

This report provides information on aspects of satisfaction with recent dental visits. Satisfaction with health care reflects the extent to which the care given meets the patients' needs and expectations, with care that is less satisfactory to the consumer likely to be less effective.

Differences by age groups, place of last visit, cardholder status, rural location and country of birth are presented. Comparisons between the Dental Satisfaction Survey 1999 and combined data from the 1994, 1995 and 1996 surveys have been presented. Changes have occurred in access to services, which may have affected the levels of satisfaction reported, particularly among disadvantaged groups, and those in poorer oral health than their counterparts.

Dental satisfaction scales

The Dental Satisfaction Surveys consisted of 24 individual items that incorporated the dimensions of context, content and outcome of dental care, and 7 additional items (introduced in 1995) relating to cost and facilities. Each dimension or satisfaction sub-scale contained relevant groupings of items and related to dental care received within the previous 12 months; 5 items fell outside the sub-scales but were included in overall scores.

Context of the dental visit(s) – related to distance, the ease of making appointments, waiting time, dentist and clinic staff issues (8 items).

Content addressed aspects of communication, explanation of treatment and options, and thoroughness of services (7 items).

Outcome included service results and improvement in oral health (6 items).

Satisfaction consisted of the combined score of the original 24 dental satisfaction items (24 items).

Cost satisfaction addressed the aspects of affordability of dental care and feeling financially protected against dental expenses (2 items).

Facilities included waiting room (appearance) and dental surgery (equipment) issues (3 items).

Satisfaction scores (on a scale of 1=very dissatisfied to 5=very satisfied) in general showed satisfaction with dental care, ranging between 4.12 and 4.29. Cost satisfaction scores were lower.

Table 1: Mean satisfaction scores by survey year – dentate adults, 1994–96 and 1999

	1994–96	1999
Context†	4.29	4.17
Content†	4.21	4.13
Outcome†	4.23	4.12
Satisfaction†	4.24	4.15
Cost ^(a)	3.17	3.16
Facilities ^(a)	4.13	4.08

† statistically sig. difference between 1994–96 and 1999 surveys
^(a) cost and facilities introduced in the 1995 survey
 Source: Dental Satisfaction Survey: 1994–96; 1999

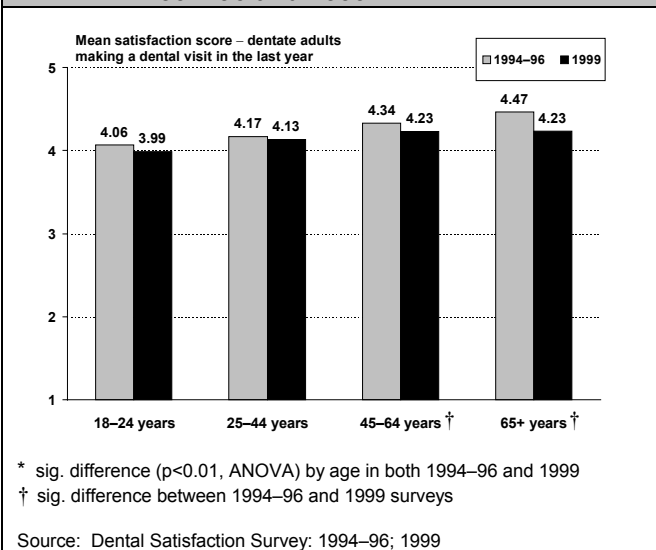
The context, content, outcome and overall satisfaction scores were lower in 1999 than in the 1994–96 surveys. Cost satisfaction barely changed between the two survey periods, remaining marginally above the neutral point of the scale [3.00]. Satisfaction with facilities declined slightly.

Results presented in this report are based on overall satisfaction and cost satisfaction.

Age and dental satisfaction

Age group was strongly associated with dental satisfaction, with satisfaction scores increasing across age groups. In 1999, the 18–24 years age-group registered the lowest mean score of 3.99 compared with a mean score of 4.23 for the age-groups 45–64 and 65+ years (Figure 1).

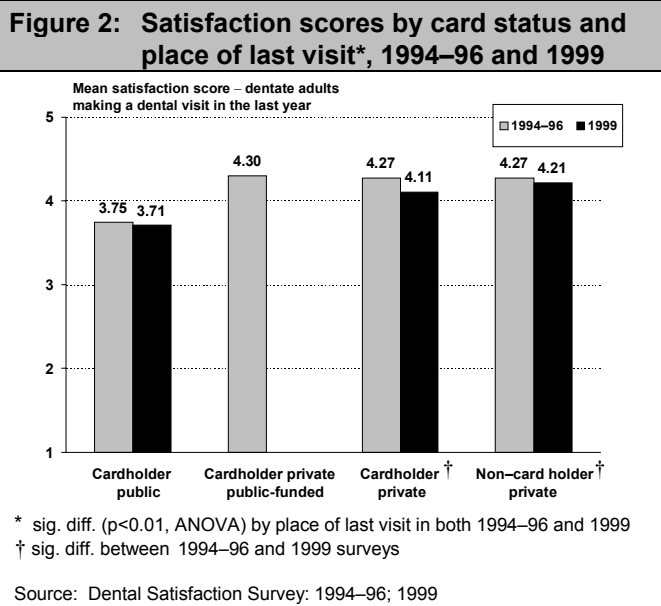
Figure 1: Mean satisfaction scores by age group*, 1994–96 and 1999



There was a decline in dental satisfaction since the 1994–96 surveys, with the greatest change observed in the oldest age group; 4.47 declining to 4.23.

Place of last dental visit

Figure 2 presents the differences in the mean satisfaction scores by health card status and place of visit. Within each dental satisfaction survey period, users of public clinics (cardholder public) recorded the lowest scores.



Cardholders who had made their last dental visit(s) at private practices recorded scores considerably higher than the recipients of public care. During 1994–96 some cardholders (cardholder private public-funded) had public-funded dental care at private practices under the Commonwealth Dental Health Program (CDHP). In the 1999 survey, there was not a corresponding group of cardholders receiving subsidised private care; satisfaction scores for cardholders who sought self-funded private care had declined (previously equivalent to non-cardholders).

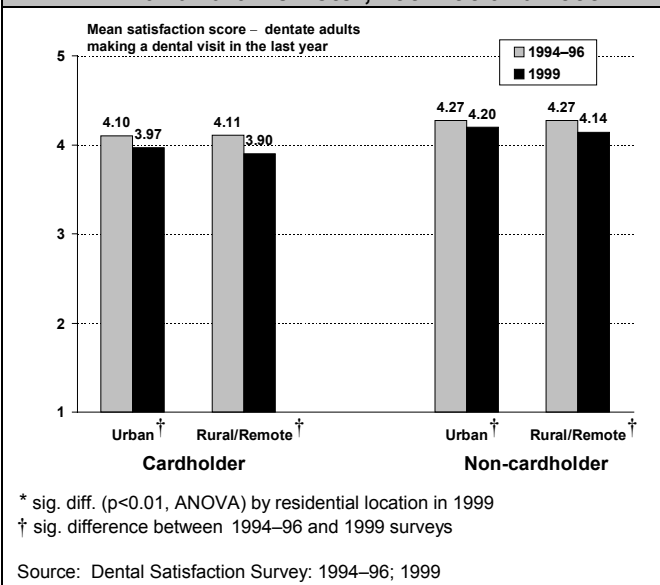
In 1999 cardholders who received public care continued to record the lowest satisfaction, although at a relatively stable level, with a score of 3.71. Since the 1994–96 surveys, satisfaction had declined most noticeably among cardholders who purchased their own dental care at private practices (from 4.27 to 4.11). The satisfaction level of non-cardholders decreased slightly, from 4.27 to 4.21.

Similar trends toward lower scores occurred in the context, content and outcome scores for cardholders and non-cardholders who last visited private practices.

Rural/remote residents

Residents of rural and remote areas reported lower levels of dental satisfaction in 1999 than their urban counterparts.

Figure 3: Mean satisfaction scores by card status and rural/remote*, 1994–96 and 1999



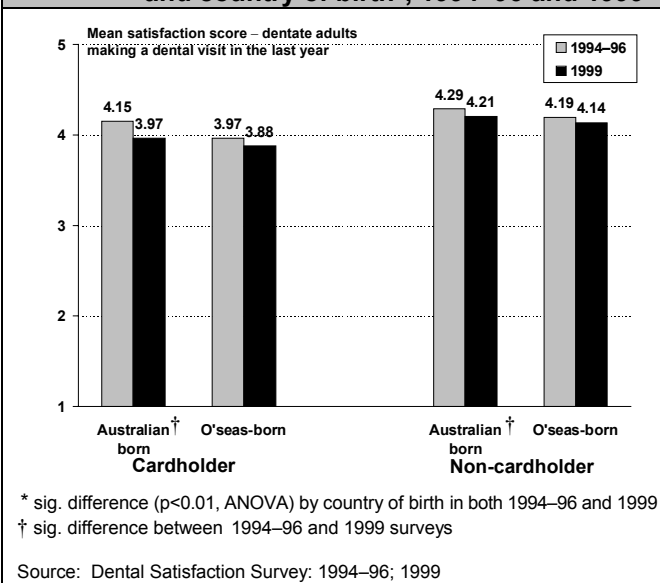
Rural/remote non-cardholders recorded a mean overall satisfaction score of 4.14 compared to 4.20 among urban non-cardholders, while the scores of cardholders from all areas were below 4.00 (Figure 3).

The decline in satisfaction scores since the 1994–96 surveys was smallest among urban non-cardholders, and more evident among rural/remote dwellers; non-cardholders decreased from 4.27 to 4.14 and cardholders declined from 4.11 to 3.90.

Country of birth

Figure 4 presents overall satisfaction scores by cardholder status and country of birth. Overseas-born persons consistently recorded lower satisfaction scores than Australian-born participants.

Figure 4: Mean satisfaction scores by card status and country of birth*, 1994–96 and 1999



Overseas-born cardholders had the lowest satisfaction score, 3.88 in 1999, compared to Australian-born cardholders, 3.97; while the highest score, 4.21, was recorded by Australian-born non-cardholders.

Between the two survey periods, satisfaction with dental care had declined in all groups, but most noticeably in the Australian-born cardholder group.

Cost satisfaction

Cost satisfaction scores, which ranged between 2.35 and 3.76, indicated lower satisfaction with financial protection and affordability of dental care than context, content and outcome. On a scale of 1 to 5, scores below 3 (the neutral point) were common.

Table 2 presents the overall satisfaction and cost satisfaction scores by 'usual reason for a visit', 'experience of toothache in the last year', and 'avoided or delayed making a dental visit because of the cost'. These factors were associated with scores on both satisfaction scales.

Table 2: Mean overall satisfaction and cost satisfaction scores – dentate adults, 1994–96 and 1999

	Satisfaction		Cost satisfaction ^(a)	
	1994–96	1999	1995–96	1999
Avoided visit because of cost				
Yes	*3.98	*3.89	*2.33	*2.35
No	4.32	4.22	3.43	3.36
Usual reason for visit				
Problem	*4.11	*4.00	3.09	*2.96
Checkup	4.31	4.23	3.22	3.26
Toothache^(b)				
Yes	*4.02	*3.90	*2.89	*2.99
No	4.28	4.20	3.22	3.19
All	4.24	4.15	3.17	3.16

* p<0.01 ANOVA
^(a) cost satisfaction introduced in the 1995 survey
^(b) Yes = very often, often or sometimes; No = hardly ever or never
 Source: Dental Satisfaction Survey: 1994–96; 1999

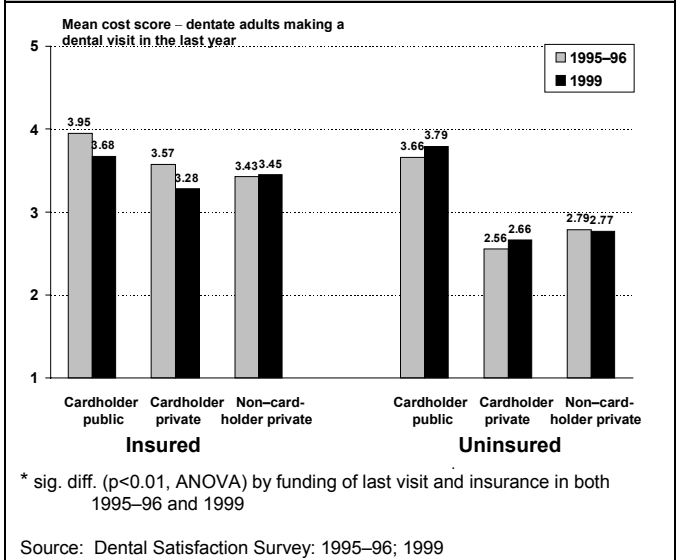
Those persons who reported toothache and problem-oriented visiting were likely to indicate dissatisfaction with the cost of dental visits, and were also likely to find the dental care that they received less satisfactory than those who did not experience these problems.

Dental insurance and cost satisfaction

When comparing insured and uninsured persons, it is evident that large differences existed in cost satisfaction (Figure 5). The scores among insured persons whose care was self-funded (3.45 and 3.28 in 1999) fell mid-way between 'neutral' and 'satisfied', and was not indicative of a high level of satisfaction.

Those persons who received public-funded dental care, whether or not they had private dental insurance, were the most satisfied with the cost of their dental visits. However, their scores (3.68 and 3.79 for insured and uninsured respectively) reflected some concern about the affordability of dental care ('feel protected financially against dental expenses'), which may relate to co-payment issues.

Figure 5: Cost satisfaction scores by funding of last visit* and insurance* status, 1995–96 and 1999



The lowest scores were recorded by uninsured non-cardholders and those uninsured cardholders who attended private practices, 2.77 and 2.66 in 1999. Cardholders eligible for public-funded dental care who last made a dental visit at their own expense showed lower satisfaction with the affordability of care; those with private dental insurance cover were less affected, but their score remained low at 3.28 in 1999.

Between the two survey periods, cost satisfaction among insured cardholders declined. Overall there was very little change in cost satisfaction scores, and fluctuations which occurred within some groups were not significant.

Satisfaction comments

Respondents were invited to offer comments on aspects of their recent dental care. Many positive comments were offered:

- 'Although I am a pensioner I considered I was treated with... respect...Appreciated not being treated as a second class citizen.'
- 'It has been a great help to me to receive this dental treatment free of cost.'
- 'Although I am in private health cover, I only get about half the amount back...as I am a pensioner, I may not be able to have the treatment from this dentist in the future.'

A selection of comments that particularly reflects the concerns of individuals from various disadvantaged groups has been included.

Older cardholders:

- *'I am aware of other pensioners who can't afford treatment and can't afford dentures and have to go around looking like "Popeye"... You can't get into the Government Dentist; only after a long wait...'*
- *'...I was only a pensioner so I could not expect the same treatment as a Private Patient'*
- *'As an aged pensioner who has NEVER been on social service I feel I do not receive satisfactory care under the pensioner scheme.'*

Persons born outside Australia:

- *'...and not fully aware of what was going on for some of my treatment until after.'*
- *'I am elderly and feel whatever treatment I have here is patronising and have been used to better treatment before.'*
- *'Not assistant government little hard for me because I am pension.'*

Data sources

Dental Satisfaction Surveys were mailed to a sub-set of respondents from each of the National Dental Telephone Interview Surveys conducted in 1994, 1995, 1996 and 1999. Telephone interviews, which included questions on self-reported oral health and dental visiting characteristics, were carried out with adults selected from a stratified random sample of all States and Territories.

Aspects of satisfaction with the most recent dental visit(s) were collected from dentate persons aged 18 years and over who had made a dental visit in the previous 12 months (2,081 adults in 1999, response rate 69.0%; and 2,820 adults in combined surveys from 1994, 1995, 1996, response rate 85.3%).

Data were weighted to ensure that the samples accurately represent the age and sex distribution of the Australian population at the time of each survey. Data were classified into urban or rural and remote locations based on the Rural, Remote and Metropolitan Area Classification 1994 (Department of Primary Industries and Energy and Department of Human Services and Health).

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Rural and remote locations

- *'The dentist visits [are] limited to every four or five weeks... He is a private dentist & there are no concessions for pensioners.'*
- *'If you don't have the money to pay for dental work you don't bother to go until the teeth are so decayed & painful they need extracting.'*
- *'We live in a small country town and are only serviced by a private dentist on a very part-time basis. There are no emergency services or after hours services.'*

Summary

Lower levels of dental satisfaction were reported by:

- younger age groups;
- cardholders who received their most recent dental care at a public clinic;
- migrants; and
- residents of rural and remote locations.

Cost satisfaction was low, particularly among uninsured cardholders and non-cardholders who attended private practices.

During the period since the 1994-96 surveys, overall satisfaction with dental care had declined. Decreases in satisfaction scores were most evident among older adults, cardholders who last visited a private practice, and rural/remote dwellers.

The strongest predictors of higher satisfaction scores were older age and the last dental visit being at a private practice rather than a public clinic. Personal financial constraints had negative associations with all satisfaction scales.

Detailed companion statistical tables (context, content and outcome scores) for the 1999 Dental Satisfaction Survey and comparisons with the combined 1994-96 surveys are available at the web site listed below.

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

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