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A Study on the Medical Dispute Experience and Educational Needs of Dental Hygienists According to Expansion of Health Insurance Coverage for Dental Treatment

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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. No significant difference was found in the incidence of medical disputes according to work places. On the other hand, significant difference was found in the progression of complaints to legal proceedings according to work place and work experience. The degree of burden on medical dispute was more significant in respondents with an experience of dispute.

Keywords: *Dental hygienist, Educational needs, 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 [1]. Medical malpractice means unwanted event or state occurring during or following medical practice, but it dose not entirely imply physician's fault. Thus, medical malpractices include unavoidable events and patient's mistake or doctor's errors. One of the main reasons for increasing medical disputes is increased opportunities for medical treatment with improved access to health care services. Second, doctor-patient relationship has been changed from hierarchical and obedient relationship to parties with mutually fair agreement. Third, patients expect complete recovery due to lack of understanding in medical practice. Fourth, patients have started to claim their right in medical care as the consciousness in patient's right has improved. Fifth, a sharp rise in

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the number of doctors, lack of qualified doctors, and lack of understanding in laws and legal medicine have been pointed out as other reasons for medical disputes.

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. As a result, a physician providing medial service tends to conduct defensive treatment practices, and this generates social problems as an adverse effect[2]. In the past, the department of dentistry was relatively less prone to face medical disputes because of a low incidence of severe or emergent patients, and regarded as a relatively safer area from medical disputes. However, the extent of dental care has been expanded from managing toothache pain and restoring missing teeth to aesthetic purpose. Dental professionals can be free from medical disputes no longer because of rising patient expectations[3]. The causes of medical disputes have been varied including dissatisfaction with non-medical factors such as kindness of medical institutions, appropriateness of medical cost and others. Dental treatment can not be performed by a dentist alone. Since the cooperation among oral health care professionals is required due to the nature of dental care, medical malpractice and dispute can also occur to dental hygienists. This change can improve the efficiency of treatment, but at the same time, increase the risk of medical disputes.

This study aimed to provide a reference base for developing effective education programs for dental dispute prevention by identifying experiences of and exposures to medical malpractice and dispute, awareness on medical malpractice, understanding of related laws, and clinical practices leading to medical dispute, and examining rapidly increasing experience of medical malpractice and dispute and educational needs in dental hygienists of all oral health care professionals.

2. Subjects and Method

2.1. 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. In addition, the questionnaire consisted of items on medical records in the extent of clinical practice of dental hygienists including scaling, the current implementation state of informed consent, understanding of medical-related laws, medical malpractice and education for conflict prevention.

2.3. Statistical Analysis

All data analyses were performed using SPSS version 21.0. 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

The correlation between clinical competence and critical thinking, job satisfaction, decision making ability, and autonomy of dental hygienists showed a positive correlation in critical thinking ($r = .467$, $p = .000$), job satisfaction ($r = .312$, $p = .000$), decision making ability ($r = .459$, $p = .000$), and autonomy ($r = .409$, $p = .000$) .

3.3. Current Status of Preventing Medical Treatment Disputes

Of all respondents, 186 (87.7%) recorded change of appointment time or no visit of a patient, and 133(62.7%) kept records on changes in appointment card. In addition, 180(84.9%) respondents answered that the duty of informed consent is very important in resolving medical disputes.

3.4. Understanding of Medical Related Laws

Of all respondents, 212 (100%) answered that "I will provide a copy of medical records", when a patient or a guardian requests, and 184 (86.8%) answered that the minimum retention period of medical records is 10 years. Moreover, 192 (90.6%) answered that "I will provide a copy of radiographs", when a patient or a guardian requests, and 199 (93.9%) answered that "I will provide medical care with a parental consent for minors under 18 years of age".

3.5. Understanding of Medical Records

In resolving conflicts from medical disputes, 188 (88.7%) respondents considered medical records as the most important element, accounting for the largest percentage of all respondents. Moreover, 143 (67.5%) answered that "errors in medical records should not be completely erased and rewritten entirely, 60 (28.3%) answered that anyone other than an attending physician can write medical records, and 160 (75.5%) answered that existing records should not be discarded if medical records are damaged.

4. Discussion

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. Thus, the risks for potential medical malpractice and dispute are present in medical practice. 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 [4, 5]. 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. To be prepared for possible progression of non-medical malpractice and cost for over-treatment to medical disputes, medical records should be kept detailed and simple in order to properly determine the degree of errors in patients and physicians [6, 7]. In addition, radiographs and imaging findings need to be collected as the evidence for proving medical records. All respondents considered medical records important for resolving conflicts during medical disputes, and 88.7% of respondents regarded informed consent crucial [8]. Awareness on medical records was found to be high in subjects. Change in awareness on medical information is thought to be crucial since problems can arise from recording, storage and transmission of data in medical records [9, 10].

According to the Korean Dental Association[5], 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[11], followed by orthopedics, internal medicine and neurosurgery. These findings suggest that a large number of dental-related medical disputes occur [12, 13].

Dental treatment can not be performed by a dentist alone. Besides dentists, dental hygienists could be also exposed to medical disputes[14]. Therefore, it is thought to be most important that dental hygienists should abide by their responsibilities as a healthcare provider. To achieve this, change and improvement in awareness and attitude of dental hygienists are essential. Moreover, the prevention of medical malpractice and dispute and education of medical-related laws need to be enhanced.

5. Conclusion

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. No significant

difference was found in the incidence of medical disputes according to work places. On the other hand, significant difference was found in the progression of complaints to legal proceedings according to work place and work experience. The degree of burden on medical dispute was more significant in respondents with an experience of dispute.

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. Furthermore, medical records need to be managed thoroughly in order to prepare for potential medical disputes. Disputes can be concluded before progressing to legal proceedings by thoroughly keeping and managing the records of medical information and recognizing the importance of medical records.

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