Dental Satisfaction Survey 2002

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Executive Summary

The specific aims of the 2002 Dental Satisfaction Survey were to examine differences in the levels of satisfaction with dental care in a cross-sectional survey and to extend the available data for examining changes over time in the dental satisfaction levels of health cardholders, particularly those receiving public-funded dental care.

The Dental Satisfaction Survey was developed as part of the evaluation of the Commonwealth Dental Health Program, and has been conducted jointly with the National Dental Telephone Interview Survey (NDTIS) in 1994, 1995, 1996, and 1999 and 2002 to monitor adult access to dental care in Australia.

Satisfaction with health care is regarded as an intermediate outcome of the health care process that reflects the extent to which the care given answers patients' needs, meets their expectations and provides an acceptable standard of service.

Three dimensions of satisfaction with dental care were initially incorporated in the questionnaire designed for this Survey: the context of the dental visit; the content of the dental visit and the outcome of the dental visit. The additional dimensions of satisfaction with the cost or affordability of dental care and satisfaction with facilities were included in 1995 and subsequent Dental Satisfaction Surveys.

The questionnaire was mailed to a sample of participants in the 2002 National Dental Telephone Interview Survey.

The 2002 survey was conducted in all States and Territories, and included a total of 1543 dentate adults who had made a dental visit within the previous 12 months, representing a response rate of 72.8%. The data were weighted to represent the age and sex distribution of the Australian population.

Responses to the individual items of the Dental Satisfaction Survey indicated overall levels of satisfaction, although implicit dissatisfaction was expressed with cost and affordability items. The highest levels of satisfaction were expressed for the friendliness of the clinic staff, the explanation of treatment needs and that the surgery was well-equipped.

The lowest levels of satisfaction were recorded for explanation of treatment options and cost-related items – unnecessary costs, affordability of care, and feeling financially protected against dental expenses.

There was significantly greater satisfaction with all aspects of the dental visit *ie.* the context, the content, the outcome and overall satisfaction, among older age groups. Significantly lower levels of satisfaction with all aspects of the dental visit were evident where a language other than English was spoken at home, where the respondents reported poorer oral health or financial constraints, problem-oriented visiting patterns, and by those respondents whose last visit was to a public clinic.

The Dental Satisfaction Surveys had been directed towards an assumed difference between the satisfaction of health cardholders and non-cardholders. While this difference was significant, even larger differences existed by place of last visit.

The greatest variation in satisfaction between those respondents who had visited a public clinic and those who visited a private practice was on the outcome scale, which addressed issues services received and service results.

The highest mean satisfaction score on the cost/affordability scale occurred among cardholders who last attended a public clinic.

Lower levels of satisfaction with the affordability of dental care were associated with younger age groups, cardholders who last received care at a private practice at their own expense, a language other than English at home, being born overseas, lack of dental insurance, and the financial constraints of accessing dental care.

The cross-sectional nature of this Survey has shown that there were differences in satisfaction levels between groups at the time of the Survey and has generated a base for examining changes in satisfaction levels over time by comparing surveys collected at different periods which may be related to changes in provision of dental care to health cardholders.

A valuable indicator of the performance of public sector delivery of dental care will be the investigation, in future years, of changes in satisfaction levels. As changes occur in co-payment policies and/or the dental care made available in the public sector (in the States and Territories), or health cardholders receive subsidised dental care in the private sector, satisfaction levels are likely to change.

Satisfaction levels changed during the period 1994–96, as expected, as increased dental care was made available to eligible cardholders both in the public sector and subsidised dental care in the private sector. Substantial increases occurred, which, while not significant at the sub-scale level, a number of individual items showed significant gains in satisfaction among cardholders who received public-funded care.

Further surveys at regular intervals would be desirable to monitor future changes in dental satisfaction in the Australian population, particularly among cardholders who are eligible for public-funded dental care.

1 Introduction

The purpose of this report is to present the findings of the 2002 Dental Satisfaction Survey. The report will be largely technical in nature, and in general will be similar in form to the 1994[1], 1995[2] and 1999[3] reports. Where possible, data will be presented in the same format as it was in previous years. It is not the aim of this report to compare and evaluate changes in dental satisfaction since the 1994–99 surveys.

This survey was conducted from August 2002 to February 2003 by the Australian Institute of Health and Welfare's Dental Statistics and Research Unit (DSRU) and was conducted jointly with the 2002 National Dental Telephone Interview Survey which collected basic features of oral health and dental care within the Australian population. The survey provides information on the dimensions of satisfaction with recent dental care, linked with the broader parameters of dental health and access to services.

1.1 Background

The specific aims of the 2002 Dental Satisfaction Survey were to examine differences in the levels of satisfaction with dental care in a cross-sectional survey and to extend the available data for examining changes over time in the dental satisfaction levels of health cardholders, particularly those receiving public-funded dental care.

Less favourable levels of dental health and access to dental care have been identified for certain sub-groups in Australia. As part of the Commonwealth Department of Health & Aged Care's Population Health Information Initiatives, DSRU is undertaking investigations of the access to dental care among special target groups.

The Dental Satisfaction Survey was developed as part of the evaluation of the Commonwealth Dental Health Program, and has been conducted jointly with the National Dental Telephone Interview Survey in 1994, 1995, 1996, 1999 and 2002 to monitor adult access to dental care in Australia.

Periodic telephone interview and mailed surveys of a general population sample obtain up-to-date data on access to dental care, self-assessed dental health status, present dental health needs, use of dental services and preventive behaviours, satisfaction with dental services, and experience of and attitudes to dentistry.

Together, these surveys aimed to establish the reasons for seeking care, the characteristics of those people who received care, the oral problems they had at the time they sought care, the types of care they received and their perceptions of the process of care. This information allowed detailed evaluation of outcomes, including conversion of emergency patients to general dental care patients, increases in restorative care in preference to extraction, decreases in untreated disease and improvements in oral health.

This present report on the Dental Satisfaction Survey 2002 is the fourth in a series of technical reports on the Dental Satisfaction Surveys conducted by the DSRU. Three earlier reports have been completed:

- Dental Satisfaction Survey 1994; and
- Dental Satisfaction Survey 1995
- Dental Satisfaction Survey 1999.

1.2 Satisfaction in health care evaluation

Consumer satisfaction with health care is an issue addressed in current methodologies for evaluating health care programs. In this context, satisfaction can be considered an intermediate outcome of the health care process that reflects the extent to which the care given answers patients' needs, meets their expectations and provides an acceptable standard of service.[4]

There have been strong indications suggesting that care that is less satisfactory to the consumer is less effective. [4] Associations between dissatisfaction with the outcome of medical care and non-compliance with instructions, delay in seeking care, and poor understanding and retention of instructions have been demonstrated. Each of these behaviours could be detrimental to improved health status.

Patient satisfaction is a subjective assessment and, by inviting consumers to express their opinions on their health care experience, studies of satisfaction may provide a measure of the success of a health care program in terms of the perceived needs, the expectations and the health care experience of the consumer.

The investigation of patient satisfaction as a measure in health care was addressed in the 1970s by Hulka *et al.*[5] and by Ware *et al.*[6] Hulka *et al.*'s Scale for the Measurement of Satisfaction with Medical Care was designed to obtain information on the utilization and assessment of medical care and to identify unmet needs. The Patient Satisfaction Questionnaire (PSQ) of Ware *et al.* was designed to measure satisfaction as an outcome of health care, to provide information about the sources of satisfaction and dissatisfaction and to be an adjunct in studies of patient behaviour.

The issues addressed in this early research on patient satisfaction are still pertinent and subsequent work by these and other researchers [4, 7, 8, 9] have improved, refined and expanded the scope of measures of patient satisfaction.

1.3 Development of the Dental Satisfaction Questionnaire

The Dental Satisfaction Questionnaire was developed with the aims of examining differences in satisfaction between participants of cross-sectional population surveys, and of examining changes over time in satisfaction among health cardholders participating in the Commonwealth Dental Health Program.

Both these aims required the use of a relatively sensitive measure of dental satisfaction. Such a measure should be applied with an orientation towards group profiles, *eg* means, rather than satisfaction at an individual level. This also implied that the focus was on broad sub-groups of persons, *eg* health cardholders, age–groups or ethnic groups.

The content and style of the Dental Satisfaction Questionnaire (Appendix A) reflects a conceptual approach that defines satisfaction as the reaction to salient aspects of the context, content (process) and outcome (result) of the health care experience.[10]

Within these three broad dimensions, further sub-sets of satisfaction were developed. These sub-sets were based on the various satisfaction scales in the health care literature, and are most closely aligned to the dimensions of satisfaction proposed by Pasco and Attkinsson in the Evaluation Ranking Scale.[11] The items within these sub-sets cover:

– location, travel and appointments
– waiting time – for appointment and service
– helpfulness of clinic staff
– friendliness of the dental professional
– thoroughness of procedures
– concordance with services wanted
– preferred dental professional seen
– explanation and communication about services
– success in terms of problems solved and improved oral health
– speed of results
– value of services
– usefulness of advice received.

Satisfaction with costs and facilities, dimensions included in the majority of satisfaction scales, were not included in the 1994 Dental Satisfaction Questionnaire. Neither were considered by the Dental Statistics and Research Unit to be central to the evaluation of the Commonwealth Dental Health Program. However, the frequency of comments relating to costs and facilities received in the 1994 Survey indicated that these dimensions were of importance to consumers, and satisfaction scales addressing costs and facilities were introduced in the 1995 Dental Satisfaction Questionnaire.

The statements used in this satisfaction questionnaire were based on the content of existing satisfaction scales: the Patient Satisfaction Questionnaire (PSQIII)[4]; the Scale for the Measurement of Satisfaction with Medical Care[7]; the Client Satisfaction Questionnaire[8] and the Dental Satisfaction Index[9].

The items on the questionnaire were presented as statements pertaining to the personal experience of the respondents at their last dental visit or series of visits. This direct or personalised approach was preferred over the indirect approach or generalised approach, which has been criticised as measuring more generalised attitudes and even life satisfaction.[4]

The Dental Statistics and Research Unit evaluates satisfaction using attitudinal scales. Thus, responses to the statements were captured on a continuum from negative to positive. The participants were asked to indicate the extent of their agreement or disagreement with the statements on a five point Likert-type scale with one indicating strong disagreement and five indicating strong agreement. This approach to the scoring of satisfaction is the predominant approach within the health satisfaction literature.

Both positive and negative statements were used to minimise the effect of a response set.

1.4 Aims

The aims of the Dental Satisfaction Survey were to:

1. examine the differences in satisfaction primarily between non-cardholders and health cardholders who were participants in the National Dental Telephone Interview Survey of the corresponding year; and
2. to enable examination of changes over time in the satisfaction among health cardholders with respect to changes in the provision of public-funded dental care.

1.5 Data sources and methodology

1.5.1 Sample

The sampling frame used in the Dental Satisfaction Survey was participants in the 2002 National Dental Telephone Interview Survey who were 18 years of age and over and had visited a dental professional within the previous 12 months.

Where the participants did not hold a health card, a random sample of one in four was used, while all holders of health cards were included in the sample. This sampling methodology was used to balance the number of persons with and without health cards.

1.5.2 Representativeness of the sampling frame

The 2002 National Dental Telephone Interview Survey, carried out during July to mid-December 2002, interviewed individuals from households randomly selected from five metropolitan sites (New South Wales, Victoria, Queensland, South Australia and Western Australia) and eight non-metropolitan sites which included the rest of each State (New South Wales, Victoria, Queensland, South Australia and Western Australia), or the entire State/Territory (Tasmania, the Australian Capital Territory and the Northern Territory); thirteen sites overall, with sample sizes determined to yield at least 600 participants per site in the metropolitan sites, and 400 participants per site in non-metropolitan sites. The individual selected from households with more than one occupant was chosen by random allocation of the persons aged 5 years and over to have the last birthday or the next birthday.

Participation per site in the NDTIS varied from 56.2 per cent to 74.4 per cent, with an overall response rate of 64.8 per cent. The rate of refusals was 35.2 per cent.

3073 persons aged 18 years or over were available for selection for inclusion in the Dental Satisfaction Survey.

1.5.3 Methodology

Respondents

Potential respondents in this study were the 1543 participants in the 2002 National Dental Telephone Interview Survey, eligible for selection because they were 18 years of age or more and had made a dental visit within the last 12 months. The participants were informed at the time of their telephone interview that they had been chosen for a further questionnaire, and their address was checked with the details already held in the database. A questionnaire was mailed to the address, usually within a week of the telephone interview. After two weeks, a reminder card was sent to those persons from whom a completed response had not been received. A second and third approach, consisting of a letter and a replacement questionnaire, were subsequently made at two-weekly intervals.

The 2002 Dental Satisfaction Survey differed from previous Surveys in that unlisted numbers were generated and used in the sampling frame as well as numbers listed in the electronic 'white pages'. The response rate for the NDTIS and the DSS was much higher among the participants who had listed telephone numbers. The greatest proportion of the refusals came at the time of the telephone call, when 'unlisted' participants declined to give their address details.

Weighting

Data were weighted by household size (the number of persons aged 5 years or more) and by geographic sampling region to account for differing sampling probabilities due to the sampling design. The data were also post-stratified and weighted by age and sex to ensure that the weighted data more accurately represents the Australian population for each region as estimated by the Australian Bureau of Statistics. All results presented are weighted unless specified otherwise.

Missing data items

Missing data items in the 2002 Dental Satisfaction Survey occurred with similar frequency and were treated in the same way as in the 1995, 1996 and 1999 surveys. Over 17% of respondents had one or more items with no response recorded. Within sub-scales between 4% and 12.8% of respondents had missing values, which represented up to 31% of groups such as those persons aged 65+ years or who speak a language other than English at home.

Ordinary Least Square Regressions were carried out for each of the 31 individual items, and substitution values were calculated based on the value of the most closely correlated item within the same sub-scale, modified by age, sex and whether the respondent had made their last dental visit at a public clinic or private practice.

The substitution value for each missing data item was calculated using the regression equation:

$$Y = \beta_0 + \beta_1\chi_1 + \beta_2\chi_2 + \beta_3\chi_3 + ...$$

where Y refers to the computed substitution value, β_0, β_1, β_2, β_3, etc. refer to the regression co-efficients and χ_1, χ_2, χ_3 and χ_4 refer to sex, age, place of last visit and item respectively.

2 Data

2.1 The Dental Satisfaction Questionnaire responses

2.1.1 Response rates

Overall, the 2002 Dental Satisfaction Survey resulted in a total of 1089 questionnaires received from the sample of 1543 adult respondents to the 2002 National Dental Telephone Interview Survey.

The response rate was 72.9% after the possible number of participants was adjusted to 1495 by the return of 46 undeliverable questionnaires (33 returned mail and 16 unavailable). Refusal rates were higher than those experienced in previous Dental Satisfaction Surveys. This was largely caused by including unlisted telephone numbers in the NDTIS 2002 sample; when respondents were asked to provide their postal address so that the follow-up mailed survey could be sent to them, a high proportion of those with unlisted numbers refused to participate.

The response by State and Territory is shown in Table 2.1.1. Response from South Australia was highest at 78.3%, while the Northern Territory had the lowest at 62.7%.

Response rate by telephone listing status is included; respondents whose telephone number was listed in the Electronic White Pages had a response rate of 77.0% compared with 56.5% for those with an unlisted (silent) number.

Table 2.1.1: Participation in the Dental Satisfaction Survey by State/Territory – dentate persons aged 18+ whose last dental visit was within the previous <12 months – unweighted data

	NSW	Vic	Qld	SA	WA	Tas	ACT	NT	Australia
Questionnaires mailed	243	228	293	271	272	90	84	62	1543
Questionnaires returned	155	159	198	209	205	69	57	37	1089
Undeliverable mail	6	1	16	2	2	0	3	3	33
Unavailable	5	0	4	2	3	0	2	0	16
Refused	28	32	28	22	24	10	7	2	153
Response rate (%)	66.8	70.0	72.5	78.3	76.8	76.7	72.2	62.7	72.9
Response rate by listing status									
listed (%)	72.5	75.0	77.2	80.2	80.8	79.5	76.8	62.8	77.0
silent (%)	46.0	54.5	55.2	68.9	61.1	58.3	40.0	58.8	56.5

2.1.2 Response bias

Socio-demographic data were available on all persons selected for the Survey, and the characteristics of respondents and non-respondents were investigated to determine whether the response rate varied between different socio-demographic groups; in particular, investigating whether the data had a response bias toward higher socio-economic groups.

The response rates are presented in Table 2.1.2. It was found that significant differences in response rate (Chi-square, $p<0.05$) occurred by age-group, language spoken at home, employment status, education, dental insurance status, place of last visit, location, state and listing status of telephone number.

The greatest variation in response rate occurred by age-group, with the lowest rate 49.7 % for 18–24 year olds, increasing across age-groups to 81.3% for the 45–64 years and

81.8% for the 65+ years age-group. The response rate for males was slightly lower (not significantly) than that for females, 70.4% compared with 74.6%. There was no evidence of a gradient across income groups; the lowest response rate was from the group whose annual household income was $60–70,000 and the highest recorded was over 79% among the $12–20,000 and the $70–80,000 groups.

Table 2.1.2: Participation in the Dental Satisfaction Survey – dentate persons aged 18+ whose last dental visit was within the previous <12 months – unweighted data

	Count	%	
Age group			
18–24 years	74	49.7	*
25–44 years	252	62.1	
45–64 years	431	81.3	
65+ years	332	81.8	
Sex			
male	393	70.4	
female	694	74.6	
Annual household income			
<$12,000	175	70.9	
$13–20,000	230	79.9	
$21–30,000	178	76.7	
$31–40,000	92	76.0	
$41–50,000	76	72.4	
$51–60,000	77	70.6	
$61–70,000	48	64.0	
$71–80,000	31	79.5	
$80,000+	98	76.0	
Health cardholder			
Yes	558	74.8	
No	530	71.2	
Location			
Major Cities	587	72.6	*
Inner Regional	288	75.6	
Outer Regional	184	73.6	
Remote	25	55.6	
Language spoken at home			
English	1025	73.8	*
Other	64	62.1	
Country of birth			
Australia	845	72.6	
Other	241	74.4	

	Count	%	
Employed			
Full-time	260	67.0	*
Part-time	173	71.8	
Not employed	254	68.3	
Retired	395	82.3	
Education (School)			
Year 7	49	71.0	*
Year 8	46	73.0	
Year 9	87	81.3	
Year 10	313	77.3	
Year 11	131	72.4	
Year 12	455	69.5	
Post secondary education			
None	469	72.5	*
Trade/TAFE	334	71.5	
CAE/Tertiary	282	77.0	
Have private dental insurance			
Yes	551	76.8	*
No	534	69.8	
Place of last dental visit			
Card public	156	67.8	*
Card private	392	78.4	
No card private	499	72.4	
Last visit for problem in <12 months			
No	491	73.7	
Yes	595	72.5	
Usual reason for dental visit			
Check-up	682	74.5	
Problem	397	70.5	
Avoided or delayed visit due to cost			
Yes	551	76.8	
No	838	74.3	
Total	**1089**	**73.0**	

* Significant Chi-square p<0.05

The response rate of health cardholders did not differ significantly from non–cardholders.

There was a significant difference in response between residential locations, and varied between 55.6% for remote areas and 75.6% for inner regional locations.

Hypothesised bias due to differences in education and language barriers occurred. Although the telephone interview for all participants selected for the mailed survey was conducted in English, a significantly lower response was received from those who

reported that they speak a language other than English at home, 62.1% cf. 73.8% among those whose home language was English. By education, the lower response rates occurred among those who had no post-secondary qualification (72.5%) and those with trade or TAFE qualifications (71.5%), while those with University or college of advanced education qualifications were highest, 77.0%.

Country of birth (Australia or other) showed no significant difference in response rate.

Significant differences occurred by employment status, with non-employed persons having the highest response, 76.3%, and those in full-time employment the lowest rate, 67.0%.

Insurance status was shown to be a significant factor, with 76.8% of those with dental insurance responding compared to 69.8% of uninsured persons.

Cardholders whose last visit was to a private practice had a significantly higher response rate than cardholders who last received care at a public clinic and non-cardholders who visited a private practice, 78.4% cf. 67.8% and 72.4% respectively.

A variety of characteristics based on dental visiting patterns were tested for differences in response rate. These included whether or not the last dental visit was for a problem, the usual reason for seeking dental care, and whether a dental visit had been avoided or delayed within the last 12 months because of the cost. Little variation in response was observed, with no significant associations.

A logistic regression analysis was undertaken to determine which factors, if any, may have had an effect on response after allowing for the effect of all other factors. The characteristics that were associated independently with response to the Survey are presented in Table 2.1.3.

Table 2.1.3: Odds ratios for response from a logistic regression analysis – dentate persons aged 18+ whose last dental visit was within the previous <12 months – unweighted data

Characteristic	Odds ratios
Age-group	
[18–24 years]	[Reference group]
25–44 years	1.61 *
45–64 years	3.72 *
65+ years	3.69 *
Listing status of telephone number	
[Silent]	[Reference group]
Listed	1.89 *
Insurance status	
[Non-insured]	[Reference group]
Insured	1.29 *

* Sig. p<0.05

The strongest association with response was age group followed by listing status of the telephone number. All age-groups were more likely to respond than the 18–24 years age-group, which was the reference group. The 25–44 years age-group had 1.6 times the odds and the 45–64 years and the 65+ years age groups had approximately 3.7 times the odds of responding.

Participants whose telephone number was listed had 1.89 times the odds of responding than those with silent numbers. Insured persons were more likely to respond than non-insured persons, with odds of 1.30.

Differences by language spoken at home, employment status, education, and place of last visit, did not have an independent effect on response.

2.2 Characteristics of the respondents

All respondents to the Dental Satisfaction Survey had been participants in the 2002 National Telephone Interview Survey; thus, data collected during both Surveys could be matched. Data on socio-demographic characteristics, the social impact of dental problems, financial constraint in the uptake of dental services, the history of dental visits and oral status were used to describe the characteristics of respondents to the Dental Satisfaction Survey and to determine differences in dental satisfaction between groups.

2.2.1 Socio-demographic characteristics of respondents

Table 2.2.1(a) shows the percentage of respondents in each of several socio-demographic groupings.

Table 2.2.1(a): Socio-demographic characteristics of respondents – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	%
Age group	
18–24 years	12.4
25–44 years	40.3
45–64 years	34.4
65+ years	12.9
Sex	
male	46.7
female	53.3
Annual household income	
<$12,000	4.9
$13–20,000	10.4
$21–30,000	11.5
$31–40,000	8.1
$41–50,000	10.6
$50–60,000	14.7
$60–70,000	7.3
$70–80,000	6.2
$80,000+	26.3
Health cardholder	
Yes	21.0
No	79.0
Location	
Major Cities	67.7
Inner Regional	21.5
Outer Regional	10.0
Remote	0.7
Very Remote	0.1
Language spoken at home	
English	89.5
Other	10.5
Country of birth	
Australia	77.4
Other	22.6
Employed	
Full-time	45.9
Part-time	18.2
Not employed	18.9
Retired	17.0
Education (School)	
Year 7	1.8
Year 8	3.1
Year 9	4.8
Year 10	23.8
Year 11	11.0
Year 12	55.4
Post secondary education	
None	42.2
Trade/TAFE	22.6
CAE/Tertiary	31.8
Other	3.4
Have private dental insurance	
Yes	46.2
No	53.8
Listing status	
Listed	81.8
Silent	18.2
Total	100.0

The age/sex distribution of respondents is shown in Table 2.2.1(b).

Just over 40% of respondents were aged 25–44 years and over one-third aged 45–64 years. The youngest age-group, which spanned only seven years, and the oldest

age-group each made up just over 12% of the sample. There was an over-representation of females, 53.3% compared to males, 46.7%. Approximately a quarter of respondents had annual household incomes of less than $30,000, while 26.3% had incomes of $80,000 or greater.

Government concession cards were held by 21% of respondents (health cardholder).

Just over two-thirds of the respondents resided in major cities, while less than 1% were from remote or very remote areas. Data from remote and very remote have been combined for subsequent sections of this report. Less than half of the respondents were in full-time employment, and over one third were not employed, comprising similar proportions of retirees and non-employed individuals. More than 10% came from homes where English was not the customary language. Less than 2% had completed their schooling at Year 7 or lower; almost 24% had completed year 10 and over half of the sample had completed year 12. These groups were combined to create groups with incomplete and complete secondary education in some of the subsequent analyses.

The most frequent level of higher education was University or College of Advanced Education (CAE/Tertiary, 31.8%), while 42.2% had no post-secondary education.

Private dental insurance cover was held by 46.2% of respondents.

The age/sex distribution of males and females was statistically different, with the imbalance occurring in the 45–64 years and the 25–44 years age groups. The largest percentage of both males and females was in the 25–44 years age group.

Table 2.2.1(b): Age/sex distribution of respondents – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Age group *	Male %	Female %	All %
18–24 years	11.6	13.0	12.4
25–44 years	38.9	41.4	40.3
45–64 years	36.3	32.8	34.4
65+ years	13.1	12.8	12.9

* Significant Chi-square p<0.05

2.2.2 The social impact of oral health

The social impact of oral health among respondents to the Dental Satisfaction Survey was estimated using three questions from OHIP.[12] The responses to questions on the prevalence over the previous 12 months of toothache, of feeling uncomfortable with the appearance of teeth, mouth or dentures, and of avoiding some foods are shown in Table 2.2.2.

Table 2.2.2: Frequency of responses – social impact – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Frequency of toothache	Uncomfortable with appearance	Avoid some foods
	%	%	%
Very often	1.3	4.5	4.4
Often	2.6	3.0	2.6
Sometimes	10.9	13.4	8.3
Hardly ever	28.6	18.1	15.8
Never	56.6	60.9	68.9

A small percentage of respondents (14.8%) reported that they had sometimes or more often experienced toothache in the last 12 months, almost 21% expressed dissatisfaction with their dental appearance, and 15.3% reported avoiding some foods because of problems with the teeth, mouth or dentures.

2.2.3 Financial constraint in the use of dental services

The financial difficulties encountered in the use of dental services were estimated from four questions: the difficulty in paying a $100 dental bill at most times of the year; the financial burden experienced due to dental visits in the last 12 months; and whether during the last 12 months the cost of dental care had caused avoidance or delay in seeking care or had prevented treatment that had been recommended.

The frequency of responses to these questions is shown on Table 2.2.3.

Table 2.2.3: Frequency of responses – financial constraints – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	%		%
Difficulty in paying a $100 dental bill		**Financial burden of dental visits**	
None	52.0	None	35.7
Hardly any	19.6	Hardly any	24.9
A little	19.4	A little	27.9
A lot	8.9	A large burden	11.5
Avoided or delayed visit due to cost		**Cost prevented recommended treatment**	
Yes	22.1	Yes	13.3
No	77.9	No	86.7

Over half of respondents reported that they would have no difficulty in paying a $100 dental bill at most times of the year, and over a third reported that their dental visits were not a financial burden. Almost 9% reported they would have a lot of difficulty in paying a $100 dental bill, and dental visits in the previous 12 months had caused a large financial burden to 11.5% of respondents.

Avoiding visits because of the cost was experienced by 22.1% of respondents, and 13.3% reported that the cost had prevented recommended dental treatment.

2.2.4 Dental visiting

The place of the last visit, the reason for that visit, the usual reason for visiting, the usual number of visits per year and the need for a visit at the time of the Survey are shown in Table 2.2.4.

Although 21% of respondents held a government concession card that would have entitled them to public dental care, the majority of respondents in the Survey had visited a private dental practice for their last dental visit. Only 6.9% of respondents had made their last dental visit at a public dental clinic or dental hospital.

Table 2.2.4: Frequency of responses – dental visiting – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	%
Place of last visit	
Public	6.9
Private	91.0
Other	2.1
Reason for last visit	
Problem	50.5
Check-up	49.5
Usual reason for visit	
Check-up	69.7
Problem	30.3
Need dental visit	
Yes check-new	55.2
No	44.8

	%
Type of dental visit †	
Check-up	43.7
Treatment	24.1
Both	32.3
Usual time between visits	
>=2 per year	41.5
1 per year	40.1
1 per 2 years	9.4
<1 per 2 years	9.0
Place of last visit and cardholder status	
Cardholder – public	6.0
Cardholder – private	15.2
Non-cardholder – private	78.8

† Sub-set of (Need a dental visit = Yes)

More than half of the respondents (50.5%) reported that a dental problem was the reason for their last visit, although only 30.3% reported a problem as the usual reason for a dental visit.

Almost 45% of respondents reported that they had no current need for a dental check-up or treatment. (All respondents had attended a dental clinic or dental practice in the previous 12 months). Of those who reported that they needed a dental visit (filling, extraction, scale and clean or check-up = 'Yes') the majority, 43.7%, perceived the need for a check-up only, and the remainder reported that they needed treatment or both check-up and treatment.

More than 80% of respondents reported that they usually make one or more dental visits per year. Those who visit less frequently than once a year were divided evenly between those who visit once in two years and those for whom dental visits are more than two years apart.

Consideration of respondents by place of last visit (public or private) and government concession card status shows that only 6% were eligible cardholders who last received public-funded care. Non-cardholders whose last visit was to a private practice made up 79% of the sample, while the remaining 15% were cardholders who attended a private practice at their own expense.

2.3 The Dental Satisfaction Questionnaire

The 2002 Dental Satisfaction Survey included all 24 original items from the 1994 Survey, as well as the cost and facilities items (a further 7 items) which had been included in the surveys since 1995. The additional items (four of which addressed the issue of cost and affordability of dental care) were included in response to comments offered most frequently in the 1994 Dental Satisfaction Survey.

2.3.1 Item analysis

The responses to the 31 individual items of the Dental Satisfaction Questionnaire are shown in Figures 2.3.1(a) to (d). The bars represent the percentage of respondents scoring each of the five values of the scale and the asterisk represents the mean score for that item. The value of the mean score is read from the axis at the top of the figure.

Participants recorded their level of agreement or disagreement with each statement on a scale of one to five, with one indicating strong disagreement and five indicating strong agreement. Both positive and negative statements were used, thus it was necessary to reverse the response values of negative statements so that all favourable responses were reflected by higher scores.

Those items marked with a "+" at the right of the item label for each bar have been corrected for direction of response, *eg* a value of one on item one has been converted to a value of five; thus, strong disagreement on distance being a difficulty became strong agreement on distance not being a difficulty, the response indicative of greater satisfaction with that aspect of the dental visit.

On 21 of the 31 items more than 50% of respondents indicated strong agreement (indicating satisfaction) with the statement. Of the remaining 10 items, between 40% and 50% reported strong agreement on 5 items, 1 item was 30–40%, and 4 items were less than 30%. Those items for which less than a third of respondents indicated strong agreement with the statement [all included for the first time in 1995] were:-

item 5, attractive waiting room	29.3
item 14, explanation of cost	28.3
item 18, avoided unnecessary expenses	24.9
item 27, cost affordable	29.8
item 31, financial protection	30.5%.

Items on which 70% or more strongly agreed pertained to item 9, the friendliness of the staff (74.2%); item 11, saw the preferred dental professional (70.0%); and item 12, seeing the same dental professional each visit (74.1.0%).

The percentage of respondents expressing strong disagreement (indicating dissatisfaction) with any statement was less than 10% on 27 of the 31 items. The percentage expressing strong disagreement on the remaining four items [all included for the first time in 1995] were:-

item 14, explanation of cost	13.7;
item 18, avoided unnecessary expenses	13.0;
item 27, cost affordable	13.4;
item 31, financial protection	15.9.

The mean scores, shown as asterisk (*) on the figures, ranged from 3.35 to 4.67.
The lowest mean scores were recorded for:-

item 5, attractive waiting room	(mean 3.82, st.dev. 0.99);
item 14, explanation of cost of treatment	(mean 3.41, st.dev. 1.37);
item 17, explanation of treatment options,	(mean 3.83, st.dev. 1.31);
item 18, avoid unnecessary costs,	(mean 3.35, st.dev. 1.29);
item 27, affordability of care	(mean 3.44, st.dev.1.38); and
item 31, financially protected	(mean 3.40, st.dev.1.41).

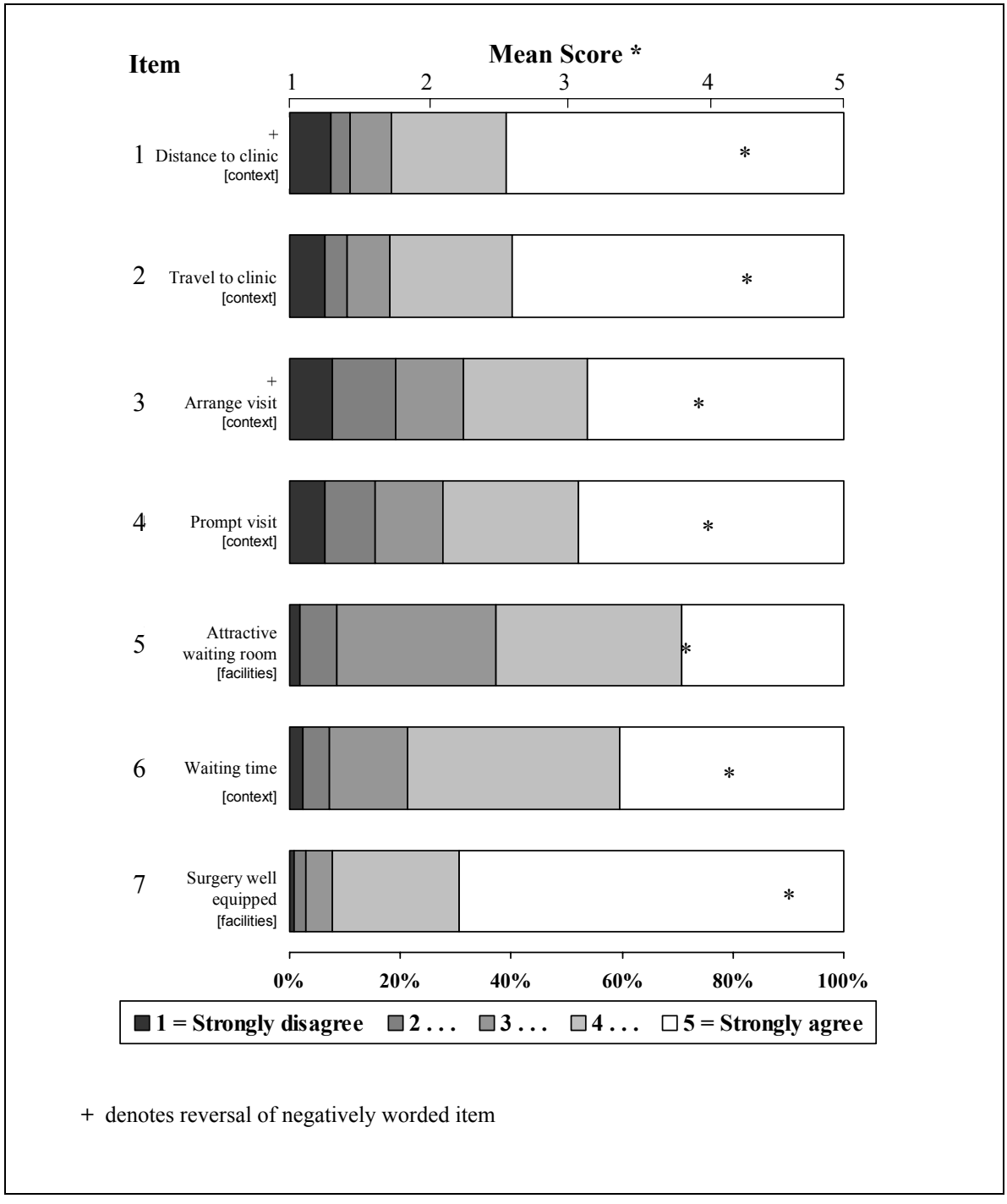
Other mean scores between 3.85 and 4.00 were recorded for item 3, arrange visit, (mean 3.88 st.dev. 0.99), item 4, prompt visit, (mean, 3.98 st.dev. 1.23); and item 29, the care could not have been better, (mean, 3.88 st.dev. 1.29). Although these scores are referred to as the lowest mean scores, it should be noted that in general they express a lower level of satisfaction with that aspect of the dental visit rather than overt dissatisfaction. If a score of 3.00 is regarded as the neutral point of the scale, showing neither agreement or disagreement with the statements, item 14, explanation of cost of treatment (mean 3.41); item 18, explanation of cost of treatment (mean 3.35) and item 31, financially protected (mean 3.40) are barely above the neutral point.

The highest mean scores were recorded for :-

item 7, well-equipped dental surgery	(mean 4.59, st.dev. 0.74);
item 9, the friendliness of the staff	(mean 4.67, st.dev. 0.66);
item 13, explained treatment need	(mean 4.56, st.dev. 0.81);
item 19, satisfied with care	(mean 4.50, st.dev. 0.77); and
item 28, confident of care	(mean 4.52, st.dev. 0.77).

Figure 2.3.1(a): Distribution of responses to individual items of the Dental Satisfaction Questionnaire – dentate persons aged 18+ whose last dental visit was within the previous <12 months

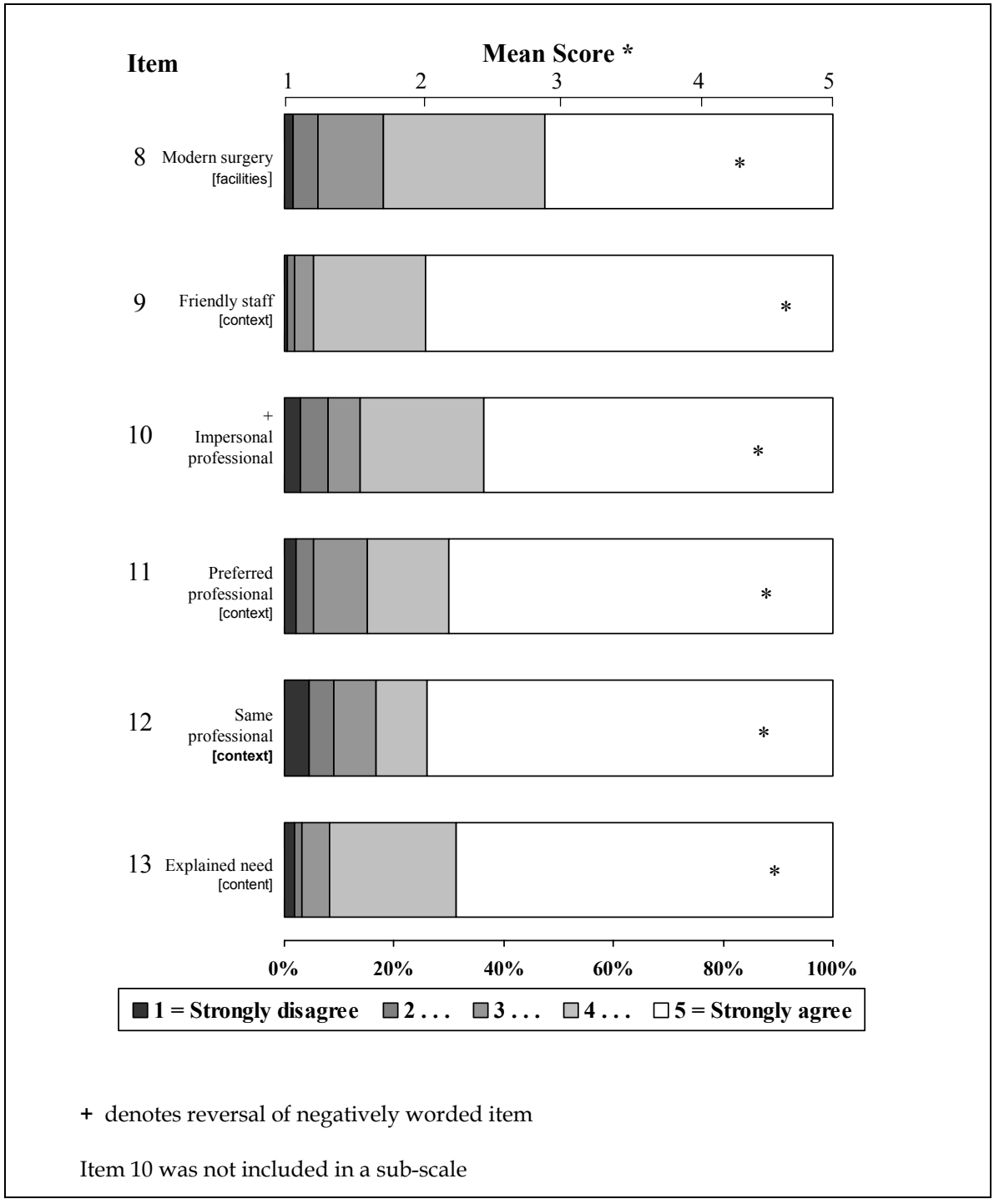
Item 1 to Item 7



+ denotes reversal of negatively worded item

Figure 2.3.1(b): Distribution of responses to individual items of the Dental Satisfaction Questionnaire – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Item 8 to Item 13

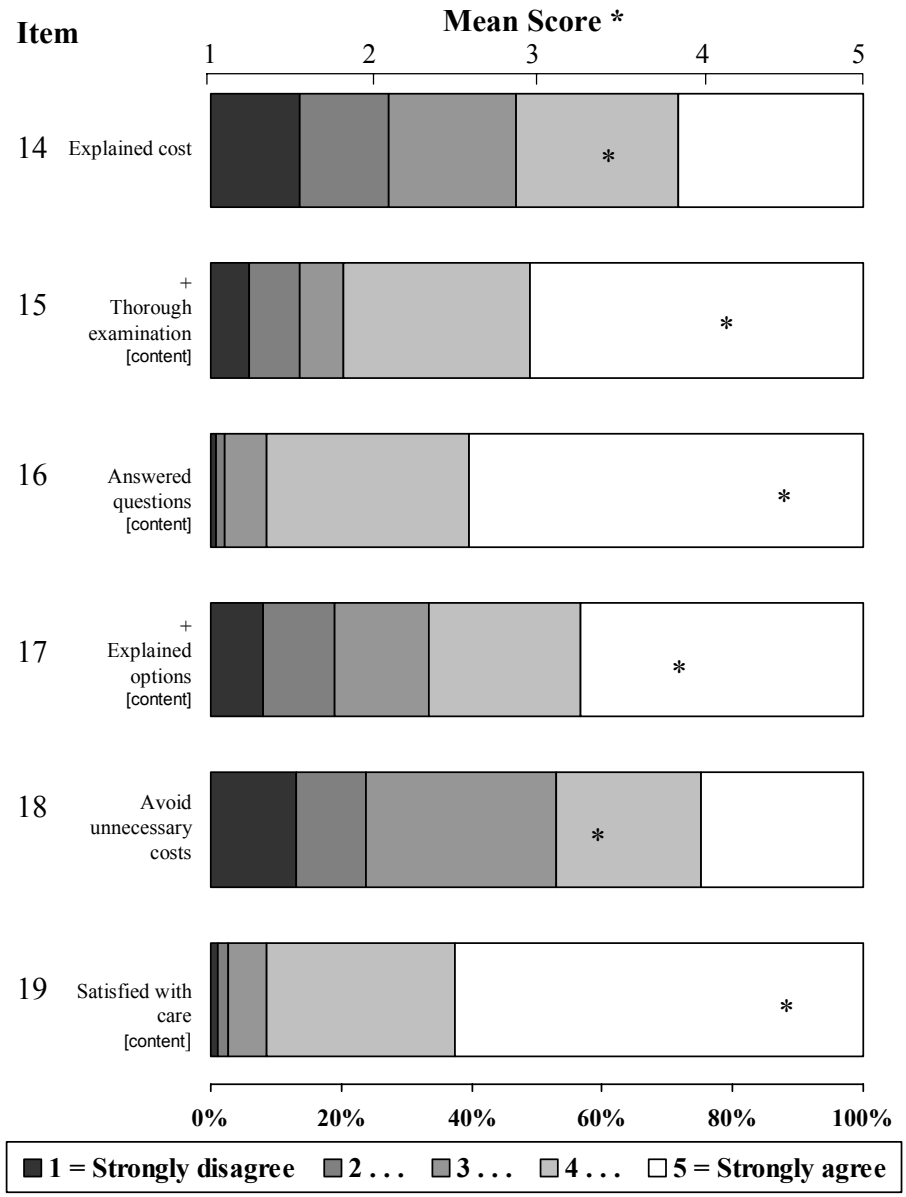


+ denotes reversal of negatively worded item

Item 10 was not included in a sub-scale

Figure 2.3.1(c): Distribution of responses to individual items of the Dental Satisfaction Questionnaire – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Item 14 to Item 19

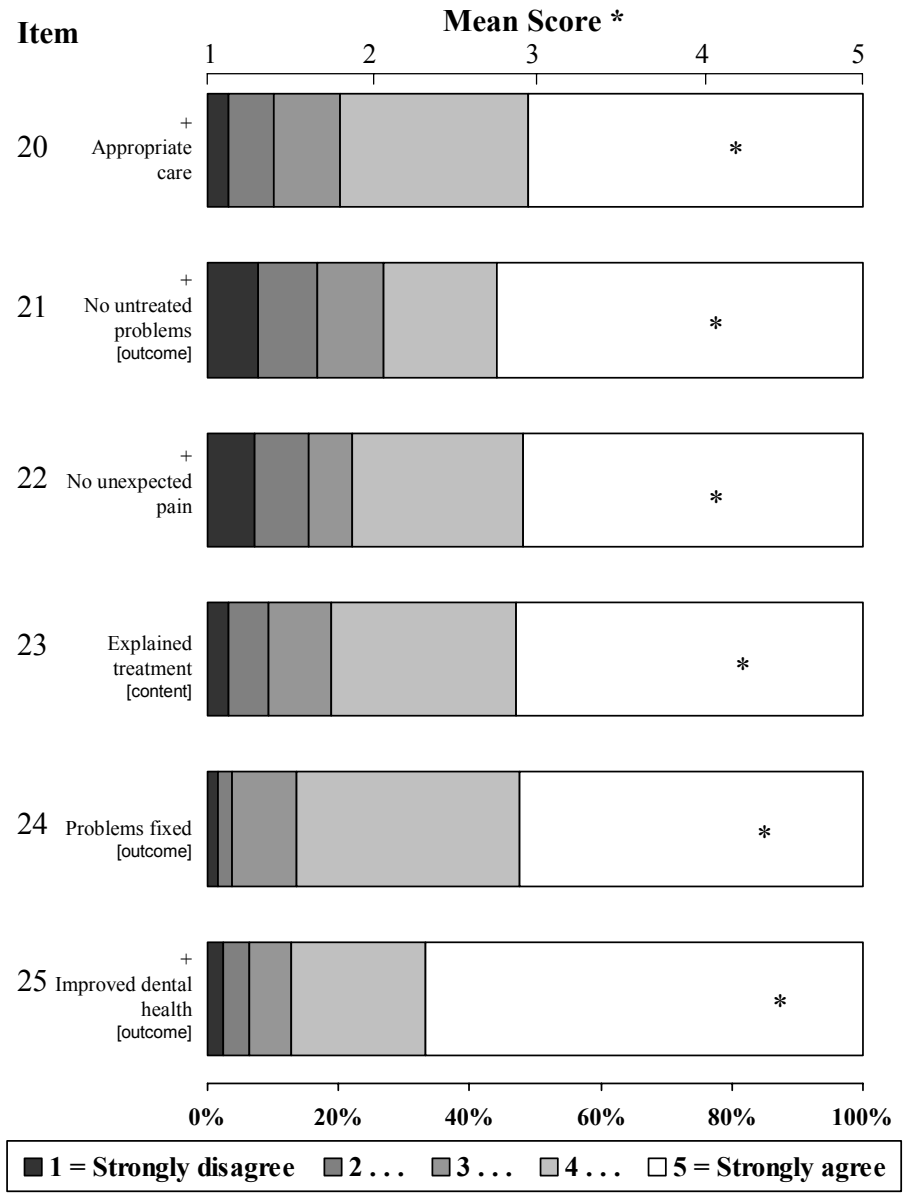


+ denotes reversal of negatively worded item

Items 14 and 18 were not included in a sub-scale

Figure 2.3.1(d): Distribution of responses to individual items of the Dental Satisfaction Questionnaire – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Item 20 to Item 25

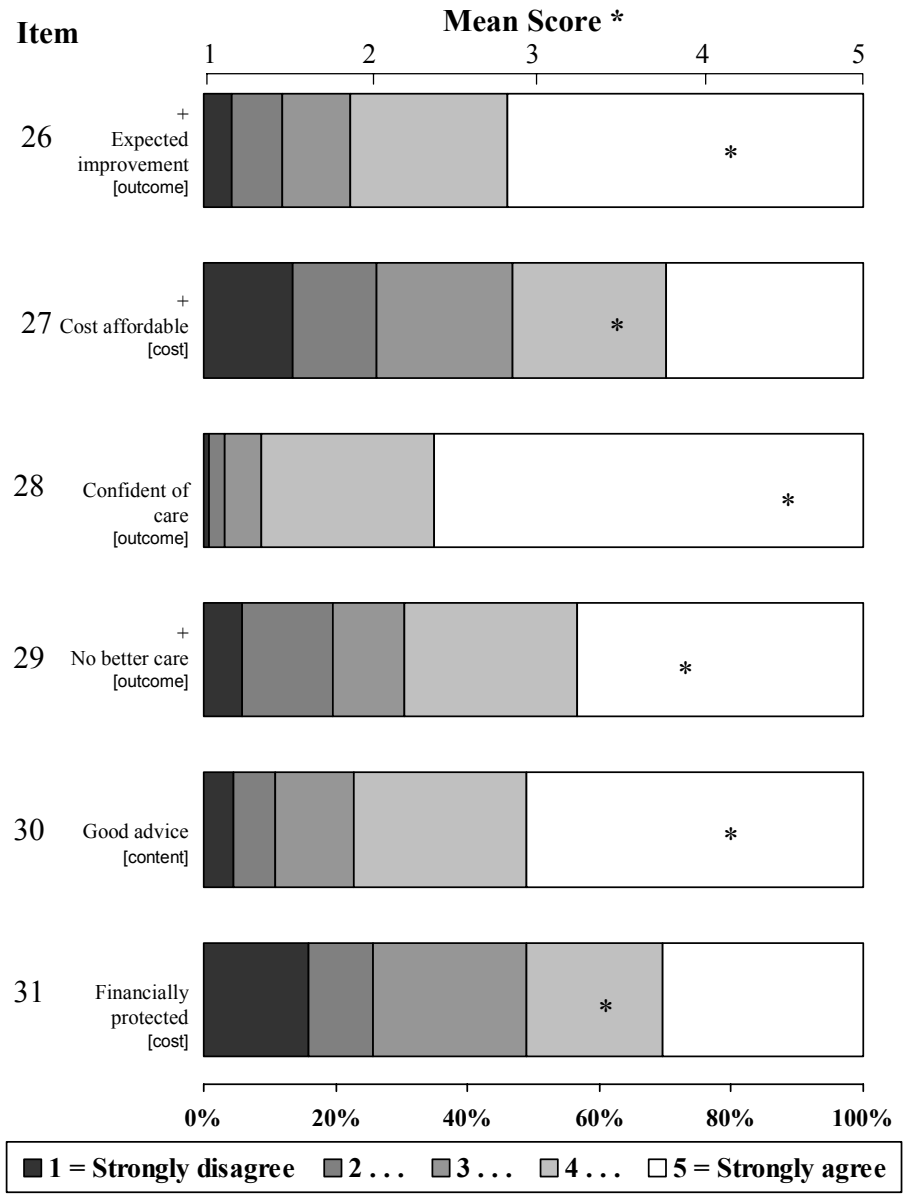


+ denotes reversal of negatively worded item

Items 20 and 22 were not included in a sub-scale

Figure 2.3.1(e): Distribution of responses to individual items of the Dental Satisfaction Questionnaire – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Item 26 to Item 31



+ denotes reversal of negatively worded item

2.3.2 Scale formation

The 1994 Dental Satisfaction Survey consisting of 24 items had been designed to capture three conceptual dimensions (or sub-scales) of dental satisfaction: context, content and outcome. The items within each of these conceptual dimensions were further divided into sub-sets of related items. Clinic location, appointments, waiting time, clinic staff and the dental professional were incorporated in the context of the dental visit or course of visits. Communication and services received were sub-sets of content while service results, speed, value and the usefulness of information were components of outcome.

The 2002 Dental Satisfaction Survey consisted of 31 items. Two additional sub-sets, facilities and cost, were incorporated into the 1995 Dental Satisfaction Survey; however, the original grouping of items established in 1994 was preserved to allow for direct comparisons between the mean scores for scales and sub-scales for each year.

The individual items on the questionnaire which were included in each of these sub-sets are listed in Table 2.3.2(a).

Table 2.3.2(a): Conceptual dimensions and internal reliability of the Dental Satisfaction Questionnaire

Dimension	Items	Cronbach α
Context		
Clinic location/appointments	1,2,3	0.58
Waiting time	4,6	0.38
Dental clinic/surgery	5,7,8	0.75
Clinic staff	9	
Dental professional	10,11,12	0.64
Content		
Communication	13, 15,16,17,23	0.79
Services received	19, 20,21, 22	0.52
Outcome		
Service results	24, 25	0.72
Speed	26	
Value	28, 29	0.59
Usefulness of information	30	
Cost		
Communication and justification	14, 18	0.10
Affordability	27, 31	0.73

The internal reliability of these dimensions, *ie* that the items grouped within the dimension measured the same concept, was tested using the Cronbach α test of inter-item reliability.

The Cronbach α values of the dimensions are shown on Table 2.3.2(a). The values for the ten sub-sets that contained more than one item ranged from 0.10 to 0.79.

Factor analysis was used to explore other dimensions which may have been inherent in the questionnaire and to confirm the dimensions hypothesized.

When the analyses for the Dental Satisfaction Survey were originally developed in 1994, five factors emerged from the factor analysis that corresponded to:

Factor 1	communication
Factor 2	services received/service results
Factor 3	waiting time/clinic staff/ the dental professional
Factor 4	conceptually unrelated items
Factor 5	clinic location/appointments

Factor analysis of the 2002 Dental Satisfaction Survey (31 items) resulted in very similar factors to the 1995 factor analysis, when the extra 7 items relating to cost and facilities were introduced. Seven factors emerged from the factor analysis, compared to seven in 1995, and eight in 1999. The factors corresponded to:

Factor 1	dental professional and services received
Factor 2	communication
Factor 3	facilities/clinic staff
Factor 4	affordability
Factor 5	clinic location/appointments
Factor 6	service results
Factor 7	unnecessary costs plus conceptually unrelated items

The individual items within each factor grouping and the inter-item reliability of these factor items are shown in Table 2.3.2(b). Cronbach α values ranged from 0.57 on service results to 0.81 on dental professional and 0.85 on dental professional, advice and services received.

Table 2.3.2(b): Groupings of items by factor analysis 2002

Scale	Items	Cronbach α
Dental professional, advice and services received	11, 12, 13, 16, 19, 24, 28, 30	0.85
Communication and service results	10, 15, 17, 20, 21, 23, 29	0.81
Facilities/clinic staff	5, 7, 8, 9	0.78
Affordability	27, 31	0.73
Clinic location/arrange visits	1, 2, 3	0.58
Service results	22, 25, 26	0.57
Conceptually unrelated items	4, 6, 14, 18, 21,23 25,	0.58
1994		
Communication	13,15,16,17,19, 23, 30	0.83
Services received and service results	21, 24, 25, 26, 28, 29	0.80
Waiting time /clinic staff/ dental professional	4, 6, 9, 11, 12	0.74
Conceptually unrelated items	10, 20, 22	-
Clinic location/arrange visits	1, 2, 3	0.48

The eigenvalues of the seven factors which emerged were 9.17, 2.16, 1.74, 1.56, 1.31, 1.15 and 1.12 with percentages of variance of 29.6%, 7.0%, 5.6%, 5.0%, 4.2%, 3.7% and 3.6%

respectively. These values, when plotted as a scree plot, indicated that the items were best fitted to three factors.

The factors that emerged (both in 1995 and retested in 1999 and 2002) were very similar to the five factors obtained in the 1994 Dental Satisfaction Survey, indicating that the addition of 7 new items had not materially altered the conceptual groupings. Since the 1995 Dental Satisfaction Survey the 24 original items have been grouped into the three factors developed in 1994, in order to allow for direct comparisons to be made between the subsequent surveys. Two additional factors, facilities and affordability, included in the analyses since 1995, consist of five of the 7 new items.

The 7 factors from the 2002 factor analysis fell into the existing sub-scales. The groupings of items were achieved by minor modifications to factor 1 (content scale), and factor 2 (outcome scale). The items regarding dental professionals (items 11 & 12) and friendly staff (item 9) were removed from factors 1 and 3, and added to factor five (appointments) resulting in the context scale as created in 1994. Factors three and four corresponded to the facilities conceptual group (items 5, 7 & 8) and the cost (affordability) scale, developed in 1995.

Factor six consisted of service results, which were grouped into the outcome scale. Factor seven consisted of unrelated items (items 4, 6 & 18), and items which did not load were added to these (items 14, 21, 23, 25 & 26); resulting in a surprisingly high reliability score of 0.58.

Item 22, which dealt with pain, did not load on the 3-factor solution, and had not loaded in the 1994 analysis, and was therefore dropped from the outcome scale. Item 20, which dealt with on over- or under-servicing, did not load on the 3-factor solution, and had not loaded in the 1994 analysis, and was also dropped from the outcome scale (factor 2).

Item 10, impersonal attitude of the dental professional, loaded on the Communication and Service results (factor 2); however, was omitted from the scale as it had not loaded in the 1994 analysis.

Item 14, which dealt with explanation of cost of treatment, did not load on the 3-factor solution and item 18, which dealt with unnecessary treatment costs, loaded among conceptually unrelated items (factor 7); these did not load on the 1995 analysis when the affordability scale was developed, and indicated that there was no change in their eligibility to be currently included in that scale.

In the original factor analysis in 1994, item 21, on dental problems not being treated (services received), loaded on the outcome scale rather than the content scale. This designation has been retained, although as shown in Table 2.3.2(b) item 21 loaded on the outcome scale in 2002.

Item 4, on promptness of visit did not load in 2002 in the 3-factor solution, and item 6 waiting time, loaded with a weak effect on factor 7; both were included in the context scale as established in 1994.

The 24 original items from 1994 Survey made up the satisfaction sub-scale, and the 31 items formed the overall (31-item) satisfaction scale. The items included finally in each sub-scale and their reliability are shown in Table 2.3.2(c).

Five items were excluded from the sub-scales:

item 10, impersonal attitude of the dental professional;
item 14, explanation of cost of treatment;
item 18, unnecessary treatment costs;
item 20, on over- or under-servicing; and
item 22, which dealt with pain.

Table 2.3.2(c): The dental satisfaction sub-scales

Scale	Items	Cronbach α
Context	1, 2, 3, 4, 6, 9, 11, 12	0.65
Content	13,15,16,17,19, 23, 30	0.83
Outcome	21, 24, 25, 26, 28, 29	0.78
Satisfaction†	1- 4, 6, 9, 11-13, 15- 17, 19-26, 28-30	0.89
Cost	27, 31	0.73
Facilities	5, 7, 8	0.75
Overall Satisfaction††	1-31	0.90

†24-item scale as per 1994

††31-item scale as per 1995

The inter-item reliability (Cronbach α values) of the scales developed in 1994 in the initial Dental Satisfaction Survey were context, 0.65, content, 0.83, outcome, 0.78, and satisfaction, 0.89. The additional scales, cost and facilities, had inter-item reliability of 0.73 and 0.75 respectively, somewhat lower than the content and outcome scales, but still acceptable values. The inter-item reliability of all 31 items of the questionnaire was tested and the overall (31-item) satisfaction scale produced a high Cronbach α value of 0.90.

These statistical analyses indicated that it was reasonable to continue to group the items of the questionnaire into three sub-scales which appeared to capture the context, the content, and the outcome of the dental visit; as well as the satisfaction (24 items) with the dental visit.

The additional sub-scales of cost and facilities, established concurrently with the analysis of the expanded 31-item Survey, appeared to capture the dimensions of affordability and assessment of the dental facilities.

Scores for each of the six sub-scales and a score for the overall (31-item) satisfaction scale were calculated by the summation of items. These scores were then scaled so that the range for each sub-scale and the overall scale was one to five, with one expressing strong disagreement with that dimension of dental satisfaction and five expressing strong agreement.

The mean score, the standard deviation, the minimum and the maximum scores for each of the six sub-scales and the overall (31-item) satisfaction scale are shown in Table 2.3.2(d). Mean scores ranged from 3.42 on the cost scale to 4.26 on the content scale. Satisfaction with content, outcome, cost and facilities encompassed all scores from one, strong dissatisfaction to five, strong satisfaction while the minimum scores for the other

scales were context, 1.50, satisfaction (24 item scale) 1.79, and overall (31-item) satisfaction, 1.77. Each of the six sub-scales and the overall satisfaction scale included the maximum score of five, *ie* there were respondents who recorded strong agreement with all items forming the scale.

Table 2.3.2(d): Dental satisfaction sub-scale scores – dentate persons aged 18+ whose last dental visit was within the previous <12 months

					Percentile		
Scale	**Mean**	**St.dev.**	**Minimum**	**Maximum**	**25**	**50**	**75**
Context (as per 1994)	4.25	0.59	1.50	5.00	3.88	4.38	4.75
Content (as per 1994)	4.26	0.72	1.00	5.00	3.86	4.43	4.86
Outcome (as per 1994)	4.23	0.74	1.00	5.00	3.83	4.33	4.83
Satisfaction† (as per 1994)	4.24	0.57	1.79	5.00	3.96	4.38	4.67
Cost (as per 1995)	3.42	1.24	1.00	5.00	2.50	3.50	4.50
Facilities (as per 1995)	4.22	0.74	1.00	5.00	3.67	4.33	5.00
Overall Satisfaction††	4.13	0.55	1.77	5.00	3.84	4.22	4.55

†24-item scale as per 1994

††31-item scale as per 1995

The percentiles in Table 2.3.2(d) show the score at each of the 25th, 50th and 75th percentiles. Several of the scale scores were close to the maximum score of five by the 75th percentile, and, apart from the cost scale, above four by the 50th percentile. It is clear that the scale scores (as with the individual item scores) indicated varying levels of satisfaction with aspects of the dental visit rather than overt dissatisfaction. The scale score for cost, or affordability of dental care, the area in which lowest levels of satisfaction were recorded, was the exception, where the 50th percentile score was 3.50, indicating that those recording satisfaction were only just greater than the proportion expressing dissatisfaction.

2.4 Summary

- The response rate to the Dental Satisfaction Survey was 72.8%.
- There were significant differences in the response rate of persons from different sociodemographic groups.
- Response rates increased significantly with increased age.
- Significantly higher response rates occurred among those with higher education, retired persons, and those with dental insurance.
- The lowest response rates occurred among the youngest age group, participants who lived in remote areas, and those whose telephone numbers were unlisted.
- There was an under-representation of persons who speak a language other than English in the home. There also appeared to be a response bias toward respondents with a higher level of education.
- Logistic regression analysis showed that older age groups and dental insurance were independently associated with higher response rates.
- Between 15% and 21% of respondents reported experiencing some degree of social impact from dental problems.
- Over 30% of the respondents reported some level of financial difficulties accessing dental care, 22% stated that they had avoided visits because of cost and 13% reported that cost had prevented recommended treatment.
- Over 90% of respondents had visited a private practice for their last visit.
- Although 21% of respondents had a government concession card entitling them to public sector care, less than 7%, a third of those eligible, had last received public care.
- While every respondent had made a dental visit in the previous 12 months, over 55% reported that they needed dental treatment or a dental check-up.
- Although the majority of respondents reported a problem as the reason for their last visit, only 30.3% stated a problem as their usual reason for a dental visit.
- The highest mean satisfaction scores on the 31 items of the questionnaire were recorded for the friendliness of the staff, explanation of treatment needs and well-equipped surgery.
- The lowest mean satisfaction scores were recorded for cost items – avoidance of unnecessary treatment costs, explanation of cost of treatment, affordability of care, and feeling financially protected against dental expenses.
- Low mean scores were also recorded for arranging a visit, prompt visit, attractive waiting room, explanation of treatment options, and the care could not have been better.
- The 24 items corresponding to the 1994 questionnaire consisted of three sub-scales which incorporated the three conceptualised dimensions of

satisfaction: context, content and outcome of dental visit. Dental satisfaction related to the mean score for all 24 items.

- Sub-scales of facilities and cost (affordability of dental care) were incorporated into the survey in 1995.
- The reliability of the six sub-scales (the dimensions of context, content, outcome, satisfaction, facilities and cost) and the overall 31-item satisfaction scale was high.
- The mean scores on five of the six sub-scales and the overall satisfaction scale indicated varying levels of satisfaction with dental visits rather than overt dissatisfaction. Satisfaction with the affordability of dental care was lower than the other mean scores.

3 Analysis of satisfaction scores

Using data from the 2002 National Dental Telephone Interview Survey, described in Section 2.2 and the satisfaction scores established in Section 2.3, variations in dental satisfaction levels were investigated.

3.1 Satisfaction scores – socio-demographic characteristics

Tables 3.1(a) and (b) show the differences in mean scores of the context, content and outcome sub-scales and the dental visit satisfaction scale by the socio-demographic variables examined. Those variables marked with an asterisk have statistically significant differences in mean satisfaction scores on ANOVA with $p<0.05$.

Table 3.1(a): Mean scores on satisfaction scales – socio-demographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context			Content			Outcome			Satisfaction		
	Mean	(sd)		Mean	(sd)		Mean	(sd)		Mean	(sd)	
Sex												
male	4.20	(0.52)		4.24	(0.65)		4.22	(0.67)		4.21	(0.50)	
female	4.30	(0.64)		4.28	(0.77)		4.24	(0.80)		4.27	(0.63)	
Age group												
18–24 years	4.18	(0.53)	*	3.91	(0.82)	*	4.06	(0.67)		4.05	(0.57)	*
25–44 years	4.17	(0.63)		4.18	(0.71)		4.15	(0.76)		4.16	(0.62)	
45–64 years	4.30	(0.56)		4.39	(0.67)		4.31	(0.73)		4.33	(0.51)	
65+ years	4.47	(0.53)		4.50	(0.61)		4.44	(0.71)		4.46	(0.50)	
Language spoken at home												
English	4.28	(0.57)	*	4.30	(0.78)	*	4.26	(0.80)	*	4.27	(0.71)	*
Other	4.03	(0.73)		3.96	(0.70)		3.93	(0.73)		3.97	(0.55)	
Country of birth												
Australia	4.28	(0.56)		4.29	(0.72)		4.29	(0.71)	*	4.28	(0.55)	*
Other	4.15	(0.67)		4.16	(0.71)		4.01	(0.81)		4.10	(0.65)	
Location												
Major Cities	4.28	(0.58)		4.26	(0.72)		4.25	(0.75)		4.25	(0.58)	
Inner Regional	4.22	(0.58)		4.24	(0.73)		4.25	(0.69)		4.24	(0.56)	
Outer Regional	4.18	(0.62)		4.26	(0.75)		4.07	(0.79)		4.17	(0.60)	
Remote/V Remote	3.66	(0.97)		4.41	(0.65)		4.16	(0.79)		4.05	(0.59)	
Total	**4.25**	**(0.59)**		**4.26**	**(0.72)**		**4.23**	**(0.74)**		**4.24**	**(0.57)**	

* Significance $p<0.05$ ANOVA

There were no statistically significant differences between males and females, although females consistently recorded higher scores than males, particularly on the context scale. There were statistically significant differences in the mean scores on three of the four measures of satisfaction by age-group, with satisfaction scores increasing across age group. The greatest range of mean scores occurred by age on the content scale (which addressed communication issues), with the age-group 18–24 years registering a mean score of 3.91 compared to a mean score of 4.50 for the group aged 65+ years.

There were significant differences in the mean scores for all measures of satisfaction between those persons who did and did not speak English at home. Those who spoke a language other than English at home were less satisfied with all dimensions of the dental visit than those who spoke English as their home language. The greatest difference occurred on the content scale, 3.96 compared to 4.30.

Overseas-born respondents had significantly lower mean scores than Australian-born individuals on the outcome and satisfaction (24-item) scales.

Variations in mean scores by location were not statistically significant. However, there was a trend for respondents living in major cities to have higher mean scores, and those living in outer regional and remote areas to have the lower scores on most of the satisfaction scales.

Differences in mean scores by State/Territory were not statistically significant (Table 3.1(b)). On all scales, the highest satisfaction scores were registered in SA and the lowest in Tasmania.

Differences in satisfaction by employment status were not statistically significant. However, lower satisfaction scores were recorded by those respondents who were not employed and those who were retired recorded the highest scores on all four measures Tables 3.1(b).

No statistically significant differences in mean scores by annual household income were observed, although the lowest income groups consistently recorded the lowest satisfaction scores on all scales.

The relationship of satisfaction with education level was not significant on any of the satisfaction scales and was difficult to interpret. The higher levels of school year and educational attainment did not appear to be associated with the high scores, and those who had completed secondary school, but no tertiary education tended to record lower levels of satisfaction.

The mean satisfaction scores for health cardholders were significantly lower than non-cardholders on two of the four satisfaction scales; outcome (4.03 compared to 4.28) and overall satisfaction (4.10 compared to 4.28).

Dental insurance was associated with higher satisfaction scores on all scales. Those who had private dental insurance had statistically higher mean scores than those without insurance, with the greatest difference reported in satisfaction with outcome (4.36 vs. 4.03).

Satisfaction scores were analysed by listing status of telephone number, to determine whether scores were affected by the difference in selecting the respondents. As expected, differences between respondents with listed and silent numbers were minor, and not significant.

Table 3.1(b): Mean scores on satisfaction scales – socio-demographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context		Content		Outcome		Satisfaction	
	Mean	(sd)	Mean	(sd)	Mean	(sd)	Mean	(sd)
State/Territory								
New South Wales	4.31	(0.58)	4.29	(0.74)	4.27	(0.71)	4.27	(0.56)
Victoria	4.22	(0.59)	4.20	(0.64)	4.21	(0.69)	4.20	(0.57)
Queensland	4.23	(0.57)	4.34	(0.75)	4.23	(0.82)	4.28	(0.59)
South Australia	4.34	(0.56)	4.34	(0.64)	4.31	(0.76)	4.32	(0.51)
Western Australia	4.16	(0.68)	4.21	(0.72)	4.20	(0.77)	4.19	(0.62)
Tasmania	4.02	(0.71)	3.78	(0.87)	3.94	(0.78)	3.92	(0.69)
Australian Capital Territory	4.23	(0.72)	4.04	(1.08)	4.02	(0.86)	4.12	(0.73)
Northern Territory	4.06	(0.79)	4.33	(1.07)	4.04	(1.45)	4.10	(0.88)
Employed								
Full-time	4.19	(0.55)	4.26	(0.64)	4.22	(0.64)	4.22	(0.52)
Part-time	4.30	(0.53)	4.21	(0.71)	4.26	(0.66)	4.25	(0.50)
Not employed	4.23	(0.71)	4.10	(0.88)	4.06	(0.95)	4.13	(0.74)
Retired	4.37	(0.59)	4.46	(0.70)	4.38	(0.78)	4.39	(0.57)
Annual household income								
<$12,000	4.09	(0.86)	3.96	(1.03)	3.83	(1.22)	3.99	(0.90)
$13–20,000	4.19	(0.67)	4.29	(0.77)	4.09	(0.89)	4.19	(0.67)
$21–30,000	4.20	(0.58)	4.35	(0.65)	4.37	(0.72)	4.29	(0.52)
$31–40,000	4.41	(0.59)	4.40	(0.65)	4.42	(0.67)	4.41	(0.52)
$41–50,000	4.18	(0.63)	4.38	(0.65)	4.15	(0.72)	4.21	(0.60)
$50–60,000	4.48	(0.50)	4.39	(0.54)	4.34	(0.56)	4.40	(0.41)
$60–70,000	4.12	(0.58)	4.22	(0.66)	4.13	(0.70)	4.16	(0.50)
$70–80,000	4.08	(0.56)	4.10	(0.67)	4.42	(0.55)	4.17	(0.45)
$80,000+	4.26	(0.53)	4.22	(0.81)	4.20	(0.73)	4.23	(0.60)
School education								
Year 7 or less	4.47	(0.50)	4.50	(0.58)	4.38	(0.77)	4.44	(0.50)
Year 8	4.21	(0.70)	4.28	(0.81)	4.12	(0.90)	4.20	(0.66)
Year 9	4.16	(0.61)	4.13	(0.96)	4.04	(1.09)	4.10	(0.78)
Year 10	4.38	(0.61)	4.41	(0.67)	4.35	(0.76)	4.38	(0.57)
Year 11	4.33	(0.60)	4.28	(0.70)	4.24	(0.83)	4.28	(0.57)
Year 12	4.19	(0.57)	4.20	(0.72)	4.19	(0.67)	4.18	(0.55)
Education								
Some secondary	4.35	(0.65)	4.33	(0.71)	4.24	(0.83)	4.30	(0.63)
Secondary	4.19	(0.56)	4.11	(0.77)	4.16	(0.74)	4.13	(0.59)
Vocational	4.20	(0.60)	4.32	(0.71)	4.21	(0.77)	4.23	(0.57)
Tertiary	4.22	(0.55)	4.21	(0.70)	4.24	(0.66)	4.23	(0.53)
Other	4.55	(0.46)	4.60	(0.64)	4.52	(0.68)	4.56	(0.49)
Health cardholder								
Yes	4.15	(0.71)	4.13	(0.91)	4.03	(0.96) *	4.10	(0.74) *
No	4.28	(0.55)	4.29	(0.66)	4.28	(0.66)	4.28	(0.52)
Have private dental insurance								
Yes	4.35	(0.53) *	4.38	(0.63) *	4.36	(0.61) *	4.36	(0.49) *
No	4.10	(0.66)	4.11	(0.81)	4.03	(0.89)	4.08	(0.66)
Listing status								
Listed number	4.25	(0.60)	4.27	(0.72)	4.22	(0.75)	4.25	(0.58)
Silent number	4.24	(0.56)	4.20	(0.71)	4.25	(0.69)	4.22	(0.57)
Total	**4.25**	**(0.59)**	**4.26**	**(0.72)**	**4.23**	**(0.74)**	**4.24**	**(0.57)**

* Significance p<0.05 ANOVA

3.2 Satisfaction scores – social impact

Table 3.2 shows the mean scores on the satisfaction scales by the social impact variables. Respondents who reported toothache, feeling uncomfortable with the appearance of teeth, mouth or dentures, or avoiding some foods over the previous 12 months consistently recorded lower scores, with the prevalence of toothache statistically significant for all scales. The most extreme of these differences occurred on the content scale, with the scores 3.92 cf. 4.32.

For all measures of social impact, those individuals who had experienced a problem very often, often or sometimes were far less satisfied with the outcome of dental care received within the last year than those who reported that such problems had hardly ever or never occurred. The greatest differences in mean scores on the outcome scale occurred where respondents had reported avoiding some foods during the previous 12 months, with the scores 3.93 cf. 4.28.

Table 3.2: Mean scores on satisfaction scales – social impact experienced – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context		Content		Outcome		Satisfaction	
	Mean	(sd)	Mean	(sd)	Mean	(sd)	Mean	(sd)
Toothache								
Yes	4.07	(0.68) *	3.92	(0.91) *	3.97	(0.92) *	3.99	(0.72) *
No	4.28	(0.57)	4.32	(0.66)	4.27	(0.69)	4.29	(0.53)
Uncomfortable with appearance								
Yes	4.20	(0.60)	4.15	(0.76)	4.05	(0.87) *	4.14	(0.62)
No	4.27	(0.59)	4.29	(0.71)	4.28	(0.70)	4.27	(0.56)
Avoid some foods								
Yes	4.25	(0.64)	4.13	(0.89)	3.93	(0.94) *	4.14	(0.71)
No	4.25	(0.58)	4.28	(0.68)	4.28	(0.69)	4.26	(0.55)
Total	**4.25**	**(0.59)**	**4.26**	**(0.72)**	**4.23**	**(0.74)**	**4.24**	**(0.57)**

Yes ≡ Very often, often and sometimes
No ≡ Hardly ever and never

* Significant p<0.05 ANOVA

3.3 Satisfaction scores – financial constraint

The mean scores on the satisfaction scales by the financial constraint variables are presented in Table 3.3. The differences in mean scores were statistically significant for all satisfaction scales for all measures of financial constraint.

The financial constraint variables included:

- avoiding or delaying a dental visit in the previous 12 months because of the cost,
- cost preventing the respondent from having recommended treatment in the previous 12 months,
- the extent to which dental care within the previous 12 months had been a financial burden, and
- the level of difficulty the respondent would have with a $100 dental bill at most times of the year.

Lower mean satisfaction scores were characteristic of all groups who experienced any of the measures of financial hardship investigated. The greatest difference consistently occurred in the outcome scale, with those for whom cost had prevented recommended treatment reporting the lowest satisfaction score, 3.74 compared to 4.30.

Table 3.3: Mean scores on satisfaction scales – financial constraint – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context			Content			Outcome			Satisfaction		
	Mean	(sd)		Mean	(sd)		Mean	(sd)		Mean	(sd)	
Avoided visit because of cost												
Yes	4.03	(0.66)	*	3.92	(0.81)	*	3.81	(0.86)	*	3.96	(0.63)	*
No	4.32	(0.55)		4.36	(0.66)		4.35	(0.66)		4.32	(0.53)	
Cost prevented treatment												
Yes	3.93	(0.65)	*	3.87	(0.90)	*	3.74	(0.96)	*	3.88	(0.68)	*
No	4.30	(0.57)		4.32	(0.67)		4.30	(0.67)		4.30	(0.54)	
Financial burden†												
Yes	4.03	(0.66)	*	3.90	(0.87)	*	3.79	(0.87)	*	3.90	(0.65)	*
No	4.28	(0.58)		4.31	(0.69)		4.29	(0.70)		4.29	(0.55)	
Difficulty in paying $100 dental bill†												
Yes	3.90	(0.75)	*	3.88	(0.88)	*	3.75	(1.01)	*	3.84	(0.77)	*
No	4.29	(0.56)		4.30	(0.69)		4.28	(0.69)		4.28	(0.54)	
Total	**4.25**	**(0.59)**		**4.26**	**(0.72)**		**4.23**	**(0.74)**		**4.24**	**(0.57)**	

†Yes ≡ A lot
No ≡ None, hardly any, a little

* Significant p<0.05 ANOVA

3.4 Satisfaction scores – dental visiting

Associations between the satisfaction scales and variables concerned with dental visits are shown in Table 3.4.

Those respondents whose last visit was to a public clinic had lower mean scores on all four satisfaction scales than those respondents whose last visit was to a private practice. These differences were all statistically significant. The greatest differences in mean scores occurred on the outcome scale with a mean score of 3.62 for public visits and a mean of 4.27 for private visits.

Mean scores were significantly lower for the outcome scale and the overall satisfaction among respondents whose last visit was prompted by a problem than among those whose last visit was not problem-oriented. This also applied to the usual reason for a dental visit, with significantly lower scores on all scales recorded by respondents who reported that they usually visit for a problem rather than attend for a check-up.

Table 3.4: Mean scores on satisfaction scales – dental visiting – dentate persons aged 18+ whose last dental visit was <12 months ago

	Context		Content		Outcome		Satisfaction	
	Mean	(sd)	Mean	(sd)	Mean	(sd)	Mean	(sd)
Place of last visit								
Public	3.80	(0.82) *	3.86	(1.07) *	3.62	(1.13) *	3.79	(0.87) *
Private	4.29	(0.56)	4.29	(0.69)	4.27	(0.70)	4.27	(0.54)
Reason for last visit								
Problem	4.20	(0.62)	4.19	(0.77)	4.12	(0.83) *	4.17	(0.62) *
Check-up	4.31	(0.55)	4.34	(0.65)	4.34	(0.62)	4.32	(0.52)
Usual reason for visit								
Problem	4.12	(0.66) *	4.09	(0.83) *	3.97	(0.89) *	4.07	(0.67) *
Check-up	4.31	(0.55)	4.33	(0.66)	4.33	(0.64)	4.31	(0.51)
Usual number of visits								
Two or more per year	4.30	(0.60)	4.25	(0.75)	4.26	(0.71)	4.25	(0.59)
One per year	4.24	(0.58)	4.37	(0.61)	4.34	(0.64)	4.32	(0.50)
One per two years	4.29	(0.58)	4.17	(0.77)	4.08	(0.85)	4.19	(0.61)
Less than one per two years	4.17	(0.56)	3.99	(0.83)	3.84	(0.93)	4.02	(0.65)
Total	**4.25**	**(0.59)**	**4.26**	**(0.72)**	**4.23**	**(0.74)**	**4.24**	**(0.57)**

* Significance p<0.05 ANOVA

Respondents who visit less frequently tended to record lower levels of satisfaction than those who reported a usual visiting pattern of once or more per year, but none of these differences were significant.

3.5 Satisfaction scores – perceived need

Table 3.5 shows the mean satisfaction scores by variables related to perceived need for a dental check-up or treatment. All respondents were asked whether they currently needed a range of dental treatments, and those who expressed a need for a dental check-up or a filling, extraction or scale and clean were compared with those who expressed no current need for dental care.

Table 3.5: Mean scores on satisfaction scales – perceived need for dental visit – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context			Content			Outcome			Satisfaction		
	Mean	(sd)		Mean	(sd)		Mean	(sd)		Mean	(sd)	
Need filling/extract /s&c/check												
Yes	4.16	(0.61)	*	4.16	(0.74)	*	4.10	(0.77)	*	4.15	(0.59)	*
No	4.37	(0.55)		4.39	(0.67)		4.39	(0.67)		4.36	(0.54)	
Need a dental visit												
< 3 months	4.13	(0.62)	*	4.11	(0.77)	*	4.03	(0.80)	*	4.09	(0.60)	*
3 months+	4.33	(0.56)		4.36	(0.67)		4.36	(0.67)		4.34	(0.53)	
Type of visit†												
Check-up	4.23	(0.57)		4.27	(0.65)		4.31	(0.60)	*	4.27	(0.50)	*
Treatment	4.12	(0.51)		4.20	(0.65)		4.10	(0.75)		4.14	(0.49)	
Both	4.10	(0.69)		3.99	(0.85)		3.87	(0.88)		4.00	(0.69)	
Urgency of visit†												
Less than one week	4.03	(0.59)		3.80	(0.97)		3.65	(1.05)	*	3.88	(0.71)	
One week to < one month	4.10	(0.62)		4.18	(0.76)		4.16	(0.64)		4.14	(0.56)	
One month to < three months	4.20	(0.64)		4.19	(0.64)		4.09	(0.77)		4.15	(0.58)	
Three months or more	4.24	(0.53)		4.28	(0.63)		4.30	(0.62)		4.29	(0.48)	
Dental Health												
Good+	4.29	(0.55)	*	4.30	(0.70)		4.30	(0.67)	*	4.28	(0.53)	*
Average	4.19	(0.69)		4.17	(0.73)		4.03	(0.83)		4.15	(0.63)	
Poor	3.90	(0.80)		3.89	(0.94)		3.56	(1.08)		3.81	(0.84)	
Dental Anxiety												
No	4.25	(0.59)		4.26	(0.71)		4.25	(0.70)		4.25	(0.56)	
Yes	4.29	(0.60)		4.22	(0.83)		4.04	(1.02)		4.19	(0.71)	
Total	**4.25**	**(0.59)**		**4.26**	**(0.72)**		**4.23**	**(0.74)**		**4.24**	**(0.57)**	

† Sub-set of (Need dental treatment or a dental check-up = Yes) * Significance p<0.05 ANOVA

Respondents who reported a need for a dental check-up or treatment had significantly lower scores on each of the three sub-scales and the satisfaction (24-item) scale than those who did not perceive a need.

Of those who did perceive a need for a dental check-up or treatment, higher satisfaction scores were recorded on the outcome and satisfaction (24-item) scales by those whose perceived need was for a check-up rather than treatment.

The relationship between satisfaction and the perceived urgency of the required visit was significant on the outcome scale; those who perceived the need for a dental care within a week consistently recorded lower scores. When urgency was expressed as a need for care within three month or over three months, those who regarded their needs as less urgent were clearly more satisfied with all aspects of dental care received in the previous 12 months.

Participants were asked to rate their own dental health; those who reported that their dental health was poor recorded significantly lower scores on the context, outcome and satisfaction subscales. Dental anxiety was assessed using a single question; individuals who reported that they were very afraid of making a dental visit recorded lower satisfaction scores, but differences were not significant.

3.6 Satisfaction scores – continuous variables

The previous tables have presented mean satisfaction scores for categorical variables. Pearson correlation coefficients with $p<0.05$ for continuous variables from the 2002 National Dental Telephone Interview Survey that are relevant to this Survey are shown in Table 3.6. These variables include self-reported number of teeth, waiting time for a dental visit, number of extractions and fillings in the previous year and age in years.

Table 3.6: Correlation coefficients with continuous variables – dentate persons aged 18+ whose last dental visit was <12 months ago

	Context	Content	Outcome	Satisfaction
Number of teeth	-0.101	-0.133 *	-0.101	-0.129 *
Waiting time	-0.073	-0.010	-0.035	-0.044
Number of extractions <12 months	-0.003	-0.003	-0.050	-0.026
Number of fillings <12 months	-0.084	-0.099	-0.102	-0.120 *
Age in years	0.184 **	0.264 **	0.186 **	0.245 **

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Although a number of these variables showed statistically significant associations with some satisfaction scales, the correlation coefficients were small. The highest correlation coefficients were on the content and satisfaction scales for age. For presentation purposes age has been presented as a categorical variable earlier in this report.

3.7 Satisfaction scores – place of last visit and health card status

In the 12-month period relevant to this Survey, 71.2% of health cardholders who received dental treatment made their visit in the private sector, the remainder (28.8% of cardholders) were treated in the public sector. Of those health cardholders who had received treatment in the private sector, 83% reported that they had preferred to see a private dentist. Of those remaining, 55% reported that the waiting time for public care had been too long and 10% had reported difficulty in getting to a public clinic as their reasons for seeking care from the private sector.

Table 3.7 shows the differences in the mean scores on the satisfaction scales by health card status and place of visit. Users of public clinics (health cardholders only) recorded the lowest scores on all four satisfaction scales. The differences in mean scores were statistically significant on the context, outcome and satisfaction scales. Cardholders who had used private practices for their dental treatment recorded higher mean scores on all scales than the recipients of public care, although lower than non-cardholders who had received care in private practices.

The greatest range of mean scores occurred on the outcome scale, with the public-funded cardholders registering a mean score of 3.62 compared to a mean score of 4.17 for the cardholders who last visited a private practice, and 4.29 among non-cardholders. Given the nature of dental satisfaction scores, these differences are very large.

Table 3.7: Mean scores on satisfaction scales by place of last visit and health card status – dentate persons aged 18+ whose last dental visit was <12 months ago

	Context		Content		Outcome		Satisfaction	
	Mean	(sd)	Mean	(sd)	Mean	(sd)	Mean	(sd)
Place of last visit and health card status								
Card public	3.80	(0.82) *	3.86	(1.07)	3.62	(1.13) *	3.79	(0.87) *
Card private	4.29	(0.63)	4.24	(0.84)	4.17	(0.85)	4.23	(0.66)
No card private	4.29	(0.55)	4.30	(0.66)	4.29	(0.66)	4.28	(0.52)
Total	**4.25**	**(0.59)**	**4.26**	**(0.72)**	**4.23**	**(0.74)**	**4.24**	**(0.57)**

* Significance p<0.05 ANOVA

3.8 Satisfaction scores – individual items

The mean scores on the satisfaction (24-item) scale and at the sub-scale level (context and outcome) for those respondents who had attended public clinics were lower than for those who had attended private practices.

To determine which specific items varied most by place of last visit, *ie* public clinic or private practice, the mean scores for the individual items on the questionnaire were calculated. The mean score on each item for the public and private sectors is shown in Table 3.8.

Table 3.8: Mean scores on individual satisfaction items by place of last visit – dentate persons aged 18+ whose last dental visit was within the previous <12 months

Item	Public		Private		Diff in means	
	Mean	(sd)	Mean	(sd)		
1 Distance to clinic	3.97	(1.24)	4.25	(1.20)	0.28	
2 Travel to clinic	4.04	(1.08)	4.27	(1.17)	0.23	
3 Arrange visit	3.36	(1.50)	3.89	(1.30)	**0.53**	
4 Prompt visit	3.61	(1.43)	3.99	(1.23)	0.31	
5 Attractive waiting room	3.44	(1.17)	3.85	(0.97)	0.41	
6 Waiting time	3.78	(1.25)	4.12	(0.95)	0.34	
7 Surgery well equipped	4.16	(1.17)	4.61	(0.69)	0.45	*
8 Modern surgery	4.06	(1.02)	4.28	(0.94)	0.22	
9 Friendly staff	4.41	(1.03)	4.69	(0.62)	0.28	
10 Impersonal professional	3.94	(1.36)	4.42	(0.98)	0.48	
11 Preferred professional	3.47	(1.45)	4.56	(0.85)	**1.09**	*
12 Same professional	3.75	(1.53)	4.52	(1.02)	**0.77**	*
13 Explained need	4.08	(1.26)	4.59	(0.77)	**0.51**	*
14 Explained cost	3.71	(1.33)	3.40	(1.37)	-0.31	
15 Thorough examination	3.67	(1.51)	4.14	(1.16)	0.47	
16 Answered questions	4.17	(1.09)	4.51	(0.72)	0.34	
17 Explained options	3.25	(1.51)	3.87	(1.29)	**0.52**	
18 Avoid unnecessary costs	3.93	(1.20)	3.31	(1.30)	**-0.62**	
19 Satisfied with care	4.05	(1.27)	4.53	(0.74)	0.48	*
20 Appropriate care	3.93	(1.32)	4.21	(1.04)	0.28	
21 No untreated problems	3.50	(1.58)	4.08	(1.30)	**0.58**	
22 No unexpected pain	3.88	(1.33)	4.07	(1.25)	0.19	
23 Explained treatment	4.01	(1.32)	4.22	(1.05)	0.21	
24 Problems fixed	3.80	(1.32)	4.37	(0.81)	**0.57**	*
25 Improved dental health	3.72	(1.51)	4.49	(0.89)	**0.77**	*
26 Expected improvement	3.59	(1.45)	4.18	(1.12)	**0.69**	*
27 Cost affordable	3.97	(1.34)	3.38	(1.38)	**-0.59**	
28 Confident of care	3.89	(1.26)	4.57	(0.72)	**0.68**	*
29 No better care	3.20	(1.57)	3.93	(1.23)	**0.73**	*
30 Good advice	3.78	(1.31)	4.16	(1.11)	0.38	
31 Financially protected	3.53	(1.50)	3.37	(1.41)	-0.16	

* Significance p<0.05 ANOVA

Significant differences occurred within items 7 (surgery well equipped); 11 and 12 (choice of professional); 13 (explanations); 19 (satisfied); 24, 25, 26 (problems fixed and improved dental health); and 28 and 29 (confidence in and quality of care). In each of these dimensions, recipients of private care recorded higher item scores than those who received public-funded care.

Differences in mean scores of 0.50 or more were evident for item 3, item 11, item 12, item 13, item 17, item 18, item 21, item 24, item 25, item 26, item 27, item 28 and item 29. Item 3 relates to dental appointments, items 11 and 12 to the choice of dental professional, items 13 and 17 to the explanation of need for treatment and explanation of treatment options, item 21 to the thoroughness of treatment, item 22 to pain expectation, and items 24, 25, 26, 28 and 29 to treatment results such as the improvement in dental health and confidence in the quality of care. Items 18 and 27, cost-related items where the mean score for the public sector is higher than the private sector, relate to the avoidance of unnecessary costs and the affordability of the dental care received.

3.9 Multivariate analysis

The statistically significant bivariate associations between the satisfaction scores and the variables examined in sections 3.1 to 3.7 are summarised in Table 3.9.1.

Table 3.9.1: Variables with significant bivariate associations with satisfaction scores – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Context	Content	Outcome	Satisfaction
	Mean	Mean	Mean	Mean
Socio-demographic				
Sex	..	..	..	..
Age (in years)	*	*	*	*
Language at home – not English	*	*	*	*
Country of birth – not Australia	..	..	*	*
Location	..	..	..	..
State/Territory	..	..	..	..
Employed	..	..	..	..
Annual household income	..	..	..	..
Education	..	..	..	..
Health cardholder	..	..	*	*
Dental insurance	*	*	*	*
Social impact				
Toothache	*	*	*	*
Uncomfortable with appearance	..	..	*	..
Avoid some foods	..	..	*	..
Dental visits				
Place of last visit – public	*	*	*	*
Last visit – problem	..	..	*	*
Usual visit – problem	*	*	*	*
Usual number of visits	..	..	..	..
Waiting time	..	..	..	..
Number of fillings <12 months	..	..	..	*
Number of extractions <12 months	..	..	..	..
Perceived need				
Need a dental visit	*	*	*	*
Type of visit - Treatment	..	..	*	*
Urgency of visit	..	..	*	..
Dental health	*	..	*	*
Financial constraints				
Avoided visit because of cost	*	*	*	*
Cost prevented treatment	*	*	*	*
Financial burden†	*	*	*	*
Difficulty in paying $100 dental bill†	*	*	*	*
Oral health status				
Number of teeth	..	*	..	*

†Yes ≡ Large; No ≡ None, hardly any, a little * Significant $p<0.05$ ANOVA or Pearson R^2

To determine strengths of the independent association of these variables, each variable with a significant bivariate association with any of the satisfaction scores was entered in a least squares regression. The results of these regressions are shown in Table 3.9.2.

Of the 12 variables with a statistically significant bivariate association with the context sub-scale score, five were significant in the least squares regression. These five variables accounted for 12.5 per cent of the variance in the score on the context sub-scale.

Table 3.9.2: Beta coefficients of the variables significant in least squares regression – dentate persons aged 18+ whose last dental visit was <12 months ago

	Context beta	Content beta	Outcome beta	Satisfaction beta
Socio-demographic				
Age (in years)	0. 163	0.256	0.201	0.197
Language at home –not English	-0.112	-0.144	_	-0.119
Dental insurance	_	–	_	0.124
Social impact				
Toothache	_	-0.163	–	–
Dental visits				
Place of last visit – public	-0.193	-0.155	-0.203	-0.201
Last visit – problem	–	–	–	–
Usual visit – problem	–	–	–	–
Usual number of visits	–	–	–	–
Poor dental health	–	–	-0.173	-0.139
Number of teeth	–	–	–	-0.137
Perceived need			_	–
Need a dental visit – not < 3months	0. 126	–	0.127	0.118
Financial constraints			_	–
Avoided visit because of cost	–	-0.195	-0.174	-0.124
Cost prevented treatment	-0.163		–	–
Financial burden†	–	–	-0.139	-0.121
Difficulty in paying $100 dental bill†	–	–	–	–
DF Regression	5	5	6	9
DF Residual	269	269	268	257
F value	8.856	12.843	13.363	10.385
R^2	0.125	0.178	0.213	0.241

†Yes ≡ Large; No ≡ None, hardly any, a little

An increase in age and no perceived need of a dental visit within the next 3 months were positively associated with the context score. Speaking a language other than English at home, last dental visit being at a public clinic and cost preventing recommended dental treatment were factors associated with lower context score. The strongest association with the context score was visiting a public clinic on the last visit with a beta co-efficient of -0.19.

Five of the 12 variables with a significant association in the bivariate analyses were significant in the regression on the content score. Age was positively associated with the content score. Variables with a negative beta co-efficient were language other than English, toothache, location of the last dental visit (public) and avoiding dental visits because of the cost. Age and avoiding a visit because of the cost had the strongest associations with the content score. The percentage of variance accounted for by the five significant variables was 17.8 per cent.

Age and last visiting a public clinic had the strongest associations with the outcome score with beta values of 0.201 and -0.203 respectively. No need of a visit within 3 months again had a positive beta co-efficient. Self-reported poor dental health, avoiding a visit because of the cost, and large financial burden caused by dental visits in the previous 12 months had significant negative associations with outcome score. These six variables (of the 19 that were significant in bivariate analysis) accounted for 21.3 per cent of variance in the outcome score.

On the satisfaction (24-item) score nine of the 18 variables with associations with satisfaction entered in the regression had significant beta co-efficients. The strongest predictors were age (beta = 0.197) and visiting a public clinic (beta = -0.201). Dental insurance and no perceived need of a visit within the next 3 months had a positive beta co-efficient. The other significant associations, all negative in the regression equation, were language other than English, poor dental health, greater number of remaining teeth, avoiding a visit because of the cost, and financial burden caused by dental visits in the previous 12 months. The nine significant variables accounted for 24.1 per cent of the variance in the satisfaction (24-item) score.

Age (positive association) and visiting a public clinic (negative) were significantly associated with all four scales, while language other than English and avoiding a visit because of the cost had negative associations with three of the four scales.

3.10 Summary

- Satisfaction scores increased on all scales as the age of respondents increased.
- Those respondents who spoke a language other than English at home had significantly lower scores on all four satisfaction scales.
- Overseas-born respondents had significantly lower scores on two of the four satisfaction scales.
- Respondents who were not employed recorded lower scores (non-significant) on three of the four satisfaction scales than those respondents who were retired or employed full-time.
- Health cardholders had significantly lower scores on two of the four satisfaction scales, outcome and overall satisfaction, than non-cardholders.
- Respondents experiencing any social impact from dental problems had significantly lower scores on the outcome satisfaction scale. Toothache in the previous 12 months was associated with lower scores on all scales.
- Financial constraints associated with dental visiting were significantly associated with lower satisfaction scores on all satisfaction scales.
- Respondents with problem-oriented visiting patterns recorded significantly lower satisfaction scores than those who reported visiting for check-ups.
- Respondents who perceived a need for a dental visit had lower scores on all four satisfaction scales.
- Cardholders whose last visit was to a private practice recorded lower scores on three of the four satisfaction scales than non-cardholders attending private practices.
- Cardholders attending public clinics had significantly lower scores on all four satisfaction scales than persons attending private practices.
- The greatest difference in mean scores by place of visit was recorded on the outcome scale.
- Significant differences in mean scores between public clinics and private practices on the individual questions related to choice of dental professional, lack of explanation of treatment needed, problems not fixed, the expected improvement in dental health, and confidence and satisfaction with the care received.
- Recipients of public care recorded higher scores (not significant) than private patients for items relating to avoiding unnecessary costs and affordability.
- Multivariate analysis revealed that a number of factors were independently associated with dental satisfaction.
- The strongest predictors of higher satisfaction scores were age and the last dental visit being at a private practice rather than a public clinic.
- Avoiding a visit because of the cost and large financial burden caused by dental visits in the last 12 months were associated with lower scores on several satisfaction scales.
- Speaking a language other than English at home and perceiving a need for a dental visit within 3 months were associated with lower scores on three of the four dental satisfaction scales.

- The strongest association of any variable with the context scale was the place of last visit with a beta co-efficient of -0.193 in a least squares regression analysis.
- Age had the strongest association (positive) in the regression on the content scale, while toothache and avoiding a visit because of the cost were the variables with the strongest negative associations.
- Age and last visiting a public clinic had the strongest associations with the outcome score with beta values of 0.201 and -0.203 respectively.
- The strongest associations with the satisfaction (24-item) score were age (beta = 0.197) and visiting a public clinic (beta = -0.201).
- Place of visit was negatively associated with all four scales, with the strongest effect on the outcome and satisfaction (24-item) scales.
- Access barriers including financial constraints and lack of dental insurance were consistently associated with negative beta values (lower satisfaction scores).

4 Analysis of cost and facilities satisfaction scores

The variations in dental satisfaction scores on the sub-scales of cost and facilities established in Section 2.3, as well as the overall satisfaction score for all 31 items for the 2002 Dental Satisfaction Survey, were investigated.

Considerable differences existed between insured and uninsured persons in terms of their satisfaction with their ability to afford dental care. In general, individuals with dental insurance were more satisfied than their uninsured counterparts. On the other hand, recipients of public-funded dental care, most [95.68% checked 06/05] of whom did not have dental insurance, recorded the highest mean cost-satisfaction scores. Thus some disadvantaged groups that included a proportion of public clients recorded higher cost-satisfaction scores among the uninsured than among the insured.

4.1 Cost-satisfaction scores – socio-demographic characteristics

Tables 4.1(a) and (b) show the differences in mean scores of the cost sub-scale (by insured and uninsured persons) by the socio-demographic variables examined.

Table 4.1(a): Mean scores on cost-satisfaction scales – socio-demographic characteristics by dental insurance – dentate persons aged 18+ whose last dental visit was <12 months ago

	Insured			Uninsured			All		
	Mean	(sd)		Mean	(sd)		Mean	(sd)	
Sex									
Male	3.73	(1.11)		3.22	(1.16)		3.55	(1.13)	
Female	3.61	(1.23)		2.89	(1.32)		3.30	(1.32)	
Age group									
18–24 years	3.96	(0.92)		2.76	(0.96)	*	3.39	(1.04)	*
25–44 years	3.53	(1.31)		2.74	(1.22)		3.20	(1.32)	
45–64 years	3.72	(1.10)		3.11	(1.19)		3.53	(1.15)	
65+ years	3.77	(1.14)		3.91	(1.39)		3.84	(1.25)	
Language spoken at home									
English	3.71	(1.17)		3.08	(1.23)		3.47	(1.22)	*
Other	3.31	(1.22)		2.59	(1.45)		3.00	(1.35)	
Country of birth									
Australia	3.76	(1.14)	*	3.04	(1.24)		3.49	(1.21)	
Other	3.30	(1.27)		3.00	(1.34)		3.16	(1.30)	
Location									
Major Cities	3.75	(1.15)		3.05	(1.28)		3.49	(1.23)	
Inner Regional	3.54	(1.18)		3.02	(1.29)		3.32	(1.24)	
Outer Regional	3.44	(1.33)		2.90	(1.24)		3.18	(1.30)	
Remote/Very Remote	2.35	(2.85)		3.38	na		2.80	(1.48)	
Total	**3.67**	**(1.17)**		**3.03**	**(1.26)**		**3.42**	**(1.24)**	

* Significance p<0.05 ANOVA

Lower mean scores were recorded for cost-satisfaction than any of the other satisfaction scales, indicating a lower level of satisfaction with the affordability of dental care. Scores below 3.00 (the neutral point of the scale) were regarded as open dissatisfaction with that aspect of the dental visit.

Across all groups, insured persons had higher mean cost-satisfaction scores than uninsured respondents, with the total scores 3.67 compared with 3.03.

There were no significant differences in mean cost-satisfaction scores between males and females, however, females recorded lower scores than males, particularly among the uninsured group.

Across age groups, significant differences in cost-satisfaction occurred within the uninsured and 'all' categories. The 18–24 years and the 25–44 years groups generally had the lowest scores, while the 65+ years group had the highest mean scores in uninsured and 'all' categories. Among insured individuals, the 18–24 years group recorded the highest score, 3.96; apart from this satisfaction with cost increased with age, ranging from 3.56 to 3.77 for the 65+ years group. Uninsured persons aged between 18 and 44 years had mean scores below 3.00 indicating that these age groups considered that dental care was not affordable. Uninsured individuals in the 65+ years age group, a proportion of whom had made use of public dental services, recorded higher affordability scores, 3.91.

Significant differences by language occurred within the 'All' group, with persons who spoke a language other than English at home recording lower scores, 3.00 cf 3.47. Overseas-born respondents recorded lower scores than those who were born in Australia, with significant differences in the insured group.

No significant differences existed by location, although those from remote and very remote areas were noticeably lower. Within State/Territory no significant differences occurred; Qld had the highest scores, and the lowest scores were recorded by Tasmanian participants.

Significant differences by employment status did not occur, however retired persons recorded higher scores in the uninsured and 'All' categories. Non-employed participants recorded the lowest scores in most categories.

Cost-satisfaction scores did not differ significantly within income group and education level, although the lowest income group recorded the lowest scores among the insured and the 'All' groups. Uninsured persons in disadvantaged groups were among those with the higher cost-satisfaction scores, while many of those with higher incomes recorded low scores. There were no clear trends among education groups, although insured persons with completed tertiary education had the highest scores, while among the uninsured, those with no post-secondary education recorded slightly higher scores.

There was little difference by health care card in the cost mean score overall, but among the uninsured, cardholders had higher scores than non-cardholders, indicating that the recipients of publicly-funded care (28.8% of cardholders) experienced higher levels of satisfaction with the affordability of dental care.

Table 4.1(b): Mean scores on cost-satisfaction scales – sociodemographic characteristics by dental insurance – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Insured		Uninsured		All	
	Mean	(sd)	Mean	(sd)	Mean	(sd)
State/Territory						
New South Wales	3.50	(1.23)	3.08	(1.30)	3.37	(1.24)
Victoria	3.83	(1.13)	2.84	(1.28)	3.33	(1.29)
Queensland	4.03	(1.10)	3.14	(1.22)	3.63	(1.23)
South Australia	3.58	(1.22)	3.23	(1.38)	3.48	(1.25)
Western Australia	3.63	(1.10)	3.05	(1.30)	3.45	(1.17)
Tasmania	3.25	(1.37)	2.99	(1.96)	3.18	(1.28)
Australian Capital Territory	3.33	(1.27)	3.19	(1.68)	3.30	(1.25)
Northern Territory	3.88	2.78)	2.94	6(0.56)	3.41	(1.75)
Employed						
Full-time	3.77	(1.11)	2.88	(1.15)	3.49	(1.19)
Part-time	3.76	(1.06)	3.03	(0.96)	3.45	(1.03)
Not employed	3.25	(1.41)	2.91	(1.38)	3.09	(1.39)
Retired	3.60	(1.19)	3.44	(1.54)	3.53	(1.35)
Annual household income						
<$12,000	3.26	(1.69)	3.02	(1.54)	3.08	(1.51)
$13–20,000	3.68	(1.38)	3.53	(1.41)	3.59	(1.37)
$21–30,000	3.83	(1.14)	3.21	(1.23)	3.43	(1.20)
$31–40,000	3.52	(1.17)	3.23	(1.38)	3.38	(1.25)
$41–50,000	3.47	(1.19)	2.43	(1.19)	3.10	(1.27)
$50–60,000	3.38	(1.42)	2.66	(1.05)	3.22	(1.37)
$60–70,000	4.01	(0.96)	2.82	(0.70)	3.78	(1.02)
$70–80,000	3.93	(0.76)	3.02	(1.47)	3.68	(1.05)
$80,000+	3.82	(1.13)	2.83	(1.11)	3.57	(1.20)
Education						
Some secondary	3.38	(1.41)	3.20	(1.42)	3.32	(1.40)
Secondary	3.61	(1.05)	3.30	(1.07)	3.50	(1.01)
Vocational	3.70	(1.25)	2.69	(1.29)	3.18	(1.36)
Tertiary	3.85	(1.00)	2.98	(1.12)	3.60	(1.11)
Other	3.89	(1.42)	3.56	(1.27)	3.71	(1.27)
Health cardholder						
Yes	3.45	(1.25)	3.22	(1.44)	3.32	(1.36)
No	3.71	(1.16)	2.93	(1.17)	3.45	(1.20)
Total	**3.67**	**(1.17)**	**3.03**	**(1.26)**	**3.42**	**(1.24)**

* Significance p<0.05 ANOVA

4.2 Cost-satisfaction scores – financial constraint

The mean scores for insured and uninsured persons by the financial constraint variables are presented in Table 4.2. Where respondents had experienced financial disadvantage, significantly lower mean scores on the cost or affordability scale were reported in all categories – insured, uninsured and overall.

Table 4.2: Mean scores on cost-satisfaction scales – financial constraint by dental insurance – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Insured			Uninsured			All		
	Mean	(sd)		Mean	(sd)		Mean	(sd)	
Avoided visit because of cost									
Yes	2.49	(1.35)	*	2.57	(1.22)	*	2.54	(1.26)	*
No	3.89	(1.00)		3.26	(1.22)		3.67	(1.11)	
Cost prevented treatment									
Yes	2.26	(0.93)	*	2.29	(1.20)	*	2.28	(1.10)	*
No	3.79	(1.12)		3.24	(1.20)		3.60	(1.16)	
Financial burden †									
Yes	2.48	(1.19)	*	1.89	(1.01)	*	2.27	(1.13)	*
No	3.75	(1.14)		3.26	(1.18)		3.57	(1.17)	
Difficulty in paying $100 dental bill†									
Yes	3.40	(1.13)		2.59	(1.43)		2.89	(1.36)	*
No	3.69	(1.18)		3.10	(1.22)		3.47	(1.21)	
Place of last visit									
Public funded	3.96	(..)		3.74	(1.23)	*	3.75	(1.21)	
Private - own expense	3.66	(1.18)		2.85	(1.22)		3.38	(1.24)	
Total	**3.67**	**(1.17)**		**3.03**	**(1.26)**		**3.42**	**(1.24)**	

†Yes ≡ A lot
No ≡ None, hardly any, a little

* Significant p<0.05 ANOVA

Financial constraint variables tested were:

- having avoided or delayed a dental visit within the previous 12 months because of the cost;
- having been prevented from having recommended treatment in the previous 12 months because of the cost;
- having had a large financial burden due to dental visits in the previous 12 months; and
- paying a $100 bill would cause a lot of difficulty at most times of the year.

Overt dissatisfaction was evident in mean scores below the neutral point, 3.00, recorded by both insured and uninsured persons who reported financial constraints.

The lowest cost-satisfaction score was 1.89, recorded by uninsured respondents who reported that their dental care had been a large financial burden.

Cardholders who received public-funded dental care were more satisfied with the cost than non–cardholders who received private care. The differences were significant among the uninsured, where recipients of public-funded dental care recorded 3.74 compared to 2.85 among those whose care was self-funded.

4.3 Cost-satisfaction scores – dental visiting and perceived need

Associations between the satisfaction scores of insured and uninsured respondents and variables concerned with dental visits and perceived need of a dental visit are shown in Table 4.3.

Table 4.3: Mean scores on cost-satisfaction scales – dental visiting and perceived need by dental insurance – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Insured			Uninsured			All		
	Mean	(sd)		Mean	(sd)		Mean	(sd)	
Usual number of visits									
>=2 per year	3.49	(1.22)		2.89	(1.35)		3.30	(1.27)	
1 per year	3.80	(1.11)		3.25	(1.18)		3.60	(1.16)	
1 per 2 years	3.99	(1.06)		2.94	(1.45)		3.44	(1.36)	
<1 per 2 years	3.91	(1.30)		2.88	(1.08)		3.22	(1.23)	
Need filling/extract /s&c/check									
Yes	3.67	(1.17)		2.85	(1.20)		3.32	(1.24)	
No	3.68	(1.19)		3.30	(1.32)		3.54	(1.22)	
Type of visit†									
Check-up	3.88	(1.18)		3.30	(1.06)	*	3.71	(1.17)	*
Treatment	3.62	(0.97)		2.89	(0.99)		3.30	(1.03)	
Both	3.33	(1.16)		2.41	(1.27)		2.83	(1.29)	
Place of last visit and health card status									
Card public	3.96	na		3.74	(1.23)	*	3.75	(1.21)	
Card private	3.42	(1.26)		2.75	(1.48)		3.12	(1.39)	
No card private	3.70	(1.17)		2.87	(1.15)		3.43	(1.21)	
Dental Health									
Good+	3.80	(1.09)	*	3.14	(1.21)		3.55	(1.17)	*
Average>	2.67	(1.32)		2.80	(1.35)		2.74	(1.32)	
Poor	3.68	(1.26)		2.29	(1.43)		2.93	(1.49)	
Dental anxiety									
No	3.68	(1.18)		3.02	(1.27)		3.42	(1.24)	
Yes	3.62	(1.17)		3.06	(1.22)		3.38	(1.20)	
Total	**3.67**	**(1.17)**		**3.03**	**(1.26)**		**3.42**	**(1.24)**	

† Sub-set of (Need a dental visit = Yes) † * Significance p<0.05 ANOVA

No significant differences existed across usual frequency of dental visits, although the difference among the uninsured approached significance. Respondents who usually visit once per year were more likely to record above-neutral scores. Those who make two or more dental visits per year were dissatisfied with the affordability of their dental care, as were those who visit less often than once per year.

Persons who reported that they needed a dental visit had significantly lower cost satisfaction scores in the uninsured and the 'All' categories than those who did not perceive the need for a visit. Among those who reported that they needed a dental visit, significant differences by type of dental visit existed in the uninsured and the 'All' categories, with those who perceived the need of treatment, with or without a check-up, recording lower scores than those who reported that they needed a check-up only.

The relationship of cost or affordability satisfaction with place of last visit was significant in the uninsured and the 'All' categories. Cardholders who made their last

dental visit at a public clinic were more satisfied with the affordability of their dental care, while cardholders who last visited a private practice recorded the lowest scores. Values among uninsured cardholders ranged from 2.75 for those who received private care to 3.74 for those who last attended a public clinic.

4.4 Multivariate analysis

Nine variables investigated in section 4.1 to section 4.3 had significant bivariate associations with the cost-satisfaction score. To determine the strengths of the independent association of these variables, each variable was entered into a multiple analysis of variance.

Sequential elimination of non-significant variables resulted in the model shown in Table 4.4. These five variables accounted for 27.6 per cent of the variance in the cost-satisfaction score.

Table 4.4: Coefficients of the variables significant in multiple analysis of variance – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Coefficient beta	Std. Err. Beta	Sig. t
Dental insurance			
[Insured]	[Reference group]		
Uninsured *	-0.232	0.072	0.002
Place of last visit			
[Non-cardholder – private]	[Reference group]		
Cardholder – public*	0.570	0.196	0.004
Cardholders – private	-0.217	0.121	0.072
Avoided visit because of cost			
[No]	[Reference group]		
Yes*	-0.370	0.090	0.000
Cost prevented treatment			
[No]	[Reference group]		
Yes*	-0.271	0.111	0.015
Financial burden			
[None/Hany/A little]	[Reference group]		
Large*	-0.443	0.112	0.000
R^2	0.276		

* Significant p<0.05 MANOVA

Insurance status, place of last visit, and the financial constraints of avoiding a dental visit because of the cost, prevented from having recommended treatment because of the cost, and experiencing a financial burden because of dental expenses had effects on the cost-satisfaction score that were independent of each other.

The strongest predictor of higher cost-satisfaction scores was the last dental visit being at a public clinic, having a positive beta co-efficient of 0.57. Cardholders who last made a private dental visit had a negative beta value of -0.22, a level which was lower than the reference group, non–cardholder who made a private dental visit, and approached significance. A negative beta value indicated that the score was lower than the score of the reference group; ie cardholders who made a private visit were less satisfied with the cost than non–cardholders who visited privately.

The strongest associations with lower scores were among those who reported a large financial burden caused by dental visits (a negative beta value of -0. 44) and those who had avoided or delayed a dental visit because of the cost, (a negative beta value of -0.37).

Lack of dental insurance, and cost preventing recommended dental treatment had independent effects associated with lower cost-satisfaction scores, with strong negative beta co-efficients of -0.232 and -0.271 respectively.

Although younger age groups and overseas-born respondents recorded significantly lower cost-satisfaction scores, the associations were weaker than those relating to financial constraints and place of last visit, and did not have an independent effect when tested in a multivariate model.

4.5 Satisfaction with facilities and overall (31-item) satisfaction scores – socio-demographic characteristics

Tables 4.5(a) and (b) show the differences in mean scores of the facilities sub-scale and the overall (31-item) satisfaction scale by the socio-demographic variables examined.

Mean satisfaction scores for the facilities sub-scale and the overall (31-item) scale showed very little variation between males and females.

Significant differences existed in the mean satisfaction scores for the facilities sub-scale and the overall (31-item) scale by age-group, with scores increasing across age group.

The greatest range of mean scores for the facilities sub-scale occurred by language, with those who spoke a language other than English at home less satisfied than those who spoke English as their home language (mean score 3.73 compared with 4.28). Large differences by language also existed in the overall (31-item) satisfaction score. Overseas-born persons had significantly lower mean scores than Australian-born individuals on the facilities sub-scale and the overall (31-item) satisfaction score.

Satisfaction scores by residential location did not show consistent trends, with residents of remote areas reporting the highest facilities scores and the lowest overall satisfaction scores, and the scores recorded by city dwellers at the opposite end of the range.

Table 4.5(a): Mean scores on facilities satisfaction scale – socio-demographic characteristics – dentate persons aged 18+ whose last dental visit was <12 months ago

	Facilities		Overall† (31-item)	
	Mean (sd)		Mean (sd)	
Sex				
male	4.21 (0.70)		4.11 (0.47)	
female	4.24 (0.77)		4.15 (0.60)	
Age group				
18–24 years	4.16 (0.61)	*	3.95 (0.54)	*
25–44 years	4.07 (0.80)		4.04 (0.58)	
45–64 years	4.31 (0.69)		4.22 (0.48)	
65+ years	4.52 (0.63)		4.38 (0.47)	
Language spoken at home				
English	4.28 (0.66)	*	4.17 (0.51)	*
Other	3.73 (1.11)		3.83 (0.70)	
Country of birth				
Australia	4.27 (0.70)	*	4.17 (0.53)	*
Other	4.03 (0.84)		3.98 (0.60)	
Location				
Major Cities	4.16 (0.77)		4.14 (0.55)	
Inner Regional	4.36 (0.64)		4.14 (0.52)	
Outer Regional	4.33 (0.67)		4.06 (0.57)	
Remote/Very Remote	4.47 (0.85)		4.00 (0.51)	
Total	**4.22 (0.74)**		**4.13 (0.55)**	

†31-item scale as per 1995

* Significance p<0.05 ANOVA

Table 4.5(b): Mean scores on facilities satisfaction scale – sociodemographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Facilities			Overall† (31-item)		
	Mean	(sd)		Mean	(sd)	
State/Territory						
NSW	4.28	(0.66)		4.16	(0.52)	
Vic	4.12	(0.88)		4.08	(0.57)	
Qld	4.34	(0.61)		4.19	(0.54)	
SA	4.25	(0.75)		4.20	(0.51)	
WA	4.13	(0.76)		4.09	(0.59)	
Tas	3.74	(0.99)		3.79	(0.69)	
ACT	4.04	(0.78)		4.00	(0.70)	
NT	4.10	1.10)		4.02	(0.85)	
Employed						
Full-time	4.15	(0.75)	*	4.11	(0.51)	
Part-time	4.31	(0.67)		4.15	(0.48)	
Not employed	4.08	(0.82)		4.01	(0.68)	
Retired	4.47	(0.60)		4.28	(0.52)	
Annual household income						
<$12,000	4.19	(0.80)		3.91	(0.80)	
$13–20,000	4.28	(0.79)		4.12	(0.63)	
$21–30,000	4.40	(0.63)		4.20	(0.49)	
$31–40,000	4.28	(0.68)		4.27	(0.50)	
$41–50,000	4.11	(0.94)		4.08	(0.62)	
$50–60,000	4.24	(0.69)		4.23	(0.38)	
$60–70,000	4.41	(0.69)		4.11	(0.49)	
$70–80,000	4.10	(0.73)		4.05	(0.45)	
$80,000+	4.14	(0.71)		4.13	(0.58)	
Education						
Some secondary	4.25	(0.73)		4.17	(0.57)	
Complete secondary	4.18	(0.67)		4.05	(0.56)	
Complete vocational	4.20	(0.77)		4.11	(0.57)	
Complete tertiary	4.22	(0.77)		4.13	(0.50)	
Other	4.53	(0.61)		4.46	(0.50)	
Health cardholder						
Yes	4.18	(0.78)		4.02	(0.69)	
No	4.24	(0.72)		4.16	(0.50)	
Have private dental insurance						
Yes	4.29	(0.71)	*	4.24	(0.47)	*
No	4.11	(0.78)		3.97	(0.62)	
Place of last visit						
Public funded	3.89	(0.85)		3.80	(0.80)	
Private - own expense	4.25	(0.72)		4.15	(0.52)	
Total	**4.22**	**(0.74)**		**4.13**	**(0.55)**	

†31-item scale as per 1995 * Significance p<0.05 ANOVA

In Table 4.5(b) statistically significant differences in satisfaction scores for both the facilities scale and the overall (31-item) scale occurred only by dental insurance. Respondents who did not have private dental insurance were less satisfied than insured individuals, 3.80 compared to 4.15.

No significant differences in the mean scores for the facilities scale and the overall (31-item) scale occurred by State/Territory [Table 4.5(b)].

Significant differences in the mean scores for the facilities scale occurred by employment status. Non-employed persons were less satisfied than those in full-time employment, while retirees recorded the highest scores.

Facilities and overall (31-item) satisfaction did not vary significantly across income groups, however, the lowest score, 3.91, was recorded by the lowest income group.

Considerable variation occurred across education groups. There was very little difference between the respondents in the lowest education group (some secondary) and the highest group (completed tertiary education); both groups recorded higher satisfaction scores for both the facilities and the overall (31-item) scales than those who had completed secondary.

Government concession cardholders recorded lower scores than non-cardholders, although the differences were not significant.

The greatest difference in mean scores occurred by place of last visit. Cardholders who last received public-funded dental care rated their satisfaction on the facilities scale (3.89 cf. 4.25) and the overall (31-item) scale (3.80 cf. 4.15) lower than cardholders and non-cardholders who last attended a private practice.

The sub-set of items regarding satisfaction with facilities conceptually belongs with the context sub-scale, which consists of appointment-related items. These items loaded with waiting time and friendliness of staff on the factor analysis, and the trends shown by socio-demographic characteristics investigated correspond closely with the results for the context scale presented in section 3.1. The facility items were kept separate in an additional sub-scale to allow for direct comparisons of the context scores in 2002 with the context scores from the 1994, 1995, 1996 and 1999 Dental Satisfaction Surveys.

4.6 Summary

- Cardholders who last attended a public clinic had the highest mean satisfaction score on the cost scale.
- Multivariate analysis revealed that a number of factors were independently associated with cost-satisfaction.
- The strongest predictor of higher cost-satisfaction score was the last dental visit being at a public clinic rather than a private practice.
- The strongest associations with lower cost scores were among respondents who reported a large financial burden caused by dental visits, and those who had avoided or delayed making a dental visit because of the cost.
- In bivariate analyses, lower levels of satisfaction with the affordability of dental care were associated with younger age groups, speaking a language other than English at home, being born overseas, lack of dental insurance, and the financial constraints of avoiding visits because of the cost, and cost preventing recommended dental treatment.
- In bivariate analyses, lower scores on the facilities and overall (31-item) satisfaction scales were associated with younger age groups, speaking a language other than English at home, being born overseas, lack of dental insurance, and employment status.

5 Analysis of comments

This section of the report investigates the frequency and characteristics of comments offered in response to open-ended prompts as part of the Survey. Qualitative research has the advantage of providing scope for respondents to include issues that may have been overlooked, of validating or strengthening the associations found by the quantitative methods, and of adding colour to the quantitative methods. Comments volunteered by respondents may have a broad range of areas of satisfaction and dissatisfaction – the full scope is too extensive to be anticipated and covered in a single satisfaction survey. Some comments are unique, while others occur many times. Both add to the depth of understanding of what the consumers perceive to be of value and merit in dental care and its delivery.

It was obvious when the first batches of completed questionnaires were received and processed that a far higher proportion of questionnaires than expected included comments in the areas provided. Almost two 60% of the sample proffered comments.

These comments ranged from brief comments to full-page descriptions. Examples of some of the comments received are included in Appendix C. The unexpectedly high proportion of persons proffering comments prompted the questions "Who is making all these comments? Which groups feel a need to have their say?" Analyses were carried out to investigate the nature and distribution of the comments offered.

5.1 Frequencies of persons offering comments in response to open-ended prompts

Comments were included by 58.3% of the respondents. Differences between persons who offered comments and those who did not were investigated. The frequencies of persons offering comments in response to open-ended prompts by socio-demographic characteristics are presented in Table 5.1.

It was found using bivariate analysis that older persons, persons whose last dental visit was for a problem, and those who usually visit for a dental problem were significantly (Chi-square test, $p<0.05$) more likely to provide comments. However, the frequency of comments did not differ significantly by sex, card holder status, income, education, location or State/Territory.

There was a consistent increase across age-groups in the frequency of comments from 45.7% for the 18–24 group to 51.3% for the 25–44 year-olds, 65.8% among the 45–64 group, and 72.4% of the 65 years and over.

Females, 59.3%, offered comments at a similar frequency to males, 57.3%. The level of proffered comment varied between income groups and was not consistently higher among lower or upper income groups.

Card holders proffered comments more frequently than non-card holders (64.5% cf 56.6%) while the recipients of public care (66.4%) made comments slightly more frequently than those whose last visit was to a private practice.

There was some variation in the frequency of comments across locations, ranging from 37.5% from those from remote regions to 67.3% form residents of inner regional locations.

Table 5.1: Frequencies of persons offering comments in response to open-ended prompts – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Count	%	
Age group			
18–24 years	38	45.7	*
25–44 years	152	51.3	
45–64 years	280	65.8	
65+ years	245	72.4	
Sex			
male	261	57.3	
female	454	59.2	
Annual household income			
<$12,000	127	67.8	
$13–20,000	161	68.2	
$21–30,000	121	60.0	
$31–40,000	54	47.8	
$41–50,000	49	70.2	
$51–60,000	51	61.1	
$61–70,000	35	63.5	
$71–80,000	19	78.3	
$80,000+	51	46.5	
Health cardholder			
Yes	388	64.5	
No	326	56.6	
Location			
Major Cities	394	55.7	
Inner Regional	188	67.3	
Outer Regional	115	58.2	
Remote	15	37.5	
Language spoken at home			
English	682	58.6	
Other	33	56.2	
Country of birth			
Australia	548	56.7	
Other	165	64.5	
State/Territory			
New South Wales	99	54.8	
Victoria	103	60.9	
Queensland	135	60.2	
South Australia	137	59.4	
Western Australia	135	57.5	
Tasmania	40	52.3	
Australian Capital Territory	42	79.8	
Northern Territory	24	55.1	

	Count	%	
Employed			
Full-time	149	55.0	
Part-time	102	52.3	
Not employed	170	59.1	
Retired	290	71.4	
Education (School)			
Year 7	32	54.1	
Year 8	36	89.0	
Year 9	54	76.9	
Year 10	202	55.2	
Year 11	79	56.4	
Year 12	308	57.3	
Post secondary education			
None	424	61.5	
Trade/TAFE	289	53.2	
CAE/Tertiary			
Have private dental insurance			
Yes	353	55.9	
No	360	63.7	
Place of last visit			
Card public	113	66.4	
Card private	270	64.0	
No card private	308	56.7	
Last visit for problem in <12 months			
Yes	410	65.3	*
No	302	51.0	
Usual reason for visit			
Check-up	433	54.3	*
Problem	276	68.6	
Avoided or delayed visit due to cost			
Yes	177	65.5	
No	537	56.2	
Telephone listing status			
Yes	606	59.5	
No	109	52.8	
Total	**715**	**58.3**	

* Significant Chi-square p<0.05

There was almost no difference by language; those who do not speak English at home had a marginally lower frequency of proffering comments 53.2% compared to 58.6% of respondents from English-speaking households. Country of birth had very little effect, with those born overseas offering comments with greater frequency.

Education level displayed some variation, with 61.5% of those with no post-secondary education and 53.2% of those with completed trade or tertiary education offering comments.

Persons who did not have dental insurance made comments more frequently than those who had insurance.

Considerable differences existed between participants who visited in response to a problem rather than for a check-up – it appeared that persons who made problem-oriented visits were more likely to comment on the care that they received.

Participants who had avoided a dental visit within the last 12 months because of the cost had a higher frequency of offering comments, 65.5% cf. 56.2%.

Very little difference occurred by listing status of telephone numbers.

5.2 Satisfied and dissatisfied comments

Table 5.2 (a): Frequencies of persons offering satisfied and dissatisfied comments† – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Satisfied comments %	Dissatisfied comments %	
Age group			
18–24 years	76.9	64.6	*
25–44 years	81.2	66.1	
45–64 years	86.3	45.2	
65+ years	87.0	41.2	
Sex			
male	83.9	47.9	
female	83.5	58.9	
Language spoken at home			
English	84.6	50.2	*
Other	75.8	86.0	
Country of birth			
Australia	84.5	53.2	
Other	81.0	55.7	
Location			
Major Cities	82.4	51.0	
Inner Regional	88.5	55.8	
Outer Regional	79.9	67.0	
Remote/V Remote	80.0	61.1	
State/Territory			
New South Wales	83.9	48.5	
Victoria	86.2	61.4	
Queensland	84.0	54.8	
South Australia	85.9	48.0	
Western Australia	75.4	55.7	
Tasmania	76.4	76.8	
Australian Capital Territory	86.4	47.5	
Northern Territory	69.6	33.9	
Total	**83.7**	**53.8**	

† Sub-set of (Comment offered = Yes) * Significant Chi-square p<0.05

The portion of the sample that provided comments was investigated to identify which groups more frequently made satisfied or dissatisfied comments.

Comments on aspects of dental care with which they were satisfied were made by 83.7% of those respondents who provided comments, and 53.8% made one or more dissatisfied comments.

Of those respondents who provided comments, some 41% commented on aspects of dental care with which they were both satisfied and dissatisfied, 42% satisfied only and 13% dissatisfied only.

Tables 5.2.1 (a) and (b) present the differences between persons offering satisfied or dissatisfied comments.

No significant differences were found in the frequencies of satisfied comments by age group, sex, language spoken at home, country of birth, or residential location. Significant differences were evident only by financial barriers, where those who reported that they would have a lot of difficulty paying a $100 dental bill had a significantly lower level of making one or more satisfied comments.

Dissatisfied comments were found significantly more frequently among younger age-groups, those who speak a language other than English at home, those who usually make dental visits in response to problems, those who reported that they would have a lot of difficulty paying a $100 dental bill, and those who had avoided or delayed making a dental visit because of the cost.

By age-group, the 25–44 years old group had the highest level of dissatisfied comments, 66.1%, followed by the 18–24 year-olds. The oldest age-group had the lowest frequency level of dissatisfied comments, 41.2% compared to the overall average of 53.8%, combined with the highest frequency of satisfied comments of any group, 87.0%.

Both sexes proffered average frequencies of satisfied comments, but although more females made dissatisfied comments than males, 58.9% cf 47.9%, the difference was not significant.

Those who speak a language other than English at home made slightly fewer satisfied comments and significantly more dissatisfied comments than those from English-speaking households, 86.0% cf. 50.2%. There was very little difference in the frequency of satisfied and dissatisfied comments between persons born in Australia and those born overseas.

By location, residents of outer regional areas had the lowest level of satisfied comments, 88.5%, as well as the highest frequency of dissatisfied comments, 67.0%. Across States and Territories, the frequency of satisfied comments varied from a low of 69.6% in the Northern Territory to over 86% in Victoria and the ACT. The frequency of dissatisfied comments was greatest in Tasmania, 76.8%, and lowest in the Northern Territory, 33.9%.

Non-employed persons made fewer satisfied comments and more dissatisfied comments than employed persons, while retired persons made the highest level of satisfied comments and lowest level of dissatisfied comments (Table 5.2.1 (b)). These trends probably reflected the age association with employment status.

The level of satisfied and dissatisfied comments varied between income groups and education groups and consistent trends across income or education levels were not observed.

Health card holders offered lower levels of satisfied and slightly higher levels of dissatisfied comments than non-card holders. Fewer recipients of public care made

satisfied comments, and they made dissatisfied comments more frequently than those non–cardholders who obtained private care.

Reason for the last dental visit was associated with very little variation in the frequency of making a satisfied comment, but more dissatisfied comments were made by those who made their last dental visit because of a problem, 57.8%, than those who visited for a check-up, 48.2%. This pattern of comments was repeated for persons who usually make a dental visit because of a problem, who made significantly more dissatisfied comments, 65.5% cf. 48.2%.

Financial constraints were associated with the likelihood of making a dissatisfied comment – respondents who reported that they would have a lot of difficulty paying a $100 dental bill made significantly fewer satisfied comments, 50.8% cf. 88.3%, and significantly more dissatisfied comments were made, 85.4% cf. 39.3%. Among those who have avoided a visit because of the cost, significantly more dissatisfied comments were made, 80.6% cf. 45.0%. It appears that the degree of satisfaction with a dental visit is reduced if the visit has been put off until there is a problem, which may have resulted in more invasive and expensive treatment than if an earlier visit had occurred

Insured persons made dissatisfied comments less frequently, 48.1% compared to 62.3% among those who did not have dental insurance. Telephone listing status was not linked to frequency of comments.

Table 5.2 (b): Frequencies of persons offering satisfied and dissatisfied comments – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Satisfied comments %		Dissatisfied comments %	
Employed				
Full-time	86.4		51.4	
Part-time	80.3		65.0	
Not employed	76.2		60.8	
Retired	86.8		46.4	
Annual household income				
<$12,000	64.8		59.3	
$13–20,000	86.7		56.5	
$21–30,000	88.0		57.7	
$31–40,000	84.4		46.6	
$41–50,000	92.6		42.9	
$50–60,000	83.1		58.8	
$60–70,000	92.6		55.1	
$70–80,000	82.7		48.0	
$80,000+	77.2		62.7	
Health cardholder				
Yes	74.2		59.4	
No	86.5		52.2	
Place of last visit				
Card public	72.4		58.6	
Card private	75.1		59.0	
No card private	87.5		52.9	
Education (School)				
Year 7	82.0		59.1	
Year 8	86.5		27.3	
Year 9	69.8		57.0	
Year 10	86.2		46.9	
Year 11	82.6		70.1	
Year 12	84.4		55.3	
Post secondary education				
None	83.8		55.3	
Yes	83.0		53.1	
Last visit for problem in <12 months				
Yes	83.0		57.8	
No	85.0		48.2	
Usual reason for visit				
Check-up	84.2		48.2	*
Problem	82.2		65.5	
Difficulty in paying a $100 dental bill				
None	88.3	*	39.3	*
Hardly any	79.3		64.2	
A little	89.5		66.5	
A lot	50.8		85.4	
Avoided or delayed visit due to cost				
Yes	77.6		80.6	*
No	85.8		45.0	
Dental insurance				
Yes	86.6		48.1	
No	79.6		62.3	
Total	**83.7**		**53.8**	

† Sub-set of (Comment offered = Yes)

5.3 Categories of satisfied and dissatisfied comments

5.3.1 Coding categories of comments

All comments were coded into categories based on the most frequently-occurring types of comments. The average response included more than one comment, with some having six or more comment varieties. The comment types were grouped into the conceptual categories of context, content, outcome, and other.

Comment frequencies, expressed as percentages of the group who offered one or more comments, are shown in Table 5.3.1. The first 10 comment types fall into the context area. Comments regarding friendly and helpful dentists and dental staff, and having the same dentist over many years, were the satisfied comments that occurred with the highest frequency. Dissatisfied comments about waiting time were made by over 11% of respondents.

Of those comments coded as relating to content, the professional attitude of the dentist and explanations of treatment options and procedures during treatment were mentioned most frequently; however, the lack of dissatisfied comments was the most noticeable feature of this category.

Table 5.3.1 : Frequency distribution of comments offered in response to open-ended prompts

	Comments frequency (%)	
	Satisfied	**Dissatisfied**
Context		
Available/emergency	3.7	0.3
Bad teeth waiting	..	1.4
Distance	4.1	3.3
Friendly/Helpful	22.4	2.3
Modern equipment	5.1	1.1
Nervous/overcome fear	3.9	0.3
Regular/Family dentist	10.8	1.1
Recall/reminders	0.9	0.2
Waiting list	3.8	11.4
Waiting at clinic/surgery	4.3	2.1
Rude treatment	2.6	0.4
Content		
Explain	12.5	3.1
Good/Professional	15.2	..
Skill/Efficient	11.6	0.1
Unqualified staff	0.0	0.1
Outcome		
Problems solved	5.5	6.5
Overservicing	2.5	3.2
Totally satisfied	6.2	..
Satisfied with treatment	31.6	1.3
Other		
Cost(not overcharged)	6.0	26.9
Hygiene/Clean	4.4	0.1
Lack of Pain	11.7	1.7
Other comments	7.7	9.4
History Problem	0.7	4.6

The remaining comment types fall into the outcome and 'other' categories. Almost 40% of respondents commented that they were satisfied with the service provided [31.6% satisfied with treatment and 6.2% totally satisfied], and only 6.5% commented that their problems had not been fixed. The 'other' category was dominated by dissatisfied comments regarding cost. Satisfied comments commending the lack of pain were relatively frequent. "Other comments" included all types that did not fall into any of the previous categories.

It can be seen from these comment frequencies that the key areas of satisfaction were service and friendly/caring providers, while dissatisfaction focussed on cost and waiting periods.

The frequency of satisfied and dissatisfied comments separately and in combination are shown in Table 5.2.4.

Table 5.2.4: Breakdown of satisfied and dissatisfied comments among those offering comments

	Comments*	1 type only	Both
	%	%	%
Comment type			
Satisfied	83.7	42.6	41.1
Dissatisfied	53.8	12.7	41.1

† Sub-set of (Comment offered = Yes)

Of those who made comments, 53.8% expressed dissatisfaction and 83.7% offered one or more positive comment. Over half of those who made satisfied comments made no dissatisfied comments. Persons who expressed dissatisfaction were more likely to include some favourable comments on aspects of their dental care with which they had been satisfied. Only 12.7 per cent of those who made one or comments were so dissatisfied with their dental experiences that they made only negative comments, while 41.1% made both satisfied and dissatisfied comments.

5.3.2 Frequencies of satisfied and dissatisfied comments broken down by comment types

The frequency of satisfied and dissatisfied comments offered in the conceptual categories of context, content, outcome, and other were examined by sociodemographic groups. Tables 5.3.2(a) and (b) present the percentages of persons offering satisfied comments in the four categories, and Tables 5.3.3(a) and (b) present the percentages of persons offering dissatisfied comments.

Across age groups, the youngest group made fewer satisfied comments than older persons in the context, content, and other areas, and they made more dissatisfied comments in most categories, particularly in the areas of content, outcome and other. The 65+ years age group made most satisfied comments in the outcome category, and the almost half of the 25–44 year-olds made dissatisfied comments in the 'other' category, which included complaints about the cost.

Persons who speak English at home made satisfied comments more frequently and made dissatisfied comments less frequently than those who speak another language at home. The breakdown of comments into the four categories showed that English-speaking persons far more frequently made satisfied comments in the context category, 45.7% cf. 16.7%, and the outcome category, 442.% cf. 28.5%. Persons who speak a language other than English at home had more than double the frequency of dissatisfied comments in the context and outcome categories, and 57.9% made dissatisfied comments on the cost of their treatment.

There was little difference in frequency of satisfied comments by country of birth in most comment categories, however, persons born overseas had lower frequencies of satisfied comments for outcome (29.7% cf. 46.5%).

There were considerable variation by location in all of the categories of the satisfied comments – persons from remote areas had generally the highest frequency of both satisfied and dissatisfied comments.

Across States and Territories, the Australian Capital Territory had the highest level of satisfied comments and the lowest frequency of dissatisfied comments in the context

category. Tasmania stood out as having the highest frequency of dissatisfied comments (26.5% cf. 10.2%) and the lowest frequency of satisfied comments (14.9% cf.42.6%) in the outcome category.

By employment status, non-employed persons made dissatisfied comments more frequently in the cost-dominated 'other category, 40.2% cf. 24.7% of persons employed part-time.

Across income groups, the lowest income group(s) made fewer satisfied comments in all categories, and more dissatisfied comments, particularly in the 'other' cost-dominated category, 41.1% cf. 33.7%, and the outcome category, 24.9% cf. 10.2%.

A similar proportion of health cardholders offered satisfied comments in the categories of context, content, outcome and other as for non-card holders. However, when the dissatisfied comments were examined, it can be seen that cardholders made dissatisfied comments more frequently in the context category, 29.3% cf. 18.0%, as well as in the content and outcome categories.

By place of last visit, public patients less frequently offered satisfied comments in most categories. In the frequency breakdown of dissatisfied comments, public patients showed the same tendencies as health card holders. Context, which is dominated by waiting time, showed 44.9% of public patients made dissatisfied comments compared to 23.0% of cardholder who visited a private dentist. Dissatisfied cost comments were made by 31.1% of cardholder private patients cf. 10.7 per cent of cardholders whose last visit was to a public clinic.

Groups with less favourable dental visiting patterns consistently showed lower frequencies of satisfied comments and higher levels of dissatisfied comments across each comment category. Persons whose last visit was in response to a problem, those who usually visit for a problem, and those who had avoided a visit because of the cost, all showed a higher frequency of dissatisfied comments in almost all of the categories than their comparison groups, vis. those whose last visit was not in response to a problem, those who usually visit for a check-up, and those who had not avoided a visit within the last 12 months respectively.

Respondents that speak a language other than English at home and who had avoided a visit showed the highest frequency of dissatisfied comments for any group in the cost category, with 57.9% and 55.6% respectively compared to the mean of 26.9%.

5.4 Summary

- Comments were made more frequently by persons from older age groups, those who had last visited for a problem in the last 12 months and those who usually visit for a problem .
- Respondents who reported that they would have a lot of difficulty paying a $100 dental bill had a lower level of satisfied comments.
- The frequency of dissatisfied comments was highest for the younger groups and those who speak a language other than English at home.
- Those who usually visit for a problem and those who have avoided visiting because of the cost had higher frequencies of 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.

Table 5.3.2(a): Percentages of persons offering satisfied comments by socio-demographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Satisfied comments (%)			
	Context	Content	Outcome	Other
Age group				
18–24 years	22.6	23.0	46.3	14.8
25–44 years	41.9	36.0	35.6	31.2
45–64 years	47.3	29.7	43.4	27.0
65+ years	45.8	28.0	54.1	28.5
Sex				
male	39.5	28.7	44.1	23.7
female	45.5	33.0	41.4	30.8
Language spoken at home				
English	45.7	28.6	44.2	26.1
Other	16.7	52.1	28.5	40.4
Country of birth				
Australia	43.4	30.2	46.5	25.0
Other	40.8	33.8	29.7	36.0
Location				
Major Cities	43.9	32.6	40.6	33.3
Inner Regional	42.6	32.8	44.4	14.5
Outer Regional	34.4	15.2	52.3	23.2
Remote/V Remote	65.4	46.0	40.4	3.6
State/Territory				
New South Wales	48.2	26.7	51.6	18.4
Victoria	29.0	40.6	33.4	41.6
Queensland	45.3	25.9	46.2	28.8
South Australia	47.2	35.8	35.7	27.3
Western Australia	46.8	26.1	36.8	21.6
Tasmania	48.5	45.8	14.9	12.3
Australian Capital Territory	52.5	33.0	44.4	36.2
Northern Territory	39.1	22.2	52.0	21.6
Employed				
Full-time	39.9	36.3	40.2	31.2
Part-time	51.5	34.2	27.2	32.2
Not employed	36.8	21.9	49.4	21.7
Retired	49.2	26.9	51.1	23.2
Annual household income				
<$12,000	33.1	15.8	38.9	15.6
$13–20,000	34.3	21.2	59.1	23.5
$21–30,000	45.1	28.4	35.3	30.9
$31–40,000	38.2	22.6	39.4	35.7
$41–50,000	26.5	42.3	40.6	57.8
$50–60,000	52.4	29.1	39.6	25.9
$60–70,000	56.4	51.3	48.7	26.9
$70–80,000	29.9	23.2	49.6	12.3
$80,000+	52.9	35.5	36.1	19.9
Total	**42.7**	**31.0**	**42.6**	**27.5**

† Sub-set of (Comment offered = Yes)

Table 5.3.2(a): Percentages of persons offering satisfied comments by socio-demographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Satisfied comments (%)			
	Context	Content	Outcome	Other
Health cardholder				
Yes	41.4	22.8	43.5	23.3
No	43.2	33.5	42.3	28.9
Place of last visit				
Card public	33.4	19.6	45.3	21.4
Card private	46.2	24.8	41.9	24.9
No card private	43.0	33.4	43.7	29.6
School education				
Year 7 or less	27.1	31.6	62.6	17.8
Year 8	37.2	32.2	46.6	20.5
Year 9	29.3	3.3	45.3	27.7
Year 10	38.3	22.9	52.9	32.1
Year 11	48.2	21.6	34.1	25.7
Year 12	46.1	39.4	38.8	26.9
Highest Education				
Some secondary	37.2	24.8	47.8	22.5
Complete secondary	52.2	37.1	36.3	13.6
Complete vocational	44.6	30.0	37.5	44.2
Complete tertiary	39.7	35.5	44.1	25.5
Other	55.5	19.1	58.5	12.7
Last visit for problem in <12 months				
Yes	35.6	30.2	40.0	30.2
No	52.0	32.4	46.6	23.8
Usual reason for visit				
Check-up	47.1	31.7	47.0	23.7
Problem	33.1	30.7	33.8	34.7
Average time between visits				
>=2 per year	42.4	32.0	42.5	27.0
1 per year	46.8	37.7	48.1	25.9
1 per 2 years	33.0	10.3	45.3	35.4
<1 per 2 years	44.8	21.8	28.7	25.9
Difficulty in paying a $100 dental bill				
None	48.8	28.1	47.8	29.4
Hardly any	32.4	34.2	37.9	29.5
A little	43.1	41.5	39.6	28.1
A lot	27.1	16.1	29.0	12.2
Avoided or delayed visit due to cost				
Yes	38.7	33.6	35.4	22.8
No	44.1	30.2	45.1	29.1
Have private dental insurance				
Yes	47.2	34.3	44.9	25.8
No	37.7	25.5	40.5	28.6
Listing status				
Listed number	42.3	32.2	39.5	26.9
Silent number	44.9	24.9	58.5	30.8
Total	**42.7**	**31.0**	**42.6**	**27.5**

† Sub-set of (Comment offered = Yes)

Table 5.3.2(a): Percentages of persons offering dissatisfied comments by sociodemographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Dissatisfied comments (%)				
	Context	Content	Outcome	Other	(Cost)
Age group					
18–24 years	21.5	13.6	10.4	38.2	27.2
25–44 years	24.0	2.9	11.6	48.9	42.8
45–64 years	20.3	2.0	9.3	22.5	18.4
65+ years	13.4	0.9	9.1	24.1	12.5
Sex					
male	18.8	1.3	7.8	31.6	26.1
female	22.2	4.9	12.2	35.4	27.6
Language spoken at home					
English	17.7	3.4	9.0	30.7	23.4
Other	46.9	1.7	20.6	59.8	57.9
Country of birth					
Australia	18.1	3.1	10.2	34.8	26.4
Other	29.1	3.6	10.2	29.6	28.3
Location					
Major Cities	20.5	2.4	12.1	30.6	23.7
Inner Regional	19.8	4.4	4.2	37.7	33.8
Outer Regional	21.2	5.8	12.9	41.7	29.9
Remote/V Remote	55.0	0.0	4.4	57.6	34.9
State/Territory					
New South Wales	18.6	2.5	4.9	31.5	26.8
Victoria	25.8	0.0	13.3	42.3	36.3
Queensland	21.9	5.0	16.2	27.7	19.4
South Australia	15.7	5.8	6.3	34.6	22.4
Western Australia	19.3	4.0	5.9	37.0	29.1
Tasmania	16.1	11.2	26.5	28.7	10.2
Australian Capital Territory	11.2	12.9	23.1	17.0	16.6
Northern Territory	20.8	8.8	.5	19.5	18.3
Employed					
Full-time	20.4	1.9	8.4	36.3	30.1
Part-time	34.1	4.8	12.8	24.7	20.2
Not employed	17.6	7.4	13.4	40.2	34.4
Retired	14.3	1.2	9.5	30.8	19.9
Annual household income					
<$12,000	25.3	5.0	24.9	41.1	32.0
$13–20,000	23.2	2.0	8.3	34.7	30.0
$21–30,000	21.3	1.9	11.1	38.8	32.1
$31–40,000	16.2	0.0	6.6	26.5	24.7
$41–50,000	15.3	0.0	3.4	38.0	28.4
$50–60,000	29.3	3.4	6.9	26.4	20.2
$60–70,000	9.5	7.7	20.1	28.3	23.8
$70–80,000	15.2	0.0	5.5	29.2	16.4
$80,000+	28.2	7.2	13.8	37.7	31.8
Total	**20.6**	**3.3**	**10.2**	**33.7**	**26.9**

† Sub-set of (Comment offered = Yes)

Table 5.3.2(a): Percentages of persons offering dissatisfied comments by sociodemographic characteristics – dentate persons aged 18+ whose last dental visit was within the previous <12 months

	Dissatisfied comments (%)				
	Context	Content	Outcome	Other	(Cost)
Health cardholder					
Yes	29.3	5.0	12.7	32.8	25.8
No	18.0	2.7	9.4	33.9	27.3
Place of last visit					
Card public	44.9	2.1	19.7	17.0	10.7
Card private	23.0	6.4	10.3	37.9	31.1
No card private	18.3	2.8	8.8	35.1	28.2
School education					
Year 7 or less	35.2	0.0	14.7	39.4	30.8
Year 8	3.7	0.0	6.0	24.4	18.8
Year 9	25.2	0.0	6.9	37.5	18.1
Year 10	19.8	2.1	8.2	29.7	25.8
Year 11	20.6	1.2	7.2	46.8	33.2
Year 12	21.4	4.9	12.2	32.9	27.8
Highest Education					
Some secondary	20.6	1.3	6.0	32.3	24.7
Complete secondary	14.7	11.3	4.7	36.1	32.7
Complete vocational	24.3	1.3	8.4	36.7	32.2
Complete tertiary	21.9	3.0	17.6	32.4	24.0
Other	5.6	1.7	8.4	22.5	7.3
Last visit for problem in <12 months					
Yes	19.3	4.5	14.6	40.0	31.4
No	22.1	1.7	4.6	25.1	20.7
Usual reason for visit					
Check-up	20.0	2.8	7.1	25.6	21.3
Problem	22.2	4.2	15.9	49.0	38.0
Average time between visits					
>=2 per year	29.3	4.4	6.3	32.7	28.2
1 per year	13.5	1.3	10.4	30.5	24.4
1 per 2 years	17.5	4.7	17.4	34.0	26.0
<1 per 2 years	15.7	4.8	15.8	45.1	31.9
Difficulty in paying a $100 dental bill					
None	11.4	2.0	9.6	23.1	14.4
Hardly any	27.7	4.7	14.6	39.9	38.4
A little	27.4	5.8	4.7	47.7	42.1
A lot	42.9	1.6	19.3	46.3	38.7
Avoided or delayed visit due to cost					
Yes	23.2	3.0	15.5	68.7	55.6
No	19.8	3.3	8.4	22.1	17.5
Have private dental insurance					
Yes	20.1	3.8	8.9	26.4	21.6
No	21.7	2.6	11.9	43.9	34.4
Listing status					
Listed number	21.1	3.1	11.6	34.0	27.8
Silent number	18.0	3.8	3.2	32.0	22.6
Total	**20.6**	**3.3**	**10.2**	**33.7**	**26.9**

† Sub-set of (Comment offered = Yes)

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Appendix A – 2002 Questionnaire

The first statements deal with different aspects of satisfaction with the service provided at your **last dental visit** or **series of dental visits**.
If you saw more than one dental professional, please respond in terms of the dental professional with whom you spent most time.

Note: The term *dental clinic* includes government public clinics and private practice surgeries.

		Strongly Disagree				Strongly Agree
A1	The distance to the dental clinic made it difficult to attend my last visit.	1	2	3	4	5
A2	Travel to the dental clinic I visited was convenient for me.	1	2	3	4	5
A3	I found it difficult to arrange with the dental clinic a date and time for my dental visit.	1	2	3	4	5
A4	I was able to make the dental visit as promptly as I felt was necessary.	1	2	3	4	5
A5	The dental clinic waiting room was attractive.	1	2	3	4	5
A6	I was not kept waiting long when I was at the dental clinic.	1	2	3	4	5
A7	The dental surgery had everything needed to provide my dental care.	1	2	3	4	5
A8	The dental surgery was modern.	1	2	3	4	5
A9	The dental clinic staff were friendly to me.	1	2	3	4	5
A10	The dental professional I saw was impersonal or indifferent towards me.	1	2	3	4	5
A11	I saw the dental professional I wanted to see.	1	2	3	4	5
A12	I saw the same dental professional each time I visited.	1	2	3	4	5
A13	The dental professional I saw explained well what treatment was needed.	1	2	3	4	5
A14	The dental professional explained whether there were any patient costs and how much before beginning treatment.	1	2	3	4	5
		Strongly Disagree				Strongly Agree

		Strongly Disagree				Strongly Agree
A15	The dental professional I saw could have been more thorough in examining me.	1	2	3	4	5
A16	The dental professional I saw answered my questions.	1	2	3	4	5
A17	I would like to have had more explanation of my dental treatment options.	1	2	3	4	5
A18	The dental professional I visited avoided expensive treatment options.	1	2	3	4	5
A19	I was satisfied with the dental care I received.	1	2	3	4	5
A20	I received more dental care than I was convinced I needed.	1	2	3	4	5
A21	There were other dental problems I had that were not treated.	1	2	3	4	5
A22	The dental care I received was more painful than I had expected.	1	2	3	4	5
A23	The dental professional explained what was being done during the treatment.	1	2	3	4	5
A24	The dental care I received fixed my dental problems.	1	2	3	4	5
A25	The dental care I received did not improve my dental health.	1	2	3	4	5
A26	It took longer than I expected before my dental problems showed improvement.	1	2	3	4	5
A27	My dental care cost me more than I could reasonably afford.	1	2	3	4	5
A28	I am confident that I received good dental care at my last visit.	1	2	3	4	5
A29	There are things about the dental care I received that could have been better.	1	2	3	4	5
A30	My dental professional gave me good advice about how to look after my teeth and gums.	1	2	3	4	5
A31	I feel protected financially against possible dental expenses.	1	2	3	4	5
		Strongly Disagree				Strongly Agree

Appendix B – Examples of Comments

Recipients of public care

Emergency treatment – satisfied (public care)

The only treatment I have had is emergancy (sic), teeth pulled out.

Alice Springs Dental Clinic had a waiting list thirty years ago for 6 or 10 yrs. It did not work. When they stopped it the clinic worked much better. Previously it was difficult to get an appointment but now we have a daily Emergency Clinic at 1 pm. Sees anyone in pain & gives emergency treatment & follow up appts.

Good emergency treatment.

Always able to get an appointment on the day you ring if you require immediate treatment.

Overall very good emergency services.

Emergency treatment good.

I'm grateful for receiving free treatment although I've only received urgent treatment when necessary.

Because of age & the fact I have to be taken - I can now ring up & ask for an appointment. Only the tooth affected is attended to.

It has become by necessity an emergency only clinic.

–…however I am assured that if I have any problems during this time I only have to ring and I will be given an appointment.

Emergency treatment – dissatisfied (public care)

On my last vist (sic) to the public dental clinic 6 numbers was handed out, I was 8th. I was told if I had bleeding gums tooth ache or swelling in the face, I may see a dentist that day, if not come back another day.

…and want to keep my own teeth for a long time after many year's of dental treatment I need a good examintion (sic) where my dental hospital will not do this because of government (sic) fundings. Only emegenecies (sic) only I was told.

For emergencies if one does not phone at 7:45 am, one has to wait till the next day to do so & make an appointment.

To be given a visit I had to say I had a severe tooth ache or be put on a waiting list.

Waiting caused more problems – dissatisfied (public care)

My teeth are terrible, rotting, loose and disgusting.

You should be able to make appointments with government dental services to get your teeth fixed, but you can't. You have to wait till your teeth are so bad that they have to be pulled out.

This is too long for elderly patients as 12 months is long enough because of rapid deterioration of teeth at this age. H.A.

I feel that if I could have been seen regually (sic) most problems would have been fixed before they became serious.

–…which can allow small dental problems to go untreated & then become emergancey (sic) – therefore no prevention of big problems.

What I had done was a filling inserted where a hole was drilled & not filled & was eroding. If I waited for visit longer I may have lost my tooth.

My teeth have detereated (sic) because I can't aford (sic) private dentist, & sensitive & mercury don't help.

Cost – satisfied (public care)

Cost have been affordable

The prices at the Government (sic) Clinic are cheap. There are two times a day set for "emergency". I took advantage of this facility several times last year.

The cost $20 per service.

I do find finance a problem at times but am satisfied with the present cost. (signature provided).

The price is very reasonable.

–…at a purely nominal cost, & I feel I am not being ripped off.

I have relied on 'free' dental care for 8 years.

–…& at no cost to myself, without this service it would have been hard to smile in my part-time job at the time.

–…which was free to age pensioners at Innisfail hospital. None [no complaints]

As a pensioner I am happy the service is free

Provided dressing gowns! Low cost for HCC.

It was reasonably priced.

The private dentist was alright but expensive, (the P.C.H.S. Dental Clinic is affordable).

Cost – dissatisfied (public care)

I'm finding that it is more expensive lately. Before I used to pay $20 for a refilling a cavity. Next time I've been charged $42.20 for it. Evidently it is getting more hard for a pensioner to get cheep (sic) service. (name provided)

Over-all costs involved with the smallest to most extensive work required prevent most people from going to a dentist untill (sic) the problem is major.

To pay $10 every single visit.

Private dentists too expensive, and treatment not always up to scratch, fillings in particular.

Plus far too costly.

I have been given a dental voucher from our local dental clinic to see a private dentist earlier this year, she was most helpful, but dental voucher did not allow me to have a lot of work done, as it was only for $260 worth of work for this year and I could not afford to do any more with her, because it was simply too expensive! *[subsidized care]*

–…privite (sic) dentist over charge for cleaning teeth, & don't clean them properly so in 4 weeks plalk grows back even when brushing.

Financial/cardholder issues

I can only afford public dentist

I am concerned that by the time I need intensive treatment the service will be unaffordable.

Financial/cardholder issues

O No one can complain about anything that is free, regardless of the quality of service given

O I haven't been to a private dentist recently - As for the government clinic, it seems they don't have enough dentists ?? Therefore are rushes. We of course have to wait for a few hours.

O Would like to see pensioners or health care card holders able to have more access to dental check ups within the 2 - 4 yr waiting list.

O 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.

O If we were treated every six months there wouldn't be a big job. Case Note: 014898-27
6

O I find there is a long waiting period in between arranged check-ups. Could be 6 months
6 instead of 12 or more where problems could be avoided.

Access issues

O I think people pay too much, don't have a choice on a pension but to go to a public dentist, public dentist should have modern equipment, to white fillings as a choice from mercury.

S Waiting half the day -getting temp fillings. No appointments. That's the public service for you.

O I haven't been to a private dentist recently - as for government clinic, it seems they don't

2 have enough dentists and therefore are rushed, we of course have to wait for few hours.

O ACT public dental clinic is of a low standard.
2

O The Federal government should resume the dental health subsidy that they took away
2 about 6 years ago.

O The public dental hospitals and clinics are a national disgrace!! We need an urgent injection
2 of funds into it! When are we getting the service we paid in taxes all these years when in work force? The pollies in our country should all be (sacked) and replaced with other that really care about voters in Australia!

I think we need to do what we can to get the government to pull there finger out there ass and put more money into Public Medical sectors instead of giving the wealthy everything.

As a Centrelink paid person the pension's don't allow people like me extra to go to a dentist. I have to put off paying a bill to pay a dentist even with Gov't. Dental assistance. And I require some extensive work to be done now, which will not happen as I can't pay for it.

On a pension the price of dentures in private practice is very high and when it is your only source of income trying to keep up medical hospital and other household expenses there is not much left over for luxuries.

They do what they can, isn't the community health care unit is well and truly under funded.

I'm an old age pensioner, but I'll have to see a private dentist

Since the taking away of the Commonwealth Dental Health Program giving low income people dental treatment on an annual basis, Dental Health in Australia has now reached the stage the Federal Government doesn't give it the recognition it should, which is part of General Health! Unaffordable for many people! For country or outer metropolitan area's is the long waiting list to be seen in community clinic's more funding from Federal and ? government badly needed. This opinion is shared by many members of ? organizations.

–…or had discounts for eg pensioners & out of work people so they can afford a privite (sic) dentist.

Distance – satisfied (public care)

I have my own transport. To Clinic wich (sic) makes it easy.

The dental clinic I visited was close to me and very convenient.

Distance – dissatisfied (public care)

Difficult to go to Launceston for my op…finding someone who wanted to hang around Launny for the day & drive me home.

As I live in Collie it is to far to travel to Perth and our local dentist is very busy and hard to get into see him.

The travel

Unable to go to local dentist as the list of pensioners waiting is very long and are not a priority. To go to local government dental clinic the distance was 40 km trip.

Living 40 km from Innisfail makes visiting the dentist a bit of a bind as (at 72) I no longer enjoy driving.

Distance; parking.

Explanations – satisfied (public care)

Explanations about what's going on

–…informative

Explanations of treatment during procedures.

The latest visit my answers are based upon was purely a dental inspection. The dentist advised me that I need replacement upper dentures and the extraction of my bottom teeth plus, the necessary, lower dentures.

The dentist was quick and explained what he was doing.

My team always explain what they are doing.

I felt that I could trust Dental Clinic staff. They explained wen (sic) what needed to be done & what was going on.

Explanation of dental work to be done I found very thorough

Explanations – dissatisfied (public care)

#17 No options were discussed. I will raise this question next visit (no definate (sic) date available due to one) as I will need denture replacement.

Friendly/helpful – satisfied (public care)

Helpful, I have been more than satisfied.

Assistant was pleasant & also efficient.

–…and friendliness.

The nicist (sic) one is the Chinese lady dentist, she is very informed & puts you at ease.

Friendly assistant & dentist.

Everyone pleasant

Friendly staff, (except for one individual).

The dentist & staff were very kind

The friendly staff

Good people skills and attitude.

–…and the nursing staff are friendly and efficient. I could not wish anything better.

–…and friendly.

The people were very helpful, and caring, and will be an asset in the dental proffession (sic).

I am in the public system and the dentist have had the most in caring

Treatment Dental Clinic Gilles Plains - I can't fault any part of treatment or friendliness of staff

The receptionists were friendly and put me at ease.

The staff are helpful - but set procedures are followed. There are 5 or 6 dentists & you don't see the same one every time.

–…the staff is mostly friendly

Very frienly (sic)

The dental clinic I visited was always friendly & caring

I felt very relaxed with the staff,

–…friendly staff.

They were very nice.

Friendly staff in the clinic

–…friendly service I received from the dental professionals and administration staff on every visit to the Cook Street Dental Clinic.

The way treatment was carried out staff pleasant.

Very friendly, felt comfortable,

Unfriendly staff – dissatisfied (public care)

Feel "front desk" could be more approachable - after all I have paid my tax over the years, and I am not just a number - I think some could be trained in dealing with patients.

Good/professional – satisfied (public care)

All dentists working in Fremantle are very good, & I was treated with every kindness.

Professional care was A1

–…& professional at Angaston Dental Clinic.

– professional.

–…and professional.

They are very good and do a very professional job,…once you get at the top of the list.

She did a good job.

Professional manner at all times.

Proffessional (sic),

Professional team of dental nurse & dentist.

Very professional at Wynnum Dental Hospital.

My problem was dealt with efficiently & professionally.

They were very professional.

I could have not had more professional treatment had I visit a private dentist.

Hygiene – satisfied (public care)

– …and cleanliness of premises

Clean & hygenic (sic).

clean, good patient care & equipment,

Gentle; lack of pain – satisfied (public care)

Very pleasant gentle

He was gentle

They are very good and gentle

Was satisfied with treatment by dental nurse and her bedside manner. Treatment was not painfull (sic).

Asks about any pain.

– was made to feel as comfortable as possible under the circumstances.

Rough; painful – dissatisfied (public care)

The dentist complained that my tongue kept getting in her way. When asked if some wadding could be placed to prevent this happening I was told there was none available. A very amateur performance which was v. painful.

I experienced pain for several days before the tooth settled down.

Not allowing time for needle to take effect.

Modern equipment – satisfied (public care)

It was more modern than I expected.

Royal Dental Hospital in Melbourne was modern,

Modern equipment – dissatisfied (public care)

1st visit	to Victor Harbour in Oct ' 2001 rooms were very old. 1 tooth filled.
2nd visit	12/12/02 broken tooth extracted. Premises totally modernised.

Nervous patient – satisfied (public care)

– and the dentists gentle and understanding of my "dentist phobia". I have a terrible fear of dentists and as such I have had one visit in the last 5 years, and this was for a chronic toothache. I know I need urgent dental work but cannot get the courage to go. My financial situation is good, and although I have no medical insurance I can afford the necessary work.

I believe its important for a Dentist & Dental nurses to have patience care & understanding about the patients fear, this gives a better outcome for Dentists & patients. Up to date equipment & technique is more important than stylish waiting rooms.

The dental nurse had a kind manner and helped to ease my nerves.

– & took care of my fears & made me feel at ease.

Other – satisfied (public care)

On my last visit to the dentist I was recommended to use a battery operated toothbrush, something I think which has improved my stanard (sic) of dental care immensely.

If I had not been referred to special needs unit the questionare (sic) answeres would have been 100% negative. (signature provided)

I would like to thank (name provided) RAH Dental Clinic for doing a good job on my dentures.

I love going to the dentist, no problems.

Other – dissatisfied (public care)

I felt the colour advice for my new plate was not correct. They need to be whiter.

The only thing I thought would be nice, to have teeth caped.

As I have unusual allergies & sensitivities I would have liked to have all my mercury fillings removed also one tooth is badly disscoloured (sic) & is now more filling than tooth! I would have been happier to have it capped. Because my treatment is subsidised by govt. I believe the above options were not made available to me.

O2 The waiting room is awful, dingy, dusty & the magazines are ancient. You can hear everything that goes on in the surgery while you are waiting.

O2 Only 1 job done at a time

O2 Only being able to ring for an appointment on the day at 8:34 am.

O2 Lack of permanene (sic) staff.

O2 Generally staff are cheerful and helpful. Several times I have received a recorded message of hours after the time stated to be open on queuing such I was fobbed off. I preferred Dental Hospital (Frome Rd) to local council services.

O2 No free cleaning of teeth at free clinic.

O2 The new clinic here is excellent. Once staff problems are resolved (more availability) I feel the long wait for selected visits will be overcome. The allocated district is too large and distant. The surgeon who attended to me was also expected to fly out next day to attend urgent care from distant remote area. (signature provided)

O2 The amount charged for cleaning, no choice on fillings in teeth, only mercury fillings.

ok

Problems solved – satisfied (public care)

They booked me in for a check in 12 mths & told me to come back if there was any problems.

Seemed to help…as fast as the system allowed.

Treatments has been professional and sufficient for the problem.

My visits were mostly to replace old top false plate & part new bottom jaw. I had no false plate on bottom jaw. Before this

The dentist fixed one filling/hole in my tooth.

Problems not solved – dissatisfied (public care)

Government dental care does not exist. I am still in agony. I need on going treatment, which is not provided by the government dental service. I am going to loose all of my teeth because I cannot afford a private dentist.

I have been told that at my age having crowns etc a new crown cannot be fixed as they are not equipped to carry such out. My crown which fell out was thrown out, I thought to have it fixed next time but no such thing.

I have only had two treatments at the dental clinic (both chipped teeth) and may have to go back to my private dentist to have possible cavities checked & filled. (He is fairly expensive but competent & very understanding & patient; S.A. trained!)

None really, but am accustomed to having teeth checked for cavities, etc. & cleaned, etc. -

but impossible with such long waiting lists at the governments dental clinics in Tasmania (I'm told by other patients that one must be in pain to have teeth filled or extracted!).

I would like all my amalgin (sic) removed, he declined. I have a paralising (sic) condition affecting my entire body & I would like to see my amalgin (sic) fillings removed.

My gums are reseading (sic) as I am getting older. My teeth in the front have gap's I never had before. I cannot get any answers also my recent fillings are allowing food in my teeth. I can't get out I feel because of not being filled completely. I am 48 yrs.

A few months ago I had cause to visit (name provided) Dental Clinic for a tooth to be added to my plate. He did an absolutely diabolical job & it lasted 10 days before the tooth (glued on) dropped off. His comment "sorry it will cost you $1600.00 to fix it properly!!!" Same tooth!! Please understand that I visited the dental hospital in Adelaide for the repair of a denture upper (necessitately an additional tooth to be added to by existing denture).

The colour used in the fillings was different in colour to my teeth.

No preventative aspect to dental care problems i.e. de plaquing (sic) fluoride treatment etc.

– as I have had teeth implants and would love to keep my mouth in great hygiene.

– getting temp fillings. No appointments.

Have a top dental plate has been repaired three times already and has just broken again. They do the job as cheap as posible (sic) and does not last.

I attended the clinic on 23.5.02 and 11.10.02 for 2 front teeth - upper jaw to be filled - they now require attention again.

At the examination of my teeth in June 2001 I asked the dentist to fill a cavity behind one of my front teeth. He replied he won't because it is too small. Then he moved to a new area. A filling came loose & fell out & a half a tooth with it. The dentist wanted to pull the rest of the tooth out. I asked "Will you put something in the gap? She wouldn't answer, but reluctantly put a filling on the other side of the tooth & said "Next time you have trouble with it, it has to come out, as it was smelly & bad tasting". The bad taste continued so I went back to the dentist & explained what had happened, because this time it was a different dentist. He didn't know what I was talking about. He said I must floss more. I said: "I do". I was told to come back for exrays, which showed nothing. Again was told to floss more. I have healthy gums. The lady dentist should have made some notes when she fixed the smelly tooth, so the next dentist would know. Because I was so concerned about that tooth the cavity behind the front tooth is still not filled. My doctor said: "You'll have to get that tooth seen to (the smelly, lead tasting one) because it'll be very bad for your health if you don't".

Doing a repair on the denture would take 6 months. That means being without the denture & the loss of more teeth so I would be reduced to a diet of pulp & mashed foods. There was no suggestion forthcoming from the dentist of a remedy to the problem.

– but they ignored my telling them that one tooth was giving me trouble. Subsequently 2 months after the dental course had finished, that tooth became loose and had to be extracted.

I had a needle on my top gum for an extraction that has left me with slight discomfort round my right side of my nose. (like a blind pimple).

I have possible gum disease that a previous dentist (non government), he told me that I needed to see a specialist. I cannot afford that as I'm on widow's allowance. I would also love to have my teeth cleaned properly.

The public dental clinic in our area was not much help, I'm sorry to say! I came after waiting at least couple of months for the appointment, but they did not seem to want to do any work on my teeth at all! All I got was the $260 voucher for private dentist, but it did not cover my problem at all! Not happy! Same goes for my husband! *[subsidized care]*

Incomplete servicing – dissatisfied (public care)

I think its crap you get a 20min appt…and then that just gets you another appt. Simple things should be done at appt 1. PS: If someone wants a guinea pig to try braces or similar…my teeth are available to experiment on…I can't afford straight teeth.

Should pay once for a complete treatment.

Regular/Family dentist – satisfied (public care)

It is not often we get to have the same dentist but they are all fantastic at the Albany Clinic.

Different dentist – dissatisfied (public care)

The last visit was a dentist unfamiliar to me and I experienced some pain when told I would not, I felt rushed.

Unable to see same dentist at Public Hospital's.

I see a different dentist each time. I have a plate with 5 teeth - upper jaw.

Skill/Efficient– satisfied (public care)

Skilful treatment.

Alice Springs Dental Clinic is a very efficient clinic & gives good service to the community.

Quick & competent dentist results were good.

– and very efficient.

I am a diabetic and I like the way my Dentist checks my mouth for signs of problems.

Quiet and efficient.

Very quick in and out.

– & thourough (sic) service, treated as health service pensioner at Ipswich General Hospital Dental Clinic.

I am highly satisfied with the expert and

Unqualified staff – satisfied (public care)

I visited the dental clinic and was attended to by final year students.

Unqualified staff – dissatisfied (public care)

Dentists are still not trained in Engineering. Vital for improved care. Eg. Repair of badly damaged teeth.

Recall/reminders – dissatisfied (public care)

My wife & myself keep falling through their recall system, consequently we have to chase up our appointments, which have been reduced to once annually.

Waiting list/Appointments – satisfied (public care)

I waited only 3 weeks for a root canal treatment with the dentist of my choice. *[NT]*

Short waits

– with little waiting time at Smithfield.

They attended to me quite promptly.

Waiting list/Appointments – dissatisfied (public care)

I have been on a dental waiting list for over 2 years.

We have to wait in A.C.T. a minimum of two years to get a dentist - that is a full examination etc - For emergency we don't get the same dentist, ? Their skill ?

I think 18 months is a long time to wait before I can get another appointment.

Dental visits to long. To next visit.

The clinic isn't open every day. I have been on the waiting list for over 2 years

Long waiting lists.

Pensioner through public service. Badly needing treatment but on public waiting list.

The waiting list for now urgent dental problems is by far too great.

The only trouble is the waiting period for an appointment, also to replace new dentures.

The biggest complaint is the waiting period for a complete examination and treatment of all teeth (non-urgent).

Once I got off the waiting list things were good, I had to wait eight years unless it was an emergency. When I shifted from Elizabeth to Willaston then I found I had to wait a long

time.

I was very dissatisfied with the dental specialist I saw. And the waiting time for an extraction of a wisdom tooth. I.e. (waiting list). Tooth will need to be extracted soon and I will have to go through this again.

Due to them being so busy, I couldn't finish my treatment as quickly as I would have liked.

In addition he advised me that I would have to wait for approximately 3 years for this treatment.

Very long term waiting list at Gov Clinic.

Have checked to see when my next check-up will be. I have been on the waiting list for 16 months & the clerk said that is usually the length of time, but unfortunately, due to lack of dental staff I will not get an appointment till some time after New Year.

Waiting lists are far too long.

Long waiting periods for dental work/repairs. Up to 3 years if the treatment is not urgent.

Pressure of work sometimes prolongs dental problems. Work has to be spread over a number of weeks.

I use the Health Service, Dental Clinic: Redcliffe. Usually 2 years waiting: otherwise queue at 7:30 am for treatment.

I have been told that I am now on the waiting list for Brisbane Dental Clinic (2-3 months ago) and I still have not received a letter or anything to confirm my position on waiting list, meanwhile I get migraines from my wisdom teeth.

I attend a dental hospital: I require new dentures as my false teeth are worn down. I have a gum disease and the 2 rear teeth that hold the denture are loose and have been for 12 months. The dentist wanted to remove these teeth thus making it impossible to wear my denture. There is a 2 year waiting list for a replacement denture.

The waiting list is about 3 years for a check up – is a bit long, however if you want it sooner you must pay for it

The waiting list for anything non-emergency is currently 2 years!!

I have to go on a waiting list for more treatment.

– which unless you need emergency work isn't available or only when you come off a waiting list

As this treatment was at a community health service, I now have to put my name on the waiting list. Expected delay to next treatment is four - five years.

– after waiting for an appointment for approximately 18 months & have no complaints.

The dental visit, check-up and treatment, was one I had with the Pimmoula Community Health Services Dental Clinic at Rosebud. There had been a waiting time of three years and some months.

As a pensioner I attend the Dental Clinic at Newcastle Hospital. After treatment is finished I have to *[wait]* 12 months before applying to go on the waiting list for a further appointment. It is usually 2 years before I am given another appointment

The time you wait for cleaning, I've been waiting 2 years, in the public system,

We have to wait in the ACT a minimum of two years to get a dentist - that is a full examination etc. For emergency we don't get the same dentist ?? Their skills ??

Waiting at clinic/surgery – satisfied (public care)

I received prompt, and caring attention and

No problems at all. Very prompt.

– didn't have to wait long.

Waiting at clinic/surgery – dissatisfied (public care)

– sometimes the appointment wait is longe (sic) but I know it can't be helped.

The time waiting for a filling in waiting room & the strength of filling I haven't had my teeth professionally cleaned for as long as I can remember and this upsets me

Waiting too long.

Waiting half the day –

The amount of people going in is filled up very quickly you have to get there at 7:30 am if you want to get in for emergency treatment.

Waiting time excessive at (times public hospital's) having to queue up at 7 am for treatment. At public hospital's would not mind paying a nominal sum if this would shorten waiting time.

***History Problem* - satisfied (public care)**

Once I was treated (dental hospital Adelaide and Gawler. They did a good job (excellent) I hope they call me up before 6 to 12 months Adelaide Dental Hospital have treated my teeth since I was eight years old (Students learning we were called back every 6 month.)

***History Problem* - dissatisfied (public care)**

I once had a dentist who was good but insisted on replacing fillings done by a previous dentist. His costs were reasonable, but now years later, I don't think the replacements were as good as the originals.

I received dreadfull (sic) care with school dental clinic.

Satisfied with treatment (public care)

Totally satisfied – satisfied (public care)

I have been satisfied with all dental problems.

I have always been happy with my treatments. And am completely satisfied with every part of my appointments

Very happy with all aspects of my dental care

– completely satisfied. (name provided).

I could not have had any better treatment.

From phone call for appointment to leaving Dental chair I was always confident of good service each visit over past years followed dentists instructions to the letter. And written instructions put in my hand! Could not be better. Thank you.

I have no complaints about my care or the staff.

I was satisfied with my dental visited and have no complaints.

As we use the dental clinic because my husband is on a disability pension and myself a carer we often have to go to clinic and they must be all praised in their treatment

As an old age pensioner I am more than satisfied with the treatment I received on my last visit to the Bunbury (W.A.) Dental clinic as a concession card holder.

The people are lovely & I was happy with all aspects of treatment.

I attend a Government Dental Clinic and am pleased with care & attention,

Very pleased with (name provided) dental clinic.

I can only speak highly of the dental treatment I received

I was impressed. Service 100%. Dentist advised tooth filled on 1st visit needs extracted as well and to call on next visit to Victor Harbour. Have not done so as yet. Name provided 30/1/03

I am always satisfied with all aspects of my treatment (for the past 14 yrs) from the Adelaide Dental Hospital because I feel I am receiving the best treatment

I have never had any complaints.

I was very satisfied with my treatment the dentist has done everything possible to help me keep my remaining teeth.

The Clinic I went to is a government

I have been extremely happy with my dental hospital visits.

– on an average of 1-10 on all aspects I would have to say 10. Complaints – Not applicable - I have said it all – excellent.

When I was referred to special needs clinic (Ads) they did very well.

I have been seeing a Dentist at the Lyell McEwin Hospital and the level of care was excellent.

I am happy with the dental clinic.

I had a front tooth which was rebuilt to my satisfaction

I am a pensioner, & am under the Vate Dental Health Care. This is free in Queensland. Hence the N/A to some of the questions. Bye & large I have always been happy with the treatment received at the Rockhampton Dental Hospital.

#18 I felt I received best treatment. Cost saving is not an issue.

A Great Service

Thoroughly satisfied with treatment –

I am happy with the Dentist I see.

Very satisfactory no complaints.

I attend South Brisbane Public Dental Hospital every year & I am perfectly happy with my treatments & preventative management.

Treatment O.K.

I have the best set of top teeth I have ever had.

In Qld we have private and public systems, I have used both and no complaints from either.

– the dentists do a reasonable to good job, considering the amount of patients they service each day

None. 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.

Overall very good service.

The visit corrected the problem to my satisfaction.

My visit to the dentist was excellent as always.

Nothing! I would never change densits (sic) now I've found this one!

I am quite satisfied with my treatment

Thank you guy's you are the best. (name provided)

I can only speak as I find, the treatment was very good.

Treatment was good. During this waiting time I had check ups and treatment with a private dentist every 8-9 months.

I am lucky I have no problems other than a check-up and fillings, as the hospital does not provide expensive treatments.

My dental care was satisfactory.

I had a broken tooth that made it difficult to talk as it was cutting into the inside of my cheek. I received a free visit in 3 weeks to repair the broken molar at a clinic at the local hospital. This tooth was then repaired, which I was grateful.

None. *[No complaints]*

NIL *[No complaints]*

NOT Satisfied with treatment (public care)

None *[Satisfied with no aspects of treatment]*

Four visits to dental clinc (sic) in witch (sic) I found the surgeon not be very good. (Poor English). No. 2 surgeon called in to complet (sic) dental care in witch (sic) was not done in the firist (sic) place.

Repeated visits to fix same filling, also removed unnecessary good tooth part in front teeth as a result left a gap in between front teeth, which wasn't present before-hand!

Not many. *[Satisfied with 'Not many' aspects of treatment]*

Courteous treatment – satisfied (public care)

Friendly polite staff.

Courteous staff.

– and the courtesy of all people involved from the receptionistes (sic) to the dentist and nurses. (signature & address provided)

The dentist was considerate & made a great effort perfecting a filling in an awkward spot.

Polite receptionist

Courteous

Considerate attitude and behaviour towards other staff.

I was courteously & promptly attended to at the time of visit to a Public Hospital Dental Clinic.

I have always been treated with respect.

Other Other – (public care)

O I'd like to know why false teeth aren't made to last longer, as they are an expensive item, and should last longer than 5 years, I have my own lower set and the top ones last 5 years only.

O #31 Like any specialist surgery. Had a personal extra financial outlay was required. You plan for it.

O New water jetting machines from America would be an asset in more Dental Clinics.

O My answers given were concerning being fitted with a partial bottom plate at a private dental technician from the issued list supplied by dental health in St. Albans Victoria.

O I am 75 years of age & on the pension.

Recipients of private care

Emergency treatment – satisfied (cardholder – private care)

Available for crises.

It's easy to get an appointment as soon as I want.

I was able to ring & make an appointment to see my dentist that same day.

and able to fit me in straight away. The dentist came back to the surgery on one Sunday morning for an emergency.

Emergency treatment for toothache was provided promptly at the private practice I attend. The surgery leaves gaps in appointment times to accommodate such treatment.

Recently I needed to have treatment at a public dentist as it was major he did it that day. He was very good. I have decrepancies in other teeth but he wouldn't do anything about them. Sorry for the delay in posting this back.

– except if treatment is urgent (painful teeth!).

– responds to emergencies at all times

Will take you quickly in an immergency (sic).

I make an appointment for the next 6 months, but if I need treatment earlier than that for an emergency, I know I can be fitted in quickly.

Emergency treatment – dissatisfied (cardholder – private care)

The last treatment was for a root canale (sic), and the prefered endodentist could not fit me in for 10 days. Being in great pain my dentist rang around other endodontist for sooner appointment, but I still had to wait 2 days with no sleep.

– and aviablibty (sic) of service in an ermgencies (sic).

I find Noarlunga dentist very hard to get app (sic) for urgent work,

Waiting caused more problems – dissatisfied (cardholder – private care)

So I ended up having the tooth pulled because of constant pain [I had a two year wait for a root canal.]

Had I had more check ups my teeth would not have suffered.

None. But…. I need root canal therapy on 3 teeth. Originally I just needed fillings but after a 3 year wait & a couple of temperary (sic) fillings my teeth have deteriorated to the point of now requiring major work all thanks to a hopeless government dental program in the Aust. Capital Territory. *[28 years old]*

B2 I can not afford a half yearly check up like I used to do and keep losing teeth.

– and I can't pay to have them fixed. I have no choice but to have them pulled out privately - still at a cost of approx $300 per tooth.

Cost – satisfied (cardholder – private care)

I don't discuss costs with my dentist. He does whatever is necessary to maintain my dental health & I pay the bill.

He referred me to the appropriate specialist and his costs were reasonable. He realised I was a student, & had difficulties but all of this was worked out beforehand.

I was sent to the dentist of my choice to have $600 (of which I paid $100) treatment because I had come to the top of the list (pensioners).

It's desirable to pay by invoice in the mail after treatment, which my dentist does.

The Dentist did the best he could for the least cost.

When I need work on my teeth done has proved not only be fair in price compared to most but is honest and concise in treating my mouth.

My daughter is the professional, and looks after very well at no cost

– does not charge excessive fees.

Costs of treatments.

– so the expense was moderate when the task has been proved to be well done.

I'm a V. Affairs patient with gold card so expenses doesn't come into it.

Cost/insurance – satisfied (cardholder – private care)

As I explained to "Joy" "Phone Operater"(sic) I go to the Dentist twice a year. Having private cover does make a difference. Being 70 now, I'm looking after the teeth that I have.

The price - I have changed to a Mutual Community dentist.

My dentist accepts whatever is paid by my insurer (Medibank Private) which is very good as I am a pensioner dependant on my Centrelink pension with no other income.

The (sic) is the first time I've been to private dentist & that made me feel good as my medical cover "took on" most of the payment.

And felt are reasonable. Most bill partly direct to your private medical fund so your out-of-pocket expenses are low.

My health insurance covers dental health and thus protects me from any unforseen expenses. Newsletters help me up to date with any changes to dental cover.

Re: Dental fees - as an aged pensioner without extras health cover, my private dentist enabled me to pay off the cost of my root canal treatment & crown. This took me from November 2001 - October 2002.

I can pay for my visit at the time & it is then handled by very professional people at the desk. I produce my cards & payment & refund is done electronically from my private fund) there & then.

Cost – dissatisfied (cardholder – private care)

– athough (sic) my new dentist charges much more than the one who retired and who was my dentist for 32 years.

Cost

– the cost has been enormous.

Costs for dental work are high but I regard my dental health as part of wellbeing.

General cost

Not being able to afford the costs & choice of a dentist.

– the prices they charge to see a dentist over here in Kalgoorlie is unbelievable, not everyone has a job on the mines, earning big wages.

Did not offer choice between amalgam and composite fillings, therefore higher cost to me by only using composite.

Expensive

I still have to have a lot more dental done to my mouth but I cannot afford just yet.

Costs are much too high especially for aged pensioners.

Cost

The cost of dental care is becoming too expensive.

Being a pensioner I have to pay for all fillings and at $400 a tooth I cannot afford it.

Too expensive.

My only complaint is the price of dental treatment very expensive for most people. Therefore if people can't afford it they neglect going to a dentist.

Although the costs are very reasonable at my dentist, I still find this cost a lot as I am a pensioner.

I felt that the high costs (in my view) of x-rays could have been mentioned to me before they were taken as the x-rays were not essential to my diagnosis.

See Dental treatment far too expensive.

Receptionist rather vague on funding and incurred costs to me. I still have initial problem and will have to pay for it when it flares up again.

– but haven't been able to afford it. It is once a year since I have been to the dentist. I need a filling.

The only thing that I am dissatisfied about that had I had no money to pay I would have to be put on a waiting list and suffered pain till someone may have done it.

The cost of private dentist if unable to wait for clinic to have work done.

The dentist I am currently seeing is very professional, competent, etc. but is also very expensive. It ? Appears, however, that if "you pay peanuts you get monkeys."

Not been able to afford to have all my teeth problems treated. $$ was always a problem. Most of the time the expense of my visit was more painful than the treatment.

The absurd cost. Eg. $90 per extraction.

The only complaint I have is the cost. I think pensioner's especially could get a discount.

I don't like it when they don't tell you the price involved.

I was unhappy with the cost and treatment by a specialist peridentist (sic) for root canal therapy. The cost for three visits was $200 and I lost the tooth anyway!

I know this has nothing to do with the survey but the reason I don't go to often to the dentist is cost.

The cost of dental care is extremely expensive. Being on a low fixed income the payment of an unexpected dental account can be difficult. Even a 10% discount for senior citizens as our optometrist gives would be a little helpful.

Coming to this country I am amazed how hard it is to find a reasonably priced dentist.

Dental cost of filling are exspensive (sic).

Amount of time dentist spends with patient in relation to bill! Most time is with dental hygienist.

Cost - way too expensive. I only go to dentist when necessary due to cost.

– not to mention the cost even when there is nothing wrong.

Due to cost (I am now retired) I do not go to the dentist every six months for checkup as before. I go when there is a need (which has been about every six months anyway). Only work needed doing, gets done. At $100 approx per filling I have to be frugal.

All dental fees are far too expensive. I don't mind for real work but for examinations &
l b $120 00 i d

clean to be $120.00 is too dear.

– and I can't pay to have them fixed. I have no choice but to have them pulled out privately - still at a cost of approx $300 per tooth.

– they told me because I had some of my own teeth I would have to wait longer. My dentures were so bad I had to pay for a set. When I had put down my deposit. The dentist told me there was no waiting list in Cairns which is only an hour away. I am a pensioner.

My dentist genuinely endeavours to keep our costs contained. However he has to run a business as well & even these charges are more than we can afford.

Asking me if I would like a fluoride treatment, but not telling me that the teaspoon of fluid cost $20

Costs are high especially for self-funded retires who can't afford dental cover as well as Hospital & Medical cover.

The basic cost of dental services I feel are disproportionately high.

Very dissatisfied with the price of treatment. Up to $130 for one filling up to $163 for extraction.

My dentist is in private practice & *[satisfied]* apart from the expense being a pensioner

Cost/insurance – dissatisfied (cardholder – private care)

C2 Being a pensioner I have M.B.F. full cover + extras but there are no, or only one dental surgery in Darwin who charge the rate - he is not taking new patients so to get treatment have to pay over my budget. When paying full odds I feel I get good treatment.

C2 The cost of having fillings and extractions seem to be very expensive. We have private Medical Benefits but it doesn't cover anywhere near the cost.

C2 That my private health cover does not allow me to choose my dental practitioner if I want the maximum refund.

C2 I am dissatisfied with the cost of extensive treatment. I have had a lot of problems with my teeth due to poor dentist when I was a child, and have had to have five bridges which were very expensive even with private health cover. I still had to pay thousands of dollars extra. The private medical cover is totally inadequate not only with dental but with most other medical treatments that is why we no longer have private health cover.

C2 Costs of care could be more inline to what you get back from med-benefits.

C2 Cost not covered by insurance.

C2 I find dentist find out what health fund you belong to, have the amount of refund you will get back from a fund & when working out the price simplie (sic) double the price each time. Even with a 50% refund the price is always big. My last visit the price was $1400.00 one inlaid tooth. Costing me $700.00 bring me to a stop. I have to confine (?) visit to one or two a year.

C2 After getting the cost of bleaching 6 front teeth, not dissatisfied with the dentist, but Health Fund. Can only claim 2 bleachings a year - so even using 2 in December & 2 in January still leaves 2 undone. So I have decided against it (due to costs.) It really requires all to be done together or close together.

C2 I am a member of medibank private with blue ribbon extras. The dentist unsuccessfully tried to place another tooth on existing place it kept coming off. He suggest a new plate - I agree. When the new plate fitted I found medibank private had a rule about 1 plate every 2 years - I personally paid $1,000

C2 Both my husband and I feel that dental charges are too high, even though we pay medical benefits.

C2 – but I would have liked it better if I didn't have to pay so much "gap".

C2 Cost - being on a pension makes it very difficult to afford dental treatment, even though that I have private health, the gap is greater than I can afford.

C2 My only complaint is the expense. I am an aged pensioner with no other income; out of this I pay hospital fund and extras which includes dental. However I only get about half the cost and have to meet the next myself.

C2 The 'private' dentist I saw last was ok but actually did a very small filling without asking me & charged well for it as I am now in MBF the cost for cleaning etc was incredible & actually he waived my gap fee. I felt it was just to drain MBF - I won't go back to him.

C2 I feel that my bite is wrong & it makes my jaws ache with eating. There were fillings done at the time but medicare would not refund so I didn't get much back.

C2 Necessary to pay a large gap between private fund rebate, a charge for services.

C2 I do not get very much back from my health fund.

C2 Only one - it is getting dearer especially in the last few years - I now have a 'gap' payment between his charges & a refund from my private medical fund.

C2 A very large expense compared with other health care service. Very space (sic) around receiving from dental care from health benefit schedule.

C2 Private health fund doesn't pay much.

C2 The staff would not say how much work would be prior to dentist doing work. He alone calculated fee at end of consult & put it in computer and demanded payment before I left the surgery even though I was in a health fund, it still was a shock to learn that "each filling" had a gap of some $80.00 excess and yet they couldn't tell me that 1/2 an hour before. I am a pensioner and had 3 visits all with a gap of $100 or more still having to pay cash gap that now.

C2 I am receiving periodontal work which is very expensive and the allowance from Medibank Private special extras is inadequate.

Distance – satisfied (cardholder – private care)

Place it was city of Perth. Easy access.

Close proximity of Dental Clinic.

My dentist is easy to get to

I had changed dentists and it was because the other was so far away & I needed to treat an abscess.

The Dental premises were easily accessible with ample, free parking.

The dental surgery is local

Distance – dissatisfied (cardholder – private care)

D2 I was told to go to the Angaston Clinic when Gawler (where I would prefer to go) Clinic is closer for me. I would like it changed to Gawler. Name provided.

We're 100 km round trip & another day off work or school.

I live in the country so the drive to the dentist is 45 mins at best each way

Have to travell (sic) a long way.

The problem now is that I have to travel a lot more to get there as I have moved residence. It can take an hour to get there.

I had to travel 40 km to get to a dentist.

To get to the surgery I have to travel on 2 buses and a train. As my dentist is retiring in the near future, only works 2 days a week now, I am not looking forward to finding a new one!

– pity for us that he is in the city.

D3 Although I am a retiree I still keep my ancillary hospital benefits (Medibank Private) as this enables me to see my own dentist and optician.

Explanations – satisfied (cardholder – private care)

An extensive explanation of the options.

– full explanation of treatment, etc.

Explanation care

I have been given information on minimising scale or tartar.

He answers all my questions.

My dental Dr (name provided) BDSc (WA) take his time and explained fulley (sic) what was needed, and at all times let's me relax my neck.

He always spells out the "Options" & likely costs.

Good advice

Explained everything cost, etc beforehand.

Gave me helpful advice regarding detected "thrush" from asthma medication advised me to see my Doctor re same.

Explaination (sic) of dental/gen problems were clearly & simply explained.

Always given clear explanation of problem & any rx required.

Explains fully any procedures

I felt at ease with the patient and dentist communication as far as putting me in a relaxed state of mind and explaining the procedures.

told me how to look after my teeth & gums at all times & even waited for payment.

Explains in clear, understandable manner dental procedures.

I got plenty of advice on how to look after my teeth as I am a diabetic. And a detailed explanation of why oral hygene (sic) is so important.

E1 My dentist always explained clearly to me what he was doing

E1 Explanation of care & procedures.

After the inspection she tells me what treatment is needed &, how she will go ahead, the treatment - then starts to do the job.

The dentist explains what need to be done so that I can understand.

All my teeth problems were explained before treatment and I would only choose to have treated what I could afford. (most times all the treatments needed on the day was more than I could afford).

The dentist explained an abnormality on my tongue assuring me it was staning (sic) & nothing to worry about. I thought he was good to explain this to me.

Good explanations of problems with teeth and time taken to explain treatments.

Good dental care - present & ongoing expert advice on maintaining healthy gums and correct way to floss

Explaining all procedures

Explanations – dissatisfied (cardholder – private care)

Unclear explanations. Unclear instructions for follow up.

I never felt relaxed with the dentist who was hurried and time conscious and therefore I was reluctant to ask questions. The dentist kept conversation (explanations and advice) to the bare minimum and when treatment was finished I would leave as he wrote notes. The clerical person gave routine advice regarding treatment upon payment.

I ask the same questions every time I visit him mostly in regard to my emerging wisdom teeth. The first time I inquired he took x-rays but gave no opinion, the next time I came back I asked about the x-rays, I was given no answer. He ignored me, still to this day I don't know what course of action is to be taken, I feel he knows but won't tell me until he decides to do something about it.

Didn't explain enough.

Financial issues

Fi I go to a private practise, as I say, having private cover helps. (signature provided)

Fi Dental treatment would worry me though if I couldn't afford private medical.

Fi 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 your in pain.

Fi Dental treatment is very expensive and so the amount of treatment I receive is limited to essentials. HBF does not contribute much.

Fi I have retained my private health cover but find it difficult paying the high premiums on a pension allowance.

Fi Health care funds do not adequately cover costs that are required to maintain my dental health - which is also the paramount reason for my membership.

Fi As a pensioner & not covered by extra's scale on my private scheme (hospital cover only) I would like a lot more done to my teeth & plates but find replacement or upgradings beyond my means & I think there should be more commonwealth or state dental care available to pensioners or low income at a more reasonable price.

Fi I have had crowns on a few teeth over a number of years, my two front teeth new crowns, however the health cover N.I.B. will only give credit on 1 crown each year, as it would be five years since my last tooth was crowned & hopefully I won't require any more in my lifetime, it seems unfair not to be able to claim for both crowns, needless to say they have to be done together.

Fi Since M.B.F. changed its ancillary table arrangements we as a pensioner family were forced to take on the plan which reimburses 60% of dental bills. It's a catch 22 situation we can't afford the 80% rebate plan & we can't afford the other part (the 40%) of the dentist bill. As a result dental health of my family has suffered. We only go now when a problem has well & truly developed.

F I sometimes worry as I get older that I might not be able to afford all the treatment I may need - bill under $500 are not a bother - but I could have problems with treatment. Costing more. So far I have been lucky - having not needed much treatment - the odd filling or two, etc.

F You can't go to the private surgeries because they are way too expensive, and nothing refunded back from medi-care. Now from Dec 2002 the Boulder dental clinic closed, indefinately. What are low-incomers supposed to do now, with a population of approx 40,000 people here. Bad luck if you have a painful toothache! It stinks!

F I still don't know where I'm to go now, or how to go about it. And its cost me more than I can afford as I'm going private.

F I had some treatment paid for by Govt subsidy to the assessment level of 75%. This did not cover full treatment needed. Dentists are very reluctant to involve their business in the govt subsidy scheme due to extensive paper work and the delays. I had to pay a considerable amount to complete my treatment.

F Government assitance (sic) for paying for dental treatment should be made available for low income earners and pentioners (sic). As an invalid pentioner (sic) & cannot pay for treatment myself without government funding at the dentist of my choice. & do not have private cover as in H.B.F.

F I will be more reliant on government subsidies in the future as I am nearly a full paid pensioner & I cannot aford (sic) high dental costs. This year I paid the full cost myself to get the service I required.

F – although it does cause financial hardship.

F – and having to pay for it at a private practice is hard on the budget.

F I think dental prices are very expensive. I am on a disability pension.

F However, now having retired & both my husband & I are pensions the financial costs could become burdensome.

F Being a pensioner, dental care is becoming a problem repaying.

F There are many people who cannot afford dental care and I would like to see dental vans visit areas or each suburb to give dental care to those people.

F *Please find away to make "Dental Care" more affordable and you will find dental attentance (sic) will be much greater!

F I find it increasingly difficult to afford dental treatment.

F Lots of people we know can't afford dental care.

F Would like further treatment. (Although very scared of denist's (sic) in general) but being on pension costs are high.

F I am a single parent & I only go to the dentist when in extreme pain, as I cannot afford private health cover. I have 2 young children & it seems these days braces are a necessity, as I have just found out my 13 yr old son will probably need them, not because he doesn't look after his teeth, but because there is no room at a cost of $4000 - ridiculous!!

F RE: finances - it affects our ability to save (coupled with other expenses), but does not bankrupt us. Think dentists overcharge by about 10-20%

F This is one reason I cannot afford to go very often to a private Dental Surgery as the costs are to great for myself & my wife.

Friendly/helpful – satisfied (cardholder – private care)

Friendly, courteous

Great staff - nothing's a problem.

Friendliness of dentist

She is bright & cheerful and always gets to the "root" of the problem. She was very good with my child the first time he had treatment.

The dentist & assistant (his wife) are very friendly.

Very good & friendly staff.

Friendly service, I felt welcome and included rather than just something to work on.

Friendly staff

Very good attitude from all concerned.

Always friendly

The Dental Clinic I visit is very friendly

Dental staff very friendly & caring.

My dentist is welcoming,

Friendly atmosphere.

Personable

– and friendliness.

He is friendly as are his staff.

– and the staff were helpful

Receptionists are always very friendly

I am happy with the help and professionalism of the counter staff and dental nurses.

Friendly reception staff. Competent reception staff.

First time at that clinic & me was very friendly & chatty.

Dental staff

Nice, friendly dentist

The staff are always pleasant

The dentist was friendly, did what I needed done quickly without any fuss.

Dentist knows your name & uses it frequently. Remembers family information and asks about it.

He is always friendly,

Friendliness.

My dentist is always friendly and confident which makes me feel she is doing all possible to make me at ease before she starts to inspect my teeth.

Friendly staff.

– by pleasant people.

Friendly staff.

Very friendly & very patient dentist.

My dentist & assistant are always cheerful and they do the best they can for my teeth.

Friendliness

We found him very honest & made us feel like a family member as did his staff.

Friendly staff

– friendly dentist,

An excellent, friendly dentist -

– friendliness.

– but the staff there are very good and helpful.

Friendly/helpful – dissatisfied (cardholder – private care)

Despite the reputation of the clinic I attended throughout last year I was dissatisfied for the following reasons: the clinic operates under strict time schedules. The dentist rotates from one dental chair to another whilst assistant staff complete in one room the other is set up giving one the assembly line impression.

Its mentioned in the questionaire (sic) my dentist ?? Is impersonal & indifferent to me, it's like I'm not even there.

Good/Professional – satisfied (cardholder – private care)

Good strong work.

Excellent dentist and surgery.

Good quality personal service.

Professional attitude

Good advice.

Professionalism,

Good service

– good service

– is a very confident proffesional (sic).

This dentist was extremely competent in the way he did his work.

– & professional.

– highly competent and very enthusiastic.

My dentist is very professional.

The Dentist was very professional

Very professional dentist & staff

If all health care workers were as caring & professional as my dentist nobody would have any complaints.

No aspects dissatisfied me. My dentist was very professional & took care of all my dental problems.

– & the dentist is very caring & professional.

The dentist I go to is really good and I go every 5 mounths (sic) for my regular - check up.

– and was always very nice and professional in his work.

This particular dentist is extremely professional in all ways -

Professionalism of both dentist & staff.

Good

Very professional, extremely effective.

Professional care

I am most fortunate that I visit an excellent very professional local

Hygiene – satisfied (cardholder – private care)

Clean & appealing premises.

– and dentist's clean attractive surgery and waiting rooms

Clean surgery

Clean enviroment (sic).

The dental room was clean, tidy and bright. The scraping and cleaning of the teeth ended in a good look.

Clinic hygiene excellent

Hygiene – dissatisfied (cardholder – private care)

The dental professional himself was excellent the only thing I was unhappy with was the mirror/magnified used was not "too clean" this put me off slightly. It may have been an oversight of the young staff/dental nurse. But when you're on your back before works begun these 'minor' details can be the reason you as a client would think about before "a return visit?"

The surgery did not seem to be "up to standard" as far as cleanliness goes. However this particular dentist has left and been replaced with someone else who I have yet to visit.

Gentle; lack of pain – satisfied (cardholder – private care)

Over the past few years I have had many dental problems. I have been most fortunate in being referred to dentists & specialists who have been kind, considerate,

Even was pain free not requiring local anaesthetic.

– My dentist …. takes into account my level of pain, muscle spasm etc during the length of the procedures, to my sensitivity to or intolerance of substances/preparations used in procedures.

Also I feel he cares, your not just a pay packet.

1st normal dentist very gentle, compassionate.

I am very happy with my Dentist, as I am a elderly person he is very considerate.

The treatments have been quick & fairly free from pain.

Staff who care about patient's comfort.

And he's gentle!

– & does not inflict unnecessary pain or discomfort. His manner is very gentle.

As I'm now in a wheelchair, the kindness & caring, and also the dental care given to me was very much appreciated.

– and no pain.

Very gentle

Most: we have a careful & caring dentist and I have no complaints.

The work was done quickly & as painlessly as possible

They seem caring and know what they are meant to do.

The current dentist used no pain killing needles but there was no pain.

My dentist was a very caring gentle & patient doctor at all times

It didn't even hurt much!

Asks during procedures if you are comfortable.

Careing (sic) attitude.

I am 77 yrs of age and everyone is always very kind to me

*Understanding of patients 'foibles'.

Care with which procedure conducted.

Personal attention.

New the visit would be as pain free as possible,

No discomfort.

– providing you with relief by removing or filling aching teeth as painlessly as possible.

Very gentle.

Minimum of pain

Gentle; lack of pain – dissatisfied (cardholder – private care)

Government Health Dental Clinic I was given a filling without injection.

Modern equipment – satisfied (cardholder – private care)

Remodelled/renovated surgery.

The dental clinic had every thing needed to provide for my dental care.

As a general rule I am satisfied with most aspects of the surgery.

Very modern clinic.

We are impressed with the modern equipment efficient staff

Pleasant waiting room. Area for children to play. All staff clean & well presented.

Latest technology

Very modern equipment & ideas.

They always seem to update their equipment.

Modern equipment – dissatisfied (cardholder – private care)

Does not have any laser treatment available.

He does not have X ray facilities.

I had lazer (sic) treatment about 7 years ago & have moved from that area. I expected lazer (sic) treatment this time. I felt this surgery not very modern.

Nervous/overcome fear – satisfied (cardholder – private care)

He made me feel OK!!

I am always nervous about visiting the dentist but he is so gentle that I have fallen asleep while he worked on my teeth. I have had some very rough dentist in the past but find this dentist excellent.

I am a devout coward the dentist I have is very aware of my feeling and helps me to cope.

The dentist & staff went out of their way to make my visit stress free. (name provided)

I'm always made to feel comfortable, which therefore makes the visit less frightening.

Nervous/overcome fear – dissatisfied (cardholder – private care)

I would like the dentists to inform patients of the reactions they could have with the local anaesthetic. I had a bad reaction to the adrenaline. It was frightening because I didn't now what was happening. I now fear going to dentists and put off going until its just too bad.

In my older age I have got this terrible fear of cleaning & I feel the dentist does like to ease my fear.

I'm always a bit scared but that's not the dentist's fault.

There was no use of topical anaesthesia prior to needles despite an expressed childhood related, extreme fear of needles, I assumed this was for time related reasons. I feel they are business oriented and impersonal. They close during most school holidays and therefore during available times have approx 1-1 1/2 weeks waiting list.

Other

- O I do feel that dental care is of paramount importance from 0-100 years, including oral hygiene, throughout the population & I think it is imperative that more help is given (through health funds & Government Dental Clinics) to keep teeth healthy & with that general health.
- O This survey was based on a private practice but I have also used a public dental clinic which I have found to be excellent. The only problem is the waiting lists are too long. I would also think that more complex treatments should be concidered (sic) eg. root canal & bridges treatments like that & braces.
- O Unless you have real problems, the average person goes once a year has his teeth checked - cleaned given the OK goes on and lives his life.
- O There is a need for more public clinics. People on a low income cannot afford to go to a private practice.
- O I do have medibank cover for part dental work.
- O Not enough dentists per population.

O Recently met a client whose dentist (not doctor) noticed abnormality which is tongue cancer. Due to early intenceltion (sic) *[intervention]* he is doing well & now down to 6 monthly check ups after treatment. He is very grateful to this man.

O I have been receiving treatment from a prosthodontist, (name provided), Fullarton Rd. Adelaide and once a year I have a check up. I usually combine the visit with our son daughter and grandchildren. I visit my dentist at the Millicent Dental Clinic when I need treatment.

O The only appointment I have had in the past five years has been to see if I was eligibel (sic) for a new small upper plate. I have to go to a private dentist every six months at my own expense.

O I think a good hard look at all methods of health re-imbursements is needed; with the result, that most of the costs are covered. I am sure all Australians would not mind 20 or 30 cents deducted from all payments, be it super, pension or wage, to cover the rising cost of dental and care.

O This hasn't really got anything to do with your survey but I am doing a health promotion course and as a result and becoming more aware at the health education promotions that are available to the community. I think that there is a lack of oral hygiene awareness expecially in adults these days and unless you go to the dentist or happen to see a colgate ad (which isn't particurally (sic) informative as they are trying to sell a product) most people aren't aware or exposed to proper oral hygiene & health. Practice & information.

O 1st examination (visit to dentist) since permanently domiciled in Australia (arrived from N2 January 2002) last visit dentist in N2 June 2001

O I have a top plate & my own teeth on the bottom my problem is I have a couple of sensitive teeth.

O I am not currently employed but will continue with this private dentist rather than attend a public clinic to which I have an entitlement.

O My aim to preserve my natural teeth.

O The dental care I receive is from a private clinic in my area.

O Sorry for the long delay in replying - unavoidable.

O No other comments.

Other – satisfied (cardholder – private care)

O 1 The false teeth.

O 1 Prompt & direct settlement of account/claim credit card.

O 1 Follow up by dental nurse after treatment & payment of A/C was a first. The treatment was by another dentist in the group practice which I have attended for about 15 years. It was appreciated but probably not necessary for the treatment I had.

O 1 The dentist is well groomed, clean & neat.

O 1 After chemotherapy following a cancer diagnose, experienced a burning mouth, which has persisted. My practitioner was most thorough in his investigations to the cause, researching the topic personally & involving the practice staff. The cause has since been identified as a chemical sensitivity, part of Fibromyalgis triggered by the cancer treatment. My dentist is most understanding of the problems & visit causes & takes into account

O 1 After 23 years he has saved up heaps with the children with extracting over crowded mouths & avoided the braces & orthodontist.

O 1 Patience was the main thing I felt, for me, and I did make many visits, to get relief.

O 1 By visiting a private practice every 6 months for cleaning and a checkup helps to prevent major problems. I have done this most of my adult life.

O – make an appointment for me straightaway when I go there.

1

O A complimentary toothbrush and/or sample dental floss and/or sample toothpaste and/or
1 tooth pick sample plus brochure provided with each visit. Pleasant clinic precinct.

O It is affordable because I pay into medical insurance.
1

O Claimed fees by direct transaction with health fund at clinic (hicaps) for proportion
1 reimbursed.

O – and most of everything the surgery always very tidy.
1

Other – dissatisfied (cardholder – private care)

O2 Number of dentists in W. Tasmania (private & public) is inadequate.

O2 He should have had more training in how to deal kindly with patients like me.

O2 I haven't as yet found a waiting room which was a joy to sit in but my dentist's waiting room isn't the worst either!

O2 Cramped waiting room area which I understand is being attended to.

O2 Trouble with access to clinic stairs

O2 I would like to see a brand new large dental clinic built for Kalgoorlie's poorer people, one that's efficient and open regularly with experienced dentists working there.

O2 2nd dentist - less patient waiting for anaesthetic to work, not as gentle.

O2 They closed the city main dental hospital down. Not very good for most elderly people.

O2 Uncomfortable waiting room.

O2 Very basic dental treatment with no follow up appointments offered i.e. Clean or scale on check up.

O2 Language barriers - I found it difficult to understand the dentist, his accent was strong.

O2 I thought I was on the list for dentures & was told "its no good having a partial denture until your teeth are fixed". I thought I was keeping reasonably up to date with dental care. I have now been told I will come to the top of the list in April next year!!!!

O2 I think that too many people expect too much from their dentist. No matter how the procedure is done there, there will be some pain involved. After listening to many patients moaning about different dentists I honestly think they should either wake up to facts or change dentist. Over & over as I think most of them will never be satisfied with treatment received.

O2 Dentist had trouble with lighting during work being done.

O2 My M.B.F. cover won't cover cost of tooth bleaching on one tooth.

O2 Lack of parking at times.

O2 *At times, the arrangement of a time & date is difficult (2-3 weeks).

O2 On a pension could only get appointment through private dentist.

O2 My teeth need cleaning but due to cost I haven't had them done. I wash my teeth twice a day & floss almost everyday.

O2 (sic) expertise.

O2 Waiting room

O2 Last visit however dentist was a bit tempermental (sic), I couldn't open my mouth wide enough for his satisfaction. He appeared to get annoyed & frustrated why I don't know. It never happened before. It was a back tooth & had work done previously on it, no problem.

Health fund/Insurance /Medicare issues

O Dental visits & work should be covered better by insurance companies for people with the lowest coverage. Eg low income earners.

O Well I just wonder if all dental care should be covered by Medicare because I believe the food & water that we consume is a contributing fact to dental decay.

O3 There should be easy access to cost's eg a leaflet with procedues (sic) estimates health fund

costs how much you will be out of pocket - without the run around of code numbers, reference numbers visits to dentist then health fund and a lot of backtracking.

O3 There are none. I think that people should be able to go to the private dental clinics and be able to get a part refund back from medi-care because your teeth is still your health and well-being, and the prices they charge to see a dentist over here in Kalgoorlie is unbelievable, not everyone has a job on the mines, earning big wages.

O3 As a pensioner with ancillary medical benefits (dental) feel the balance of dental treatment should be fully subsidised by dental health.

O3 I have not visited a dental clinic other than a private one. I am under HBF cover (about 2/3 of cost) if not I would not have been able to have private treatment.

O3 I can usually afford it as I do have some private cover, but not top of the range.

O3 i.e. dentist of our choice or family dentist. Because if the cost involved I retain "private health cover extras" and pay my own dentists bills.

O3 I do not blame the dentist but medibank private for their inflexible rules. Although I need a crown on a broken tooth & filling I am not confident to go to dentist fearing another unpayable bill. I am a 73 yo pensioner. My wife has elected to go to the Govt. dental clinic for fillings, although she has cover under medibank private.

O3 I am a pensioner so my health & dental cost are a big headache to me but I feel I must have this private cover.

O3 Being a pensioner I find the public dental system unacceptable. Having my own teeth if I waited for treatment I feel my dental hygiene would be in jeopardy from long delays on waiting lists. I have retained my private health cover but find it difficult paying the high premiums on a pension allowance.

O3 I have had to cease my MBF contributions in order to be able to afford the upcoming dental treatment I need. Dental coverage by MBF is very inadequate.

Financial/cardholder issues

O6 I think that it is almost impossible to get teeth done meaning fillings that don't hurt.

6 Couldn't dental care be provided that is subsidized say every 1 - 2 years.

O6 I am eligible for some sort of low-cost dental service because I have a health care card - however I have never been told how to access this service by Centrelink, or anyone else. This could be improved. I.e. People who have health care cards could be routinely sent info regarding benefits available & how to access them.

Financial/cardholder issues

O7 When is the Dental Assoc. going to recognise the poisoness (sic) effect of using amalgam.

Prefer private

I have been given to understand that it is not easy to get treatment at a public dental clinic - & that trainee dentists are sometimes used. This is only hearsay.

Several years ago I visited a public dental surgery and found the service lacking in both expertise and equipment. As a pensioner, I prefer to use private facilities

As pensioner I stay with my "own" dentist but I wonder why we cant (sic) have this arrangement as pensioners.

I would be very reluctant to attend a dental clinic as a hospital or similar as I feel the care (from what I have been told from patients) is inferior to what I am used to.

Problems solved – satisfied (cardholder – private care)

50 yrs ago these were original! I am now in my 70's and I mostly just have a clean, floss, fluoride. Nil. N/a.

Bridge - gaps between my teeth closed in and looks very natural and exact match in colour.

The pain was relieved, as they had to extract one of my teeth.

Have 6 monthly "check-ups" which seem to be beneficial.

No trouble at all with my teeth.

At 79 years old, my lower false teeth were new, and painful at first. The dentist requested these.

P1 Had a new top plate & bottom filling repaired and cleaned.

P1 Although I have a health care card I have always paid for the visits to the dentist. I don't have as many check ups as perhaps I should, but if I crack or chip a tooth I go straight away.

Treatment for an abscess; A clean and polish; Regular removal of plaque; Replacement of fillings

Pain relief!

P1 I will, when possible, attend a private practice. The dental clinic will not do crowns, only a plate.

The second dentist attended to the problem immediately and I was impressed with how quickly it was finished (& painlessly). I probably should have discussed my overall dental health in greater depth, & I will probably have to visit again within the next twelve months or so.

He the dentist (name provided) did a wonderful job.

Recently I had a new partial denture made and it is most comfortable - no problems at all.

I have a special top denture due to having had cancer in the mouth. Denture is very satisfactory.

Replacement of a crown was expensive but necessary. New denture (partial) which required another tooth to replace where tooth had been extracted was expensive but necessary.

I had a large plate with one tooth which went up into the roof of my mouth, which I'd had since age 21. This dentist suggested I have one bonded thru

Problems not solved – dissatisfied (cardholder – private care)

P2 I'm virtually consigned to eating mush (sic) at present - and for the past 4/5 years it has got worse. Any fillings I've had to have I've been forced to go private & pay nearly $1000 which I really can't afford. However if I was indigenous all would fixed within weeks.

Brok (sic) an eye tooth of (sic) and left the hump still in my head. Dentist drill leaving a broken of (sic) tooth in my head which gives me trouble at time to time.

– next visit unfortunately he was not available & I got an inexperienced – "pull 'em out" sort of a guy. Said all the right things but didn't fix anything.

New facing on front tooth came off after a couple of weeks and was replaced.

Work on my partial denture has not been as robust as I had hoped for the expense involved but repairs to the repairs were made without cost.

Always feel that when I receive a clean & scale, that the dentist never gets right around the back (side) of your last molars (just the front & back).

(Maritana dental clinic) The dental clinic I visited was suppose to get my Bite-wing (2) x-rays from the Government dental clinic out in Boulder. They never ever did each time I went there. The dentist did a white concise *[composite?]* filling in LL4 and didn't check the occlusal bite, resulting in an un-even bite still. And charged me a fortune for doing it.

The standad (sic) of false teeth made for me was very poor and ill fitting.

Went to dentist to have a molar filled, asked the dentist to use white filling in place of amalgam and he would not do so, the filling came out three times I have not been back since, the toothe (sic) needs refilling now. There is no pain from the toothe (sic) so I just carry on without having it filled.

I am disappointed that the initial problem I went there for is still not fixed and the fact the 3 x-rays I had cut into the funds not enabling me to have required as preferred treatment even when they (dentist) assured me before I agreed to the 3 x-rays. I am angry also that a rather large cavity was overlooked at time of first examination on teeth and am hoping next visit to have it filled if covered by funds. *[subsidized care]*

Do not think dentist was properly trained comparing quality of work to other dentists. Since visiting dentist have broken teeth.

My last problem with Dental Clinic - I was seen by an elderly male dentist who seemed to work with his old ideas in attitude & work, the filling was horrific & a couple of weeks later I had to have it fixed by another from the clinic. The younger dentists most definately (sic) seem to have much better attitudes & care & do a better job.

I needed new dentures & was told there was a 2-year waiting list.

I had six facings done on top teeth & dentist gave me no choice of colour. They are quite yellow & can see through the facings. My six front teeth were also made shorter without my consent & now I feel my mouth has collapsed & is wearing my bottom teeth all uneven.

Finally, for these reasons and failure to correct a problem on my last visit, whilst filling an area which did not present a problem, I will not be returning again.

The pain in the tooth is not 100% treated as another tooth is probably the cause, not yet treated. And another tooth is waiting for a filing (sic), though it is not hurting. I also was advised to have porcelain caps $800.00 per tooth. At least 5 teeth need doing.

I had a back tooth drilled and filled (covered) in gold. The whole top of the tooth came loose then off! I went back & the dentist had to drill the roots out! - No charge for that visit but no recompense for the 1st time gold etc.

I had a filling replaced. This filling now gives me problems when having cold & hot drinks & foods. Could be the clean or filling!

Failure to examine mouth and assess treatment, I was asked "what's the problem!" I replied "I can not see inside my mouth!"

Last visit my last bottom molar was removed as it was very loose, as it was the anchor for my bottom partial plate there was 2 sharp prongs left, that use to go around the molar, I didn't realize until the needle wore off that these prongs where sticking into side of my tongue & cheek, I feel he should have cut them off or as I did myself, bent them to form a circle to prevent them sticking into my tongue & cheek.

Tooth still hurts when eating.

Also they have no preventive Dental health. E.g. scale and clean and don't properelly (sic) check your other teeth.

Questionnaire

Q Your questions suggest that dentists may suggest expensive unnecessary treatment. Surely this is a small complaint. I mix with many informed persons and I have never heard of it before - it must be rare. I do go to W.A. graduates since I am aware that the Dental school is highly ethical & pedanically (sic) sound.

Q Regarding question 8, I consider only someone with dental experience would be able to properly answer this.

Q Sincerely apologise for delay in returning this - have not been well. Must admit that format of questionnaire I found "off putting" and caused me some confusion but perhaps due to my being unwell.

Q If you put a serial number on an "anonymous" survey form, explain why it is there.

Q Re Q 7 - The surgery had everything necessary for the treatment I required on last visit but I cannot say if it was equipped for every type of dental treatment I may require in the future.

Q Re Q 8 - In terms of furniture and fittings the surgery was average - I am not qualified to judge if the technical equipment was modern or otherwise.

Q Sorry to keep you waiting so long for a reply as I have had a stroke & unable to apply. Name provided.

Q 1 The method of answering these questions has been very confusing to me. Hopefully I have circled the correct answers.

Q 2 Your last correspondence came across as demanding & arrogant That is why I did not respond - having already given you 30 mins plus of my time on phone.

Q I answered, if my memory serves me correctly, most of these questions during a lengthy

2 phone interview!! Including how recently I'd received dental care, my age, etc..

Q2 Sorry to be so long in returning this questionnaire have been away over holiday with my daughter.

Q2 I answered most questions over phone interview

Q2 I am sorry to return this late again. I am aged 75 and have other health problems.

Q2 I'm sorry this has been delayed as I've been on the sick list. I hope I haven't fowled up anyone's research.

Q2 I made a couple of mistakes in the survey, I have 5 crowns & 2 plastic caps on the top, Seven teeth and one stump built up around a post on the bottom.

Incomplete servicing – dissatisfied (cardholder – private care)

I have received orthodontic work which I was not convinced was necessary. The orthodontist didn't even seem to consider the option that I may not want unnecessary orthodontic work.

More treatment could be given in one appointment instead of spreading it over many weeks.

Over service ing (sic)

More visits than necessary. Selling articles I didn't want.

Trying to give more treatment than necessary.

Some dentists try to make you have expensive procedures when there is sometimes a cheaper alternative, by shopping around you can find a dentist who has your needs and monetary situation at heart and treats you accordingly.

I felt that the dental hygiene part of my treatment was to top up the fee as I did not (in my opinion) need $600 worth of dental treatment.

Too much emphasis on what could happen in the future. No infection etc. found but strongly advised to consider crowning some teeth or at least have filling changed as soon as convenient despite visit of routine nature and not because toothache. Dentist young fellow anxious to follow teachings and obvious prepared to fix things while need not immediately indicated.

Didn't clean teeth at a check-up another appointment needed.

Feel under pressure to do this but not going to. Can't afford it, with 3 kids.

Being a "mature" age patient it is rather difficult to understand why I have around 45 minutes of being examined by a dental hygienist (who is really very good, polite & friendly) and just around 10 minutes being seen by the dentist (again I have confidence in him - otherwise I wouldn't attend - it's just that 45 minutes that irks me -

Regular/Family dentist – satisfied (cardholder – private care)

I have been seeing the same dentist for approx 10 yrs and have not had a lot of dental work done in this time.

Have been satisfied with my dentist for over 20 years.

I visit my dentist on a 6 monthly basis so have no real problems.

Although I have been going to the same dental practitioner for the last 20 yrs.

My dentist I have been seeing for the past 15 years is very compitent and although a bit pricey he puts money back into his business for the comfort and hygine of his clients. There should be more dentists like him.

Dreading the fact my dentist intends to retire during 2003 - is gradually reducing patient nos during 2002.

Have been going to present Dentist for more than 18 years. Have excellent rapport with him.

I have been visiting the same dentist with regular check-ups for the past 25 years.

I have known the dentist and her dentist husband since they were students with my

daughter.

I have been attending the same practice for 55 years.

I have been treated by the same dental family over the past 59 years and have always been given all their expertise over this period, so would not entertain leaving their practice.

I have been going to the same dentist for the last thirty-five years and am quite confident that he does a very good job.

I have been going to same dentist for many years

I see the same dentist I have been visiting since I was a child so I guess knowing my dentist & his staff & them knowing me make for a more pleasant visit.

I have been seeing him on a regular basis for 25 years.

I have been treated by the same dentist for the last 25 + years

The dentist (name provided) in Palm Beach on the Gold Coast, who is my regular dentist.

I visit him every six or so months on account of my gum problems. (name provided)

–have always over a number of years perfectly satisfied of treatment from a number of females workup from their own freehold establishment. (signature provided)

I have been going to my dentist for a long time

I choose to remain with this dentist as
1) he knows my dental history
2) he is very good
3) he treats you more as a person than a patient.

Dentis of long standing carer of my dental health.

– & care over the many years I have been visiting this dentist.

I have been going to the same dental surgery for over 45 years. There has only ever been 2 dentists. The first dentist retired and sold out after about 38 years after I started to attend. I have no reason to change my dentist. (name & address provided)

I am fortunate in that my family and I have been attending the same dentist for over 30 years.

I have known my dentist for 54 years and all visits to him have been a pleasant time. No other dentist has done any work on my teeth in this period.

I am nearly always able to see my dentist of choice. I have been visiting the same dentist for approx 12 years. It is a private clinic.

I have only lived in Shepparton 8 years, prior to that I lived in Melbourne. My niece recommended (name provided) and I am very happy with him. Although I am fortunate in having a healthy mouth and gums. (signature provided)

I am 80 yrs of age. Have been going to the same surgery for over 60 yrs. I have been sent to a "Periondist" (sic) over the years. Had roots scraped over 35 years ago. I still have all of my teeth except 2 molars.

I must say not all dentists I have visited have been so efficient - she has attended to my teeth for the last 8 years at least.

I have visited the same dentist for over twenty years

I have been going to the same clinic for more than 50 years. In that time the dentist has changed a few times but I have always been happy with the service.

– because they all new me!! (about 30 years of visits).

My whole family have visited the same dental clinic for the last 43 yrs. It has gone from father to son

I have been fortunate at age 18 yrs in Sydney (I am now 75 yrs) I was directed to a Co-workers dentist in the city a (name provided) (still I believe practising). We moved to Brisbane in 1978 when I was 51 yrs & was directed to a dentist in Brisbane City a (name provided) then (now I believe retired) then at 65 yrs (9 years ago) we moved to the Gold Coast - for a few years my husband & I went back to (name provided) but soon our medical & dental professionals were available to our satisfaction at the Coast. For the last 6 yrs I (and my

husband) have gone & still go to a (name provided) at Tugun Qld. He with the two ? dentists has continued to care for my teeth. Up to the age of 18 yrs I had neglected my teeth & dentists my family used were not the best 1939 - 1945 saw were years of shocking dentistry.

As I have only been seeing this clinic for 3 yrs our move from our last city dentist has been very satisfactory.

I have been visiting this Dental Surgery for 40 years. 1st Dr. [name provided] - retired, 2nd Dr [name provided] retired, 3 Dr [name provided] present. All have been very satisfactory.

It is in my opinion the best option to always attend the dentist every six months for a dental check-up and also to see the same dentist each visit.

Been a patient for about 3-4 yrs at present dentistry.

I am a school dental therapist and have been attending the same dentist for 32 years,

– who has looked after my family for several years.

Different dentist – dissatisfied (cardholder – private care)

Dental practice which I visit reduced from 6 to 3 practitioners. Difficult to see the practitioner I wanted to see. (I saw another on the occasion described).

As I live in a small country town I don't have a choice as to who I can go to.

Hard to answer since this is a new dentist. He seemed OK.

I have had a number of different dentists for check-ups in the past at the same clinic.

Distant manner. Different dentist to prior appointment.

Skill/Efficient – satisfied (cardholder – private care)

– thorough & positive.

Have had same dentist for 25 years and he has always kept up with all the latest treatments.

– efficient service.

Having had couple of medical problems whilst having dental treatment (reaction to adrenalin, facial spasms after radiation damage and quite intense bleeding from tooth socket) I found my dentist to be well informed, obviously very capable of coping, tolerant of the inconvenience -

Great care taken & advice given only after complete examination & after thorough questioning by the Dentist.

My dentist has been most thorough. My teeth are routinely scaled

She is very competent.

I have many old fillings (40 + yrs old), some of which have required replacing. I am always impressed with the speed & efficiency with which my dentist works. (Two factors which are important when considering a visit to a dentist - as pleasant as they may be!)

The dentist was quick with his work which visiting the dentist is a bonus.

Good peadontrice (sic). Very experience.

I like our dentist because he seems to keep up to date with new technology & is always keen to update his clients.

And the service was quick.

Very capable and conscientious attention. My dentist believes in as much comfort as possible,

Competent

The dental nurse is very efficient and friendly. Then the dentist after examination says keep them clean till the next visit.

She is very proficient and looks after her parents rather well. We are very grateful. I apologise for not replying sooner.

Quick service.

Level of expertise.

I was given effective professional treatments

Thorough dental work not rushed.

Thoroughness

Skill/Efficient – dissatisfied (cardholder – private care)

Feeling that health professional was hurrying.

Totally satisfied – satisfied (cardholder – private care)

I am always completely satisfied each regular six monthly visit. I believe in preventative dental care and the only dental work over past few years has been replacement of old fillings.

I was fully satisfied with my treatment.

Very satisfied with all aspects.

Always satisfied with treatment/service I receive from my personal (private practice) dentist. Nil *[No complaints]*

I have absolute trust in the dentist that I visit. She is wonderful and a credit to her profession.

Satisfied. 100%

I have been satisfied with all aspects of my dental visits.

Satisfied with all aspects.

I am totally satisfied with the professional assistance at the private practice I attend.

– completely satisfied. (name provided).

I have been satisfied with all aspects.

I have been satisfied with all aspects of dental care. I have not been dissatisfied with any of my dental care.

– have been satisfied with the treatment received at all times.

I truly believe the dentist that I saw was very above average.

Everything. Nil *[No complaints]*

I have been attending this dental surgery for 18 months. 3 checkups & subsequent treatment which was superlative. I have no complaints at all with my treatment.

I am completely satisfied with all aspects of my dental visits

I am satisfied with all aspects of dental care I receive from my dentist.

I have always been satisfied with all dental work done.

Every aspect. *[Satisfied with all aspects]*

All *[Satisfied with all aspects]*

Totally satisfied with all aspects.

Unqualified staff – dissatisfied (cardholder – private care)

The dental service in Kalgoorlie is pathetic because if you are on a low income pension or benefit your only choice of dentist you can afford is the Boulder dental clinic where all the dentists are only trainers and not very experienced

Recall/reminders – satisfied (cardholder – private care)

The clinic ring the day before to remind you of your appointment also they send a reminder every six months in the mail.

My dental centre calls me for a check up every six months, but I seldom need treatment.

No complaints I receive an appointment card every eight months and that suits me.

My 6 monthly check-ups are nominated by the clinic and I confirm or change to suit myself when the advice is received.

I go to the dentist every six months (on recall.)

The dental staff are very good they nearly always let me know by mail when the next examination is due, and I always have the date down at home here when the next

examination is due.

My dentist sends us remider (sic) cards every 6 month's.

– my appointments are made in advance every 6 months and she is aware of any attention my teeth need as soon as she makes the final inspection.

They ring reguarly (sic) for appointments,

Call up every six months.

Waiting list/Appointments – satisfied (cardholder – private care)

I have never been kept waiting

– & promptness of attention.

Accessibility

Availability of dentist

I don't have a problem making appointments, I just ring & the nurse fits me in A.S.A.P.

– because there's no waiting everything was done in no time – extracting, few filling & full denture were all completed within one month.

It was not difficult to arrange a time & visit, both times this year I waited approx 1 week.

When there was a delay, the dental staff advised me by telephone just what was the expected delay due to emergency. I took longer than expected on some visits but heard the dentist advise staff to contact patients who were to follow me.

Easy to get appointments.

There was no long wait for an appointment, and the treatment given was satisfactory;

Able to make appts (sic) quickly.

Waiting list/Appointments – dissatisfied (cardholder – private care)

W The so-called dental clinic makes me wait 3-5 years unless in acute pain or extractiory (sic).

2 I need a new plate but after 3 yrs when it broke the repaired it – serving no good purpose as my gums have shrunk – causing pressure & distortion on my lower teeth.

I understand that Gov. Hospital Dentists are not up to scratch with great waiting lists one wonders if they are that. Overworked or being political or work to their own rules surely a Gove. Dept. would not do that!

As a aged pensioner, the government subsidy to my dentist surgery took 5 months, I had to wait this length of time to have non-emergency treatment.

Not getting an appointment sooner.

I went to the hospital yesterday (16/10/02) for a checkup visit and will have to wait for 8 months under the public system, as there are only 2 dental professionals covering this town.

I had a two year wait for a root canal.

The length of waiting list – having to wait too long for appointment.

Also I have to wait at least 3 years for a new dental plate.

Waiting list for health care cards is to long (6 years waiting)

I have never managed to get an appointment into a public dentist.

I had to wait 4 years until my time came up for a dental check culminating in 4 fillings.

I have relocated to Qld and now find I have to start my wait all over again. I am frightened about the state of my teeth and their deterioration over the years. Now they require so much work

I live in a rural area (Charters Towers Q. 4820) and it is very difficult to find dentists to come here on a permanent basis. It is therefore sometimes difficult to make an appointment within two or three weeks: or more;

Sometimes I think it is a bit long to wait over 2 weeks for a visit, but I can understand why when there is go ooo (sic) *[90,000?]* people in Toowoomba.

Long wait to get in for visit/appointment.

Usually I am thoroughly satisfied with the staff and dentists although I am in need of attention on another tooth and seem that the waiting list is very long. (Mackay Base Hospital Dental).

As it takes up to 3 years to be accepted on the public dental health list my dental problems are going to increase. My private health fund I have just cancelled as it will increase to $95 month from 1/7/03.

Wait time

I prefer private treatment as the gov't dental clinics in Brisbane have waiting lists for years.

The public dental service is inadequate for people like us. The waiting lists are too long and there is only one facility in Brisbane that I know of. This situation forces us into the private system.

W2 – and sometimes you get in straight away due to cancellation, other times you have to wait a couple of months!!

W2 Putting my name down for a government dental clinic, after 2 years I have not had any appointment.

W2 Long waiting lists & high cost of dental care/treatment I trust will be addressed. Three months waiting makes planning difficult.

W2 It took 3/4 months to get an appointment.

W2 Being on a pension I wish our Health System was better as I have been on the dental list for 4 yrs. For 'Hospital'.

Waiting at clinic/surgery – satisfied (cardholder – private care)

My dentist is always running on time.

Prompt attention

I have never had to wait more than a few minutes in the waiting room for the dentist to see me.

Don't wait long in waiting room. Generally on schedule.

Punctuality.

I never have to wait for more than 5 minutes, so can plan my time about the appointment.

Very caring & prompt attention.

– carry them out promptly.

Very punctual with the appointments.

Short wait in reception for appointment.

Waiting at clinic/surgery – dissatisfied (cardholder – private care)

Long, long wait for treatment.

Had to wait quite a long time on arrival at the dentist for my appointment.

– hours of waiting

I feel the time waiting for appointments could be sooner.

I needed a new filling. I waited 2 hours to be told they only take the first 3 people there. I was sent away & had to come back & wait a further 3 hours before I received my filling. I had to wait in the waiting room all this time as they will not take your name & let you come back.

Would have liked to have waited less time before seeing dentist.

History Problem - satisfied (cardholder – private care)

I have always attended a dentist on a regular basis & consider myself lucky to still have my own teeth at the age of 72.

My two previous dentists totalling 50 years have been fine. I don't really like listening to dental jargon & they knew it.

IF it is the same next visit; I'd go back to my previous practitioner even though his practise

is much further away & less convenient. His clinic had less gadgetry but was spotless. His nurse was older & more caring.

Some years ago when I first went to this dentist, on my eldest daughter's recommendation, I had fillings replaced and a cosmetic approach to my appearance. I have a continuing battle with Sjogren's Syndrome which I have had for over a decade. I am 76 years of age.

The best treatment I have ever received was 'University Dental' Clinic in Turbot St. Brisbane. Went there for years with my family everything excellent. Unfortunately I am too far away to travel there now. Thanks (name provided)

Dental care has had exceptional advances since my childhood. As a child I grew too fast so that made my teeth not as strong as could be. I remember being drilled with a foot pump drill! (I am 72 now & still have my own teeth with the exception of one bridgework).

History Problem - dissatisfied (cardholder – private care)

Public dental care left a lot to be desired. In the years I attended Public clinics I did not ever have a cavity filled. Every tooth regardless of the degree of decay was extracted. One dentist said my teeth were like submarines to extract. Another produced a hammer and punch to loosen a tooth which was difficult to extract. (signature provided)

My first dental experience was with a dentist using a foot pedal operated drill with NO anaesthetic & the nurse(?) pinned you to the chair with a headlock. No wonder I still shudder when I pass through the dentist's door - even though today's treatment is virtually painless.

In the past I found the govt dental service to be extremely poor =

A previous dentist (a few years back) I came away from most visits quite traumatised. Rather unfeeling in his approach.

I have also been to two other dentists on one visit each which one proved to be thorough and fair, but still would rather my regular. The other was just in it for the money I felt I was just rushed in and out with no following advice.

Previous dentists had "smokers breath" or smell of alcohol or "preached" down to me about dental care. Previous dentists always used needles but still inflicted huge amounts of pain and left me swollen and dribbling.

The previous dental visit I went to was not to my satisfaction. I felt he went too far beyond the immediate problem (holes that needed filling) and recommended going for x-rays to see what my wisdom teeth were doing. My wisdom teeth have never bothered me, so I didn't do it but went to another dentist.

I have lived in several country towns and at first went to a local dentist. To my horror the filling only lasted a couple of years. I returned to my original clinic where they all needed to be replaced if they hadn't already falled out. Since then I have stayed with the same clinic!

The dental hospital in Sydney is a disgrace. My husband also a pensioner went there for treatment about 4 years ago. He was in pain & when he said he felt he couldn't wait six months for treatment the technician told him "bad luck". They said they would be in touch with a date for him & so far after all this time he has not heard anything further therefore we are forced into paying for private care which we cannot afford.

xx Nil *[No complaints]*
x

xx Nil *[No complaints]*
x

xx Nil *[No complaints]*
x

xx All *[No complaints]*
x

xx N/A *[No complaints]*
x

xx N/A *[No complaints]*

x

xx Non *[No complaints]*

x

xx None at all.

x

xx N/A *[No complaints]*

x

xx N/A *[No complaints]*

x

Satisfied with treatment

I have been satisfied with all aspects.

I have had wonderful results with a professor of Dentistry Dr [name supplied] in Canberra, whom I visit b/c a friend said he also uses homeopathy.

No aspects were unsatisfactory really

I am very satisfied with the dental care I received from the private clinic I attended.

Lazer (sic)

Personal and professional care and advice.

Nothing I can think of.

I have no problems with my dental care.

With private dental clinics everywhere competition makes them give good service.

Especially impressed with the quality of treatment compared with previous dental visits 20 years or so ago.

Very good quality of service. None *[No complaints]*

Nil *[No complaints]*

– treatment well cared for

I have had no complaints about treatment.

I am very keen to "hang" on to my own teeth for as long as I can and much of my problems were to do with gum hygiene which I now control. Can't speak highly enough of my dentist.

I was moderately happy with my last dental visit.

I was very satisfied with all of my dental treatment with Dr. (name provided) of Mullaloo, W.A.

NO! *[No complaints]*

Paid attention to my own assessment of you/tooth alignment after fillings, and corrected problems.

Had new denture made and fitted and very happy with the finished result.

I have been quite satisfied after each visit.

Satisfied with my dental clinic.

– standard of treatment.

Possibly my dental provider is a bit upmarket but the service & satisfaction is excellent.

For the work I had done on my teeth was very good.

All services satisfactory.

Treatment

Not often. *[complaints]*

I was satisfied with my treatment.

Satisfactory results

It is always a pleasure to visit him.

I have full confindence (sic) in my present dentist.

I cannot fault the service. Mine is not an easy mouth to treat.

I was happy with the dental treatment that I received (sic) -

I was more satisfied with the Private Dentist

I have been going to a private dentist and he is excellent. I normally have 6 monthly check ups

6 monthly visits have kept my teeth and gums healthy

None yet – last time was my first visit to this dentist.

My private dentist is very, very good in all aspects of his work.

Care & service

All my visits to Caloundra Dental Clinic have been very satisfactory over the last few (6) years except the last emergency which caused me to seek private care where I have had 1 check - ok.

None *[No complaints]*

X-rays taken - further examination and cleaning/polishing OK

– & I was well satisfied.

I am happy with the care that I got last time.

Overall my dental visits are good. I have a check up every 6 months, maybe every 5 years I need some small work done.

In my experience with dentists on the coast it has been mostly a good one except for a couple over a decade. So I am rather confident in knowing that I am doing the right thing in looking after my tooth with the dentist available.

I was very satisfied with my dentist as I indicated when you took the phone poll.

Treatment

I was attended to by (name provided) an all female establishment of quite a few female dentists and I was and have always over a number of years perfectly satisfied of treatment

and I am very satisfied with the work that has been done.

I was happy with my last visit.

A1 Good dentist! Good treatment! Good luck with your survey!

– and I am very satisfied with all aspects of the treatment.

I have no complaints what so ever about any dental treatment work that has been carried out on me.

None *[No complaints]*

None *[No complaints]*

– the service is always good.

The white filling available now are better than the silver ones, though more expensive, I think?

Fillings over the last 7 years. My last visit was a back top molar remove 29th Aug. 2002. I was fortunate as I had no excess bleeding or discomfort at all.

All fillings.

Today I went for my regular check up no problems just had a clean everything was fine.

Never *[No complaints]*

None *[No complaints]*

With this particular dentist there have been no problems - she can handle whatever is necessary without hesitation.

– have been very satisfied with the treatment I have received.

I don't like going to the dentist but my treatment was good.

My current dentist is very particular and although it may result in more visits to ensure correct colar (sic), etc of, for example, veneers (for which he does not charge) I end up with 2 very professional results!

None *[No complaints]*

– we have always been satisfied with the treatment care & advice we have been given over those years.

I have been more than happy with the treatment

Nil *[No complaints]*

I have had some big jobs for them to do. My age probably doesn't help & he does the best he can to save my remaining teeth.

I have been satisfied with the dental care I received so far.

I always receive the best care from my private dentist. Thank you.

I am satisfied with my dental care.

My dental professional is a Prosthodontist, who looks after my problems. I have TMJ problem and wear a splint at night. I am at present having a new partial lower denture made at a cost of $2,000. I have complete and utter faith in him.

None *[No complaints]*

Always had good treatment & virtually no waiting time.

– and I am very fortunate that I have received excellent dental care.

None at this dentist in the district I now live.

I am more than happy with the service I receive.

All. N/A *[No complaints]*

NOT Satisfied with treatment

Colour & shape of front crown unsatisfactory.

None *[nothing satisfactory]*

The last filling that I received is sharp too small and does not feel comfortable, the English dentist employed at the MB Hospital did not seem to care if the filling looked okay or was properly done (it feels/looks more like a fang).

I don't know what is a reasonable level of service to expect, so hesitate to be critical, however I left the surgery, not planning to return.

As the dentist only visits 2 days per week he does what he can in the time which means sometimes the pulling of a tooth that could possibly be saved with more expensive treatment but generally completes

Courteous treatment – satisfied (cardholder – private care)

– courtesy,

Civility and attention by staff.

Courtesy

– courteous as is his staff.

– and always most courteous.

– and respect by private dentist on the scheme (STDS).

I was particularly impressed with the patience and pleasant manner of dental surgeon (name provided). I am unable to lie back fully but (name provided) understood and also allowed me to swallow when necessary.* I have not always received such consideration from other dentists.

Desk staff are courteous.

– politeness of office & dental staff.

Great respect given to my 3 yr old who was with me (and good toys in waiting room).

Staff always courteous.

Lack of courteous treatment – dissatisfied (cardholder – private care)

He also said personal insults to me saying I was a bit too long in the tooth, but look whose

talking as he is actually older than me and I regret not telling him so (The wrong side of 50 yrs).

– sent to dentists who really couldn't be bothered with me & in one case was extremely rude to me in front of other patients saying I hadn't provided the correct form & after considerable hassle discovered it was presented & failed to apologise so I went private. Dr [name provided] is excellent.

I have tried to visit a dental (gov.) clinic here in Qld. I can't even get an appointment let alone see a dentist. I was put through a very rude phone interview and told that if my problem was bad enough and provided no one called who was worse off than me.....then I would get a call back...What a joke. I have heard nothing since...! K

A Thank you for this opportunity.

A I forgot about the questionnaire until I got your reminder and apologise for this. (name & address provided)

A I need to visit the dentest (sic) a lot more often. Thank you for your survey. (name provided)

A Sorry I didn't get back sooner but it's a very busy time of the year. (name provided)

A Thank you for doing this survey.

A1 Considering my age and general health I probably would not agree to anything that wasn't desperately necessary. Good luck with your survey we do need our teeth. (initials provided aged 79)

Other Other – (public care)

O I'd like to know why false teeth aren't made to last longer, as they are an expensive item, and should last longer than 5 years, I have my own lower set and the top ones last 5 years only.

O #31 Like any specialist surgery. Had a personal extra financial outlay was required. You plan for it.

O New water jetting machines from America would be an asset in more Dental Clinics.

O My answers given were concerning being fitted with a partial bottom plate at a private dental technician from the issued list supplied by dental health in St. Albans Victoria.

O I am 75 years of age & on the pension.

O My name is not (name provided). My surname is (name provided). My Christian name is (name provided) as told to your surveyor.

Questionnaire (public care)

Q Concegnically (sic) some questions are not applicable.

Q Thanks sorry for not filling this in before but I was sick & forgot Forgive me.

Q I found it difficult to answer some questions because I'm on a pension & receive dental care through a Community Health Centre Dental Clinic.

13. † estimates have high standard error * Significance p<0.05 ANOVA

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