

ABSTRACT

From a humble beginning, the private practice in Dentistry in Sri Lanka has grown up in size thus creating many problems to patients as well as practitioners. The quality of care is one problem that needs immediate attention. I will discuss and suggest ways and means of achieving quality in the present context.

The aim of the study was to evaluate the quality of dental care provided by private dental practitioners. The quality of care was assessed in terms of "structure" "process" and "outcome".

A cross sectional study was carried out in two stages. Stage 1 was carried out in order to collect information relating to structure and process dimensions of private dental practices. This study was carried out on private dental clinics in the Greater Colombo area. Stage 2 was carried out to evaluate patient satisfaction about the quality of care they had received from private dental practices. The population for Stage 2 of the study was selected from a private sector institution, which was located in the Greater Colombo area. All employees who had obtained dental care from private dental practices were included in the sample. In both stages, data was collected by means of self-administered questionnaires.

Among the sample of dental surgeons, only a few females (23%) were engaged in private practice compared to males. There were 64 dental surgeons who graduated within the last 10 years and 30 of them had their own clinic. The study revealed that most of the dental clinics possessed facilities, which would have a positive impact on the quality of care, provided. However, as the information was gathered from dental surgeons, they should be interpreted with caution because of the possibility of information bias. Only 20% dental surgeons had their own prosthetic lab within their practice. The type of Ancillary staff employed in the private dental practice is another important factor of the structural aspect that was considered in this study. Findings revealed that the commonest category of ancillary worker was the Dental Surgery Assistant. Also as most of dental surgeons rely on dental surgery assistants for instrument sterilization, it is necessary that they be trained for this purpose.

Donabedian stressed the importance of assessing the care provided by practitioners and other health care providers in the evaluation of quality of care. According to him, the care provided could be assessed in terms of the technical performance and interpersonal performance. Type of treatment options available or performed by dental surgeons is categorized in to three components, curative, preventive and rehabilitative. The findings of this study indicate that almost all types of curative treatments were carried out in private dental practices except procedures like apicectomy and periodontal surgery. As expected the provision of preventive care was low. Only a very few dental surgeons used fissure sealant in children. Dental surgeons may not like to provide preventive care because the fees charged for preventive procedures are generally lower than what is charged for curative care. Rehabilitative care included a wide range of dental treatment. Among them prosthetic treatment was very common and also a considerable number of dental surgeons practice orthodontics as well. According to the findings of this study, unlike in the curative care there was a big variation in the fees charged for rehabilitative care, especially for dentures. Most of the dental surgeons (96%) mentioned that they wore gloves and masks during treatment. This is a welcome sign and it shows that the dental surgeons are concerned about the control of cross infection. Interpersonal aspect in care is a very important component in the assessment of the quality as it influences patient satisfaction. This can be assessed by the communication between the dental surgeon and the patient. It is the duty of the dental surgeon to explain about the treatment procedure, treatment options, cost and consequences of treatment to the patient. However most of the dental surgeons involved in the study indicated, that they do not always communicate about above-mentioned factors to the patients. The study showed that a high percentage (31%) of dental surgeons did not maintain proper records.

In many studies where patient satisfaction has been assessed, the patients have not been critical. The results revealed that 80% of patients were satisfied with the overall treatment that they received. This information was obtained by a single question, which inquired whether the patient was satisfied with treatment received. However, when satisfactions with respect to individual components were assessed, there was a reduction in the percentage that said they were satisfied. Cost seemed to be a great concern for a considerable number of subjects. Twenty eight percent were not satisfied with the cost of treatment. As regards the time spent by dental surgeon for the treatment 22% had not commented. Forty percent were satisfied with the facilities provided in the clinics they last visited. Information or advice given by dental surgeons in private dental practices is

another important indication of the dental surgeon's interpersonal management. The study showed that brushing instructions and need for regular dental check-ups were the mostly received advice or information. The preference for future dental treatment can be regarded as an indication of satisfaction about last visited dental clinic. Forty one percent of subjects have stated that they would like to visit the same private dental clinic that they last visited.

Evaluating quality of dental care provided in private dental practices in Sri Lanka is a novel as well as a controversial issue. This is the first study that evaluated the quality of care provided by private dental practices in Sri Lanka and gives information about the current status of private dental practices in Sri Lanka.

The range of procedures practiced in the private dental practices with respect to curative and rehabilitative care was wide. However, preventive practices were not satisfactory. The fees charged or cost of treatment is another main issue covered in this study. The fees charged are not uniformed and there was a wide variation in the fees charged. Record keeping in the private dental practice was found to be low. Most dental surgeons seemed to be not interested in keeping any type of records relevant to their treatment. This aspect will directly affect the quality of the care delivered. Finally, the outcome was measured through a patient satisfaction. The results revealed that the patients were satisfied with the care provided. However, considerable number of patients was critical as regards some aspects.

Initiating proper registration system for private dental practitioners and private dental clinics and continuous monitoring through an appointed body or a committee is recommended. There should be some educational measures to improve knowledge of private dental practitioners in dentistry, such as including general dental practice in the undergraduate curriculum are further recommended.