

PATIENT SATISFACTION WITH DENTAL CARE TREATMENT AT A HEALTH FACILITY IN TRINIDAD

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ABSTRACT:

Aim: The purpose of the study is to determine the levels of satisfaction with dental care provided by interns from the University of the West Indies (UWI) at a Health Facility and to explore the factors associated with satisfaction levels.

Method: Data was collected from patients using the Dental Satisfaction Questionnaire (DSQ) developed by Davies & Ware (1982) on the subscales of pain management, technical skill, interpersonal interaction and accessibility and patients' demographics.

Results: Over one third (34.1%) of patients were satisfied or very satisfied with the dental care received, most were indifferent (54.9%) but 11% were dissatisfied. No statistically significant relationship between satisfaction and the following variables of age, gender, ethnicity, dental attendance, occupation or education, was found in this population. Inferential statistics was used to explore the factors associated with satisfaction levels based on accessibility; pain management, interpersonal interaction and technical skill of the provider and no significant correlations were found.

Conclusion: Overall one-third of the patients were satisfied or very satisfied with the clinic and there was no significant correlation between satisfaction and the variables of age, gender, ethnicity, dental attendance, occupation or education, accessibility, pain management, interpersonal skills or technical aspects found in this population.

Keywords: patient satisfaction, adult dental care, quality, access



INTRODUCTION:

Patient satisfaction with health care describes the degree to which patients' needs, meet their expectations and provides an acceptable standard of service.^[1,2] It is also a measure of the quality of care received by patients.^[3] Previous studies on patient satisfaction^[4] have described this as a multidimensional concept in that, some aspects of care may be satisfactory to patients and to others, dissatisfactory.^[5,6] Some of the factors that have been shown to affect patients' satisfaction

with dental care include technical competence, interpersonal factors, convenience, costs and facilities.^[7]

Patient satisfaction has been linked to the outcome of care; satisfied patients are compliant with the advice of their dental practitioner, which leads to better effects of treatment.^[8,9] The outcome of dental treatment impacts upon patients' attendance for dental treatment where a poor outcome may delay future visits to the dental practitioner.^[10] Given that satisfaction influences patients' attendance for

dental care,^[11] this study will determine the level and inferentially explore, the factors associated with satisfaction levels based on various sociodemographic factors such as age, gender, ethnicity, education level, dental attendance, and self-rated dental health status as well as accessibility, technical skill, interpersonal factors and pain management. The resulting inferences will be used to provide missing information on this subject matter with a view to appropriate dissemination of the findings.

Some studies have shown that older patients had greater levels of satisfaction with dental care than younger age groups.^[1,12] However, other studies showed no difference between age and satisfaction.^[13] Female patients in some studies were more satisfied with dental care than males, which may be related to their greater attendance for dental care.^[13] However, in another study, gender was not shown to influence patient satisfaction.^[14]

Patients of low-income have been shown to have poor self-reported dental statuses.^[4] Patients who reported poor oral health had levels of low satisfaction with dental care. This may be related to the notion that dissatisfied patients would be irregular attenders and would have poorer dental statuses.^[15]

Patients are satisfied when they can easily get an appointment, do not have long waiting periods before treatment and can get treated quickly especially in

emergency situations.^[16] The location of the dental office with respect to being easily accessible via transportation methods has been linked to satisfaction and patients had high levels of dissatisfaction when dentists were unavailable during off- hours such as, holidays and weekends.^[16]

Other studies have shown that patients are satisfied when they perceive that there is both quality of dental treatment and there is perceived competence of the practitioner as well as equipment which is up-to-date and a “well-equipped” practice.^[7] Patients have been more satisfied with dentists who have been shown to be “understanding” and “Information giving”.^[17] Furthermore, communication has been shown to be important in both satisfaction and in the prevention of litigation.^[18] Patients have shown dissatisfaction when there has been insufficient information on the prevention of common dental diseases such as “gingivitis and caries”, possibly because this advice may be utilized in their maintenance of oral health^[19] and prevention of common oral diseases such as caries and gingivitis.

Patients are satisfied with dentists who are painless and those who use appropriate medicines to relieve or prevent pain. Thus, satisfaction is high when dentists respond to patients’ pain.^[7] This finding is consistent with patients being satisfied with dentists who are able to control pain,^[20] which may reduce dental anxiety.

In Trinidad and Tobago (T&T) there is limited data on both patient satisfaction studies, as well as on the dental health status of the general population. One national health survey was conducted in 2004 on a population of schoolchildren aged 6-8 years and 12 and 15 years in T&T.^[21] This study showed that the younger age group of 6-8 year olds had a higher prevalence and severity of caries compared to the 12 and 15 year olds which resulted from “increased awareness of dental health” by the public as a result of fluoride toothpastes and children’s dental attendance.^[21] However the adult dental health status is unknown, due to an absence of data in this population.^[22]

The Arima Health Facility (AHF) is unique in that it is a public health facility where all treatment is performed free of cost to the public. The results from this study will provide recommendations to the UWI Dental School which will serve to influence future policy decisions on dental care facilities at the various Health Facilities in Trinidad and Tobago. This study can benefit the public’s dental health as increased satisfaction should lead to increased attendance and reduced dental diseases since many dental diseases such as caries and periodontal disease are preventable through proper oral hygiene and fluoride in toothpastes. Since oral health is a human right and is vital to general health^[23] increased dental attendance may reduce morbidity from oral disease via early detection and allow for interceptive treatment. Furthermore

improved dental attendance will provide a forum with the public whereby dentists and those in training may disseminate preventive evidence-based advice that would promote overall health.

The purpose of this study is to determine the levels of satisfaction and the factors associated with overall satisfaction with the University of the West Indies (UWI) dental school Interns oral health care provided to adult patients at the Arima Health Facility (AHF), School of Dentistry (SoD) Clinic in Trinidad.

MATERIALS AND METHODS:

Over time many questionnaires and psychometric scales have been developed and used to analyse patient satisfaction with dental care, however psychometric scales tend to be influenced by social and cultural differences.^[24] Patients’ satisfaction with dental care has been shown to be affected by various factors and there have been different measures used to assess patient satisfaction. The two main measures of dental satisfaction include:

1. The Dental Satisfaction Questionnaire (DSQ) of Davies and Ware^[1] - this questionnaire contains dimensions of the dentist’s technical competence, interpersonal aspects of care, pain and fear as a result of treatment as well as overall satisfaction with dental care
2. The Dental Visit Satisfaction Survey (DVSS)^[17] this questionnaire assesses dimensions of “cognitive, affective, behavioral satisfaction and overall

satisfaction” with respect to a “specific dental encounter”

Additionally, other studies used their own measure of dental patients’ satisfaction with care, however; unlike the DSQ, these instruments were neither valid nor reliable in countries other than the one in which they originated. After reviewing the various measures of patient satisfaction with dental care, the measure found to assess dentists generally in terms of overall satisfaction, pain management, quality and access is the DSQ of Davies and Ware ^[1]. The DSQ has been useful in other countries, apart from the one in which it was developed, where its use is widespread based on its validity and reliability. ^[25] Furthermore, in a similar setting the DSQ had a high Cronbach’s alpha which further attests to its reliability. ^[25]

Davies and Ware ^[1] described a framework that was used to analyze the three subscales of pain management, quality and access (total) and the overall dental satisfaction and describe statistics for measures of dental satisfaction. The DSQ developed by Davies & Ware ^[1] was a self-administered questionnaire that used participants as young as 14 years old and took approximately 5 minutes for its completion. This questionnaire was a seventeen-item one that used a 5-point Likert scale, ranging from “strongly agree” to “agree”, “not sure”, “disagree” to “strongly disagree”. The questionnaire has been shown to determine patient satisfaction with dental care using “cognitive factors” which looks at the

“dentists in general”. ^[3] The scaled mean is to be calculated by dividing the mean score of the scale by the number of items in the particular scale. ^[1,4] The prorated mean is the raw mean expressed as a % of the highest possible score of the subscale. In addition, the “socio-demographic correlates of the measures” are to be examined. ^[1] This analytical framework is both valid and reliable and has been shown to be appropriate in different countries. ^[26]

Sampling frame: The appointments list for the clinic, during data collection, was used, where all patients who were eligible to participate in the study were identified.

Sampling approach: Consecutive patients in the waiting room were invited to participate in the study by the receptionists who gave the patients the consent sheets during the period in which data collection took place (6 weeks). All adult patients who have had dental treatment at this clinic at least once, within the past 12 months were included while patients under 18 years of age, illiterate patients and first time attendees were excluded. This sampling approach was used due to the limitation of resources and the time constraints to obtain the data within the allotted time frame. ^[27]

The DSQ was self-administered and was slightly modified to increase suitability in this population where, the DSQ asks questions in relation to the dentists such as “Dentists offices are very modern and up to date” ^[1] however, the word “dentists” was replaced by “UWI dental

interns” in that question and all other relevant questions to make the questionnaire focused on the UWI dental clinic. As a result of the reliability and validity of the DSQ in multiple countries, [26] there was no need to assess these attributes further using Cronbach’s alpha which has been used in several studies each of which have confirmed the internal consistency of the DSQ. [1,4,25,26]

The outcomes measured were the three subscales and the overall levels of satisfaction with dental care (DS- I (overall)). The mean scaled DS- I (overall) was treated as a continuous variable and the other independent variables were categorical. The scaled DS- I (overall) mean for each variable of interest namely ethnicity, level of education, marital status, occupation, self-rated dental health status, their dental attendance and the procedure at their last visit, was obtained from the primary data. The DSQ is analyzed based on the 4 subscales- pain management, interpersonal skills, accessibility and technical skills together with the technology available; and the overall satisfaction with dental care (DS-I (overall) at the UWI adult dental clinics as described according to Davies & Ware.

[1] Calculations were conducted on the mean, standard deviation, scaled mean, prorated means of each subscale, based on the scoring rules of Davies & Ware. [1] It is assumed that these scores determined the levels of satisfaction and that these levels will be high. Ethical approval was obtained from UWI prior to data collection and the participants were

required to sign a consent sheet that ensured that they understood and agreed to participate in the study. Ethical protection of the participants was assured by having anonymous questionnaires, which were self-administered where the patients were made aware that their participation was completely voluntary. Additionally, the questionnaires were returned via a drop box and this information was stored securely and entered on a password - protected computer, accessed solely by the researcher.

RESULTS:

One hundred and sixty four questionnaires were collected. The data were analyzed in SPSS version 20, at the 0.05 level of significance. The data were analyzed using descriptive statistics in the first instance to depict the population under investigation. This was followed by inferential statistics to test the hypotheses, specifically Spearman's Rho correlation as the scales used to measure the variables were ordinal in nature.

The data suggests that the main reason the patients who took part in the survey attended the UWI Dental Clinic at the AHF was due to experiencing pain, with 53.6% of the respondents indicating such. The other reason provided was for restoration work with 46.4% of respondents indicating so. The analysis of the data also revealed that persons attending the clinic were between the ages 18-85 and the majority of patients

were between ages 45-64 yrs (35.2%), this was followed by 29.6% between ages 25-44 yrs and 22.6% between ages 65-74 yrs. There were 58.9% female patients surveyed as compared to 41.1% male. The frequency analysis also revealed that the majority of patients, 36.1%, were married or living with a partner. Further, 35.4% were single and 19% widowed. The majority of patients surveyed at the UWI Dental Clinic attained secondary level education (60.8%,) followed by 22.2% attaining primary school education and 13.9% university educated. Of the persons surveyed, 3.2% had no education.

The descriptive analysis further revealed that the ethnic makeup of the population surveyed was approximately evenly distributed as it relates to Afro-Trinidadian (34.6%), Indo-Trinidadian (30.7%) and Mixed (30.1%). The "other" category reflected a 4.6% contribution to the sample population.

Patients were also questioned on their occupation and the data revealed that the majority (30%) engaged in skilled manual labor. The other respondents were housewives (18%), unemployed (17.3%), non-manual labor (11.3%), retired (7.3%) and professional (6%) were the smallest groups represented in the sample. Of the population surveyed, 89.5% of respondents reported having no regular dentist as compared to 10.5% indicating a regular dentist. When respondents were asked how often they attended the dental clinic it was revealed that the majority (48.4%) only attend

clinic when they experience pain, and 22.6% visit once a year. Less than 5% of the sample visited the dentist as frequently as every 6 months. The majority of patients (79.6%) viewed their dental health as being fair or good.

The descriptive statistics indicate that patients were satisfied with his/her experience at the UWI Dental Clinic. Overall one-third of the patients were satisfied or very satisfied with the clinic. However, the majority of patients were indifferent - neither satisfied nor dissatisfied with the clinic (54.9%) and 11% recorded dissatisfaction with their experience (Table 1).

It was also revealed from the analysis that 57.9% of the sample found the UWI Dental Clinic accessible or very accessible followed by 41.5% being indifferent and only 0.6% who see it as inaccessible. The majority of patients sampled indicated experiencing good or very good pain management practices (61.9%), followed by 17.2% feeling indifferent and 16% experiencing bad pain management. Overall three quarters of patients also rate the interpersonal skills of the dentists and staff at the clinic as good or very good (75.6%), followed by 23.8% viewing it as not good or bad, and 0.6% as bad. The majority of patients also rated the clinic as technical or very technical (92%), 7.3% indifferent and 0.6% somewhat technical.

Statistical Analysis: There were four hypotheses exploring the relationship between patient satisfaction and the

following factors: accessibility, pain management, interpersonal and technical skills and technology. The results of the Spearman's Rho Correlation indicate no significant correlation between the variables patient satisfaction and accessibility (Rho=.082; p value=0.298; N=164), pain management (Rho=.081; p value=0.301; N=163), interpersonal (Rho= -.024; p value=0.757; N=164) and technical (Rho=.052; p value=0.505; N=164). (Table 2).

The Mann-Whitney U analysis reveals no significant difference in patient satisfaction based on gender (U=2985.000; Z=-0.148; Sig=0.882; N=158). The results of the Kruskal Wallis Test of difference reveal no significant differences in patient satisfaction based on age of patient sample ($X^2=3.526$; df=5; Sig=0.619; N=159), based on marital status of patients sample ($X^2=0.923$; df=4; Sig=0.921; N=158) or based on level of education of patients sample ($X^2=5.528$; df=3; Sig=0.137; N=158).

The results indicate no significant correlation between patient satisfaction and their view of their overall dental health (rho=0.055; Sig=0.496; N=157), based on ethnicity of patients sample ($X^2=1.470$; df=3; Sig=0.689; N=153) or based on occupation of patients sample ($X^2=4.104$; df=6; Sig=0.663; N=150).

DISCUSSION:

The results of this study shows that on average the patients were satisfied with

their experience at the UWI clinic. Overall one-third of the patients were satisfied or very satisfied with the clinic. The relationship between the overall satisfaction levels and sociodemographic factors, dental attendance, procedure and self-rated dental health status as well as accessibility, technical skill, interpersonal factors and pain management were explored. Unexpectedly, however, no statistically significant relationship between satisfaction and the following variables of age, gender, ethnicity, dental attendance, occupation or education, was found in this population. This result is consistent with that found by Al-Mudafa et al.^[13] with respect to age and satisfaction of dental care. Mascarenhas^[14] similarly found that there was no significant relationship with gender and satisfaction. The results also showed that there was no significant correlation between patient satisfaction and overall self-rated dental health status. This finding differs to that of Goelletz, Milgrom & Mancl^[4] where patient satisfaction was shown to be related to self-reported dental health status where self-reported poor oral health and dissatisfaction were related. In this study it was shown that the factors discussed in the literature that determine satisfaction are not as significant as those found in this study.

The results indicate that some other factors besides accessibility, technology, pain management and interpersonal skill are impacting satisfaction. This may be unique to this clinic as patients generally

have low expectations at these free public health clinics. This may be because the majority of patients attending this clinic are in need of dental extractions and attend only when in pain and therefore may not see oral health as a priority. This may be related to the fact that there are other factors that affect patients' satisfaction in a free public health clinic. A meaningful recommendation for future research would be to carry out a qualitative research with the population to identify the themes which drive patients' satisfaction and the continued use of free public health clinics.

This study assessed patients' satisfaction with respect to certain aspects of dental care, namely access, quality and overall satisfaction.^[1] However, this assessment was based on normative criteria. Assuming that satisfaction is subjective,^[3] this questionnaire may not have been able to elicit all aspects of care that patients may deem pertinent to their satisfaction levels with dental care, the way a qualitative study may have been able to acquire. Furthermore, the DSQ framework by Davies and Ware (1982) used in this study assesses levels of satisfaction with dental care, however, this questionnaire has been shown to be limited in its assessment of dental patients satisfaction, in that emotional, perceptible and social factors are not assessed.^[7] This limitation may have impacted upon the results as none of the demographics were shown to have any correlation to dental patients satisfaction, these unmeasured factors

may have been related to the determined levels of satisfaction in this research. Future studies based on qualitative findings may also help determine why patients had these levels of satisfaction based on this primary analysis of this normative assessment.

Another limitation of this study is that the views of current patients were assessed rather than that of former patients which may have led to different results since showed that an "inflated response"^[5] may have arisen as a result of patients who are dissatisfied no longer utilising the dental services of the clinic. On the other hand, the exclusion criteria of the methodology of this study omitted the views of patients who may have been satisfied or even dissatisfied with just one visit for emergency treatment and could have affected their subsequent attendance for dental treatment in this setting. Additionally, this study was limited by the methodology of self-administered questionnaires resulted in a total of 164 completed questionnaires, given that the questionnaires were anonymous. This eliminated the option of obtaining the missing data from the corresponding respondents however, this method was chosen to eliminate interviewer bias which may have occurred had it been administered by the researcher.^[27] Care should be taken when generalising the findings of this study to the general population since the subjects of this study belonged to a subgroup, that is, patients attending a free University-based dental clinic. The

employment of self-administered questionnaires eliminated the possibility of interviewer bias.^[27] However, the study may have been subjected to “recall bias” ;^[27] nonetheless, the recall time frame was limited to treatment received over the past twelve months at this clinic.

From the data it can be seen that the clinic provides both pain management services (53.6%) and restorative services (46.4%); and good management or very good management of pain was over 60% (61.9%). The recommendation from these findings suggest that expanding this service will improve access to the public and in so doing improve the oral health status of the population. This significant finding can also be used as a guide to inform policy related to dental care delivery in the public sector. The data collected shows that almost 90% (89.5%) of the persons attending this clinic did not have a regular dentist. A suggested recommendation on the data would be for the expansion of this service to the public sector as there is a definite need to accommodate this large group of persons. A more in depth qualitative investigations and analysis of reasons for non-attendance at dentists and other barriers to dental care in Trinidad needs to be performed. Additionally, routine audits after implementation of recommendations will be useful in determining their success in affecting patients’ satisfaction with dental care, the findings of which can be used to ensure the improved quality of dental care.

CONCLUSION:

Overall one-third of the patients were satisfied or very satisfied with the clinic. However, the majority of patients were indifferent and 11% recorded dissatisfaction with their experience. There was no significant correlation between satisfaction and the following variables of age, gender, ethnicity, dental attendance, occupation or education, accessibility, pain management, interpersonal skills or technical aspects found in this population.

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TABLES:

Table 1: Showing Patient Satisfaction at the UWI Dental Clinic

N		Valid			164
		Missing			0
Mean					2.7317
Std. Deviation					0.70142
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	6	3.7	3.7	3.7
	Satisfied	50	30.4	30.4	34.1
	Indifferent	90	54.9	54.9	89.0
	Dissatisfied	18	11.0	11.0	100.0
	Total	164	100.0	100.0	

Table 2: Showing the Results of the Spearman's Rho Correlation: Patient Satisfaction and Accessibility, Pain Management, Interpersonal and Technical.

			Patient Satisfaction	Accessibility	Pain Management	Interpersonal	Technical
Spearman's rho	Patient Satisfaction	Correlation Coefficient	1.000	.082	.081	-.024	.052
		Sig. (2-tailed)	.	.298	.301	.757	.505
		N	164	164	163	164	164
**. Correlation is significant at the 0.01 level (2-tailed).							