Evaluation of level of satisfaction in orthodontic patients considering professional performance

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Abstract

Objective: Considering the increasing professional concern in conquering new patients and maintaining them satisfied with treatment, this study aimed to evaluate the level of satisfaction of patients in orthodontic treatment, considering the orthodontist's performance. Methods: Sixty questionnaires were filled out by patients in orthodontic treatment with specialists in Orthodontics, from Curitiba. The patients were divided into two groups. Group I consisted of 30 patients which considered themselves unsatisfied and changed orthodontists in the last 12 months. Group II consisted of 30 patients which considered themselves satisfied, and were in treatment with the same professional for at least, 12 months. Results and Conclusion: after statistical analysis, using the chi-square test, it was concluded that the factors statistically associated to patient's level of satisfaction considering the orthodontist's performance were: professional degree, professional referral, motivation, technical classification, doctor-patient personal relationship and interaction. For orthodontic treatment evaluation, the factors that determined statistical differences for patients' level of satisfaction were: the number of simultaneously attended patients and the integration of the patients during the appointments.

Keywords: Patient satisfaction. Orthodontics. Professional-patient relationship.

Editor's summary

With the increasing number of professionals, the search for the orthodontic patient satisfaction gained attention. However, there is difficulty in quantifying these issues, due to the need in consulting patient's views and the long-term nature of orthodontic treatment. So, what patient's perceptions would influence his/her satisfaction with orthodontic treatment and also with professional performance? This is an important issue towards discovering the patient's psychological universe, responsible for the integration or not with the clinical environment.

The study included 320 patients from 10

^{*} Access www.dentalpress.com.br/journal to read the full article.

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private clinics of specialists in orthodontics. They grouped the patients reportedly unsatisfied with orthodontic treatment and who had changed professional, and a second group had patients satisfied with orthodontic treatment. These patients answered a questionnaire of 17 objective questions with three alternatives, in the waiting rooms of orthodontic clinics. The test used was the "Chi-square", to access differences between groups (p < 0.05).

Professional curriculum doesn't seem to influence the patient's level of satisfaction. Considering the nature of the information transmitted to the patient, there were no statistically significant differences between groups. The majority of the patients of both groups in this study reported having received educational information by the orthodontist. Despite the absence of significant differences, the prevalence of patients who reported that the professional didn't recognize them by name, consisted a third of unsatisfied patients. Regarding the professional's acceptance of criticism and suggestions, there were statistically significant differences between groups. Among patients who considered themselves unsatisfied. 60% had no freedom to express opinions and suggestions. This suggests a lack of communication in more than half of the professionals who had transferred patients. In the study, almost 90% of patients who thought they were unsatisfied did not have a good personal relationship with the professional. These data suggest that patient's satisfaction is strongly related to a good personal relationship with the professional.

Questions to the authors

1) What is the importance of such studies?

These studies enable the understanding of the professional/patient relationship, besides the professional improvement, not just in the technical aspect, but to ensure the patient's welfare. From the moment the professional receives the patients, he ensures his stay in the clinic, winning their satisfaction.

2) In order to optimize the satisfaction of orthodontic patients, what advice would the authors give to the clinical orthodontists?

Clinical orthodontists should care more for the personal relationship with their patients. A good relationship makes patient integration with the clinical staff easier, improves the dialogue between orthodontist/patient, and ensures referral of the professional by the patient's relatives and friends.

3) Is there a special recommendation for orthodontic care of patients in the academic-university environment?

Within the university, it would be interesting to explore the integration capability between patient and professional, since it is a learning environment, where professionals can train this ability continuously during successive clinical appointments. Moreover, the psychological aspect of orthodontic treatment should be valued by the professionals, since the orthodontist doesn't rely only on a good technique and speed—he needs to learn the psychological context to improve his relationships with patients, guaranteeing, in this way, satisfaction for both sides.

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