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Patient’s expectation on communication performances community of Dental Health Services providers located in urban and rural area

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ABSTRACT

Background: The quality of dentist’s communication skills is considered as one of important aspects on the quality of dental health services assessment. During the initial interview conducted at Ketabang, Dupak, and Kepadangan community dental health services at Surabaya and Sidoarjo, Indonesia, it appeared that eighty percent of initial respondents were not satisfied with the communication aspect. Community Dental Health Services (CDHS) need to assess the communication performances based on community characteristics in effort to promote the quality and effectiveness of the dental health services. Purpose: The objective of this study was to analyze patient’s expectation values priorities on dentists’ communication performances in CDHS that located in urban and rural area. Methods: The study was conducted in Ketabang Surabaya, Dupak Surabaya and Kepadangan Sidoarjo CDHSs. The participants were 400 patients above 18 years old. Participants were assessed their expectation value using the communication performances of dental health services questionnaire. Results: Patients in urban CDHS appeared that there were two priority aspects which had high values, namely the clarity of instructions and the dentist’s ability of active listening to the patient, while patients in rural CDHS revealed that the clarity of instructions and dentist-patient relationship were the aspects with high values. Conclusion: Patients in CDHS that located in rural area expect more dentist-patient interpersonal relationship performance than patients in CDHS located in urban area. This finding becomes a valuable information for CDHS to develop communication strategies based on community characteristics.

Key words: Communication performances, patients expectation, dental health services

ABSTRAK

INTRODUCTION

Communication performances become the successful factor to build the effective relationship between dentist and patient in dental health services. Moreover, effective communication performances in dental health services do not only have an important role with patient satisfaction and patient compliance, but also with patient anxiety and the risk of malpractice claims. Previous research also showed that communication performances relate with dental health service quality.

Dupak Surabaya and Ketabang Surabaya community dental health services (CDHSs) as community dental health services that located in urban area and Kepadangan Sidoarjo CDHS as community dental health services that located in rural area need to be assessed the communication performances based on community characteristics in order to promote the quality and effectiveness of dental health services. Thus, patient’s assessment on CDHS performances, including the communication performances become an important information due to dental health service quality improvement. As one of the government health service programmes is having responsibility to improve its service quality. During the initial interview conducted at Ketabang, Dupak, and Kepadangan CDHS, it was examined that 80% of initial respondents were not satisfied with the communication aspect of CDHS providers.

Currently, patients are more concerned regarding the quality of communication skill that is shown by their dentist. Patients assess how the dentist communicating effectively with patients, gathering information effectively through active listening skills, and demonstrating her/his professionalism. The differences of patients perspective can affect the consumer behavior on fulfilling their needs. That differences explain that the service providers must be aware of the service approaches.

As a service provider, dental health services need to understand their community characteristics for improving their dental treatment approaches. The approaches are not only related with dental knowledge and technical skills, but also the dentist’s ability on communicating with patients. The objective of this study was to analyze patient’s expectation value on the communication performances of CDHS that located in urban and rural area.

MATERIALS AND METHODS

This was an observational analitical study and applied cross sectional design. The participants were 400 patients above 18 years old selected from patients that had dental treatment consist of 245 patients in Ketabang Surabaya and Dupak Surabaya CDHSs and 155 patients in Kepadangan Sidoarjo CDHS Indonesia. Participants were assessed their expectation value using the communication performances of dental health services questionnaire. Research data were collected for two months.

This study used four items questionnaire of communication performances in dental health services derived from the service quality instrument. The questionnaire consists of four aspects including dentist-patient relationship, ability to listen to the patient, adequacy of explanations to the patient, and clarity of instructions. Patients were asked to respond the expectation value questionnaire using Likert scale, from one until five. Mean value between patients in urban and rural CDHS were calculated to obtain expectation value of the communication performances. The higher expectation value of communication performances aspect, the more important the aspect compared to the others.

RESULTS

The majority of participants were female (67.5 percent). The age range of the participants between 18 and 65 years old. Total of 245 patients in Ketabang Surabaya and Dupak Surabaya CDHSs to represented patients from urban area while 155 patients in Kepadangan Sidoarjo CDHS represented patients from rural site.

The results showed that there were differences priority expectation assessment on communication performances between patients in CDHS that located in urban and rural area. Patients in urban community dental health service revealed two priority aspects with had high expectation values, namely the clarity of instructions and the ability of active listening to the patient. The lowest priority aspect was dentist-patient relationship. In contrast, patients in rural community dental health service assessed that the clarity of instructions and dentist-patient relationship had high values, while the ability of active listening to the patient aspect had
the lowest expectation value (Table 1). The priority order of communication performance in urban and rural community dental health services was different (Table 2).

**DISCUSSION**

CDHS as a health service provider has identical characteristic with other service provider. It has intangible aspects that shape the interaction between health service provider and service users or the patients.8,9 The patients characteristics have significant influence on the services of the health care. Patients as an individual influence health care provided that their management improvement strategy depend on customers with identical needs.10

Patients’ perspective have an important role in monitoring, evaluation, and improving quality of dental health care services. Dental health quality ensure their patients’ oral health and provide optimal solutions regarding their oral health function.11 The dental health service quality was determined by good relations between doctor and patient, availability of basic infrastructure, time spent for consultation and information given during consultation, and waiting time.12 Other perspective that have important role in dental health service quality is the dental health services provide appropriate service in a sociocultural view.13

The interaction between provider and patients make health service providers aware to always improve their service quality. The effort of quality improvement needs to be emphasized not only in the improvement of physical performances, but also in the awareness of the importance of community aspects, as it can establish personal and humanistic approach in a dental health service. The improvement efforts should be focused in fulfilling patient’s needs and expectation of health service.8 It will affect in improving the utilization of services, health service outcomes, and clinical decision making.11,14

Understanding patient’s perspective in service quality is a basic strategy to achieve the quality improvement. Patient’s perspective are shaped by their expectation which they set as their standards as well as their experiences.9 Thus the assessment of patients’ expectation value on communication performances can be used as a supporting material in institutional programs planning process.

This research illustrates that there were similarity and difference of expectation value on communication performances between patients in urban and rural CDHSs. This research showed that both patients in urban and rural CDHSs have a high expectation value on the clarity of instruction. However, urban and rural patient’s expectation values on communication performances differ with regard to dentist-patient relationship aspect and ability active listening to the patient aspect. Both urban and rural CDHSs patients showed the highest expectation value on the clarity of instruction given by the dentist. It represents that patients need a clear instruction and they value it as the most important thing in the dentist’s communication performances.

In contrast, urban and rural patients have different perspective related with dentist-patient building relationship aspect. Patients in urban community dental health service assess that dentist-patient building relationship aspect was not the main priority aspect. Meanwhile, patients in rural area consider that dentist-patient building relationship aspect was the important aspect on dental health service process. This phenomenon was caused by the differences of social living characteristic.

People in rural community have low variation of social life, culture and economic condition. On the other hand, urban community has high variation of social, culture and economic condition, as well as the high density of living area. The differences between urban and rural social characteristic have significant role in building people perspective.15 People in urban and rural area also differ regarding the social life perspective. People in urban

<table>
<thead>
<tr>
<th>Variables</th>
<th>Urban</th>
<th>Rural</th>
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<tbody>
<tr>
<td>Dentist-patient relationship</td>
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<td>2</td>
</tr>
<tr>
<td>Ability active listening to the</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>patient</td>
<td></td>
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<tr>
<td>Adequacy of explanations to the</td>
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<td>3</td>
</tr>
<tr>
<td>patient</td>
<td></td>
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<tr>
<td>Clarity of instructions</td>
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People’s expectation value on communication performances in urban and rural community dental health services.
area have more self-individual focus and pragmatism perspective than in rural area. As a consequence, people in urban area tend to be more sensitive in expecting pragmatic approach and in assessing their needs of fulfillment.\textsuperscript{15} Urban’s people have different characteristics than rural’s that can affect the dental treatment approaches in the two areas. The approaches are not only related with dental knowledge and technical skills, but also the dentist’s ability on communicate with patients.

The differences of patients perspective in regard to their social living environment affect their buying and consuming consideration that shaping their decision in selecting service providers.\textsuperscript{6,16} Patients perceive the quality of communication performances as an important health service quality assessment factor.\textsuperscript{16} Therefore, the service approaches that related with patients concerns in regard to communication performances become important issues for dental health service providers. Dental health service as a dental treatment providers must understand the characteristics of their targeted community for promoting their effectiveness and efficiency of dental health services.

This study suggested that located in rural area expect more dentist-patient interpersonal relationship performance than patients in CDHS located in urban area. This study gives valuable information for community dental health service to develop communication strategies based on the community characteristics.

REFERENCES