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Patient-Centred Measures in Dental Practice: 3. Patient Satisfaction

Abstract: This, the final paper in this three-part series, looks at how patients evaluate the dental care they receive and how this translates into either satisfaction, dissatisfaction or something in between. It explains how it might be possible to manage patient expectations so that patients are more likely to be satisfied with all aspects of the care provided and describes a framework for dentists and staff to use when trying to enhance patient experience in everyday dental practice.

Clinical Relevance: By better understanding the concept of 'patient satisfaction' dentists can develop strategies that take into account the way patients evaluate the quality of their own dental care.

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One of the fundamental aims of any organization is to satisfy the people who use that organization, be they referred to as clients, users, consumers or customers. This, of course, applies as much to dental practice as it does to any other enterprise and, apart from being desirable in its own right, patient satisfaction brings with it many benefits – increased loyalty, compliance, willingness to accept dentist recommendations, reduced liability claims, improved payment and so on. But what exactly is patient satisfaction? While, at first sight, the answer to this question may seem obvious, coming up with an actual definition and an understanding of the concept of satisfaction has proved to be rather more problematic than one might think. This article looks at some current views on the notion of patient satisfaction and offers suggestions as to how these ideas might be incorporated into a modern dental practice.

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Defining patient satisfaction – the role of patient expectations

As was discussed in the first part of this series, most recent definitions see satisfaction as a complex evaluation process:[1]

An evaluation that the consumption experience was at least as good as it was supposed to be.

This evaluation process involves the service user comparing his or her perceptions of the product or service against 'pre-purchase' expectations. The level of satisfaction is dependent upon the difference between these pre-purchase expectations and the actual performance or quality of the product or service.

Dentistry is first and foremost a service. It can be argued that people buy 'products' from us in the sense that crowns, bridges, dentures and so on are hard tangible items but, as shall be seen later, our patients look on us as providers of a range of benefits that enhance the quality of their lives. In terms of services, Zeithaml and Bitner[2] distinguish between three types of expectation. The first is *desired service*, defined as the level of service the customer hopes to receive, the 'wished for' level of performance, blending what the customer believes 'can be' and 'should be'. Customers hope to achieve their service desires but recognize that this is not always possible and, for this reason, they hold a second, lower level expectation, *adequate service*, representing the 'minimum tolerable expectation' or bottom level of acceptable performance. Finally, *predicted service* is the level of service customers believe they are likely to get and implies some objective calculation of the probability of performance. Zeithaml and Bitner argue that customers recognize that service performance may vary and that the extent to which they recognize and are willing to accept this variation is called the 'zone of tolerance' as illustrated in Figure 1. This can be seen as a window in which customers are reasonably satisfied with the service provided but equally do not particularly notice it. Whenever performance falls outside the range (either very high or very low) the customer expresses greater satisfaction or dissatisfaction.

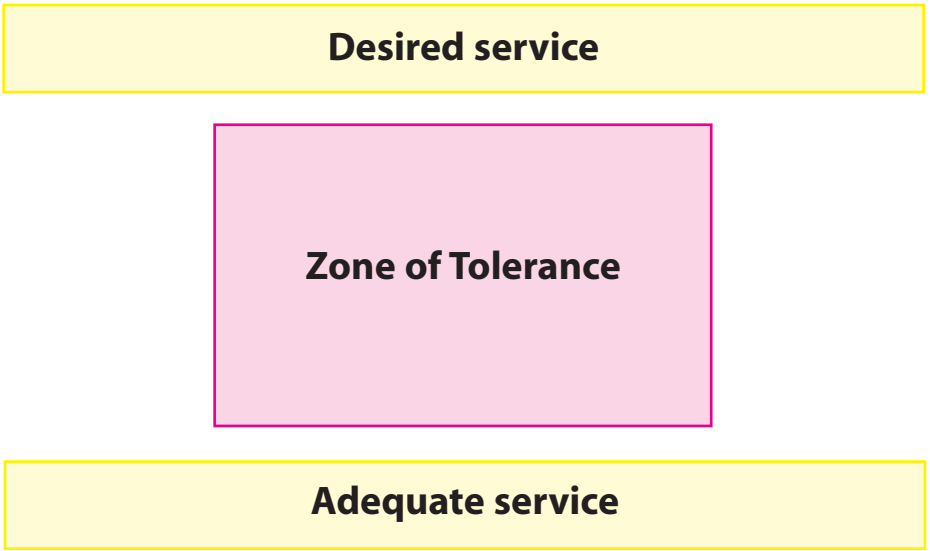

Figure 1. Patient expectations and the 'Zone of Tolerance'.

Patient expectations of dentistry

As far as dentistry is concerned, it is important to understand that the average patient (if there is such a person) looks at dental care in terms that they understand[3] and so their expectations are likely to be based on the following:

- **Care:** Was I made to feel that I was their number one priority?
- **Courtesy:** Was I treated fairly and with respect?
- **Communication:** Was everything fully explained to me and, in return, my views heard and considered?
- **Comfort:** Was the treatment painful or uncomfortable?
- **Cost:** Did I receive value for money?
- **Convenience:** Could I organize visits at times that were convenient for me?
- **Cues:** What do I think of the physical evidence of service?

Because patients do understand the above factors, they are likely to hold expectations with respect to them as opposed, perhaps, to the technical complexities of any treatment provided. Patients, by and large, do not understand (and so are unlikely to have expectations about) such technicalities as the marginal fit of porcelain onlays, the obturation of root canals and so on. They do understand, however, the benefits of treatment and so are likely to hold expectations in terms of the following, as a result of the treatment:

- **Aesthetics:** Has my appearance improved?
- **Function:** Can I chew, speak better?
- **Comfort:** Am I free from pain and discomfort?
- **Longevity** Is my mouth healthy so that I may keep my teeth longer?

All of this is not to say that treatment quality should not be of a high standard, rather that patients tend to use 'softer', more subjective criteria when judging the quality of work, in comparison to dentists who use 'harder', more objective criteria. This was borne out by one US study looking at the different quality measures used, respectively, by patients and dentists:[4]

…simply practising dentistry with a high degree of technical expertise will not necessarily convince the patient that he or she has received high quality dental care. Other less technical aspects of dental treatment are recognised by the patient as being barometers of quality of dental treatment.

Managing patient expectations

In theory, the higher one's expectations, the less likely it is that a particular service or product performance can meet or exceed them, the net result being reduced satisfaction or even dissatisfaction. Conversely, the higher the perceived level of performance, the more likely it is that expectations will be exceeded, resulting in increased satisfaction. This has led some people to recommend, deliberately, under-promising the service to increase the likelihood of meeting or exceeding expectations. This brings to mind one GDP who always told his patients that root canal treatment would most likely be followed by two days of agonizing pain, knowing full well that this was unlikely, and when it did not happen the patient thought that the dentist was wonderful!

This approach is, perhaps, taking things a little too far, but it is impossible to underestimate the need for clear communication of the potential risks and possibilities of having treatment. Exploring patient expectations, and explaining just what treatment can and cannot do in terms that patients can understand, will help the practitioner to single out the relatively small number of patients who hold what might be considered to be unrealistic expectations. All experienced practitioners will be aware of occasions when they have provided what would generally be thought of as excellent treatment, but which nevertheless fails to satisfy the patient. Although they might dearly wish to fulfil all their patients' expectations, trying to do so for the patient with unrealistic demands usually courts disaster, as common sense and fundamental principles often end up being ignored.

Such special cases aside, the reported rates of overall satisfaction with dental care are consistently high, despite there often being specific criticisms of one or more aspects of the care provided.[3] This suggests that the patient may have a bad experience with the dentist but may nevertheless express overall satisfaction. One possible explanation of this is that patients may not actually blame the dentist or the dentist's staff for the bad experience, a phenomenon known as 'attribution':[5]

When service users believe that they are being asked to evaluate a service their responses appear to be guided by beliefs about what the service 'should' and 'should not' do ('duty') and whether or not the service is to 'blame' if it does things it shouldn't or fails to do things it should ('culpability'). High satisfaction ratings may not indicate that people have had good or even average experiences in relation to the service; rather, expressions of satisfaction may often reflect attitudes such as 'they are

doing the best they can' or 'well its not really their job…'.

The patient journey

By understanding how patients evaluate the dental care they receive, it is possible to try and answer the following question:

Does the way that I practise dentistry take into account my patients' expectations?

If it is assumed that patients, especially new patients, are continually making assessments of the practitioner and of the practice (based on the type of criteria outlined above), then it isn't too difficult to imagine that such assessments are being made: (a) from the moment they contact the practice; and (b) about everyone working in the practice. Clearly, the more times patients have visited the practice, the smaller the gap will be between expectations and perceptions. It never does any harm, however, to be continually exploring opportunities to surprise patients pleasantly.

This thinking forms the basis of the so-called 'patient journey' concept. Long-term patient satisfaction does not occur as the result of a single, solitary experience. Instead, it is built by providing regular, and often unspectacular, consistency, one step at a time. Each step is one of what Jan Carlzon called a 'moment of truth' in which the goal should be to deliver what is promised, in the manner promised, and to do this consistently.[6] The aim should be for patients to have an exceptional experience whenever they are in the practice. The 12 steps below come together to make a patient journey which begins long before the dentist meets the patient; a journey which hopefully will continue throughout life:[7]

- The telephone enquiry;
- The pre-first appointment paperwork;
- The arrival at reception;
- The patient waiting area;
- The journey from the waiting area to the treatment room;
- The initial conversation with the dentist;
- The clinical examination;
- The treatment-planning discussion;
- The treatment plan;
- Delivering the treatment;
- The return to reception;
- The post-visit action and paperwork, including arrangements for continuing care.

These 12 steps can form the basis for a very useful exercise for the dentist and the practice staff. It is worth exploring each step in turn, determining what happens currently and what changes can be made to enhance the whole patient experience, always taking into account what are likely to be reasonable patient expectations. Starting from the moment a new patient phones the practice, he or she is starting to mould an opinon about the practice and the manner used when dealing with him/her. The old adage 'You only get one chance to make a good first impression' applies here. Staff should smile when answering the phone and should introduce themselves by name before enquiring how they may help. The telephone conversation should be choreographed in advance, not by means of a laboriously predictable script, but certainly with an agreed procedure that staff members feel comfortable delivering. Patients should be asked how they would like to be addressed, thereby avoiding the possibility of alienating people by being too familiar. Later on in the process, when the patient visits the practice in person, the greeting member of staff should again smile, make eye contact and introduce themselves. Rather than simply handing over literature, patients should be asked a question along the lines of 'What is it about _____ that you are interested in?', thereby beginning to form an understanding of what benefits the patient might be seeking from treatment. If patients are late, a system and language should be in place to deal with this. Likewise, when patients are delayed because the dentist is running late, they should be kept posted at frequent intervals, explaining that delays occur because other people are being helped. Patients should be escorted through the practice premises and not be left to 'fend for themselves'.

All the above occurs before the patient has even met the dentist and, during this time, there is much scope for both exceeding and falling below expectations. On finally meeting the patient, the dentist should also smile and greet him/her in a warm and friendly manner. It is beyond the scope of this paper to discuss clinical examination, treatment planning and treatment delivery within the context of ensuring patient satisfaction, but these steps in the patient journey should involve building a rapport with the patient, understanding his/her concerns and interests and developing ways and means to resolve any concerns and objections.

On completion of treatment, the work of creating a long-term relationship begins and ways should be explored of building on that relationship by introducing a patient's friends and family to the practice. By paying attention to the individual steps taken in the patient journey, the chances of the experience exceeding expectations will be increased, with a likely increase in the level of patient satisfaction, loyalty and positive word of mouth.

Conclusion

Satisfied patients are the life-blood of any dental practice. They do not happen just by chance though, and the more thought that is given to understanding the way that the satisfaction process works, the more successful the practice will be, and the more pleasant will be the whole dental experience for dentist, staff and patient alike.

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