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 and Research Unit
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Satisfaction with dental care 2002



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This report provides information on aspects of satisfaction with recent dental visits. The level of satisfaction recorded shows the extent to which care received meets the needs and expectations of the patient. Care that is less satisfactory to the consumer is likely to be less effective.

Differences by age groups, place of last visit, self-reported dental health and perceived need for a dental visit, cost satisfaction and language spoken at home are presented.

Dental satisfaction scales

The Dental Satisfaction Survey 2002 consisted of 31 individual items that incorporated the dimensions of context, content, outcome and cost of dental care, and the facilities available. Each dimension or satisfaction sub-scale contains groupings of related items pertaining to dental care received within the previous 12 months.

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 dental health (6 items).

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

Cost consisted 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 (above the mid-point of 3.00), ranging between 3.42 and 4.46.

To put the 2002 findings into perspective, they are first compared with previous findings from 1994–96 and 1999. The context, content, outcome and overall satisfaction scores were significantly lower in 1999 than in the 1994/95/96 surveys, but recovered in 2002.

Table 1: Mean satisfaction scores by survey year – dentate adults, 1994–96; 1999 and 2002

	1994–96	1999	2002
Context†	4.29	4.17	4.25
Content†	4.21	4.13	4.26
Outcome†	4.23	4.12	4.23
Satisfaction†	4.24	4.15	4.24
Cost ^(a)	3.17	3.16	3.42
Facilities ^(a)	4.13	4.08	4.22

† statistically sig. difference between 1994–96 and 1999 surveys.

(a) Cost and facilities introduced in the 1995 survey.

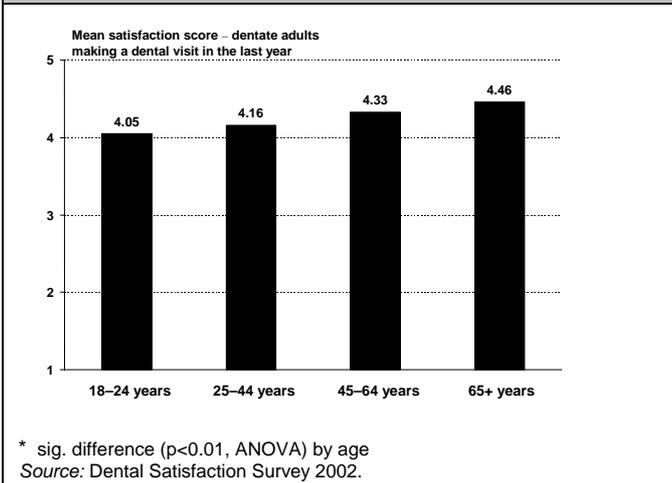
Source: Dental Satisfaction Survey 1994–96; 1999; 2002.

Cost satisfaction scores, consistently lower than the other scales, increased slightly in 2002. Satisfaction scores were affected by a number of independent factors, the chief of which were age group and place of last visit. Self-reported dental health and perception of treatment need, financial and language barriers also had a significant influence on satisfaction. Results presented in the remainder of this report are based on overall satisfaction and cost satisfaction.

Age and dental satisfaction

Age group was strongly associated with dental satisfaction. The lowest satisfaction score was 4.05 for the 18–24-year-olds, with a stepwise increase across each age group to the highest score (4.46) which was recorded by those aged 65 years and over (Figure 1).

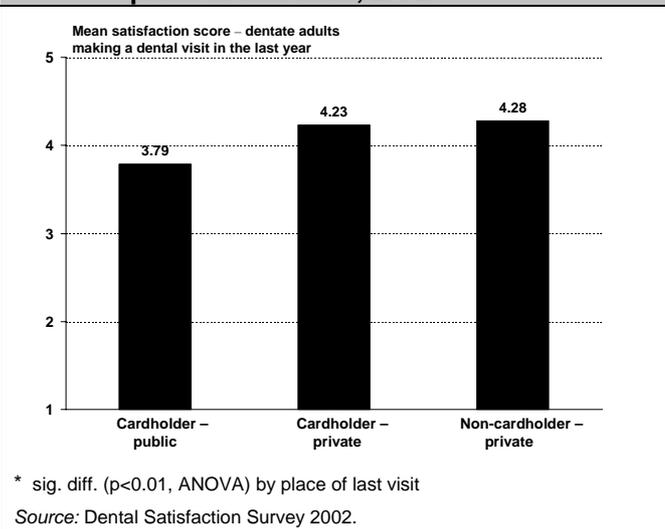
Figure 1: Mean satisfaction scores by age group*, 2002



Place of last dental visit

Differences in the mean satisfaction scores by health card status and place of visit are presented in Figure 2. The difference between users of public clinics (government concession cardholders only) and recipients of private care was statistically significant.

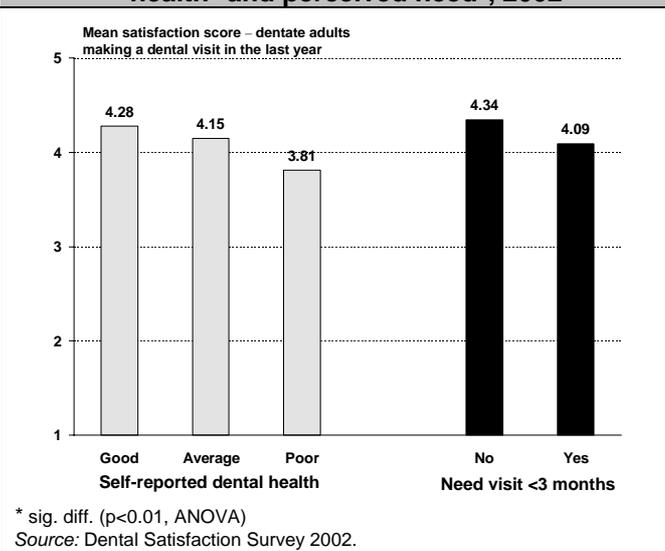
Figure 2: Satisfaction scores by card status and place of last visit*, 2002



Cardholders who had made their last dental visit(s) at private practices recorded scores that were comparable with those of non-cardholders, 4.23 and 4.28 respectively, considerably higher than the recipients of public care, 3.79.

Dental health and perceived need

Figure 3: Mean satisfaction scores by dental health* and perceived need*, 2002



Participants who believed their dental health was average or poor reported lower levels of dental satisfaction than those who assessed their dental health

as good or excellent. Those with poor self-assessed dental health recorded a mean overall satisfaction score of 3.81 compared to 4.28 among those with good dental health.

A similar finding was evident on examining dental satisfaction among those who perceived a need for a dental visit or treatment within three months. Although all respondents had made a dental visit within the previous 12 months, some reported that they needed a dental visit or treatment with some level of urgency. These participants recorded a significantly lower mean score (4.09) compared to those who did not believe that they required a visit within 3 months (4.34) (Figure 3).

Cost satisfaction

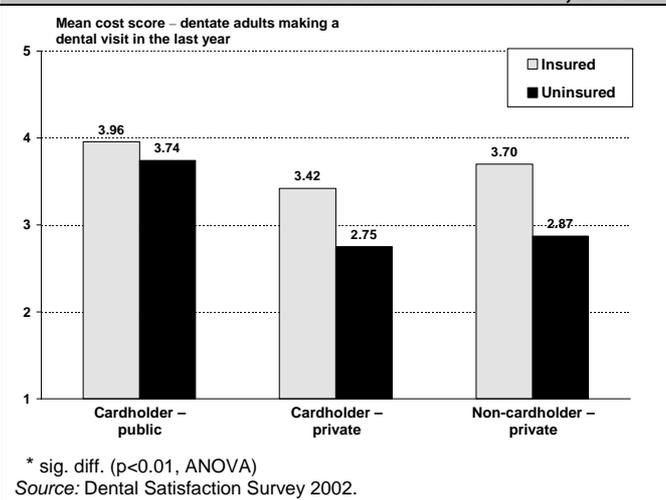
The mean cost satisfaction score among all respondents was 3.42, mid-way between 'neutral' and 'satisfied' (Table 1).

Large differences existed in cost satisfaction when comparing insured and uninsured persons.

Dental insurance and place of last visit

Those persons who received public-funded dental care, whether or not they had dental insurance, were the most satisfied with the cost of their dental visits, with scores of 3.96 and 3.74 respectively (Figure 4).

Figure 4: Cost satisfaction scores by funding of last visit* within insurance* status, 2002

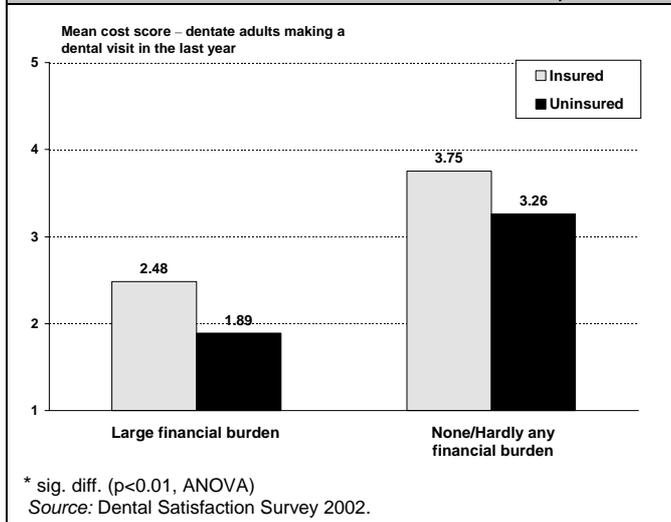


Uninsured cardholders (eligible for public-funded dental care) who last made a dental visit at a private practice showed the lowest satisfaction with the affordability of care (2.75); those with private dental insurance cover were less affected, but their scores remained low at 3.42. Uninsured non-cardholders who received care at private practices had similarly low scores, with a mean score of 2.87. Non-cardholders who had private dental insurance had a score

comparable with cardholders who had received public-funded dental care.

Financial burden

Figure 5: Cost satisfaction scores by financial burden* within insurance* status, 2002



Uninsured persons who reported that their dental care in the previous 12 months created a large financial burden were clearly dissatisfied with the cost of their dental care. Their score of 1.89 was far lower than their insured counterparts (2.48) who were also dissatisfied. Respondents who reported that their care had caused little or no financial burden were the least affected, although, with scores ranging from 3.26 to 3.75 for the uninsured and insured respectively, were not expressing satisfaction with cost of dental care.

Satisfaction comments

Respondents were invited to offer comments on aspects of their recent dental care. Almost 60% volunteered information that covered diverse aspects such as getting appointments, waiting time, cost, friendliness, and the results of their treatment, or quality of care. Of those who made comments, 84% made satisfied and 54% made dissatisfied comments.

The key areas of satisfaction were service and friendly/caring providers. Dissatisfaction focussed on cost and waiting periods.

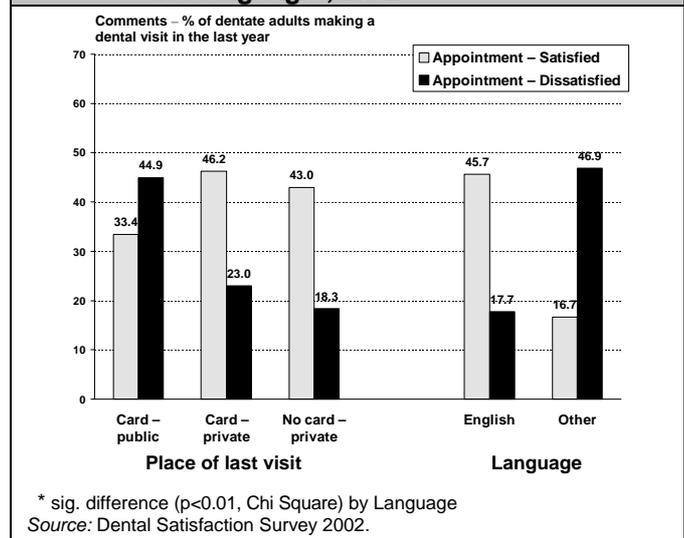
Health cardholders and recipients of public dental care had high frequencies of dissatisfied comments in the context (waiting time) category and the outcome category.

Place of last visit and language spoken at home

Almost half of those participants who made comments offered satisfied or dissatisfied comments on their appointments. The percentage of those participants who offered satisfied or dissatisfied comments on their appointments in the last 12 months by place of last

visit and language spoken at home is presented in Figure 6. The highest proportion of respondents making satisfied comments was 46.2% of cardholders who received care at private clinics, compared with 33.4% of cardholders who attended public clinics. Dissatisfied comments were made by almost 45% of cardholders who attended public clinics compared to less than a quarter of those who received care in the private sector.

Figure 6: Satisfied comments by place of last visit* and language*, 2002



Those who speak a language other than English at home were far less likely to make satisfied comments, and 46.9% made dissatisfied comments about issues relating to their dental appointment. English-speaking persons showed opposite trends, with 45.7% making satisfied comments and 17.7% making dissatisfied comments. These differences were consistent with the satisfaction scores recorded; while the comments offered added a richness to the data collection.

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

Public clinic:

- *'I could not have had any better treatment.'*
- *'No one can complain about anything that is free, regardless of the quality of service given.'*
- *'I was courteously & promptly attended to at the time of visit to a Public Hospital Dental Clinic.'*
- *'I'm grateful for receiving free treatment although I've only received urgent treatment when necessary.'*
- *'Private dentists too expensive, and [public] treatment not always up to scratch, fillings in particular.'*
- *'Government dental care does not exist. I am still in agony. I need ongoing treatment, which is not provided by the government dental service. I am going to lose all of my teeth because I cannot afford a private dentist.'*

Older cardholders:

- *'I have private cover for 30% of cost, I do wish that we could have more in the public sector, as an old age pensioner with only the pension, waiting time is just out of this world when you're in pain.'*
- *'I think there should be more Commonwealth or state dental care available to pensioners on low income at a more reasonable price.'*
- *'I think gum disease and bad, dirty teeth hamper many aspects of life. Job potential, social interaction, well-being. I think people who are sincerely looking for work and on Job Search should be able to receive free health care.'*
- *'I think the public dental clinic was very good, although it's obvious they have way too many patients to spend a lot of time on each one'.*

Cost and dental insurance:

- *'I still have to have a lot more dental done to my mouth but I cannot afford just yet.'*
- *'I can not afford a half yearly check up like I used to do and keep losing teeth.'*
- *'The cost of dental care astounds me. Private health insurance doesn't help much ...'*
- *'... but the reason I don't go too often to the dentist is cost.'*
- *'I wish Medicare could include eyes and teeth as part of the body in the assistance it gives to health and medical care.'*

Data sources

Dental Satisfaction Surveys were mailed to a sub-set of respondents from the National Dental Telephone Interview Survey conducted in 2002. Telephone interviews, which included questions on self-reported dental 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 (1,089 adults, response rate 72.9%).

Data were weighted to ensure that the samples accurately represent the age and sex distribution of the Australian population at the time of the survey.

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Further information can be obtained from Judy Stewart by:
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Rural and remote locations:

- *'There is no dental clinic within 500 k's of my town. The last visiting dentist was only interested in doing extractions.'*
- *'I live in the country so the drive to the dentist is 45 mins at best each way.'*
- *'Clinic not an option as distance is too far with my disability & waiting lists too long.'*
- *'Tooth was pulled – no replacement. – Too expensive.'*

Summary

Lower levels of dental satisfaction were reported by:

- younger age groups;
- cardholders who received their most recent dental care at a public clinic;
- those in poorer dental health;
- those who reported that they needed a dental visit within 3 months and
- those who speak a language other than English at home.

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

The strongest predictors of higher satisfaction scores were 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.

Acknowledgements

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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, and located in the Australian Research Centre for Population Oral Health (ARCPOH), Dental School, The University of Adelaide. 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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