Treatment satisfaction and the orthodontist-patient relationships

Part one of two

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Abstract
Patient-centric care has been pervasive across health systems in the United States during the last several years (Epstein, Lesser and Levinson, 2010). The same approach of putting patients first in dentofacial treatment is no exception. Individualized care is no easy feat and requires a combination of factors: understanding patients’ goals and expectations, treatment planning, utilizing up-to-date instruments and tools and an open and positive relationship between health-care providers (i.e., orthodontists) and patients.

Researchers and practitioners alike have poured hours into implementing the best treatments and tools to achieve patient success, and less attention has been paid to how orthodontists’ relationships affects patients’ satisfaction with their outcomes. The study sought to understand how doctor-patient relationships influence patient satisfaction with their orthodontic treatment by soliciting survey questionnaire responses from patients in three different clinic environments. A majority of patients who were satisfied with treatment and the overall experience also had very positive relationships with their orthodontists.

Orthodontist-patient relationships and treatment satisfaction
Are orthodontia patients satisfied with their outcomes upon the completion of treatment? The days of the all-knowing doctor are over, and as health-care providers, we cannot be satisfied solely if a patient received and completed a treatment (Anwar, 2017). Doctors need to give attention to the wholeness of a patient’s experience throughout treatment, which is commonly referred to as patient-centric care.

Before patient-centric care was a priority, doctors solely dictated treatment plans, but that has changed in recent years. Today, doctor-patient relationships are a large part of the patient’s overall experience. It is no longer satisfactory to simply address a patient’s chief complaint. Patient satisfaction with treatment outcome is a function of the care received.

The relationship between orthodontists and their patients was studied to determine if the nature of these relationships had an impact on the patient’s feelings about his or her treatment outcome. More than two dozen patients were surveyed about their relationship with their orthodontist.

The survey data was not meant to find a causal or correlative relationship between patient satisfaction and doctor-patient relationships. Still, this researcher finds meaningful insight can be gleaned from the data to explore the importance of doctor-patient relationships for treatment outcomes.

This research study was motivated by my personal experience with orthodontic care as a young patient. For many young patients, orthodontic treatment can be the first contact an individual has with a health system, and the orthodontist could become a standard for all future doctor visits.

The long-term contact with an orthodontist may also color an individual’s perceptions of future contact with other health-care providers.

Coming up
To read part two of this article, please pick up the Ortho Tribune AAO Show Daily issue 2, available outside the convention center, on Sunday.

Impacting patient satisfaction varied. Pacheco-Pereira, Pereira, Dick, Perez and Mir (2015) found that patient satisfaction was associated with at least three different factors: perceived esthetic outcomes, psychological outcomes and quality of care. According to Bos, Hoogstraten and Prahl-Andersen (2003), a patient’s attitude toward his/her appearance before orthodontic treatment would affect the perception of outcome. If a patient has pre-treatment goals, how hopeful can the orthodontist be regarding improving perceptions by providing care? Pacheco-Pereira et al. suggested that “quality of care” could be one of these outcomes.

Pacheco-Pereira et al. defined “quality of care” in terms of dentist-staff-patient interactions during the course of treatment. Sinha, Nanda and McNeil (1996) concluded that orthodontist-patient relationships had a significant effect on satisfaction, compliance and adherence during treatment.

Sinha et al. (1996) surveyed more than 200 adults before and after completing orthodontic treatment that provided evidence linking doctor-patient relationships and satisfaction. They suggested that an orthodontist’s behavior was correlated to patient satisfaction. They identified behaviors such as politeness, friendliness, empathy and communicativeness as influential in affecting satisfaction — the most important were politeness, reassurance and concern. Their research revealed that the doctor’s calm, confident attitude and unhurried approach increased patient satisfaction.

In 2003, Bos et al. found that there was not a strong correlation between compliance and satisfaction but that sex was a better predictor of satisfaction than compliance.

This suggested that a function of patient satisfaction with treatment outcome might be based on pre-treatment appearance, which an orthodontist would have no control over.

(Editors note: References will be included at the end of part two.)