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Research Article

A Factor Analysis Of Dental Service Satisfaction In India: A Practical Investigation

Suzana Hasan Ali Alqafeai[1], Dr. Sakhi John[2*], Dr. Shibu John[3]

[1]PhD Research Scholar, Department of Healthcare and Pharmaceutical Management, School of Management and Business Studies, Jamia Hamdard, New Delhi, India.
[2*]Assistant Professor, Department of Healthcare and Pharmaceutical Management, School of Management and Business Studies, Jamia Hamdard, New Delhi, India.
[3]Professor, Department of Hospital Management & Hospice Studies, Jamia Millia Islamia, New Delhi, India

***Corresponding Author:** Dr. Sakhi John
*Assistant Professor, Department of Healthcare and Pharmaceutical Management, School of Management and Business Studies, Jamia Hamdard, New Delhi, India.

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ABSTRACT

Background: The main goal of offering high-quality dental treatment is to meet the requirements and expectations of patients, create strong connections between doctors and patients, meet defined criteria, and offer a framework for continuous improvement. Making sure patients are happy has been healthcare facilities' top priority. Examining what factors impact Indian patients' satisfaction with dental care is the aim of this study.

Approach and methodology: Participants in this descriptive study were recent dental treatment recipients in the Delhi and National Capital Region areas, drawn from a variety of hospitals and independent clinics. A survey was utilised to gather the data. This survey received responses from 400 people in the Delhi/National Capital Region area. The regression method was employed for the data analysis.

Result: Regression analysis showed that every single one of the investigated factors improved patients' overall satisfaction. A number of aspects of dental care service and its effect on consumer satisfaction were the primary foci of the research. The cleanliness of the dental clinic and the dentist's demeanour have the most impact on Indian patients' levels of satisfaction with their dental care. The link between patients' enjoyment and the dentist's conduct is substantial (r = 0.676), while the correlation between overall hygiene and patients' pleasure is moderate (r = 0.574). While there was a weak relationship between patient satisfaction and treatment cost (r = 0.111 for CO) and physical facility quality (r = 0.292 for PF), there was still some relationship.

Conclusion: Results show that all of the theories were correct, however the overall strength of the relationship was slightly different, according to the empirical study's conclusion. The results can help healthcare facility and clinic managers prioritise these factors when planning programmes to boost patients' satisfaction. A strong doctor-patient relationship, improved hospital service quality according to patient opinions, and a system of continuous improvement can all be facilitated by the study's several dimensions of quality service.

Keywords: Quality Indicators; Dental Services; Patients perception; patient satisfaction

Introduction

The satisfaction of patients in dentistry relies on dentists' proficiency in meeting quality benchmarks and ensuring that patients' treatment expectations are met. Due of the substantial influence quality has on service recipients, it has become a contested matter [1]. The dissatisfaction and grievances expressed by patients can generate significant stress and worry for dentists, ultimately resulting in patient attrition [2]. Hospitals have a responsibility to offer patients with competent, effective, pleasant, and equitable treatment, as they are the

major beneficiaries of healthcare services [3]. Objective evaluations of therapy diverge greatly from subjective evaluations made by patients regarding the effectiveness of their treatment. The variation in question may arise due to many factors associated with the quality of treatment and service [4]. As a result, the study question, "To what extent do various quality indicators contribute to improving quality outcomes and patient satisfaction?" will be answered more expeditiously. Dental offices, regardless of whether they are affiliated with larger institutions or operate independently, utilise patient satisfaction as a primary measure of service excellence [5]. Executing the subsequent procedures will greatly enhance the calibre: It is important to establish initial values, implement an intervention, and then analyse the same indicator one year later to assess improvement [6]. According to the patient satisfaction data, this appears to be a recurring occurrence that affects all aspects of healthcare. The main objective of this research is to ascertain the key characteristics that patients consider crucial for the continuation of their therapy. Moreover, it assesses these aspects, their influence on the improvement of dental services, and the extent to which dental consumers experience satisfaction. The research question for this analysis was: "Which factors of dental care provision exert the most significant impact on patients' evaluations of the quality of the treatment they receive?" The inquiry and prior literature reviews have revealed specific characteristics linked to different areas of dental treatment quality.

Quality of Service

Within the current fiercely competitive sector, the opinions of patients on the quality of healthcare services are of utmost importance. Healthcare practitioners face the challenge of meeting patients' expectations for top-notch care [3]. Consequently, healthcare providers who genuinely prioritise their patients consider quality as the primary factor in distinguishing themselves from their competitors [7]. The quality of care that patients receive is strongly correlated with their pleasure or perceived fulfilment [8]. Currently, healthcare providers must devise strategies to reduce costs while maintaining high standards of quality and reliability. The user input is "[9]." The dentist's ability to service patients swiftly is strongly correlated with the physical arrangement of the office [10]. The evaluation of service quality in this study considered factors such as waiting times, physical amenities, overall cleanliness, and the educational and experiential background of the dental personnel.

Perception of the Patient

The goal of dental care is to deliver the most effective treatment that fulfils the patients' requirements and beyond their expectations [11]. The behaviour and communication skills of dentists have a notable influence on how patients perceive the quality of dental care they will receive [12]. Healthcare providers have a crucial role in effectively diagnosing and treating oral health disorders for patients worldwide, making this a matter of great significance [13, 14]. This study examined the correlation between patients' opinions of the quality of dental care they receive and factors such as socioeconomic level and the probability of a certain condition. Patients assessed the quality of dental care services across many areas, such as waiting time, communication, and facilities. Furthermore, a study discovered that the amount of time patients had to wait was responsible for a portion of the differences reported in their satisfaction ratings [15]. Upon examining the perspectives of patients, researchers identified several factors that were strongly pertinent to their ideas and concerns. The criteria encompassed factors such as the dentists' demeanour, the duration of consultations, the expense of treatment, and the language employed for communication.

Materials & Methods

Study Design

In order to assess the proposed hypotheses and analyse the study model, we adopted survey methods to collect data and utilised the Statistical Package for Social Sciences (SPSS) for statistical analysis. A descriptive study design was employed to investigate the correlation between variables. This study comprised individuals aged 15 and above, up to 70, who had recently undergone dental treatment and possessed a valid viewpoint. The missing participants were persons who were either underage or unable to give informed permission.

Sampling and data collection

Data was collected from April 2022 to February 2023 by an online survey administered to individuals who had just received dental care. We employed a random sampling method, taking into account the study's purpose, to choose the participants. The sample size was determined based on the average value of samples collected from similar studies [16]. There were 400 participants from the Delhi/NCR region who completed the questionnaire. The research questionnaire was adapted from previous investigations [17–19]. The questionnaire consists of a thorough collection of 38 items, carefully selected as the most relevant qualities. The questionnaire consisted of two components (Table 1). The first part of the survey focused on questions related to demography. An optimal structure for healthcare surveys is the layout that consists of a second component, incorporating Likert-scale questions. The items in this survey are attitude statements that ask participants to identify their level of agreement on a five-point scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree) [20, 21].

Theoretical Framework

Health stakeholders should prioritise the quality of their services as a critical factor in determining patient satisfaction. This involves understanding patients' impression of service quality and making improvements accordingly. Every dental clinic, along with all other establishments in this industry, is encountering this difficulty and must reevaluate the structure of their service development to meet the standards set by the accrediting criteria. The study seeks to examine the factors that affect patient satisfaction and the quality of dental care services in Delhi/NCR and assess their influence on achieving value-added. Figure 1 illustrates the research model. The study's dependent variable was the level of satisfaction reported by patients, whereas the independent variable was the type of dental treatments administered. The purpose of prioritising these factors was to enhance patient satisfaction and enhance the quality of dental care. The components of dental care services were selected to encompass communication language, consultation duration, waiting duration, dentist conduct, treatment expenses, physical amenities, general cleanliness, and patient agreement (Figure 1).

Variables and Instrument Validation

To ensure the survey instrument's correctness and reliability, the research included materials obtained from credible sources. The assessment of patient satisfaction involved nine scale factors, which included treatment cost, language of communication, patient consent, waiting time, hygiene, physical infrastructure, dental conduct, educational background, consultation time, and patient satisfaction.

Validity of Content

Content validity evaluates the extent to which an instrument effectively and accurately represents the subject matter it is designed to examine. The questionnaire's content validity is determined by a thorough analysis of pertinent literature and the expertise of professionals in the fields of service quality and patient satisfaction. Their feedback has played a crucial role in implementing essential adjustments.

Validity and Reliability

The Cronbach's alpha reliability results, as displayed in Table 2, This outcome significantly exceeds the minimum requirement of 0.7. The results indicate a robust association between the exam questions, since each individual value for Alpha consistently exhibited a high level.

Convergent Validity

When the Average Variance Extracted (AVE value) is greater than 0.50, it implies a higher level of convergent validity, according to the conventional method for evaluating convergent validity [22]. The analysis determined that the full AVE value is statistically significant, above 0.5 (Table 3).

Results

Data Analysis

The accuracy of the research model was guaranteed by utilising descriptive analysis and regression analysis as statistical methodologies. The objective was to determine the primary determinants that impact patient satisfaction, the level of dental care services, and patients' perceptions of the quality of such treatments. We employed descriptive analysis to determine the variables of the study and evaluate the importance of the aspects and dimensions from the perspective of the respondents. The survey was exclusively distributed to persons who had just visited the dentist, in accordance with our participant selection criteria.

Researchers have discovered that patient satisfaction is significantly affected by demographic factors, including education, gender, income, preferred treatment location, and age, as well as service-related factors. Among the 400 participants, there were 239 females, accounting for 59.7% of the total, while there were 161 males, making up 40.3% of the total. Among the persons we examined, the most populous group, with 173 individuals (43.3%), belongs to the age bracket of 46–70. Furthermore, out of the participants, 249 individuals, accounting for 62.3% of the total, possessed either a bachelor's or a master's degree. Conversely, only 29 respondents, making up 7.2% of the sample, lacked any formal education. Out of the 400 participants, a total of 253 individuals, which is equivalent to 63.2% of the total, stated that their income exceeded 40K. Furthermore, out of the whole sample, 90 participants, accounting for 22.5% of the respondents, reported an income between 20,000 and 40,000 dollars. Among the entire group of respondents, 220 persons (55%) indicated a preference for seeking treatment in institutions that provide multiple specialties. Conversely, a mere 74 participants (18.5%) expressed a predilection for independent dentistry clinics. In addition, 106 respondents (26.5%) expressed their willingness to obtain therapy at any location. Table 4 displays the demographic analysis of the participants.

The poll unveiled substantial disparities in patient satisfaction rates. The study's hypothesis is given in Table 5. The results of the regression analysis, which investigated the impact of several characteristics of dental care services on patient satisfaction, are presented in Table 6. The data reported in the table below supports each of the hypotheses.

H1: The regression analysis demonstrated a direct relationship between the expense of medical care and the level of satisfaction reported by patients. The regression coefficient, shown as r = 0.111a, indicates a positive

and meaningful correlation, implying a direct relationship between the two variables. The treatment cost, as the independent variable, may explain 0.012 of the variance in the dependent variable (r2 value). This value shows the magnitude of the total variability in the dependent variable, which is patient satisfaction.
H2: Table 6 presents the results of a regression analysis that examined the influence of communication language (CL) on patient satisfaction (Psat) levels. The regression analysis revealed a direct correlation between CL and Psat. The robust and advantageous result of r = 0.534a suggests a direct relationship between the two variables. The correlation coefficient (r2) of 0.285 suggests that there is a moderate relationship between "communication language" and "patient satisfaction," with "communication language" accounting for 28.5% of the observed differences in "patient satisfaction."
H3: Table 6 presents the findings of the regression analysis conducted to investigate the impact of patient consent (PC) on the achievement of patient satisfaction. The correlation analysis revealed a favourable association between PC and Psat. The coefficient r = 0.341a suggests a strong positive correlation between the two variables. The coefficient of determination, r2, is 0.117, indicating that about 0.117 of the observed variations in "patient's satisfaction" may be related to differences in "patient's consent."
H4: The regression analysis in Table 6 shows the impact of waiting time (WT) on patient satisfaction. The correlation analysis demonstrated a positive link between WT and Psat. The value of r = 0.397a suggests a strong and statistically significant positive correlation between the two variables. The coefficient of determination, r2 = 0.158, suggests that approximately 0.158 of the variation in "patient satisfaction" can be accounted for by differences in "waiting time."

H5: Table 6 displays the findings of a regression analysis investigating the influence of overall hygiene (OH) on patient satisfaction. The correlation study revealed a significant and encouraging link between the variables OH and Psat. The coefficient r = 0.574a indicates a strong and statistically significant positive correlation between the two variables. The coefficient of determination (r2) of 0.328 indicates that about 32.8% of the variation in "patient satisfaction" can be explained by differences in "overall hygiene."
H6: Table 6 displays the findings of a regression analysis investigating the impact of consultation duration (CT) on patient satisfaction. The investigation found a direct link between CT and Psat. The correlation coefficient, denoted as r, is equal to 0.591 multiplied by the value of variable a. This high and robust value suggests a positive correlation between the two variables. The coefficient of determination (r2) of 0.349 indicates that the observed changes in "consultation time" can account for 34.9% of the variations in "patient satisfaction."
In Table 6, the results of the regression analysis examining the influence of dentist behaviour (DB) on patient satisfaction are shown. The correlation analysis demonstrated a favourable association between DB and Psat. The coefficient r = 0.676a suggests a strong and positive correlation between the two variables, which is advantageous and resilient. The coefficient of determination, r2, signifies that 45.7% of the observed variations in "dentist behaviour" can be accounted for by disparities in "patient satisfaction."

H8: Table 6 displays the results of a regression analysis examining the influence of the educational background (EB) of the people on the achievement of patient satisfaction. The correlation study demonstrated a direct relationship between EB and Psat. A correlation coefficient of r = 0.520a suggests a robust and enduring positive relationship between the two variables. The coefficient of determination, r2 = 0.271, signifies that 0.271 of the variability in "educational background" can be accounted for by variations in "patient satisfaction".
H9: The results of the regression analysis in Table 6 demonstrate the impact of physical facilities (PF) on patient satisfaction. The correlation analysis indicated a strong link between PF and Psat. The coefficient r = 0.292a suggests a positive correlation between the two variables, which is advantageous. The coefficient of determination, r2, is 0.085, indicating that about 8.5% of the differences in "patient satisfaction" may be attributed to the variability in "physical facilities."
The results of our research confirm all of the hypotheses and reject the null hypothesis, with minor differences that emphasise the strength of the association. The variables of cost, patient consent, and their impact are rather insignificant in comparison to other criteria. Conversely, the conduct and duration of patient consultations by dentists have the most significant potential effect, which can be altered by several circumstances.

Discussion

This study investigates patient satisfaction with dental services by analysing key factors such as pricing, dentist's communication skills, attitude, educational background, consultation duration, waiting time, patient consent, overall cleanliness, and the quality of the clinic's physical facilities. By examining these factors, we were able to assess the level of satisfaction that dental patients who have recently received dental treatment have with the dental services they received. The results of our study are significant to highlight, as our main focus was on the population of Delhi and the National Capital Region (NCR). Furthermore, our investigation revealed additional variables that play a role in attaining the highest levels of consumer contentment with dental procedures, surpassing the mere evaluation of satisfaction levels.
The responses from the patients' questionnaire revealed a significant decline in satisfaction regarding the expense of the therapy in comparison to other areas of quality. This discovery aligns with the results of previous

investigations [21, 23, 24]. Nevertheless, the main incentive for individuals to seek medical care at academic medical centres is the comparatively lower cost of the services provided at these establishments, as opposed to multispecialty hospitals and independent clinics [25]. This enables our findings to align with previous research and elucidates the diminished contentment among patients. Previous studies indicate that dentists employed in hospitals should communicate the expenses associated with fee-based treatments to patients before administering such services [26]. The patient's perception of the quality of dental care is impacted by the language of communication employed during interactions with the dentist [27]. Consistent with previous studies, our research has also discovered a significant correlation between elevated levels of patient satisfaction and proficient communication language [28-30]. A study conducted in India has uncovered linguistic difficulties as a significant barrier for patients. Patients often hesitate to communicate their concerns to the dentist due to linguistic barriers [31].

Based on our research, patients reported the highest level of satisfaction with the dentist's attitude and their ability to effectively communicate medical terminology and address issues. Mazzei et al. examine the strategic dimensions of dentists and their assistants' conduct.

The conduct of dentists significantly affects patient loyalty as a result of their major influence on overall patient satisfaction and their crucial standing. Dentists must thoroughly assess the aforementioned factor [32] as inappropriate conduct could result in patient attrition.This research corroborates prior studies that have established the time of the consultation as a crucial determinant of patient satisfaction [31, 35, 36]. However, patients' perception of the duration and efficacy of their consultation is strongly associated with their assessment of the quality of communication, leading to a positive association [37].

Court proceedings are currently examining the legal legitimacy of consent to medical treatment in several Western countries, particularly the United Kingdom [35]. Practitioners who neglect to provide patient consent paperwork for treatment are exposing themselves to potential legal repercussions [38].

Our research validates the need of obtaining patient agreement by finding a strong correlation between patient pleasure and permission.

In contrast, when healthcare practitioners are not timely in giving care to patients, it negatively affects the patients' perception of the quality of service offered [10, 38-41]. Studies have shown that a significant number of patients have increased levels of anxiety due to long waiting times, leading to patient dissatisfaction [26, 31, 42]. Our research indicates that longer waiting times directly affect patient satisfaction. Patients reported high levels of satisfaction when their waiting time was reduced and when they received their therapy within the specified timeframe. An effective approach to address the substantial issue of prolonged waiting times is to implement patient quotas [34].

Poor quality physical conditions and inadequate cleanliness in a dental clinic might potentially lead to patients forming negative opinions about the treatments, ultimately ending in dissatisfaction [10, 18, 44]. Earlier research has also supported our findings, showing a clear connection between the cleanliness of the dental office and the overall satisfaction of patients [45]. In contrast to our findings, previous studies indicate that tangible amenities have a direct influence on the availability of services [46, 47]. The study revealed that having appropriate infrastructure, including adequate access to water, sanitation, and hygiene (WASH), is essential for providing high-quality healthcare. Patients express dissatisfaction due to insufficient cleanliness services and poor amenities, which is a significant concern [48].

Furthermore, it is crucial to recognise the significant impact that the educational credentials of dentists and their assistants have on the degree of patient satisfaction. The findings of our study unequivocally demonstrate the importance of this factor in determining the degree of patient contentment. Contrary to our research findings, other studies have examined this topic and found that patient satisfaction consistently includes technical skills: "Each person exhibits a remarkable level of expertise in their specific area." Patients provided input on the provider's demonstrated experience and skills, which were exhibited through successful communication throughout the consultation, rather than evaluating the clinician's abilities [49]. A study conducted by D. Andrus and J. Buchheister discovered that the competence of the personnel did not have a significant influence on consumer satisfaction [50]. Overall, our sample exhibited a significant level of satisfaction with the chosen components. All of the hypotheses yielded favourable results, however there were variations in the strength of the link.

Conclusion

To summarise, this empirical study provides significant insights into the different factors that influence patients' satisfaction with dental services in India. Monitoring patient satisfaction is essential for evaluating healthcare quality and facilitating enhancements in service provision. An exhaustive analysis reveals that numerous factors have a substantial impact on patients' perceptions and overall levels of satisfaction. Factors such as the cost of treatment, the language used for communication, the consent of the patient, hygienic standards, the physical facilities, and the attitude of the dentist all have a significant impact on shaping the entire experience of the patient. Moreover, factors such as the dentist's behaviour, length of the appointment, and overall hygiene have a substantial impact on patients' satisfaction and their likelihood of seeking dental care again. In order to improve patient satisfaction outcomes across India, dental practitioners and policymakers should strive to understand and address these problems, hence enhancing the quality of dental

care. This study emphasises the importance of continuously evaluating and modifying dental care practices to meet the evolving needs and expectations of patients, so fostering a more positive and gratifying dental experience for all individuals.

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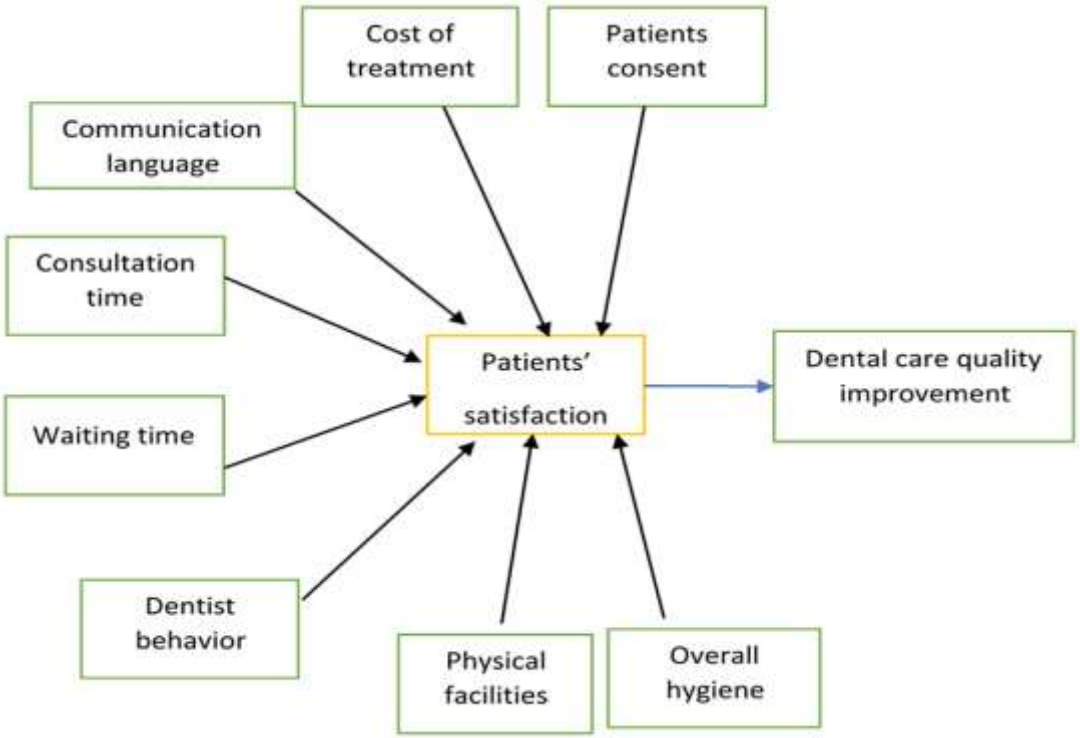

Figure 1: Theoretical Framework

Table 1: Patients Questionnaire (Part 1 & Part 2).

Part 1 (Demographic Variables		**Tick the Right Answer**
1. Age group:	a. 15 to 30	
	b. 31 to 45	
	c. 46 to 70	
2. Gender	a. Male	
	b. Female	
	c. Others	
3. Qualification	a. High School	
	b. Graduated/PG	
	c. Uneducated	
4. Family Income	a. 10-20K	
	b. 20-40K	
	c. Above 40K	
5. Preferrable Dental Care	a. Standalone Clinic	
	b. Mult-speciality Hospital	
	c. Both	

Part 2 (Factors affecting patient satisfaction in dental care)						
Variable	**Questions**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Cost	A. I find the cost of dental treatment to be reasonably high.					
	B. Most of the time I avoid going to the dentist due to the high cost.					
	C. I always choose the lower-cost treatment over the high-cost treatment for my dental problems.					
Communication Language	A. I always understand the instructions given by the dentist regarding my post-treatment care.					
	B. I always understand the instructions given by the dentist regarding my post-treatment care.					
	C. The dentist tries to eliminate all the barriers (language, culture etc) to deliver the best services possible.					
Patient Consent	A. I am always informed about my rights and responsibilities by the dentist or their staff members.					
	B. The dentist always asks for my consent before they start with the treatment.					
	C. I always give my consent regarding my treatment process.					
Waiting Time	A. I am totally fine with the duration I spend waiting for my turn.					
	B. My dentist always attends me whenever I visit without an - appointment.					
	C. I have always been attended by the dentist within 15 min of my arrival.					
Overall Hygiene	A. Dentist and their staff always use personal protective equipment (e.g., gloves, masks, eyewear).					
	B. The dental assistant sanitizes the dental chair in front of me to make me feel safer.					
	C. Dentist and their staff are very careful regarding the medical waste. (blood, needle, etc).					
Physical Facilities	A. I found the space of the waiting area to be reasonably good.					
	B. I found the facility had good amenities like water/ washroom/AC.					
	C. The movement inside the hospital/clinic was guided with proper display and signage.					
	D. I have observed that the safety equipment (eg: fire extinguishers, CCTV cameras etc) is installed at the clinic.					

Dentist's Behaviour	A. My dentist always explains my medication very well.					
	B. My dentist always makes me feel comfortable.					
	C. My dentist can understand my problem easily					
	D. My Dentists are energetic and positive in every appointment.					
Educational Background	A. I am always aware of my dentist qualification.					
	B. My dentist staff are very competent and well trained.					
Consultation Time	A. The dentist always gave enough time for understanding my problem and issue.					
	B. The dentist always spends enough time for different procedure.					
	C. The dentist always ensure me my proper recovery after the procedure before leaving the clinic.					

Table 2: Reliability of Measurement Items.

Factors	No of items	Cronbach Alpha
Cost	3	0.851
Communication Language	3	0.718
Patients Consent	3	0.715
Witting Time	3	0.796
Overall Hygiene	4	0.758
Physical Facilities	4	0.81
Dentist Behaviour	4	0.869
Educational Background	3	0.762
Consultation time	3	0.752
Patients satisfaction	4	0.764

Table 3: Convergent Validity

Factors with Items Loaded in Each Factor	Factor Loading λ	Square of Factor Loading λ 2	Average Variance Extracted AVE	Convergent Validity
Psat1	0.747	0.558	0.595	AVE > 0.5 Convergent Validity Confirm
Psat2	0.801	0.642		
Psat3	0.776	0.602		
Psat4	0.761	0.579		
DB1	0.729	0.531	0.534	AVE > 0.5 Convergent Validity Confirm
DB2	0.714	0.51		
DB3	0.716	0.513		
DB4	0.762	0.581		
PF1	0.736	0.542	0.566	AVE > 0.5 Convergent Validity Confirm
PF2	0.799	0.638		
PF3	0.759	0.576		
PF4	0.713	0.508		
Co1	0.899	0.808	0.764	AVE > 0.5 Convergent Validity Confirm
CO2	0.853	0.728		
CO3	0.87	0.757		
CL1	0.793	0.629	0.769	AVE > 0.5 Convergent Validity Confirm
CL2	0.78	0.608		
CL3	0.733	0.537		

PC1	0.56	0.686	0.575	AVE > 0.5 Convergent Validity Confirm
PC2	0.858	0.264		
PC3	0.674	0.326		
WT1	0.789	0.377	0.627	AVE > 0.5 Convergent Validity Confirm
WT2	0.776	0.398		
WT3	0.656	0.344		
OH1	0.67	0.449	0.572	AVE > 0.5 Convergent Validity Confirm
OH2	0.801	0.642		
OH3	0.794	0.63		
OH4	0.753	0.567		
CT1	0.568	0.323	0.592	AVE > 0.5 Convergent Validity Confirm
CT2	0.866	0.75		
CT3	0.838	0.702		
EB1	0.791	0.626	0.632	AVE > 0.5 Convergent Validity Confirm
EB2	0.817	0.667		
EB3	0.776	0.602		

Table 4: Patients Demographic Analysis

Variable	**Number**	**%**
Gender		
Male	161	40.3
Female	239	59.7
Total	**400**	**100%**
Age group		
15 to 30	81	20.3
31 to 45	146	36.5
46 to 70	173	43.3
Total	**400**	**100%**
Qualification		
Graduate/ Post Graduate	249	62.3
Intermediate	122	30.5
Uneducated	29	7.2
Total	**400**	**100%**
Income		
10K to 20K	57	14.2
20K to 40K	90	22.5
Above 40K	253	63.2
Total	**400**	**100%**
Preferred place for treatment		
Stand-alone dental clinic	74	18.5
Multispecialty hospital	220	55
Both	106	26.5
Total	**400**	**100%**

Table 5: Hypothesis of the study.

S. No.	**Hypothesis**
H01	There is no significant effect of the cost of treatment on the quality of dental care of the patients.
HA1	There is a significant effect of the cost of treatment on the quality of dental
H02	There is no significant effect or relation of communication language on the patient's satisfaction.
HA2	There is a significant effect of communication language on the on the patient's satisfaction.
H03	There is no significant impact of the patient's consent on the patient's satisfaction.
HA3	There is a significant impact of the patient's consent on the patient's satisfaction.
H04	There is no significant impact of waiting time on the patient's satisfaction.
HA4	There is a significant impact of waiting time on the patient's satisfaction.
H05	There is no significant impact of overall hygiene on patient's satisfaction.
HA5	There is a significant impact of overall hygiene on patient's satisfaction.

H06	There is no significant impact of consultation time on the patient's satisfaction.
HA6	There is a significant impact of consultation time on the patient's satisfaction.
H07	There is no significant impact of dentist behaviour on patient's satisfaction.
HA7	There is a significant impact of dentist behaviour on patient's satisfaction.
H08	There is no significant impact of educational background and experience influence on patient's satisfaction.
HA8	There is a significant impact of educational background and experience influence on patient's satisfaction.
H09	There is no significant impact on the physical facilities (waiting area, washroom, audio-visual equipment, etc) on patient's satisfaction.
HA9	There is a significant impact on the physical facilities (waiting area, washroom, audio-visual equipment, etc) on patient's satisfaction.

Table 6: Hypothesis Analysis

Hypothesis	r	r^2	F	DF	β	t	Sig*
H1	0.111[a]	0.012	4.974	1	3.958	22.62	0
				398			
				399	-0.107	-2.23	0.026
H2	0.534[a]	0.285	158.73	1	0.808	3.632	0
				398			
				399	0.72	12.599	0
H3	0.341[a]	0.117	52.487	1	1.836	7.547	0
				398			
				399	0.455	7.245	0
H4	0.397[a]	0.158	74.437	1	2.066	11.553	0
				398			
				399	0.457	8.628	0
H5	0.574[a]	0.328	196.05	1	1.149	6.515	0
				398			
				399	0.668	14.002	0
H6	0.591[a]	0.349	213.49	1	0.911	4.918	0
				398			
				399	0.731	14.611	0
H7	0.676[a]	0.457	334.61	1	0.576	3.454	0
				398			
				399	0.784	18.292	0
H8	0.520[a]	0.271	147.81	1	1.421	7.873	0
				398			
				399	0.575	12.158	0
H9	0.292[a]	0.085	37.101	1	2.247	10.137	0
				398			
				399	0.348	6.091	0