

Original Research Article

Levels of satisfaction of patient treated at Government Dental Hospital with respect to different demographic characteristics

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Abstract

It is essential to take account of different levels of clinical need in order to measure the fair use of health care. Patient satisfaction is a multi-dimensional healthcare issue, affected by many factors. Healthcare quality affects patient satisfaction, and in result it influences on positive patient behavior such as confidence in hospital care. Measurement of patient satisfaction is expected to play an increasingly important role in the growing push toward accountability among health care providers overshadowed by measures of clinical processes and outcomes in the quality of care equation. There is not much emphasis on the behavioral aspects in the training programs in our teaching colleges. This study was planned to measure the patient satisfaction in teaching hospital, Government Dental College and Hospital Srinagar, Jammu and Kashmir to assess the quality of care provided in terms of patients' satisfaction. A total sample size of 300 participants was collected by consecutive sampling technique. Participants were interviewed privately face to face in the hospital premises, different characteristics of hospital like behavior of doctor, paramedical staff, waiting time, and treatment etc. which can affect the patient satisfaction were measured percentage level, 0% least satisfied and 100% most satisfied. The highest mean percent satisfaction score (64.15 ± 11.61) was seen in age interval of 25-35 years. The higher satisfaction was seen in females. It was also seen that patient satisfaction depends upon educational status of the patients, similarly highest satisfaction was seen in low income class who had mean percent satisfaction score of 63.34 ± 10.09 and it decreased as income level increased and become minimum in highest income level. The results of the present study denote that

patient socio demographic characteristics affect patient satisfaction levels. Similarly it was noted in this present study that age, gender, marital status, education level and income level of patients have effect on their satisfaction score.

Key words

Dental hospital, Patients, Level of satisfaction.

Introduction

The concept of equity dates back to early human civilization and is linked to disadvantaged, impoverished, deprived human beings. Equity has been discussed by politicians and statesmen from ancient times when comparing the 'haves' with the 'have nots'. The central dogma of the socialist pattern of politics is "To each as per his need" and "from each as per his ability". There are two forms of health equity. "Horizontal" equity refers to equal treatment for equal needs, for example, the devotion of equal resources to patients with similar conditions, or equal access to care for people with equal needs. The components of horizontal equity in health are described as providing equal resources for people with equal needs, providing equal access to health care for people with equal needs, providing equal utilization of health care by those with equal need and providing equal health aimed at reducing inequalities in health status between populations. Differences in health care use are not biased if they are due to differences in need. Such differences demonstrate equal but fair care. It is essential to take account of different levels of clinical need in order to measure the fair use of health care while on the other hand patient satisfaction is a multi-dimensional healthcare issue affected by many factors. Healthcare quality affects patient satisfaction, and in result it influences on positive patient behaviour such as confidence in hospital care. Patient satisfaction and healthcare service quality can be increased by using a multidisciplinary approach that combines patient inputs as well as expert judgment [1].

Measurement of patient satisfaction is expected to play an increasingly important role in the growing push toward accountability among

health care providers overshadowed by measures of clinical processes and outcomes in the quality of care equation. Patient satisfaction finding regarding inpatient and ambulatory care play a significant role in hospitals' strategies and tactics in delivering patient services [2]. Every human being carries a particular set of thoughts, feelings and needs. By getting to know the patients a little more to get their views on the care, one ought to come closer to what the patients consider as good care [3]. Patient compliance is very important for successful treatment outcome and since clinical outcome is always attributed to the provider and never to the patient, the patient compliance with treatment becomes all the more crucial [4].

In a study, it was concluded that paramedical staff need to know the factors influencing the patient satisfaction in order to improve the quality of health care [5]. Working over a long period of time in hospitals, the staff may become insensitive to the pains and anxiety of the patients. There is not much emphasis on the behavioural aspects in the training programs in our teaching colleges [6]. Different demographic aspects of patients can affect the patient's satisfaction level but some studies showed that age, gender, income or formal education have shown no clear connection with the patient satisfaction [2]. Some studies elaborated that supporting staff and paramedical staff of hospital should the factors influencing the patient satisfaction in order to improve the quality of health care [7].

As with healthcare in general, patient satisfaction has also been shown to influence compliance and, in turn, treatment quality [8]. This is relevant to all aspects of dentistry but is particularly so in those situations where patient

cooperation is vital, such as orthodontic treatment and periodontal therapy. It is being accepted that the patient's feedback is very important indicator for quality of healthcare. Patient's feedback is very valuable for the hospital management as a predicted for their planning as well as a guideline to improve quality of services [9]. This study was planned to measure the patient satisfaction in teaching hospital, Government Dental College and Hospital Srinagar, Jammu and Kashmir to assess the quality of care provided in terms of patients' satisfaction.

Materials and methods

A cross sectional study was performed between February 2015 and June 2015. A total sample size of 300 participants was collected by consecutive sampling technique. Informed written consent was taken from all the participants and approval of the study was taken from the hospital committee. Participants were interviewed privately face to face in the hospital premises of Government Dental College, Srinagar, Jammu and Kashmir, India. Interviews were conducted by a single trained interviewer using pre tested questionnaires. Information regarding demographic characteristics like age, gender, educational status, marital status and monthly income was recorded. Different characteristics of hospital like behaviour of doctor, paramedical staff, waiting time, and treatment etc. which can affect the patient satisfaction were measured percentage level, 0% least satisfied and 100% most satisfied. The percent score was calculated for each patient and patient satisfaction was measured in terms of mean percent score with respect to different demographic characteristics. Data were entered and analyzed by using SPSS v 15. Descriptive statistics was used to analyze the data and results were presented by mean \pm SD and frequencies with percentages in tabular form. Percent mean score technique was used to show the satisfaction score of the participants.

Results

A total of 300 patients coming to Government Dental College, Srinagar, Jammu and Kashmir, India, irrespective of their age, gender and ailment were included in the study by consecutive sampling technique. The detailed demographic characteristics of the participants are given in (**Table - 1**). In this study sample 186 (62%) were females and 114 (38%) were males. Mean age of study participants was found to be 34.22 ± 8.64 years ranging from 21 to 73 years. Majority of the participants 187 (62.33%) were married. As regards educational level of the participants, most of the participants 69 (23%) were under matric, and 57 (19%) were illiterate. Maximum patients {132(44%)} belonged to low income class (< 7000 Rs. Per month) and 114 (38%) to middle income class (7000-15000 Rs. Per month) as given in table 1. Table 1 also describes the satisfaction scores in percentage. The highest mean percent satisfaction score (64.15 ± 11.61) was seen in age interval of 25-35 years and the minimum percent satisfaction score (54.86 ± 10.81) was seen in older age (>55) years patients. The higher satisfaction was seen in females with mean percent satisfaction score of 62.10 ± 8.95 . The highest satisfaction with respect to marital status was seen in widowed category and minimum satisfaction in single patients whose mean percent score was 67.00 ± 3.46 . The patient satisfaction depends upon educational status of the patients the results show that the rate of satisfaction increased as the educational level increased and mean percent satisfaction score (67.75 ± 5.08) was in patients who had educational level of graduation but the patients who had were in under matric category of education had lowest mean percent satisfaction level of 58.63 ± 9.56 . Similarly highest satisfaction was seen in low income class who had mean percent satisfaction score of 63.34 ± 10.09 and it decreased as income level increased and became minimum in highest income level of > 15000 as given in **Table - 1**.

Table - 1: Patient demographic data and satisfaction score with respect to different demographic characteristics.

Characteristics	n (300)	%	Mean Satisfaction Score (%)	Std. Deviation (%)
Age of Respondent (years)				
<25	68	22.66	60.57	11.61
25-35	48	16	64.15	8.94
35-45	99	33	60.81	8.58
45-55	48	16	58.83	10.78
>55	37	12.34	54.86	10.81
Gender of respondents				
Male	114	38	60.90	10.49
Female	186	62	62.10	8.95
Marital Status				
Single	67	22.33	60.44	11.63
Married	187	62.33	61.18	9.63
Divorced	9	3	62.33	8.75
Widowed	37	12.33	67.00	3.46
Education level of respondent				
Illiterate	57	19	63.33	10.09
Under Matric	69	23	58.63	9.56
Matric	108	36	66.83	4.14
Graduate	66	22	67.75	5.08
Income of respondent				
< 7000 Rs.	132	44	63.34	10.39
7000 to 15000 Rs.	114	38	61.37	7.84
> 15000 Rs.	54	18	53.21	10.53

Discussion

Health care Quality also has many facets which are needed to be understood as the health care manager, usually a public health specialist is expected to assess the quality of health care in given community. According to the United States Institute of Medicine, 'Quality of health care' is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. It has been expounded that there are six dimensions of quality which can be considered while measuring the quality of a product or practice – effectiveness, efficiency, acceptability,

access, equity and relevance. The 'appropriateness' of health-care interventions have been defined as the degree to which benefit of care exceeds the expected negative consequences. Through this concept it is possible to establish a set of rules or standards of care based on identifying appropriate interventions which should be used (or not used) in a specific clinical situation. Satisfaction is observable itself in the distribution, access and utilization of health services. Researchers have proved that satisfaction level is related to a range of factors like ethnic group, patient education, waiting times and attitudes of providers as well as patients' perception of a relationship of trust, providers' answering of questions and provision

of adequate information, patients' feeling of being involved in decisions about their care [10].

In the present study there was no considerable relationship between age and patient satisfaction, it was seen that elder age patients were comparatively more satisfied than other groups. Age has been a well-known determinant of patient satisfaction index with older patients scoring more highly and being more satisfied than young and middle aged patients [11]. In a study looking specifically at satisfaction of the older patient with dental care Stege, et al., found that patients over the age of 60 years tended to be more satisfied with their dental care than younger patients, but were less satisfied with the communication process than younger patients [12]. This fact was also seen in some other studies which concluded that some demographic variable are important including age which consistently shows that elderly patients are more satisfied [4]. Some studies showed that age, gender, income and formal education have shown no clear connection with the patient satisfaction [2].

In this study it was noted that the higher satisfaction was seen in females with mean percent satisfaction score of 62.10 ± 8.95 as compared with male patients. In a Study, contrary to present study it was noted that female patients with short duration of hospitalization were less satisfied with staff's care than men [13]. Studies on the effect of gender are contradictory, with some studies showing that women tend to be less satisfied and other studies showing the opposite [14]. Gopalkrishna and Mummalaneni found that women expressed greater levels of satisfaction with dental care than men, attributing this finding to their greater exposure to dental services which would likely moderate their expectations, which in turn, are more likely to be met [15].

The results of this present study showed that the rate of satisfaction increased as the educational level increased and mean percent satisfaction score (67.75 ± 5.08) was in patients who had

educational level of graduation but the patients who were in under matric category of education had lowest mean percent satisfaction level of 58.63 ± 9.56 . Similarly highest satisfaction was seen in low income class who had mean percent satisfaction score of 63.34 ± 10.09 and it decreased as income level increased and become minimum in highest income level of > 15000 . As some studies showed that age, education level, marital status, sex, work status and length of stays affected the scores of satisfaction [16]. Compared to 'non-poor', people from low income groups have been shown to hold very different attitudes about, and satisfaction with, healthcare, showing more negative perceptions of care and lower intentions to seek care [17]. Golletz et al. observed similar findings in reviewing satisfaction with dental care among a low income population [18].

The study also revealed that people with poor self-rated dental health consistently rate their satisfaction with dental care lower than those with higher ratings of their own dental health. From different studies it was noted that usually, those married or cohabitating tended to have higher satisfaction scores, but in some studies those who were single or divorced had higher satisfaction scores which is also supported by the results of this present study [19]. Some studies reported that low income patients were more satisfied as compared with high income patients as revealed by results of this present study [20]. Many of the studies have looked for relationships between perceptions of care and various independent variables, in particular, socio-demographic factors. Findings however, tend to be contradictory, no doubt because the factors do not operate in isolation but interplay with each other.

Quality improvement project is a clearly articulated plan to improve the quality of health care. Commonly, the quality improvement will be attempted to incorporate one or more aspects and include Safety, Timeliness, Effectiveness, Efficiency, Equity and Patient-centeredness. To implement a successful improvement project it is

necessary to develop ‘will’ (that is support of senior leaders and clinicians), have good ideas and have a carefully thought out strategy for execution. The ‘ideas’, or ‘change package’, may be a strategy for implementing clinical practice guidelines that has already been tested and is ready for local adoption and adaptation, or may require innovation if no one has achieved quality improvement in a similar setting before.

Conclusion

The results of the present study denote that those patient socio demographic characteristics affect patient satisfaction levels. Similarly it was noted in this present study that age, gender, marital status, education level and income level of patients have effect on their satisfaction score. Patients with elder age, female patients, middle level of education and low income patients showed higher satisfaction.

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