Assessment of Patients' Satisfaction with Restorative Dental Care using the SERVQUAL Model

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ABSTRACT

Citation: Enabulele JE., Masagbor GO, Idehen O. (2024). Assessment of patients' satisfaction with restorative dental care using the SERVQUAL model. Nig J Dent Sci; 7(1):c3-c4.

INTRODUCTION

In the contemporary globalized and competitive society, organizational survival necessitates a focus on the quality and improvement of services. A shift in quality measurement from product features to customer demand is observed. This is no different in healthcare delivery, particularly oral health care, where emphasis has shifted from just the clinician's perspective to encompass the patient's perception of the care rendered. It is therefore imperative to constantly assess feedbacks from direct recipients of our management options, thus pointing out areas of strength and needed improvement so as to result in an improved quality of life. This study specifically explored service quality and patient satisfaction in restorative dental care at a Nigerian tertiary health care centre, using the SERVQUAL model to assess the service quality gap.

METHODS

A descriptive cross-sectional study was conducted using 110 self-administered SERVQUAL questionnaires among patients attending the Restorative Dentistry clinic of the University of Benin Teaching Hospital. The questionnaire included 22 items across five dimensions. Data analysis utilized SPSS 20, incorporating the Kruskal-Wallis H test to assess the association between age, education level, and service quality dimensions (tangibles, reliability, responsiveness, assurance, and empathy).

RESULTS

Out of the total number of 110 respondents, 49 (44.5%) were males and 61 (55.5%), were females. The median age of the respondents was 30.00 (IQR: 22.75 – 44.25); the variable 'age' was non-normally distributed (Kolmogorov-Smirnov statistic = 0.154, $p < 0.001$; Shapiro-Wilk's statistic = 0.890 $p < 0.001$). The majority of respondents were from diverse

occupations. Education levels varied, with a notable representation of respondents with tertiary education. The study explored the number of dental clinic visits, procedures undertaken, and the level of clinicians attending to patients. On computing the Kruskal-Wallis test H to assess the association between age, education level, number of visits to the dental clinic, number of visits to the restorative clinic, and service quality dimensions (tangibles, reliability, responsiveness, assurance, and empathy), there was no significant difference in the respondents' reported mean service quality across different age groups, education levels, and number of visits to the dental and restorative clinics ($p > 0.05$).

Table 1: Respondents' reported service quality in relation to number of visits at the dental clinic, and restorative clinic UBTH.

Number of Visits to the Dental Clinic							
Service Quality Dimension	**Kruskal-Wallis H**	**Degrees of Freedom**	**P-Value**	**Median (1 Visit)**	**Median (2 Visits)**	**Median (3 Visits)**	**Median (4+ Visits)**
Tangibles	2.18	3	0.535	4.0	4.0	4.0	3.0
Reliability	2.49	3	0.476	5.5	5.5	5.0	5.0
Responsiveness	2.45	3	0.485	4.0	4.0	4.0	4.0
Assurance	1.93	3	0.588	5.0	4.0	5.0	4.0
Empathy	0.37	3	0.946	5.0	5.0	5.0	5.0
Number of Visits to the Restorative Clinic UBTH							
Service Quality Dimension	**Kruskal-Wallis H**	**Degrees of Freedom**	**P-Value**	**Median (1 Visit)**	**Median (2 Visits)**	**Median (3 Visits)**	**Median (4+ Visits)**
Tangibles	4.75	3	0.191	4.0	4.0	4.0	3.0
Reliability	0.56	3	0.906	5.0	5.0	5.0	5.0
Responsiveness	2.04	3	0.564	4.0	4.0	4.0	4.0
Assurance	2.37	3	0.499	4.0	4.0	5.5	4.0
Empathy	1.47	3	0.690	5.0	5.0	5.0	5.0

CONCLUSION

This investigation emphasizes the paramount importance of quality care in the healthcare sector. Findings indicate that there was no statistically significant difference in reported mean service quality across age, education levels, number of visits to the dental and restorative clinics in UBTH among the sampled respondents, suggesting a consistent standard of care irrespective of sociodemographic characteristics of the patient.

ACKNOWLEDGEMENT

The authors acknowledge the financial support provided by the Nigerian Dental Association, Edo State Chapter (Edo NDA) through the 2022 Edo NDA seed Grant.

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