

Assessment of Patient Satisfaction with the Quality of Oral Rehabilitation Services in Public and Private Healthcare Systems

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ABSTRACT

Background: In modern healthcare evaluations, patient satisfaction is crucial and widely recognized as a key indicator of the quality of dental care. The objective of this research is to assess patient satisfaction with dental treatment in both public and private healthcare sectors in Erbil City.

Materials and Methods: This cross-sectional study, conducted from June to August 2024, aimed to evaluate patient satisfaction with dental services in Erbil City. A total of 200 patients were surveyed, evenly divided between 100 from the public and 100 from private healthcare sectors, using the Dental Practice Questionnaire (DPQ) to assess various aspects of dental care. Data analysis was performed using IBM SPSS Statistics version 20. Chi-square tests were employed to compare categorical variables (age, gender, education) and the likelihood of regular dental visits. Independent Sample T-tests were used to examine mean DPQ scores and assess differences in satisfaction levels between public and private healthcare centers. Descriptive statistics were utilized to present mean scores and standard deviations, highlighting trends in patient satisfaction, particularly regarding service access and interpersonal skills.

Results: The study revealed significant differences in patient satisfaction between public and private clinics, with private clinics scoring higher across most aspects ($p < 0.001$). Overall mean satisfaction was 4.2 ± 0.75 in private clinics and 3.72 ± 0.96 in public ones. The only aspect without a significant

difference was dentist-staff communication ($p = 0.5$). For emergency care, 96% of private clinic patients were satisfied, versus 72% in public clinics ($p < 0.001$). Additionally, 90.4% of private patients received clear cost explanations, compared to 73.6% in public clinics ($p = 0.001$).

Conclusion: This study shows that private healthcare centers typically provide higher patient satisfaction than governmental ones. Public healthcare needs to adopt more patient-centered practices, enhance transparency, and improve communication.

Keywords: Dental Care; Dental Health Services; Patient Satisfaction; Private Sector; Public Health; Quality of Healthcare.

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INTRODUCTION

In contemporary healthcare evaluations, there is a considerable emphasis on the importance of patient satisfaction. It is widely agreed that high-quality healthcare cannot be attained without assessing patient satisfaction. Consequently, in numerous nations, patient satisfaction is acknowledged as a critical element and a significant gauge of the caliber of administered dental care.¹ Patient satisfaction serves as a vital indicator of the performance of health services, and it is predictive of both compliance and utilization. As a result, the restructuring of global health systems has focused on implementing strategies to improve patient satisfaction.²

Key components of patient satisfaction encompass quality, cost-effectiveness, accessibility, patient attributes, and overall

contentment. The global perspective underscores the significance of patient satisfaction with service quality.³ The demographics of patients, such as education, age, and gender, are pivotal factors in determining satisfaction. Individuals with higher education often harbor greater expectations and may experience lower satisfaction than those with lower educational attainment.^{4,5} Furthermore, gender disparities can impact satisfaction levels due to differing psychological and physical states.⁶ Additionally, a recent investigation revealed that the dentist plays a crucial role in predicting patient satisfaction.⁷

Numerous research studies have highlighted the importance of patient satisfaction in assessing healthcare quality. This involves incorporating consumers' perspectives into healthcare policy

decisions while respecting patients' rights and opinions.⁸ Satisfied patients are more likely to follow treatment recommendations, return to the same healthcare facility, and recommend it to others.⁹ Therefore, patient satisfaction is a valuable measure for evaluating the quality of care, integrating consumer perspectives into policy considerations, and acknowledging the rights and perspectives of patients, thus playing a crucial role in improving healthcare systems.¹

Healthcare providers should make patient-centered care a top priority, which includes conducting comprehensive medical consultations, providing accurate diagnoses, and offering specific treatments. Effective communication is also crucial. Patients should have the freedom to make their own decisions, receive respectful treatment, and have their medical information kept confidential. Any aspect that does not focus on the patient's needs could decrease service quality and patient satisfaction.¹⁰ The quality of oral rehabilitation services is closely linked to patient satisfaction, making it essential for dentists to assess this aspect to enhance service quality. The relationship between medical staff and patients is critical and should be flexible to ensure that patients consistently feel their needs are prioritized.¹¹

It is vital to comprehend the elements that impact patient contentment with dental care and to recognize the strengths and weaknesses of dental facilities to enhance patient satisfaction and the quality of dental services. As such, monitoring patients' satisfaction with dental services is imperative to fulfill their requirements, enhance compliance, and maintain the standing of these establishments.^{2,7} Nonetheless, there is inadequate research on patient satisfaction with dental healthcare services within the populace of Erbil city. Ensuring patient contentment with dental services following oral rehabilitation is crucial in sustaining patient involvement, although various factors may impact it. The objective of this research is to employ the Dental Patient Questionnaire (DPQ) to evaluate patient satisfaction with dental treatment in both the public and private sectors in Erbil City, particularly emphasizing the central region.

MATERIALS AND METHODS

The present study is a cross-sectional analysis conducted from June to August 2024, involving 200 patients. The sample included 100 patients from the public healthcare system and 100 patients from the private healthcare system in Erbil City. Participants were selected from government facilities, specifically Azadi and Erbil dental centers, as well as private clinics, all of whom had received at least one dental consultation in the past year. Eligibility was restricted to adults over the age of 18 who provided informed consent, while individuals under 18 or those who did not consent were excluded from study.

The research protocol received approval from the Ethical Committee of the Kurdistan Higher Council of Medical Specialties, with approval granted under number 1362. It was subsequently reviewed and approved by the Council of Dental Specialties before the study commenced. The research objectives and requirements were communicated to all participants, and the questionnaire was administered once written consent had been obtained from all respondents.

The study employed the Dental Practice Questionnaire (DPQ), first introduced by Narayanan and Greco in 2014¹² and subsequently utilized by Lixandru et al. in 2024.¹³ The

questionnaire comprises 7 performance evaluation queries concerning access to dental practice (Q1-Q6) and one question about overall satisfaction with the visit (Q7). Moreover, it contains 10 performance evaluation queries focusing on the dentist's interpersonal and communication abilities (Q7-Q18) and one question regarding patients' likelihood of recommending the dentist (Q19). Lastly, there are 3 queries concerning the services offered at the practice (Q20-Q22). The initial 19 questions on the satisfaction scale were assessed using a Likert scale ranging from 1 to 5, where 1 denotes "low," 2 denotes "moderate," 3 denotes "good," 4 denotes "very good," and 5 denotes "excellent." Conversely, the inquiries concerning the services offered at the practice were dichotomous, with responses falling into either "yes" or "no" categories.

Statistical Analysis

The statistical analysis was performed using IBM SPSS Statistics version 20. Chi-square tests compared categorical variables (age, gender, education) and the likelihood of visiting a regular dentist. Independent Sample T-tests assessed differences in mean scores of the Dental Practice Questionnaire (DPQ) items, focusing on satisfaction levels between governmental and private healthcare centers. Descriptive statistics provided mean scores and standard deviations, highlighting trends in patient satisfaction, particularly in service access and interpersonal skills.

RESULTS

This study involved 250 patients, 125 attending governmental healthcare centers and 125 attending private healthcare centers. No significant differences were found between the two groups in terms of age ($p=0.9$), gender ($p=0.6$), or regular visits to their usual dentist ($p=0.07$). However, patients at private healthcare centers had significantly higher educational levels compared to those at governmental centers ($p<0.001$). Additionally, there was a statistically significant association between a longer duration of practice and attendance at private healthcare centers ($p=0.004$) (Table 1).

Table 2 reveals significant differences in patient satisfaction between governmental and private healthcare centers. Private clinic patients reported higher satisfaction across all aspects measured. For appointment scheduling, routine and emergency wait times, treatment by reception staff, waiting area comfort, and treatment room cleanliness, private clinics consistently outperformed governmental centers, with all differences being statistically significant ($p<0.001$). The overall mean satisfaction was higher in private clinics (4.2 ± 0.75) compared to governmental ones (3.72 ± 0.96).

Table 3 demonstrates significant differences in patient satisfaction regarding the dentist's interpersonal and communication skills between those visiting governmental versus private healthcare centers, with private clinic patients consistently reporting higher levels of satisfaction. For overall satisfaction with the dental visit (Q7), private clinic patients provided a higher average rating (mean score of 3.9) compared to government clinic patients (mean score of 3.5), showing a significant difference of -0.42 ($p<0.001$). Similar patterns were observed in the warmth of the dentist's greeting (Q8) and attentiveness to concerns (Q9), where private clinic patients rated their experience at 4.2, significantly higher than the 3.7 and 3.5 ratings given by government clinic patients, respectively ($p<0.001$).

Private clinic patients also reported greater satisfaction with the clarity of the dentist's explanations (Q10) and the opportunity to discuss concerns or fears (Q11), with mean differences of -0.47 and -0.72, respectively ($p < 0.001$). They felt more involved in treatment decisions (Q12) and rated the dentist's sensitivity during exams (Q13) and respect shown by the dentist (Q14) higher than those at government clinics (all $p < 0.001$).

Confidence in the dentist's abilities (Q15), the information provided for maintaining dental health (Q16), and confidence in the dentist's commitment to confidentiality (Q17) were also notably higher among private clinic patients, with mean differences ranging from -0.48 to -0.58 ($p < 0.001$).

The only aspect with no significant difference was the dentist's communication with other staff (Q18), where both groups rated similarly ($p = 0.5$). Lastly, private clinic patients were significantly

more likely to recommend their dentist to friends (Q19), with a difference in favor of private clinics ($p < 0.001$).

The data presented in Table 4 reveal notable variations in patient satisfaction between governmental and private healthcare centers. Private clinics consistently reported higher satisfaction levels across all metrics. In terms of emergency treatment quality, 96% of patients at private clinics expressed satisfaction, in contrast to 72% at government clinics, demonstrating a significant difference ($p < 0.001$). Additionally, 90.4% of private clinic patients received clear explanations regarding treatment costs, significantly more than the 73.6% in government clinics ($p = 0.001$).

Overall, patient satisfaction with services was also greater in private clinics, with 95.2% of patients reporting satisfaction, compared to 77.6% in government clinics, reflecting a significant difference ($p < 0.001$).

Table 1: Distribution of general characteristics according to study groups (n=200).

Variable	Study groups				P
	Governmental		Private		
	No.	%	No.	%	
Age					0.9* NS
<25 years	30	24.0	30	24.0	
25-59 years	77	61.6	76	60.8	
≥60 years	18	14.4	19	15.2	
Gender					0.6* NS
Male	60	48.0	56	44.8	
Female	65	52.0	69	55.2	
Educational level					<0.001* S
Illiterate	22	17.6	2	1.6	
Primary and secondary	46	36.8	16	12.8	
Institute and Bachelor	56	44.8	78	62.4	
Higher education	1	0.8	29	23.2	
Visits to the usual dentist					0.07* NS
Yes	63	50.4	77	61.6	
No	62	49.6	48	38.4	
Years of attending practice					0.004* S
<5 years	93	74.4	68	54.4	
5-10 years	21	16.8	40	32.0	
> 10 years	11	8.8	17	13.6	

*Chi-square test, S=Significant, NS=Not significant.

Table 2: Distribution of DPQ Scores by Study Group and Access to Practice

DPQ	Study groups		Mean	p-value
	Governmental	Private		
	Mean±SD	Mean±SD		
Q1. Satisfaction with the appointment scheduling system	3.7±0.9	4.2±0.8	3.95±0.85	<0.001* S
Q2. Satisfaction with wait time for routine appointments.	3.6±0.9	4.2±0.7	3.9±0.8.	<0.001* S
Q3. Satisfaction with the wait time for emergency appointments	3.8±0.9	4.3±0.6	4.05±0.75	<0.001* S
Q4. Treatment by reception staff during your visit.	3.6±1	4±0.8	3.8±0.9	<0.001* S
Q5. Comfort and suitability of the waiting area.	3.84±1	4.2±0.8	4.02±0.9	<0.001* S
Q6. Cleanliness and neatness of treatment room	3.8±1.2	4.3±0.8	4.05±1.0	<0.001* S
Total	3.72±0.96	4.2±0.75	3.96±0.87	

* Independent sample t-test, NS=Not significant, S=Significant.

Table 3: Distribution of DPQ Scores by Study Group and dentist's interpersonal and communication skills

DPQ	Study groups		Overall Mean	p-value
	Governmental	Private		
	Mean±SD	Mean±SD		
Q7. Overall satisfaction with this dental visit.	3.5±0.9	3.9±0.8	3.7±0.85	<0.001* S
Q8. The warmth of the dentist's greeting	3.7±0.9	4.2±0.8	3.95±0.85	<0.001* S
Q9. The dentist's attentiveness to your concerns.	3.5±0.9	4.2±0.8	3.85±0.85	<0.001* S
Q10. The clarity of the dentist's explanations.	3.5±0.9	4±0.8	3.75±0.85	<0.001* S
Q11. The chance the dentist gave you to share your concerns or fears.	3.4±1	4.1±0.8	3.75±0.9	<0.001* S
Q12. The dentist's ability to include you in decisions about treatment options.	3.4±0.9	4±0.8	3.7±0.85	<0.001* S
Q13. The dentist's sensitivity during your examination.	3.4±1	3.9±0.8	3.65±0.9	<0.001* S
Q14. The respect shown to you by the dentist.	3.8±0.9	4.3±0.6	4.05±0.75	<0.001* S
Q15. Your confidence in the dentist's abilities.	3.6±0.9	4.2±0.7	3.9±0.8.	<0.001* S
Q16. The information provided to help you maintain your dental health	3.5±1	4±0.8	3.75±0.9	<0.001* S
Q17. Your confidence in the dentist's commitment to confidentiality.	3.6±1	4.1±0.7	3.85±0.85	<0.001* S
Q18. The dentist's communication with other staff.	3.8±0.9	3.87±0.8	3.83±0.85	0.5* NS
Q19. Your recommendation of this dentist to friends.	3.5±0.9	3.9±0.8	3.7±0.85	<0.001* S
Total	3.53±0.84	4.15±0.83	3.79±0.88	

*Independent sample t-test, NS=Not significant, S=Significant.

Table 4: Distribution of patients' satisfaction regarding center services according to study groups.

DPQ	Study groups				p-value
	Governmental		Private		
	No.	%	No.	%	
Q 20. Satisfied with the quality of emergency treatment provided at the practice					
Yes	90	72.0	119	96.0	<0.001* S
No	35	28.0	5	4.0	
Q 21. Receiving clear explanations about the cost of treatment					
Yes	92	73.6	113	90.4	0.001* S
No	33	26.4	12	9.6	
Q 22. Satisfied with the service provided by this dental practice					
Yes	97	77.6	119	95.2	<0.001* S
No	28	22.4	6	4.8	

*Chi-square test, S=Significant.

DISCUSSION

Patient satisfaction is a critical factor in evaluating the effectiveness of healthcare facilities and identifying areas for improvement. It directly influences the quality of care and medical services. Additionally, patient feedback is essential for gathering relevant information. Satisfaction with healthcare services affects patients' choice of dental professionals, their likelihood of securing appointments, and their adherence to post-treatment instructions, all of which can impact treatment outcomes.¹⁴ This research aimed to understand patients' perspectives on dental treatment and to emphasize differences in satisfaction levels between public and private healthcare systems.

The research findings indicate that patients reported a satisfaction level of 3.875 ± 0.87 , which is higher than the 3.61 reported by Aldossary et al.⁷ for overall patient satisfaction in dental settings.

However, this level of satisfaction is lower compared to results from other studies using the same Dental Practice Questionnaire (DPQ) to assess patient satisfaction. For example, Narayanan and Greco¹² found a high average composite score of 4.7 in their study of 58 dental practices in Australia. Similarly, a recent study in Romania with 200 patients reported mean scores above 4 for all items, indicating high patient satisfaction.¹³ These variations may be due to differences in the quality of care provided by healthcare centers, staff capacity, and the motivation of healthcare workers to address patients' needs effectively.

Various studies highlight key dimensions of patient satisfaction, such as the quality of healthcare services throughout admission and discharge, waiting times, and the overall experience, which includes self-reported outcomes, access to care, and treatment costs. Patients evaluate their care based on factors like

communication, respect, cleanliness, and waiting times. Importantly, research shows that two fundamental elements influence patient satisfaction: the interpersonal skills of healthcare providers and their technical abilities, both of which play a crucial role in shaping hospital care evaluations.^{1,2,5,7,15} Zhang et al., show that treatment outcomes and physician-patient communication are more influential predictors of overall patient satisfaction with outpatient services than factors like costs, transportation, waiting times, or cleanliness.¹⁶ Similarly, research on dental services indicates that the highest satisfaction levels were related to the patient-dentist interaction during treatment, followed by satisfaction with the facilities and appointments.⁵ This highlights the significant role of effective communication and treatment quality in shaping patient experiences across healthcare settings. The results of this study reveal that patient satisfaction scores (DPQ scores) were significantly higher for those attending private healthcare centers compared to governmental ones, with patients at private centers generally reporting greater satisfaction across various measures. Similarly, Khan et al.¹⁵ found that satisfaction scores were 27% higher in private clinics than in public ones. This higher satisfaction was attributed to the advanced professional training and experience of dentists and staff at private dental clinics, as well as the strict appointment system that allowed for more attentive care of scheduled patients. Key factors contributing to higher satisfaction included office cleanliness and organization, privacy during treatment, and the dentist's manner. However, there was one exception: satisfaction with the dentist's communication with other staff (Q18), where no significant difference was observed between the two types of centers. This indicates that, despite higher scores in most areas for private centers, communication within the dental team was perceived similarly in both governmental and private settings. The significant differences observed in this study, particularly in areas such as appointment scheduling (Q1), wait times for routine (Q2) and emergency appointments (Q3), treatment by reception staff (Q4), and the comfort and cleanliness of the waiting area (Q5, Q6), highlight the advantages of private healthcare centers. These facilities often have more resources, better infrastructure, and a greater focus on patient-centered care, which contributes to higher patient satisfaction. Dentists and paramedical staff in private clinics are typically well-trained and experienced, often moving to these positions for higher financial rewards.¹⁷ In contrast, staff at public clinics tend to be relatively new to the field. Public clinics generally experience a heavier workload compared to the appointment-based system in private clinics, where doctors can spend more time with each patient. This often leads to higher patient satisfaction, as concerns are more thoroughly addressed. Differences in satisfaction levels may be attributed to interpersonal factors in public clinics, where the increased workload and lower staff-to-patient ratio contribute to reduced satisfaction. Additionally, private dental clinics can offer a wider range of services, including advanced orthodontic treatments, oral implants, cosmetic dentistry, and facial aesthetics, depending on their investment in cutting-edge equipment, technology, and ongoing staff training.^{13,15} Furthermore, Narayanan and Greco¹² found that patient satisfaction is significantly impacted by the quality of interactions between patients and medical staff, the effectiveness of communication, and the accessibility of services.

The current study revealed that patients expressed satisfaction with the waiting time from arrival to departure at the dental clinic. Although various studies have reported differing findings, they all agree that waiting time is a significant factor in patient satisfaction. For instance, Patel¹⁸ identified long waiting times for treatment as a major cause of patient dissatisfaction. Similarly, Alnemer et al.¹⁹ found that extended waiting times, particularly at the registration counter, contributed to increased patient dissatisfaction. Additionally, previous research indicates that patients who face difficulties in scheduling convenient appointments tend to report higher levels of dissatisfaction.⁵ To address these issues, strategies such as reducing the number of patients admitted to the clinic or increasing the number of dental staff in specific departments have been recommended to minimize waiting times effectively.

Dental professionals play a vital role in shaping patient experiences.⁴ In this study, patients reported high satisfaction with dentists' interpersonal and communication skills. The highest satisfaction was associated with the respect shown by the dentist (Q14), followed by the warmth of the dentist's greeting (Q8) and the patient's confidence in the dentist's abilities (Q15). Zhang et al.¹⁶ identified respect as a key predictor of overall satisfaction. Aldossary et al.⁷ found that patients valued the dentist's attentiveness and the clarity of explanations about their oral conditions.

Additionally, Armfield et al.²⁰ observed exceptionally high satisfaction among Swiss residents, with 96.5% of adults expressing satisfaction or high satisfaction with their dentists. This satisfaction was largely attributed to the interpersonal qualities of the dentist and their staff, such as friendliness, respect, and clear communication, rather than professional competence or dental anxiety. These findings highlight the critical role of effective communication in meeting patient expectations and enhancing satisfaction.

Furthermore, a patient's decision to recommend a dentist is shaped by clear and warm communication, the efficiency of the appointment scheduling process, and the maintenance of confidentiality.¹³

Fernandez et al.⁹ found that the primary reasons for selecting a dentist were based on the dentist's reputation and recommendations from relatives and friends. Among Saudi patients, reputation was particularly significant ($p < 0.005$).

The study's results reveal that patient satisfaction with emergency services is notably higher at private healthcare centers compared to governmental ones. The strong link between receiving clear explanations about treatment costs and attending private centers ($p=0.001$) highlights the critical role of transparency in healthcare. Fernandez et al.⁹ pinpointed several factors influencing patients' choices, including cost, the dentist's appearance, office location, wait times, and insurance paperwork. They identified that recommendations from friends and family, as well as the clinic's proximity, were the most significant factors in patients' decision-making. Similarly, Ali D⁴ observed high overall patient satisfaction but noted variability within satisfaction levels, with the performance of dentists rated highest and dental assistants' services closely following. Patient satisfaction is a key element in healthcare that can affect a patient's choice of dental professional, appointment scheduling, and adherence to post-treatment instructions, ultimately influencing treatment outcomes.¹⁴

LIMITATIONS

The study has several limitations. The small sample size and focus on patients from only two public oral rehabilitation facilities may limit the generalizability of the findings. Additionally, the Dental Practice Questionnaire (DPQ) was administered only once, without follow-up evaluations, which might skew results due to the absence of complex procedures or the comfort of recent visits. As a cross-sectional study, it captures patient opinions at a specific point in time and does not reflect any changes that may occur over time. Future research should involve larger sample sizes and longer study periods, assessing patient satisfaction before and after treatment to understand long-term outcomes. Evaluating how well patients are informed about their treatment options and rights is also crucial.

CONCLUSION

This study confirms that private healthcare centers generally provide higher patient satisfaction than governmental ones. It highlights the need for public healthcare to adopt more patient-centered practices, improve transparency, and enhance communication. Effective communication is crucial for meeting patient expectations and improving satisfaction.

The findings also emphasize the need to improve public-sector dental services, especially in oral rehabilitation, by increasing access, reducing wait times, and addressing financial barriers. Strengthening the dentist-patient relationship is essential for enhancing care quality and promoting community well-being. Both public and private clinics should improve comprehensive treatment strategies to boost patient satisfaction.

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