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RESEARCH ARTICLE

DENTIST-PATIENT COMMUNICATION AND PATIENTS' SATISFACTION WITH PROSTHETIC DENTISTRY TREATMENT AMONG SAUDI ADULTS: A CROSS-SECTIONAL STUDY

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Abstract

Objective: To investigate the relationship between dentist-patient communication and patients' satisfaction with prosthetic dentistry treatment among Saudi adults.

Methods: This research will employ a cross-sectional study design to investigate the relationship between dentist-patient communication and patients' satisfaction with prosthetic dentistry treatment among Saudi adults. Cross-sectional studies are well-suited for examining associations and prevalence in a specific population at a single point in time.

Results: The study included 267 participants. The most frequent age among study participants was 29-39 years (n= 113, 42.3%) followed by 18-28 years (n= 62, 23.2%). The most gender among study participants was Male (n= 156, 58.4%) followed by Female (n= 111, 41.6Study participants' most frequent educational level was the university (n= 250, 93.6%) followed by the school (n= 17, 6.4%). The most frequent employment among study participants was in other than the medical field (n= 155, 58.1%) followed by the medical field (n= 112, 41.9%).

Conclusion: Study results showed that most of the study participants are male. Most common employment was other than the medical field. Most participants were very satisfied with the attention and respect in dealing. In addition, most of the study participants had good social connections.

Introduction:-

As patient satisfaction may be seen as an outcome of dental treatment alongside clinical results, it is important in evaluating the overall quality of care and improving care services [1].Patient satisfaction may be measured quantitatively or qualitatively as an outcome measure. The level of patient satisfaction can be measured using any number of quantitative questionnaires created for the dental field. Some examples include the 19-item Dental Satisfaction Questionnaire (DSQ) [2], the 10-item Dental Visit Satisfaction Scale (DVSS) [3], the 22-item Scale for

Measuring Consumer Perception of Service Quality (SERVQUAL) [4], and the 31-item Australian Dental Satisfaction Scale (DSS) [5]. The DVSS is a dental-specific adaptation of a medical-focused interview satisfaction measure. SERVQUAL was derived from an earlier commercial survey of consumer satisfaction with service. The statements used in Australian DSS were likewise derived from the content of previously established medical care satisfaction scores. These questionnaires' reliability and validity have been extensively tested in populations with dental problems [6-8], and qualitative research was used to shed light on the dimensions and interviewees' (e.g., consumers and patients') perception at the outset of the process. Unfortunately, qualitative research in a dental community was not used in the initial stages of developing any of the questionnaires. Qualitative studies of the dental population are needed to better understand what factors contribute to dental service satisfaction.

The DSQ is a 19-item questionnaire with a global access scale (General satisfaction) and 6 measures (Access, Availability/Convenience, Cost, Pain, Quality, and Continuity) that are acknowledged for addressing multi-dimensional constructs of satisfaction. The National Health Insurance Study provided the raw data from which the DSQ was constructed. Adults who had signed up for a dental plan that excluded orthodontic care participated in this study. The final scale was developed via the use of factor analysis and subjected to reliability and validity testing [9, 10]. Like the previously discussed questionnaire production process, this scale suffers from a dearth of qualitative input throughout the questionnaire building stage.

In Hong Kong, the public's satisfaction with dental treatment was measured using a 19-item DSQ translated into Chinese and administered by telephone. Internal consistency (Cronbach's alpha: 0.39-0.84) and test-retest reliability (correlation coefficients: 0.46-0.85) were not reported as being high for all scales [11]. Patient satisfaction with dental treatments given by a university dental clinic was evaluated in another research using a modified version of DSQ [12]. The regular DSQ was supplemented with four new questions designed to measure the impact of the whole dental team on patients' satisfaction rather than just the dentist's own efforts. This updated DSQ has not been reported for reliability or validity. Patients at a teaching dentistry hospital in Hong Kong were surveyed twice (once in 2010 and once in 2012) to gauge their level of satisfaction with the services they received using a modified 23-item version of the DSQ. DSQ's internal consistency was assessed to be poor (Cronbach's alpha 0.50) in these surveys, with the exception of the "Quality" domain (Cronbach's alpha > 0.70). According to unpublished statistics, "Access" and "Availability" have the lowest levels of internal consistency. (Cronbach's alpha 0.30). Potentially affecting the local validity of the measure and contributing to the poor internal consistency are cultural variations in gauging dental satisfaction. That's why checking DSQ's accuracy is crucial.

How well an instrument measures the concept it is designed to measure, or in the case of a patient satisfaction instrument, whether or not it measures all aspects of patient satisfaction and is easily understood and accepted by respondents, is known as its "content validity" [13]. Qualitative research is the best method for gathering evidence of content validity. This aids in obtaining first-hand accounts from patients on their current health conditions, perspectives, and experiences [14-20], without the need for a third-party interpreter. When DSQ was first created, this method was not employed. Items that accurately represent content validity must be developed via qualitative research.

In the field of dentistry, effective communication between dentists and patients is crucial for ensuring the success of prosthetic dentistry treatments. However, there is a gap in the existing literature concerning the relationship between dentist-patient communication and patients' satisfaction with prosthetic dentistry treatment, particularly among the adult population in Saudi Arabia. This research problem seeks to address this gap by investigating the quality and nature of communication between dentists and their adult patients undergoing prosthetic dentistry procedures in Saudi Arabia. It also aims to explore the impact of communication on patient satisfaction with their treatment outcomes.

This research problem is essential because the success of prosthetic dentistry treatments not only depends on the technical skills of the dentist but also on the ability to effectively communicate with the patient. Poor communication can lead to misunderstandings, unmet expectations, and decreased patient satisfaction, which, in turn, may impact treatment adherence and overall oral health. Understanding the specific communication factors that influence patient satisfaction in the Saudi Arabian context is vital for improving the quality of dental care and patient experiences in this region. By investigating this issue, this study can contribute valuable insights for dental practitioners, policymakers, and educators in Saudi Arabia, ultimately leading to more patient-centered and effective prosthetic dentistry services.

Furthermore, given the cultural and social context of Saudi Arabia, where patients' expectations and communication preferences may differ from those in other regions, it is important to tailor communication strategies and practices to meet the unique needs of the Saudi adult population. Therefore, this research problem not only fills a gap in the literature but also has practical implications for enhancing dental care and patient satisfaction in Saudi Arabia, ultimately contributing to better overall oral health outcomes.

Methods:-

Study design

This research will employ a cross-sectional study design to investigate the relationship between dentist-patient communication and patients' satisfaction with prosthetic dentistry treatment among Saudi adults. Cross-sectional studies are well-suited for examining associations and prevalence in a specific population at a single point in time.

Study approach

The study will be conducted in multiple dental clinics and healthcare facilities across different regions of Saudi Arabia to ensure a diverse and representative sample. Data collection will take place in clinical settings to capture real-life interactions between dentists and patients.

Study population

The population of interest for this study consists of Saudi adults (aged 18 and above) who are seeking or have recently undergone prosthetic dentistry treatments in Saudi Arabian healthcare facilities.

Study sample

The sample size will be determined using a power analysis to ensure adequate statistical power. Random sampling methods will be employed to select participants from different healthcare facilities across Saudi Arabia. Stratified sampling may be used to ensure representation from various regions and demographic groups.

Study tool

For the current study, a questionnaire was adopted for data collection, which was also categorized as a study tool.

Data collection

Data will be collected through structured interviews with patients, as well as through observation of dentist-patient interactions during prosthetic dentistry appointments. Patient interviews will be conducted using standardized questionnaires, and observations will be recorded using predetermined criteria.

Data analysis

Data will be analyzed using appropriate statistical methods, including descriptive statistics, correlation analysis, and regression analysis to determine the relationship between dentist-patient communication and patient satisfaction.

Ethical considerations

The study will adhere to ethical guidelines and principles, and all participants will be required to provide informed consent before participating. Ethical approval will be sought from relevant institutional review boards and ethics committees. Anonymity and confidentiality of participants will be maintained throughout the study, and data will be stored securely. Any potential conflicts of interest will be disclosed, and the research will be conducted in compliance with all applicable ethical standards and regulations.

Results:-

The study included 267 participants. The most frequent age among study participants was 29-39years (n= 113, 42.3%) followed by 18-28 years (n= 62, 23.2%). Figure 1 shows the age distribution among study participants. The most gender among study participants was Male (n= 156, 58.4%) followed by Female (n= 111, 41.6%). Figure 2 shows the genderofthe study participants.

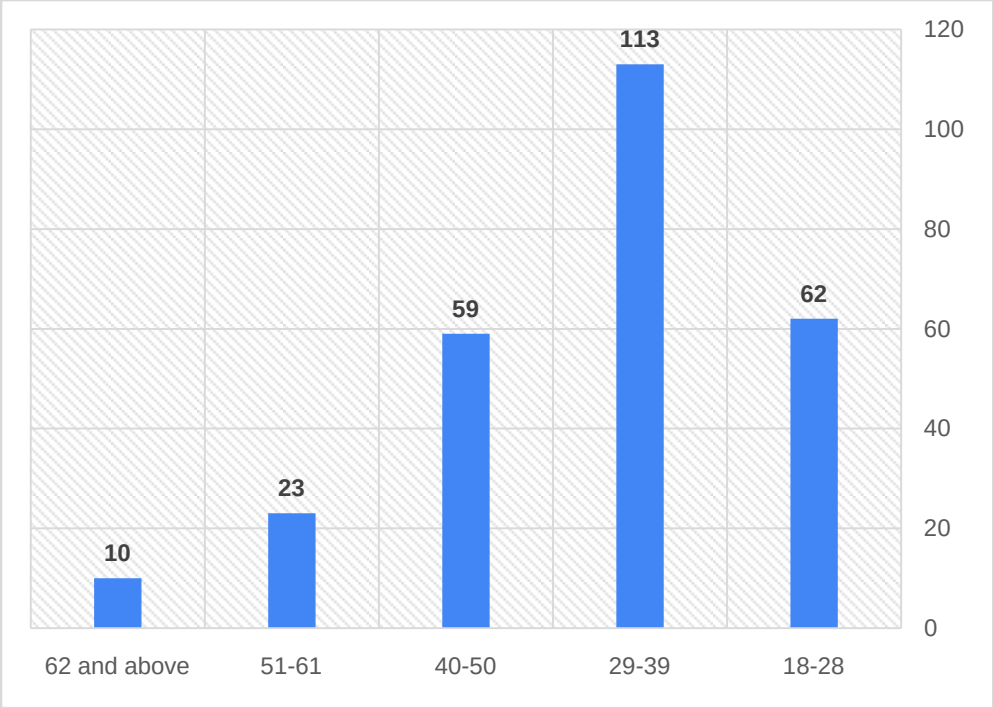

Figure 1:- Age distribution among study participants.

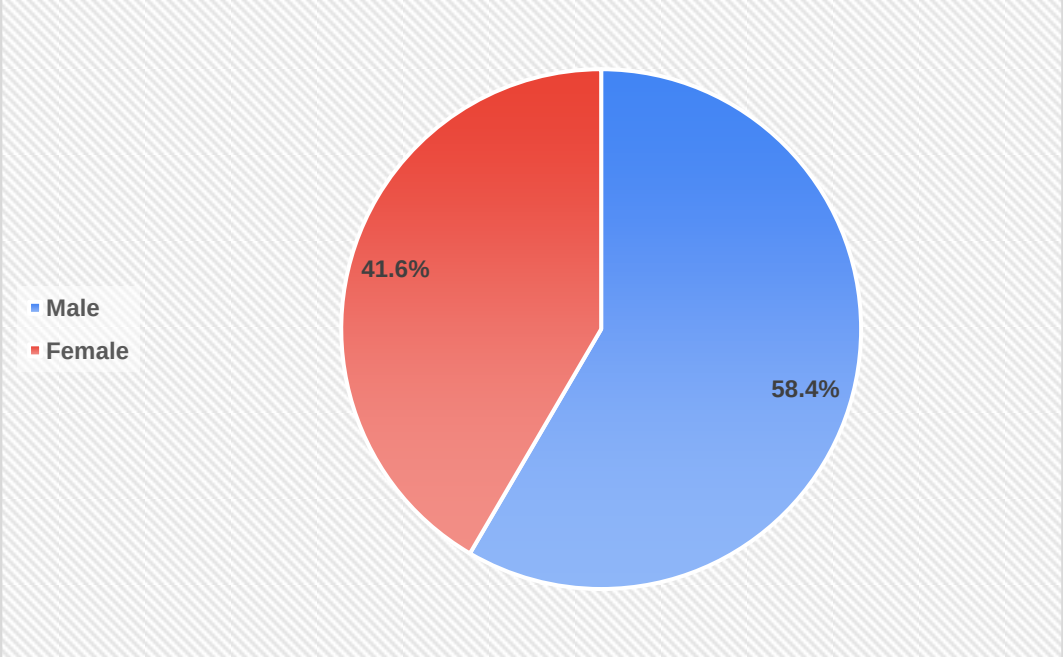

Figure 2:- Gender distribution among study participants.

Study participants' most frequent educational level was the university (n= 250, 93.6%) followed by the school (n= 17, 6.4%). Figure 3 shows the age distribution among study participants.

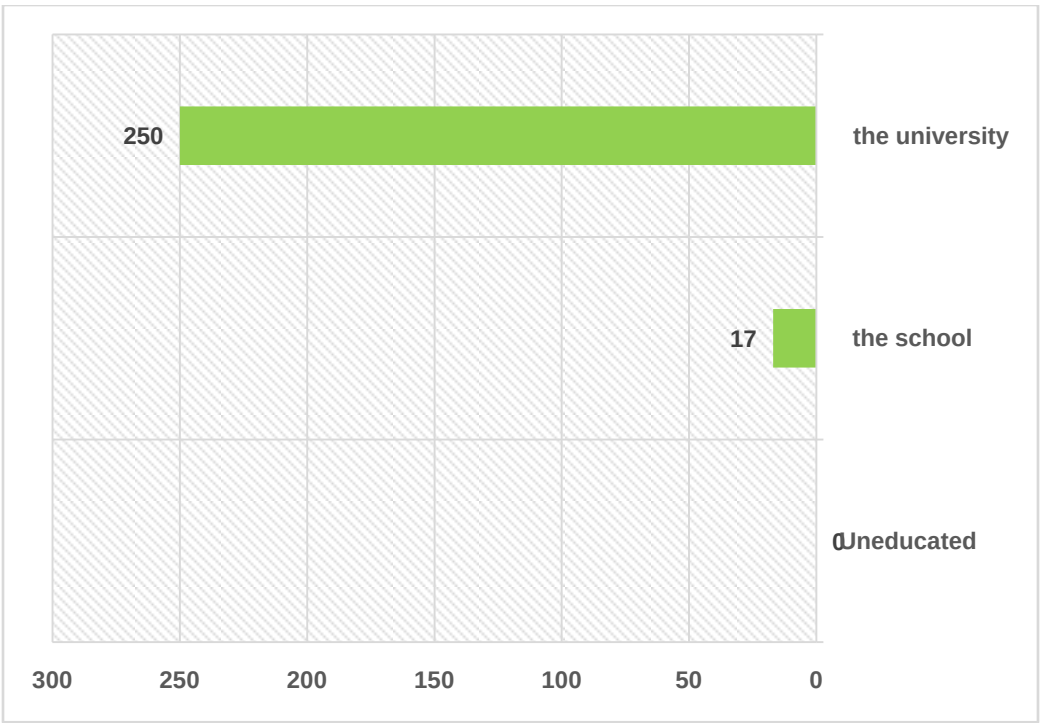

Figure 3:- Educational level distribution among study participants.

The most frequent employment among study participants was in other than the medical field (n= 155, 58.1%) followed by the medical field (n= 112, 41.9%). Figure 4 shows the employment distribution among study participants.

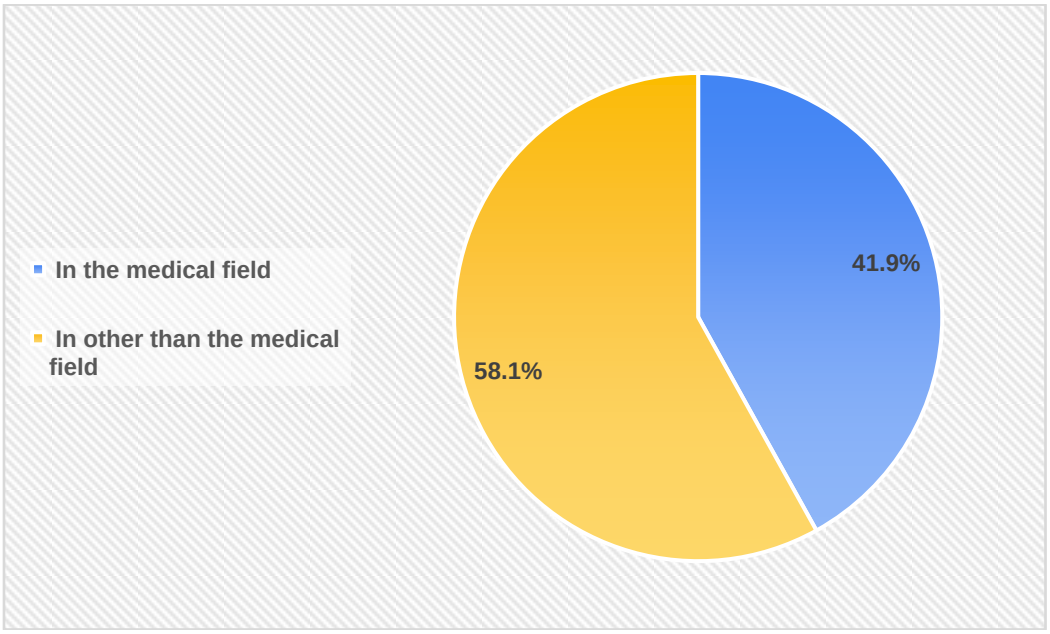

Figure 4:- Employment distribution among study participants.

Participants were asked about patient satisfaction with dental treatment services. Their responses and results are presented in Table 1.

Table 1:- Questions related to Patient satisfaction with dental treatment service.

survey item	Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied
Professional dentist performance	3	8	34	65	157
	1.1%	3.0%	12.7%	24.3%	58.8%
Professional dental assistant performance	2	9	32	72	152
	0.7%	3.4%	12.0%	27.0%	56.9%
Treatment environment	3	11	36	73	144
	1.1%	4.1%	13.5%	27.3%	53.9%
Availability of equipment and tools necessary for treatment	8	12	38	54	155
	3.0%	4.5%	14.2%	20.2%	58.1%
Reception staff	3	12	40	69	143
	1.1%	4.5%	15.0%	25.8%	53.6%
The overall level of satisfaction	3	6	35	75	148
	1.1%	2.2%	13.1%	28.1%	55.4%

Participants were asked about the relationship between the dentist and the patient. Their responses and results are presented in Table 2.

Table 2:- Questions related to The relationship between the dentist and the patient.

survey item	Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied
Attention and respect in dealing	0	4	27	53	183
	0.0%	1.5%	10.1%	19.9%	68.5%
Sharing the necessary information with the patient about his condition and treatment options	4	5	32	61	165
	1.5%	1.9%	12.0%	22.8%	61.8%
Working to make the patient comfortable during the medical procedure	1	6	20	61	179
	0.4%	2.2%	7.5%	22.8%	67.0%
Teamwork and cooperation between dentists and assistants	2	4	25	60	176
	0.7%	1.5%	9.4%	22.5%	65.9%
The level of general satisfaction with the relationship with the dentist	2	7	26	61	171
	0.7%	2.6%	9.7%	22.8%	64.0%

Discussion:-

The ability to communicate clearly and effectively is a cornerstone of patient-centered healthcare. The success of dental treatment and the pleasure of patients both depends on open lines of communication between dentists and their patients. It is impossible to overestimate the importance of good communication in the field of prosthetic dentistry, where patients often endure lengthy and invasive treatments. The degree to which a patient is pleased with their dental care is indicative not just of the treatment's efficacy but also of the dentist's interpersonal skills [21-24].

One of the most important aspects of providing good healthcare is good communication. It's the conduit via which doctors and patients may share information, building rapport and mutual understanding along the way. Verbal and nonverbal clues, empathic listening, and the free flow of medical information are all examples of what we mean when we talk about "communication" in the context of healthcare. Patients rely on healthcare providers for more than just their clinical knowledge; they also need to be able to communicate with them in a way that is clear, empathetic, and instructive [25-28].

Extensive studies have shown that healthcare communication has a major impact on patient outcomes. Misunderstandings, medical mistakes, reduced adherence to treatment plans, and dissatisfied patients are among outcomes that have been linked to poor communication. Patient compliance, health outcomes, and happiness are all

positively correlated with good communication. The results of this study highlight the significance of investigating and bettering healthcare practitioners' and patients' communication in a variety of medical settings [29-33].

Communication between dentists and their patients is crucial, as it is in other areas of healthcare. Quality dental treatment depends on an open line of communication between dentist and patient. Dentists have a responsibility to educate their patients about their conditions, address their concerns, get their informed consent, and provide them clear, actionable next steps after receiving treatment. However, patients have a responsibility to communicate their wants, fears, and concerns to their dentists so that they may get treatment that meets their requirements [34-37].

The dentist-patient relationship is multifaceted, including both the practical and the interpersonal components of dental treatment. Developing a trusting therapeutic partnership includes talking about treatment options, assuaging patient concerns, and reassuring them. Patients' experiences, treatment adherence, and overall happiness with their dental care may all be strongly impacted by the quality of this communication [38-40].

Conclusion:-

Study results showed that most of the study participants are male. Most common employment was other than the medical field. Most participants were very satisfied with the attention and respect in dealing. In addition, most of the study participants had good social connections.

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ANNEX 1: Data Collection Tool

1. How old are you?
   - 18-28
   - 29-39
   - 40-50
   - 51-61
   - 62 and more

2. What is your gender?
   - Male
   - Female

3. What is your educational level?
   - Uneducated
   - The school
   - The university

4. What is your employment?
   - In the medical field
   - In other than the medical field

Patient satisfaction with dental treatment service

5. Professional dentist performance
   - Not satisfied at all
   - Not satisfied
   - Neutral
   - Satisfied
   - Very satisfied

6. Professional dental assistant performance
   - Not satisfied at all
   - not satisfied
   - neutral
   - Satisfied
   - Very satisfied

7. Treatment environment
   - Not satisfied at all
   - not satisfied
   - neutral
   - Satisfied
   - Very satisfied

8. Availability of equipment and tools necessary for treatment
   - Not satisfied at all
   - not satisfied
   - neutral
   - Satisfied

- Very satisfied

9. Reception staff
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

10. Overall level of satisfaction
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

The relationship between the dentist and the patient

11. Attention and respect in dealing
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

12. Sharing the necessary information with the patient about his condition and treatment options
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

13. Working to make the patient comfortable during the medical procedure
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

14. Team work and cooperation between dentists and assistants
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

15. The level of general satisfaction with the relationship with the dentist
    - Not satisfied at all
    - not satisfied
    - neutral
    - Satisfied
    - Very satisfied

Appendix 2:- Participants responses to scale items

variable		Frequency	Percent
Age	18-28	62	23.2%
	29-39	113	42.3%
	40-50	59	22.1%
	51-61	23	8.6%
	62 and above	10	3.7%
Gender	Male	156	58.4%
	Female	111	41.6%
educational level	Uneducated	0	0.0%
	the school	17	6.4%
	the university	250	93.6%
employment	In the medical field	112	41.9%
	In other than the medical field	155	58.1%

Questions related to Patient satisfaction with dental treatment service					
survey item	**Not satisfied at all**	**Not satisfied**	**Neutral**	**Satisfied**	**Very satisfied**
Professional dentist performance	3	8	34	65	157
	1.1%	3.0%	12.7%	24.3%	58.8%
Professional dental assistant performance	2	9	32	72	152
	0.7%	3.4%	12.0%	27.0%	56.9%
Treatment environment	3	11	36	73	144
	1.1%	4.1%	13.5%	27.3%	53.9%
Availability of equipment and tools necessary for treatment	8	12	38	54	155
	3.0%	4.5%	14.2%	20.2%	58.1%
Reception staff	3	12	40	69	143
	1.1%	4.5%	15.0%	25.8%	53.6%
Overall level of satisfaction	3	6	35	75	148
	1.1%	2.2%	13.1%	28.1%	55.4%

Questions related to The relationship between the dentist and the patient					
survey item	**Not satisfied at all**	**Not satisfied**	**Neutral**	**Satisfied**	**Very satisfied**
Attention and respect in dealing	0	4	27	53	183
	0.0%	1.5%	10.1%	19.9%	68.5%
Sharing the necessary information with the patient about his condition and treatment options	4	5	32	61	165
	1.5%	1.9%	12.0%	22.8%	61.8%
Working to make the patient comfortable during the medical procedure	1	6	20	61	179
	0.4%	2.2%	7.5%	22.8%	67.0%
Teamwork and cooperation between dentists and assistants	2	4	25	60	176
	0.7%	1.5%	9.4%	22.5%	65.9%
The level of general satisfaction with the relationship with the dentist	2	7	26	61	171
	0.7%	2.6%	9.7%	22.8%	64.0%

What dental problems do you suffer from?	**frequent**	**%**
Wisdom teeth	6	2%
Teeth arrangement	12	4%

Dental implants	14	5%
Caries	101	38%
Cleaning teeth	29	11%
Tooth Sensitivity	11	4%
Endodontics	27	10%
Gum problems	18	7%
nothing	49	18%

Regression

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.856[a]	.733	.721	.461

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	148.192	11	13.472	63.491	.000[b]
	Residual	54.108	255	.212		
	Total	202.300	266			

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.028	.207		.136	.892
	Professional.dentist.performance	.193	.064	.199	3.027	.003
	Professional.dental.assistant.performance	.205	.059	.205	3.477	.001
	Treatment.environment	.047	.060	.050	.784	.434
	Availability.equipment.and.tools	.175	.039	.211	4.499	.000
	Reception.staff	.094	.044	.102	2.153	.032
	Attention.and.respect.dealing	.162	.067	.137	2.410	.017
	Sharing.information.with.patient.about.condition	.033	.072	.033	.460	.646
	Working.make.patient.comfortable	-.049	.078	-.043	-.629	.530
	Team.work.and.cooperation.between.dentists.assistants	.140	.067	.127	2.100	.037
	level.satisfaction.with.relationship.with.dentist	.041	.071	.039	.574	.566
	employment	-.155	.060	-.088	-2.575	.011

Overall.level.satisfaction * Attention.and.respect.dealing

Crosstab							
			Attention.and.respect.dealing				Total
			Not satisfied	Neutral	Satisfied	Very satisfied	
Overall.level.satisfaction	Not satisfied at all	Count	1	0	1	1	3
		% of Total	0.4%	0.0%	0.4%	0.4%	1.1%
	Not satisfied	Count	1	2	0	3	6
		% of Total	0.4%	0.7%	0.0%	1.1%	2.2%
	Neutral	Count	2	21	7	5	35
		% of Total	0.7%	7.9%	2.6%	1.9%	13.1%
	Satisfied	Count	0	4	40	31	75
		% of Total	0.0%	1.5%	15.0%	11.6%	28.1%
	Very satisfied	Count	0	0	5	143	148
		% of Total	0.0%	0.0%	1.9%	53.6%	55.4%
Total		Count	4	27	53	183	267
		% of Total	1.5%	10.1%	19.9%	68.5%	100.0%

Symmetric Measures					
		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	.686	.053	15.332	.000[c]
Ordinal by Ordinal	Spearman Correlation	.708	.040	16.330	.000[c]
N of Valid Cases		267			

Overall.level.satisfaction * Sharing.information.with.patient.about.condition

Crosstab								
			Sharing.information.with.patient.about.condition					Total
			Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied	
Overall.level.satisfaction	Not satisfied at all	Count	1	0	0	1	1	3
		% of Total	0.4%	0.0%	0.0%	0.4%	0.4%	1.1%
	Not satisfied	Count	1	0	2	3	0	6
		% of Total	0.4%	0.0%	0.7%	1.1%	0.0%	2.2%
	Neutral	Count	2	4	16	9	4	35
		% of Total	0.7%	1.5%	6.0%	3.4%	1.5%	13.1%
	Satisfied	Count	0	0	10	44	21	75

		% of Total	0.0%	0.0%	3.7%	16.5%	7.9%	28.1%
	Very satisfied	Count	0	1	4	4	139	148
		% of Total	0.0%	0.4%	1.5%	1.5%	52.1%	55.4%
Total		Count	4	5	32	61	165	267
		% of Total	1.5%	1.9%	12.0%	22.8%	61.8%	100.0 %

Symmetric Measures					
		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	.669	.052	14.633	.000[c]
Ordinal by Ordinal	Spearman Correlation	.738	.040	17.778	.000[c]
N of Valid Cases		267			

Overall.level.satisfaction * Working.make.patient.comfortable

Crosstab								
			Working.make.patient.comfortable					Total
			Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied	
Overall.level.satisfaction	Not satisfied at all	Count	1	0	0	1	1	3
		% of Total	0.4%	0.0%	0.0%	0.4%	0.4%	1.1%
	Not satisfied	Count	0	2	1	2	1	6
		% of Total	0.0%	0.7%	0.4%	0.7%	0.4%	2.2%
	Neutral	Count	0	3	13	12	7	35
		% of Total	0.0%	1.1%	4.9%	4.5%	2.6%	13.1%
	Satisfied	Count	0	1	5	40	29	75
		% of Total	0.0%	0.4%	1.9%	15.0%	10.9%	28.1%
	Very satisfied	Count	0	0	1	6	141	148
		% of Total	0.0%	0.0%	0.4%	2.2%	52.8%	55.4%
Total		Count	1	6	20	61	179	267
		% of Total	0.4%	2.2%	7.5%	22.8%	67.0%	100.0 %

Symmetric Measures				
	Value	Asymptotic Standardized	Approximate T[b]	Approximate Significance

			Error[a]		
Interval by Interval	Pearson's R	.659	.053	14.249	.000[c]
Ordinal by Ordinal	Spearman Correlation	.692	.041	15.586	.000[c]
N of Valid Cases		267			

Overall.level.satisfaction * Team.work.and.cooperation.between.dentists.assistants

Crosstab

			Team.work.and.cooperation.between.dentists.assistants					Total
			Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied	
Overall.level.satisfaction	Not satisfied at all	Count	1	0	1	0	1	3
		% of Total	0.4%	0.0%	0.4%	0.0%	0.4%	1.1%
	Not satisfied	Count	1	1	2	1	1	6
		% of Total	0.4%	0.4%	0.7%	0.4%	0.4%	2.2%
	Neutral	Count	0	2	15	13	5	35
		% of Total	0.0%	0.7%	5.6%	4.9%	1.9%	13.1%
	Satisfied	Count	0	1	5	40	29	75
		% of Total	0.0%	0.4%	1.9%	15.0%	10.9%	28.1%
	Very satisfied	Count	0	0	2	6	140	148
		% of Total	0.0%	0.0%	0.7%	2.2%	52.4%	55.4%
Total		Count	2	4	25	60	176	267
		% of Total	0.7%	1.5%	9.4%	22.5%	65.9%	100.0 %

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	.689	.052	15.482	.000[c]
Ordinal by Ordinal	Spearman Correlation	.705	.041	16.162	.000[c]
N of Valid Cases		267			

Overall.level.satisfaction * level.satisfaction.with.relationship.with.dentist

Crosstab

			level.satisfaction.with.relationship.with.dentist					Total
			Not satisfied at all	Not satisfied	Neutral	Satisfied	Very satisfied	
Overall.level.satisfaction	Not satisfied at all	Count	1	0	0	1	1	3
		% of Total	0.4%	0.0%	0.0%	0.4%	0.4%	1.1%
	Not satisfied	Count	1	2	1	1	1	6
		% of Total	0.4%	0.7%	0.4%	0.4%	0.4%	2.2%

	Neutral	Count	0	2	17	13	3	35
		% of Total	0.0%	0.7%	6.4%	4.9%	1.1%	13.1 %
	Satisfied	Count	0	2	5	43	25	75
		% of Total	0.0%	0.7%	1.9%	16.1 %	9.4%	28.1 %
	Very satisfied	Count	0	1	3	3	141	148
		% of Total	0.0%	0.4%	1.1%	1.1%	52.8%	55.4 %
Total		Count	2	7	26	61	171	267
		% of Total	0.7%	2.6%	9.7%	22.8 %	64.0%	100.0 %

Symmetric Measures					
		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	.678	.056	15.005	.000[c]
Ordinal by Ordinal	Spearman Correlation	.735	.040	17.661	.000[c]
N of Valid Cases		267			