

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ABSTRACT

Context: Inadequate data is available of patient satisfaction in dental emergency departments in India. Aim: This study was undertaken with the aim to evaluate the satisfaction level of patients visiting emergency services of a dental institute in an Indian city. Settings and Design: A questionnaire-based cross-sectional exploratory study was designed over a period of 2 months. Subjects and Methods: A total of 51 subjects visiting the dental emergency services after routine working hours participated in this questionnaire-based study and submitted their responses. Statistical Analysis Used: Pearson’s Chi-square test. Results: A statistically significant correlation (\(P < 0.05\)) was observed between effectiveness of the treatment given in terms of relief from complaints with the experience at reception, rating the hospital in terms of overall waiting time for any service with ambience (\(P = 0.031\)), between effectiveness of the treatment given in terms of control/relief from complaints (\(P = 0.00\)), ‘rating patient’s experience with “on-duty doctor” (response time, behavior, appearance, attitude etc.), rating the hospital in terms of overall waiting time for any service (\(P = 0.010\)), experience’ with nursing staff (responsive, courteous, polite) and rating the hospital in terms of overall waiting time for any service. Conclusions: Emergency care where patients were satisfied included reception, greeting while entering the department, ambience of the hospital and the Emergency Department, and good experience with the on-duty doctor, nursing staff, and security. Waiting time for treatment at emergency care was less. Recommending this hospital to others was statistically significant with the experience of the patient with the staff.

Keywords: Dental Emergency, emergency services, health, patient satisfaction

Introduction

Less data is available about the response toward after-working hours Dental Emergency Service in India. Patient’s satisfaction is increasingly viewed as a key indicator of health-care performance.² Specially designed surveys are needed for this.³ Satisfaction ratings reflect three variables, that is, personal preferences of the patient, patient’s expectations, and the realities of the care received.³³

During emergency services, only skeletal staff is handling it. Patient handling and soft skills of the staff become critical in patient satisfaction.⁴⁸ This study was undertaken with the aim to evaluate the satisfaction level of patients visiting the emergency services of a dental institute.

The objectives of this study were- To evaluate the satisfaction level of patients visiting emergency services of dental institute in terms of (a) waiting time, (b) general cleanliness, (c) safety during care, (d) communication with doctors and staff and (e) accessibility of doctors and staff.

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Subjects and Methods

A cross-sectional exploratory study was designed over a period of 2 months to evaluate the satisfaction level of patients visiting the emergency services of a dental institute in terms of waiting time, general cleanliness, safe and secure high-quality coordinated care, ease in communication, and accessibility to doctors and staff and their feedback. Due institutional permission and ethical clearance were obtained prior to commencement of the study.

It involved interacting with the patient/their accompanying relatives attending the Emergency Department after the regular hours of the institute, having informal discussion, and thus filling the questionnaire designed for this study. Subjects were selected randomly. Inclusion criterion was that only adult patients willing to participate in this study were selected and others were excluded. Data was collected and subjected to statistical analysis using Pearson’s Chi-square test.

Results

Figure 1 depicts the responses to the Questionnaire. A total of 51 subjects participated in this study and completed the entire questionnaire. A statistically significant correlation was observed between effectiveness of the treatment given in terms of control/relief from complaints with experience at reception ($P = 0.035$), rating the hospital in terms of overall waiting time for any service with ambience, that is, cleanliness, proper signages, lightings, and color scheme ($P = 0.031$), between effectiveness of the treatment given in terms of control/relief from complaints ($P = 0.00$). Significant correlation was also observed between rating patient’s experience with “on-duty doctor” (response time, behavior, appearance, attitude, etc.), and rating the hospital in terms of overall waiting time for any service ($P = 0.010$), experience with nursing staff (responsive, courteous, polite) and rating the hospital in terms of overall waiting time for any service ($P = 0.002$), experience with nursing staff (responsive, courteous, polite) and effectiveness of the treatment given in terms of control/relief from complaints ($P = 0.037$), interaction with support staff like sweeper, nursing orderly, lab technician, etc. (courteous, attitude, responsive) and effectiveness of the treatment given in terms of control/relief from complaints ($P = 0.000$), rating the hospital in view of emphasis given on patient safety (wide hallway, stretcher/trolley at the entrance, air filter in causality and Emergency Operation Theatre (Em. O.T), sterilized equipment round the clock, fire safety devices and instructions, etc.) with effectiveness of the treatment given in terms of control/relief from complaints ($P = 0.011$), overall security arrangements in the hospital and effectiveness of the treatment given in terms of control/relief from complaints ($P = 0.001$), rating experience with the “on-duty doctor” (response time, behavior, appearance, attitude, etc.) and overall experience ($P = 0.006$), experience with nursing staff (responsive, courteous, polite) and overall experience ($P = 0.003$), interactions with support staff like sweeper, nursing orderly, lab technician, etc. (courteous, attitude, responsive) and overall experience ($P = 0.001$), and effectiveness of the treatment given in terms of control/relief from complaints and overall experience ($P = 0.007$).

There was no statistically significant correlation between overall waiting time for any service with experience at reception ($P = 0.118$), effectiveness of the treatment given in terms of control/relief from complaints and rating experience with the “on-duty doctor” (response time, behavior, appearance, attitude, etc. ($P = 0.185$), interaction with support staff like sweeper, nursing orderly, lab technician, etc. (courteous, attitude, responsive) and rating the hospital in terms of overall waiting time for any service ($P = 0.401$), rating experience with the “on-duty doctor” (response time, behavior, appearance, attitude, etc.) and recommendation/return of yourself in this hospital for any future need ($P = 0.258$), and effectiveness of the treatment given in terms of control/relief from complaints and the reason to choose this hospital for treatment ($P = 0.417$).

Discussion

Patient satisfaction has become an important objective for health services. The patient satisfaction survey is becoming the primary tool of assessing the aspect of health care. Patient satisfaction surveys provide patients’ views about a health-care system. One of the major aims of health-care organizations (i.e., hospitals and clinics) is that the patients and their families should be satisfied with their experience in the hospital.

A health-care system needs to analyze as to how much their system is able to meet this aim in terms of overall percentage.
There is also an increase in patient satisfaction surveys in quality assurance, which can reflect various aspects of patients’ expectations and its fulfillment by the system, rather than just measuring the overall satisfaction.

Conducting patient satisfaction surveys with respect to emergency dental services is a prime area that has not been much explored, as medical emergency is always a priority. Patients’ expectations and their level of satisfaction at the emergency care department of a secondary or higher dental care center or at a primary level care off-working hour dental setup must be given equal weightage. There should be no bias toward higher-level centers because the primary care dentists make up the building blocks for a comprehensive health-care system.

This study involved interacting with the patient/their accompanying relatives, having informal discussion, and thus filling the questionnaire designed for this study. Fifty-one patients/their accompanying relatives answered the questionnaire during the emergency hours over a period of 2 months. Very limited studies focusing on the similar aspects of Emergency Dental Services have been reported.

A similar study with a sample size of 44 was conducted by Anderson.[6] Another study by Cohen et al. was conducted with 53 participants who needed dental treatment but had to report to a medical emergency due to lack of access to dentists.[6] Parent satisfaction with emergency dental services at a pediatric dental clinic was studied with 115 subjects.[9]

To provide a context for the review of existing hospital patient satisfaction public reports and to add to the understating of the advantages and disadvantages of different methodological approaches, relevant literature was reviewed. This review focused on patient satisfaction, specifically in hospitals; the relation between patient characteristics and satisfaction scores; and case-mix adjustment of satisfaction rankings and reporting of minority status and patient satisfaction.

The questionnaire was prepared for this study, both in English and Hindi, which included basic details about the patient, their willingness to answer, and various aspects that influence patient satisfaction in a hospital. It was validated and filled by the researcher in the form of an informal interview during emergency care service of the institute.

Results of the present study obtained after statistical analysis showed that the various aspects and factors in relation to the hospital services, in general, affect patients’ satisfaction even at the time of emergency. This study showed that effectiveness of the treatment given was found to be statistically significant with the following factors – the reception ambience, experience with nursing staff, experience with support staff, safety (in terms of helpful equipment), overall security in the hospital, and overall experience; waiting time was found to be statistically significant and related to the ambience of the hospital, the experience with the on-duty doctor, nursing staff at that time. Experience of the patient with the on-duty doctor was found to be statistically significant for the patient rating the hospital for an overall experience. Similar results were reported by Anderson.[6] Overall experience of the patient in the hospital was found to be statistically significant with the experience of the patient with the on-duty doctor, experience with nursing staff, experience with support staff, and the effectiveness of treatment given, and recommending this hospital to others was statistically significant with the experience of the patient with nursing staff and experience with support staff.

Similar observations were reflected in various studies.[6,10-12] This study showed that of the small sample size, maximum number of patients was overall happy with this hospital; yet, even a single patient responding negatively becomes a challenge to be accepted for better service in future. As satisfaction of the patient is a top priority, it is important to find out the sources of dissatisfaction. Each one of the staff members is recommended to look after the well-being of each patient, as their satisfaction will help the organization achieve its goal successfully. A study with a large sample size is highly recommended in future. Study over longer period of time will benefit, along with a large sample size.

Even though the number of patients dissatisfied with the behavior of hospital staff was less, it needs attention and guidance and training for soft human approach. The staff must continuously keep evaluating various aspects of patient satisfaction levels. The results of these evaluations should be analyzed and informed to the service planning process. Organizations should integrate the learning opportunities from customer feedback into their quality improvement plans.

Conclusions

This study was designed for the duration of 2 months with a sample of 51 patients, and their satisfaction level pertaining to the hospital service was recorded with the aid of a questionnaire. The study revealed that most of the patients were satisfied with the ambience of the hospital, reception area and the treatment they got there, and the behavior and attitude of the on-duty doctor, but patients were not satisfied with the diagnostic and imaging facility of the hospital as they were having problem with the range of services available and they had to resort to the outside diagnostic labs for most of the imaging tests which were expensive for them.

A summary of the key points is as follows. Emergency care where patients were satisfied included reception, greeting while entering the department, ambience of the hospital and the Emergency Department, good experience with the on-duty doctor, nursing staff, and security. Waiting time for treatment at emergency care was less. Recommending this hospital to others was statistically significant with the experience of the patient with nursing staff and experience with support staff.
Patients feel satisfied when they are dealt with empathetically at the reception, greeted in the departments, they feel a good ambience of the facility, and the staff deals with them with good soft skills in the Emergency Department.

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Conflicts of interest
There are no conflicts of interest.

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