THE QUALITY OF MEDICAL DENTAL SERVICES IN DENTIST SURGERIES IN ORADEA

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Abstract

The patient’s satisfaction represents the reflection of health services quality; it is proportional with the way in which the dentist can answer the patients’ expectations. In the present study we looked into the oral-dental health status and the patients’ opinion regarding the quality of the medical dental services offered in 10 dentist surgeries in Oradea. The method consisted in a qualitative (of opinion) sociologic investigation using as instrument of study the assisted anonymous questionnaire-interview, with pre-formulated responses structured in 16 items. This was administered to the patients after the therapeutic investigation.

Key words: oral dental health, quality of medical services

INTRODUCTION

The patient’s satisfaction represents the reflection of health services quality.(1) In the sanitary system a great importance is given to the patient’s response reaction concerning medical services and to the idea of offering him what he wants. That’s why the patients’ opinion and the can be considered a key factor in evaluating the good or the insufficient activities in the context of marketing strategy.(2,3,4) The methods and the techniques used in studying the patient’s satisfaction are used at a larger and larger scale in health organizations.(5,6) Once the patients’ needs are identified, the medical personnel can intervene in facing these by adequately using the medical techniques and procedures.(1,4,6)

Aim: in the present study we looked into the oral-dental health status and the patients’ opinion regarding the quality of the medical dental services offered in 10 dentist surgeries in Oradea.

MATERIAL AND METHOD

The method consisted in a qualitative (of opinion) sociologic investigation using as instrument of study the assisted anonymous questionnaire-interview, with pre-formulated responses structured in 16 items. This was administered to the patients after the therapeutic investigation.

The study lot was formed of 60 persons chosen at random from the patients that came at the dentist’s surgery. The length of the study was of 3 months, between April and June 2009.
The working technique consisted in collecting, processing, analyzing and interpreting the data contained in the questionnaires. In these conditions we aimed at: the overall oral-dental health state of the persons studied; the frequency of the presence in the surgery, surgeries’ hygiene, doctor-patient relationship, and the improvements that should be done in dental assistance.

RESULTS AND DISCUSSIONS

The study lot consisted of 39% masculine and 61% feminine subjects. From the age structure of the lot we noticed that the major part of the patients, that is the ones between 18 and 27 (representing 28%), request especially curative treatments, while the 58-67 age group requests prosthetic treatments; a small percentage of the 0-17 age group (5%) came to the dentist’s surgery with prophylactic purpose.

Also, despite the placement of the dentist surgeries in the rural areas, we signaled the presence of a large number of patients from rural areas (64%). The explanation consists in the general opinion of the patients regarding the quality of the dental medical services offered in dentist surgeries in the urban areas, considered highly superior to the services offered in rural areas.

It is also noticeable a higher trust in the professional abilities of the dentists who work in towns than in those who work in rural areas. The patients’ position concerning their expectations and the appreciation of the medical services received is influenced by the information regarding the dentists’ background, age and studies. (5,7)

Regarding the educational level, we observe that the weighting factor of the persons that graduated a college is higher than of the other categories, that is 40%.

Regarding the occupation of the patients, 32% from the lot who frequented the surgery were intellectuals, 36% were workers, 8% were pupils, students and retired persons, while 4% were unemployed.

Form this data we can deduce the main factors that led to these results: age, material means, studies and education.

As far as the oral-dental health is concerned, almost half of the studied personnel (45%) considers it acceptable, while a quarter (25%) has poor oral-dental health. Only 3.33 of the subjects enjoy a very good health condition (figure nr 1)
The extreme appreciations “very good”/” extremely poor” and “bad” are at the minimal level. However, these reports do not correspond to the post-examination results which signal a certain level of unawareness among people regarding the seriousness and the number of oral-dental problems presented.

Being asked how many times they came to the dentist’s surgery in the last year, almost half of the patients studied (43.33%) answered that they did not go to the surgery at all in the last 12 months, almost a quarter (23.33%) came 4 or more times, and a relatively small percent (6.66%) came twice a year. More than half (56.66%) of the persons studied goes to only one dentist’s surgery, and the rest 43.33 % go to different surgeries. Thus, we have two extreme categories: persons that are highly interested in their personal oral-dental health and those who are not interested at all.

Low values are registered concerning the patients going to 1-2 surgeries (9-14%). The result of the research indicates a pretty high rate of the persons that frequented more dentists’ surgeries (23-36%). One of the reasons why 30 % of the subjects did not stick with one dentist is the time they have at their disposal which does not always match the program of the
surgery; another reason is that 20% move house, and for 10% the reason was the poor quality services.

The patients change the surgery or the dentist when they are not satisfied with the dentistry services received seen from all points of view of quality. This constitutes a good stimulus for competition and for improvements in dentistry field. (2, 8, 9, 10)

![Fig.4. The reason for going to only one surgery](image)

The main reason for going to only one surgery is the quality of the dental services (28%), which in fact includes the other categories. By this quality, the patients understand the durability of the oral work done. The financial aspect is also to be mentioned (18%), the possibility to have access to free services (11%) and the psychological side. It is frequently signaled the necessity of moral support from the dentist’s part but also the feeling of trust that he has to inspire patients (17%). These aspects need to be taken into consideration together, being branches of the quality concept in medical dental services that have to be developed in parallel. (9, 11) Regarding the appointment system, the majority (80%) prefer it.

Asked about the time they spend in the waiting room of a surgery, 30% wait about 45 minutes and the same percentage (30%) wait between 15 and 30 minutes. 23.33% wait more than half an hour (30-45 minutes) and the rest 16.66% wait for about 15 minutes. The explanation of these delays consists in the impossibility of appreciating the length of the dental treatment but also in the acceptance of a great number of patients in 24 hours, due to the dentists’ fear of refusing and losing a number of their patients.

From the point of view of patient–dentist relationship, almost half (46.66%) consider they have a good relationship and 23.33% have a very good relationship. The same 23.33% have answered that their relationship with the dentist is satisfactory. From the whole lot questioned, 6.66% do
not have a very good relationship, but none of the questioned persons consider that this relationship is very poor.

There are though persons that are not satisfied with the relationship they have. However, they accept the situation from other reasons that they consider favorable for example the financial reasons.

The satisfaction of the patients is closely related to the clarity the doctor offers the necessary information about the disease and its therapy, to the perception that the doctor is honestly interested in the patient’s problem and that he is sensitive to the multiple aspects that the disease brings about.(2,6) The patients are that category of users who prefer to have an active role in the process of taking decisions.

Asked about the hygiene in the dentist’s surgeries, more than a half (56.66%) consider that these are clean or very clean (20%); a part of the patients (20%) think they are less clean, ad a small percentage (3.33%) think that some surgeries are improper for medical activities.

From the total of the persons studied, almost half (48.33%) consider the costs of the dentistry services high and 29% consider them acceptable. 23.33% of the subjects think that the costs are very high. Only 3.33 % stated
that the prices are low. No person questioned thinks that the prices are very low.

The patient’s opinion does not take into consideration the difference in prices of the medical dental services with the ones abroad, the prices of the materials needed or the costs of the services in other less important but more costly fields. They relate it mostly to the level of their salaries.

The majority of the persons questioned are happy with the quality of the medical dental services received (70%). There is even a percentage of patients that are very pleased (14%). But there is also a small percentage of individuals that are unsatisfied from this point of view (16%). In the patients’ opinion, the dissatisfactions are generally due to the high costs and less due to the poor quality of the work done at oral cavity level.

Regarding the improvements that need to be done in dental assistance, 53.33% of the persons questioned think that the major improvement would be in lowering the prices, and 20% opted for the shortening of the waiting time through appointments. 10% of the studied persons opted for the improvement of the relationship between doctor and patient and 16.66% are those who opted for other improvements. The latter ones refer to the quality of the services or aspects regarding sanitary education.
On inferior levels that still need mentioning are the following: the good doctor-patient relationship, the hygiene level of the dentist’s surgery and the level of technical equipments. Although the costs of dental services in Romania are considered high, they are still very low in comparison with those abroad.

From the total of the persons studied, 73.33% did not go to the dentist’s surgeries for a check.

The satisfaction of the patients is proportional with the way in which the dentist can answer the patients’ expectations. (2,5) From different studies results that the patients expect the dentist to be competent from a professional point of view and to be able to have a good relationship with people. (3,6,7) However, the patients do not choose their doctor according to his professional characteristics but also according to the patient-doctor relationship, emphasizing the appreciation of caring medical assistance. (5,12)

The patients’ satisfaction means cognitive valuation and emotional reaction to the structure’s elements (human, material, financial resources and hospital ambience), the process (technical and interpersonal aspects), and also the results of the medical services provided. (1,8,9)

The medical staff through its technical abilities, intelligence and qualification, contributes in a great part to the patient’s satisfaction. High priority is given to the abilities to communicate with others, the clarity of the information provided being essential in doctor-patient communication. (8,11,12)

Once the needs of the patients are identified, the medical staff can intervene in meeting them by using the proper medical techniques and procedures. (1,4,6)
CONCLUSIONS

• Quality means pertaining to certain standards that are met or not
• The quality of the medical act in dentistry implies the interconnection between the quality attributes (professional competence, the accessibility of the service, the efficiency of the medical procedures, the efficiency in using the resources and the patient’s satisfaction) and the mode of organization and financing the medical service on one side and the level of technical advancement in the field on the other side.
• The oral-dental health of the patients is satisfactory
• The frequency of going to the dentist’s surgeries is low
• The appointment system is often used
• The relationship with the dentist is good or very good
• The hygiene of the surgeries is good
• The costs of the services are high, in the patients’ opinion
• The most frequent surgeries are the private ones
• The quality of the services is good
• It is not common to come back to the surgery for a check up.

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