Summary of: Patient satisfaction with care by dental therapists

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Introduction Patient reported outcomes of care are increasingly used as a measure of the quality of care. There has been a recent expansion in the number of dental therapists trained in the UK, and with legislation now permitting therapists to take on a wider role in dental practice, patients' perceptions about quality of care provided by therapists is an important issue. **Objectives** To investigate whether there were any differences in patient satisfaction after a visit to a therapist, compared to a visit to a dentist. **Method** A ten-item scale of patient satisfaction (Dental Visit Satisfaction Scale), which provides an outcome measure of overall patient satisfaction as well as three sub-scale outcomes (information-communication; understanding-acceptance; and technical competence) was used. A total of 240 questionnaires were given to consecutive patients attending an appointment with a therapist and 400 questionnaires were given to patients attending dentists, in eight different dental practices. **Results** Four hundred and thirty-one (67.3%) questionnaires were returned. Patients attending therapists were found to have a significantly higher level of overall satisfaction (p <0.001) and also in all three sub-scales (p <0.001), than those attending appointments with dentists. **Conclusion** Although a clear distinction in patient satisfaction according to the type of provider was found, the reasons behind this finding are unclear, and so care needs to be taken in interpreting the results, with further work undertaken to explore this phenomenon more fully.

EDITOR'S SUMMARY

The advent of registration for dental care professionals (DCPs) has prompted a number of authors to investigate the current roles and future potential of therapists and hygienists. This has resulted in a range of papers that have been published in the *BDJ*, including articles investigating therapists' current training and work, ¹⁻⁵ the acceptability of hygienist-therapists to GDPs^{6,7} and, more recently, the acceptability of therapists to the public.⁸

This paper continues with the latter theme by looking at patient satisfaction with dental therapists. Using patient questionnaires and the Dental Visit Satisfaction Scale, the authors found that patients attending dental therapist appointments had significantly higher levels of satisfaction than those attending appointments with dentists. As pointed out in the paper, patient satisfaction is a product of many complex, interacting factors and the reasons for

the result are unclear, so care must be taken when interpreting the study's findings. However, the fact that such a result was obtained is nevertheless interesting and warrants further investigation.

What emerges clearly from all these papers is the great potential of therapists and hygienist-therapists and the advantages they can bring to dental practice. Professor Robinson sums the situation up perfectly in his commentary (right): the trick is how to make the best use of this fantastic resource.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 208 issue 5.

- Jones G, Evans C, Hunter L. A survey of the workload of dental therapists/hygienist-therapists employed in primary care settings. Br Dent J 2008; 204: E5.
- Rowbotham J S, Godson J H, Williams S A, Csikar J I, Bradley S. Dental therapy in the United Kingdom: part 1. Developments in therapists' training and role. Br Dent J 2009; 207: 355–359.
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- Jones G, Devalia R, Hunter L. Attitudes of general dental practitioners in Wales towards employing dental hygienist-therapists. Br Dent J 2007; 203: E19.
- Dyer T A, Humphris G, Robinson P G. Public awareness and social acceptability of dental therapists. Br Dent J 2010; 208: E2.

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IN BRIEF

- Gives evidence of a difference in patient satisfaction with care given by dental therapists, compared to dentists.
- Differences were not confined to patient satisfaction with informationcommunication, but differences in patient satisfaction with technical competence and understanding-acceptance were also seen.
- Opens up a new line of research relating to why such differences are apparent.

COMMENT

This study compares the satisfaction of patients seen by dentists and therapists in eight dental practices. The patients seen by therapists were more satisfied with their treatment than those seen by dentists. Whilst the numbers involved were small, the response rate for therapy patients was low and we are not sure what treatments the patients received, the data are nonetheless compatible with our knowledge from primary medical care, and with our experience of skill mix in dentistry. That is, at least some patients are very happy with the delegation of care to professionals with specific skills.

Although there is a general trend for dentists to support the idea of skill-mix, some dentists are still anxious about the acceptability to patients of harnessing the talents of therapists. These data should help to allay those fears. More research is required, however. For instance, why were the patients so satisfied? Were these therapists special? Furthermore, the patients were selfselected as they had already agreed to be treated by a therapist. Patients with antipathy to the idea would not have agreed to see a therapist in the first place.

The other question to bear in mind is that dental therapy is very new to general practice and so only 10% of UK adults think they know what a therapist is. Even after the training and role of a therapist has been explained to them only 61% would allow a therapist to place a filling on them.1

Dental therapists offer huge potential to meet the oral health needs of the population. Approximately 43% of treatment (as measured by time) can be provided by them.² They can be trained quickly and employed at lower costs than dentists. Those of us working with therapists know that they can produce work to the very highest clinical standards. The data in this study show that they can work to great satisfaction of patients.

The trick therefore is how to make the most use of this fantastic resource? For a start, dentists, dental organisations and the NHS should work together to educate the public about dental therapy. Oh, and we need a dental contract that encourages proper team work...

P. G. Robinson, **Professor of Dental Public** Health and Deputy Dean, School of Clinical Dentistry, Sheffield

- Dyer T A, Humphris G, Robinson P G. Public awareness and social acceptability of dental therapists. Br Dent J 2010; 208: E2.
- Evans C, Chestnutt I G, Chadwick B L. The potential for delegation of clinical care in general dental practice. Br Dent J 2007; 203: 695-699.

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research? Patient satisfaction was just one aspect

studied in a series of case studies undertaken to explore the various factors which influence the employment of dental therapists in NHS dental practices in England. Because dental practices are complex systems, case studies were an appropriate methodology to explore the various factors which interact to determine how and why dental therapists are used (or not) in dental practice teams. By identifying which factors are open to influence, we will be able to inform policy seeking to increase numbers of dental therapists employed in dental practices.

2. What would you like to do next in this area to follow on from this work?

The study is the first of its kind in this area, and it could be argued that it throws up more questions than answers. Are there differences in patient satisfaction between therapists and dentists when the same procedure is undertaken? Are there differences in patients' expectations when the care giver is a dental therapist or a dentist? Does culpability play a role? Are there differences in patient satisfaction when care is given by other members of the team, such as a hygienist or extended duty dental nurse, as opposed to a dentist? The study opens up many different avenues for research.