

## Dental Hygienists' experience of medical disputes, complaints

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**Abstract.** The purpose of this study was to identify the experience of medical disputes arising from tasks and clinical practices of dental hygienists. The conclusions of this study are as follows: Of all respondents, 59.4% experienced patients' complaints and dissatisfaction and medical disputes, 24.0% experienced the progression of complaints to legal affairs. Moreover, 95.3% had a feeling of anxiety or doubt about the risk of potential medical disputes. In the resolution process of medical disputes, 84.9% answered that the duty to obtain a patient's informed consent is crucial prior to treatment, and 32.5% answered that errors in medical records can be completely erased and rewritten entirely, showing the highest rate of wrong answers. To sum up the above findings, awareness needs to be raised since patients' complaints and dissatisfaction and medical disputes were profoundly associated with dental hygienists

**Keywords:** Dental hygienist, Dissatisfaction with medical practice, Medical dispute

### 1 Introduction

The number of medical disputes is showing an increasing trend over time due to improvement in consciousness of right to national health care and expectation for monetary compensation, doubts for malpractice following distrust toward physicians, and absence of rational measures to handle medical dispute. As a conventional thought that only medical malpractice is the reason for medical dispute has been changed, the cause for medical disputes has varied including dissatisfaction from non-medical services such as kindness of medical professionals and hospital staff, appropriateness of medical cost, inconvenience arising from hospital's structural problems and others. When a medical malpractice occurs, patients and their guardians intend to tackle the problem instead of directly filing a lawsuit, despite adverse consequences, since they recognize the incidence of medical malpractice as an unintentional event. However, lack of understanding and disagreement between parties in conflict during the resolution process often lead to raising their voices. In

worse cases, medical practitioners suffer from patients interrupting the conduct of medical service such as damage to medical equipment, stay-in strike and others. This change can improve the efficiency of treatment, but at the same time, increase the risk of medical disputes.

## **2 Subjects and Method**

### **2.1 Research Subjects**

This study conducted a survey on 212 dental hygienists working in university hospitals, dental hospitals and dental clinics from February to May 2014

### **2.2 Research Tool**

The survey comprised questions on the baseline characteristics of respondents including age, gender, duration of clinical experience, work place and others. Moreover, the questionnaire examined the presence and frequency of medical dispute by work place, the presence of medical dispute associated with respondents, patients' complaints on non-medical issues and the frequency of filing a claim.

### **2.3 Statistical Analysis**

The questionnaire's scores were statistically analyzed using SPSS Statistics 21.0 and the level of significance was 0.05. Fisher's exact test and chi-square test were conducted to identify statistical differences in frequency analysis.

## **3 Results**

### **3.1 Patients' complaints, dissatisfaction, and raising of claims experienced by dental hygienists in clinical practice**

This survey examined work of dental hygienists during their employment duration, serious complaints raised by patients, the actual experience of patient's dissatisfaction and progression to medical dispute. According to the results, 126 (59.4%) respondents experienced malpractice disputes. Of these, 17 (68%) respondents were working in university hospitals, accounting for the highest percentage, and 7 (8.6%) respondents actually experienced legal action arising from patients' complaints and dissatisfaction. The most common cause for raising a claim was patient's misunderstanding of

explanation on medical care in 108 (8.6%) cases. Furthermore, claims were raised due to miscommunication of dentist's treatment plan in 30 (2.4%) cases.

### **3.2 Current psychological state after experiencing patients' complaints and dissatisfaction**

According to the analysis of psychological state after experiencing patients' complaints and dissatisfaction, 87 (41.0%) respondents answered that "Although I had hard time in resolution process, I take it as a matter of course". Moreover, 52 respondents (24.5%) answered that "I am skeptical about my work", 41 respondents answered that "There is no problem at present after solving the problem", and 30 (14.2%) respondents answered that "I want to quit my job".

## **4 Conclusion**

Aesthetic appreciation has drawn much attention, in addition to functional recovery, in present medical service. For this reason, aesthetic prosthetics have been widely performed using high-quality dental materials and orthognathic surgery other than simple extraction, implant and orthodontic procedures have been solidified. As the use of these invasive procedures has increased, the risk of medical malpractice has increased too. A wide range of variation can appear according to complex human structures and individual's environmental and genetic characteristics, and unexpected treatment results can occur due to unpredictable events following physical constitution. This study conducted a survey to examine complaints and dissatisfaction raised by patients in respondents' work places and the actual experience of medical malpractice disputes following patients' complaints. As results, 126 (59.4%) respondents experienced medical malpractice disputes and the incidence of medical disputes was highest in university hospitals at 68.0%. Thus, dental hygienists working in university hospitals were more likely to experience patients' complaints and dissatisfaction and medical malpractice disputes. Patients' complaints and dissatisfaction were actually progressed to legal proceedings in 24 (11.3%) respondents. This finding indicates that dental hygienists could be also exposed to medical disputes, as well as dentists, and implies that their attitudes toward patients could prevent the progression of complaints and dissatisfaction to medical disputes. Among the categories of patients' complaints and dissatisfaction, the most common dissatisfaction of patients was raising claims on non-medical issues in 304 (24.3%) cases. Of all sub-categories, the leading cause of patients' complaints and dissatisfaction was patient's misunderstanding of explanation on medical care in 108 (8.6%) cases, followed by non-medical elements including unfriendly hospital staff or waiting time for treatment in 106 (8.5%) cases, discomfort followed by insufficient instruction after treatment in 102 (8.2%) cases, and post-treatment complaints without any specific reason in 93 (7.4%) cases. According to the results, non-clinical factors accounted for the large percentage of all causes for patients' complaints and dissatisfaction experienced by dental hygienists. According to the Korean Dental Association, the number of medical disputes has shown a gradually increasing trend

from 586 cases in 2008 and 635 cases in 2009 to 724 cases in 2011. The number of dental-related claims filed to the Korea Medical Dispute Mediation and Arbitration Agency accounted for 8.8% (201 cases) of all claims. Dentistry was the fourth most common department with arbitration and mediation of malpractice claims, followed by orthopedics, internal medicine and neurosurgery. These findings suggest that a large number of dental-related medical disputes occur.

Dental treatment can not be performed by a dentist alone. Besides dentists, dental hygienists could be also exposed to medical disputes. Therefore, it is thought to be most important that dental hygienists should abide by their responsibilities as a healthcare provider.

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