Negative reviews online: an exploratory analysis of patient complaints about dental services in Western Australia

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Objective: Rates of online reviews are continually increasing. Coinciding with this, is the beneficial abundance of subjective information that is now available to patients. Such information can be persuasive in selecting a healthcare provider. This analysis of one-and-two-star Google Reviews received by dental practices within the Perth Metropolitan region, aims to identify common themes within dental practice complaints.

Methods: This mixed-methods study was conducted by gathering reviews from the ‘Google Review’ feature, which have been published by users between 2013 and 2020. This data was then coded into recognised themes, and crucial quotes were selected and de-identified creating a narrative about the themes present which formed the qualitative component of this research.

Results: A total of 413 negative reviews were included in this study. From these, 1071 specific complaints were identified. Major themes identified included treatment issues, staffing, communication and professionalism, finance, and premise. Spread across these five themes were an additional thirty-eight subthemes. Overall, treatment was a primary concern for patients, making up 37.1% of the results. Within the sub-themes ‘treatment dissatisfaction (unspecified)’ was also high, at 23.1%.

Conclusion: This study identified the most common complaints received by dental clinics on Google Review within the Perth metropolitan area. Further investigation is required to provide supplementary data regarding factors that may influence complaint rates and types, such as the socio-economic status of areas and geographical factors such as distance from the Perth Metropolitan.

Keywords
Dental; Patient complaints; Google reviews: Dental clinic reviews; Western Australia

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Introduction
In 2020, Western Australia (WA) had 2,785 practitioners registered with the Dental Board of Australia. In 2016, it was established that WA had 388 solo private practices, 969 private practices, 16 private locum practices, 170 public clinics, and dental practitioners that were available through other amenities, such as hospitals and Aboriginal health services. Transparency surrounding the quality of services delivered by dental care providers is now more accessible than ever. The usage of public reporting can lead to increases in health care quality, with public narratives assessing the performance and integrity of a service. Such information can also be ascertained through surveys of patient experiences. Previously, these forms of data collection rarely guided the selection of a health care providers. Nonetheless, contemporary developments have led to an increased accessibility to physician-rating websites.

According to a systematic review of peer-reviewed journal articles by United States (US) (n=13) and German (n=8) researchers, approximately 1 in 6 physicians are rated on review websites. Usage of physician review websites is relatively low however, and research by Emmert, Sander and Pisch suggests further insight into the quality and usability of these websites is required to benefit patients. In this study, 90% of the ratings proved to be positive. The use of reviews is not to be taken lightly, with review platforms such as ‘Google Review’ now significantly more accessible than dedicated physician review platforms. Online reviews of physicians are incredibly persuasive and can result in reputational harm, dependant on the review’s severity. The effects and influence of publishing online reviews on social media platforms, has been a newly emergent topic within healthcare discussions. Now users can construct negative reviews founded in personal anecdotes to persuade others as a perceived means of risk aversion. A study carried out in the US to determine the influence of clinical and non-clinical review platforms, identified that patients are equally reliant on these two source variants when selecting a physician. Furthermore, within the systematic review, according to an observational study in a large academic multidisciplinary practice, it was observed that the social media training provided by the Mayo Clinic Centre resulted in a 90% increase in social media participation by physicians.
Google plays a central role in how patients currently seek information regarding their health and related decisions. Another study conducted in the US found that 59% of American adults regard online reviews somewhat important when deciding on a physician. An additional 33% felt as though online reviews greatly affected their decisions. This study found that reviews carried out on both Google and Yelp were predominantly positive; however, negative reviews often carried a higher word count. Such negative reviews often convey the strongest voices and subsequently harbour the greatest impact. Google has seen the most considerable growth in online reviews, this is in comparison to many review websites such as Yelp or TripAdvisor. Google reviews are also readily available through Google maps, allowing users to identify the location and perceived quality of the service offered in a single search.

Online engagement is consistently growing in popularity, correspondingly there has been an increase in voluntary reviews, particularly Google reviews. Not only are users permitted to leave an opinion or anecdotal tale of their experience, the Google review platform, like many others, offers an easy to follow star rating system. The ‘star’ system accumulates ratings over a period of time; therefore, an experience’s recency has little effect on the overall perception if assessed by users quantitatively. This introduces new challenges for businesses and service providers. The internet being a vast system of information storage and production in which billions of websites are free to exist, means that search engines are left to use algorithms to locate indexed information. Algorithms developed prioritise information and competitive content, manipulating which information appears first in the search engines’ mass index of information. This process is known as Search Engine Optimisation (SEO) and can ultimately dictate the order in which information materialises.

SEO is affected by Google reviews; therefore, Google reviews can decide where you appear on a webpage. The internet acts as an initial contact source for patients to gather information, consequently rendering a ‘star’ ranking on Google imperative to the clinics’ well-being. This algorithmically driven system can be harmful. Word-of-mouth (WOM) is a powerful tool and is often bursting with bias, and as experienced with Google reviews, personal experiences (and thus biases) are now amenably accessible to a mass market of potential customers. Research conducted by Yin, Mitra and Zhang, suggested that negative reviews have a higher degree of impact on consumers than the positive reviews, particularly if the average ratings are low. This study observed that the ratio of negative to positive reviews was 5 to 2 and that recent reviews carried more influence for consumers. With
these two factors combined, there is a decrease in patient willingness to use particular services.\textsuperscript{14} Anecdotally tailed negative reviews which identify clinics and practitioners can even lead to defamatory implications.

According to the article ‘outlining the ability to cause reputational harm through online reviews’, physicians are left feeling attacked and misjudged by patients who do not share their medical and specialised knowledge, therefore producing commentary deprived of any objectivity.\textsuperscript{15} It has been argued that patients should not pass judgement or technical assessment, due to their differing medical/dental knowledge.\textsuperscript{15} It was found that this rise in online reviews has correlated with legal action being taken against patients.\textsuperscript{15} The author also considers freedom of speech and the right to an untarnished reputation as a balancing act, noting defamation proceedings against clients that have harmfully reviewed physicians.\textsuperscript{15} A complex framework currently guides Australian defamation law. Online commentary has become a dangerous area, rife with defamatory litigation. These reviews can be devastating for physicians and their business. Unfortunately, courtroom statistics show that it is likely only 13\% of plaintiffs will prevail.\textsuperscript{15}

Limited research has been conducted in WA to identify the specific complaints dental practitioners continue to receive. It was hypothesised that a significant number of these complaints would relate to the high cost and occasional pain involvement of dental procedures, as well as negative interactions with front office staff. Through this research, reviews' reoccurring themes will be identified, determining which variables cause higher rates of negative reviews. This form of monitoring is an important aspect of the surveillance of WA-based dental clinics, whilst providing timely information on review habits and the most common concerns of dental patients. This study aimed to examine common complaints by patients through online reviews regarding public and private WA dental practices, and further identified specific areas of concern within these reviews.
Method

Ethical approval
This study was conducted following approval from the Human Research Ethics Committee of the University of Western Australia (Approval Number - RA/4/20/6259).

Study design
This was a mixed-method study outlining the quantitative and qualitative aspects of people’s complaints about dental services in the public internet domain. This retrospective cross-sectional analysis was conducted following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE).\textsuperscript{16}

Settings
The target of the study was Perth metropolitan dental clinics. The definition of metropolitan was derived from the Government of Western Australia - Department of Regional Development and Lands. Within the Australian Dental Association website, there was 754 private dental clinics.\textsuperscript{17} Within the Government of Western Australia website, there were 10 public dental clinics.\textsuperscript{18} Any dental clinics without active reviews were excluded. Achieving 100 random dental clinics would generate greater than 10% of the total metropolitan dental clinics (13%). There was no restriction on the data collected and included in the study was an assortment of both private and public dental clinics. The selection of a hundred dental clinics was made through convenience randomisation using Google (California, US). The random data sample selected was to support the exploratory nature of this research project. To achieve a sample size suitable for an exploratory study, we have chosen 100 random dental clinics.\textsuperscript{19}

Eligibility criteria
Both public and private dental clinics were eligible for this analysis. Public and private dental clinics were analysed as an aggregate. Reviews unaccompanied by comments were excluded for this analysis, similarly, reviews which appeared to be repeated by the same publisher where not included.

Variables
The collected variables included the year in which the review was posted, comments that were a one- and two-star rating (indicative of negative reviews) and their correlated

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comments. All quotes collected were de-identified to ensure anonymity. In instances where it appeared as though a complaint author had published negative comments multiple times, we mitigated the impact of this by selecting the complaint with the most data. Complaints which appeared replicated would consist of the same issues, however, would be considerably shorter and less descriptive. Quotes were then analysed and coded into minor themes by two authors. If any discrepancies arose between the two examiners, a consensus was reached after thorough discussion. In addition, it is important to note that for one of the sub themes, ‘treatment dissatisfaction’ was based on the review that did not specifically mention a type of treatment the review undertook.

**Data sources/measurement**

For the descriptive analysis, collected data was imported into a comma-separated values (CSV) file, descriptive statistics were undertaken using SPSS version 27.0 (IBM Corp., Chicago, IL, USA). The most common reasons why people complain were both tabulated and provided in a histogram. For the qualitative analysis, all the responses in Google were de-identified at the time of analysis. Collected data was transcribed, coded, and imported into the qualitative data management programme NVivo 12 (QSR International) for analysis. The main theme and the stratified sub-themes (based on the cause of the negative review) were derived, and a word cloud was generated to determine the potential common factors which motivate people to complain in Google. If the complaint encompassed two separate themes, they were coded as such.
Results

Participants
Within the sample of 100 dental clinics, including both private and public, we were able to extract 413 reviews posted between 2013 to 2020. Within these 413 (1 and 2 star) reviews, a further 1071 specific complaints were identified.

Descriptive analysis
Five overarching themes were noted in the study: Treatment issues, staffing, communication and professionalism, finance, and premise. There were 38 subthemes. The descriptive statistics of main and sub-themes were tabulated in Table 1. In addition, a word cloud of the 10 most common noun phrases were portrayed in Figure 1. Overall, treatment issues were a primary concern for patients, making up 37.1% (n = 397) of the results. Within the sub-themes ‘treatment dissatisfaction’ was also high, at 23.1% (n = 247). This sub-theme consisted of all complaints that mentioned treatment, but did not specify what treatment, or did not provide further information.
Qualitative analysis

Complaints by patients extended across the entire timeline of their patient experience. Appendix 1 highlights the comprehensive overview of the complaints received.

The initial area of contention to arise for patients can include scheduling and arriving for a dental appointment.

“...The minute you walk in there you feel the negative attitude towards you ... staff member was so rude to the person, they were speaking loudly and rude and everyone could hear them, no respect to someone privacy”

“...Customer service skills are horrible”

Communication issues continued into the procedures, with many complaints expressing a lack in communication and subsequently limited knowledge about the procedure they are undergoing.

“... unpleasant to be around, they aren't friendly, aren't understanding, have terrible bedside manner and try and push unneeded treatment”

“Didn't explain the procedure until it was completed...”

Additionally, patients often experience pain, particularly around root canals and procedures situated around the third molars.

“...it felt like they were going to break my whole jaw, it was torture”

“... I did a root canal here and my teeth still hurt, and it is darkened so much”

Financing after a procedure also received considerable criticism. However, this was often in addition to a primary contention with either a treatment outcome or communication issues.

“... do anything just to charge you extra”

“... very little back from health insurance as the charges were so inflated”
Finally, post-treatment experiences and care were common complaints. These encompassed a broad spectrum of treatment outcomes which were unsatisfactory to the patient. Additionally, communication issues where prevalent in this theme also.

“... think twice before you go here because you will more than likely be returning on a weekly basis for them to rectify their work”

“... crown just broke in half. The dentist did not advise me on any other options, such as a metal crown or a half metal half porcelain crown which would have lasted much longer”
Discussion
Within the 413 reviews, a total of 1071 specific issues were identified. This produced six common themes as well as a general understanding of the motivational factors that encouraged patients to review the practice online. Additionally, there were thirty-eight subthemes which identified treatment dissatisfaction as another noticeable area of patient concern. These results indicated that treatment issues, as well as staff interaction is a primary area of dissatisfaction leading to complaints. Data indicated this was most notably in regard to reception/front desk staff, as well as general administrative issues, such as appointment bookings and cancellations.

This is the first study investigating overall themes in complaints received by dental practices across the Perth Metropolitan area from 2013 to 2020. Our study was consistent with the retrospective findings from a study investigating dental patient complaints in WA, from 1996 to 2004 to the Dental Board. Most complaints were concerning treatment issues and dissatisfaction. Furthermore, complaints that were made included: cost, access, decision-making, information, administrative practice, grievance, privacy issues, as well as an illegal practice.

Communication and professionalism complaints were primarily centred around unexplained procedures and spamming patients following appointments to book again soon. In assessing treatment issues, there was a general discontent with the longevity of treatments and the perceived quality of work completed. The overall treatment referred to all treatments, though most notably patients experienced displeasure following simple restorative procedures. This could be linked to the commonality of this procedure. Our result was consistent with the findings by Thomas and colleagues (2018) which suggested that most complaints against dental practitioners were pertaining to treatment issues (20.6% - 58.4%). Additionally, within this theme, the sub-theme pain was commonly present; this tended to be due to third molar removals or post-procedure complications. Regarding finance, general dissatisfaction towards the cost of dental treatment was displayed. These complaints typically centred around private insurance holders, and a lack of clarity as to how much can be claimed. Our result was consistent with the findings by Thomas and colleagues (2018) which suggested some of the patients were complaining about fees (4.8% - 5.9%) and over-servicing (Dentists 2.8%). Finally, the theme “premises” was a lesser theme, yet still present throughout the
data. This theme included complaints concerning on-location parking, as well as issues around equipment, typically reflecting a perceived outdated state of the equipment.

Studies have been carried out assessing medical/dental practitioners' relationship with patients, such as the complaint analysis by Hopcraft and Sandujat of Victorian dental care providers. Similarly, Thomas and colleagues created a national dataset of complaints which included dentists and other healthcare practitioners which coded complaints into 3 categories; health, conduct and performance. Additionally, studies previously conducted in other areas of health and medical services have qualitatively analysed online reviews. The article written by Lee investigated the impact of online reviews and the harm they pose for practicing medical professionals. Although online reviews are considered an informative tool for assessing which practitioner to visit, Lee suggested that it is only a part of the puzzle, encouraging patients to investigate further before making a decision. A limitation present in this study was the inability to account for the numerical significance of reviews for which there was no narrative or comment provided by patients. Therefore, the effects of the overall rating on dental practices cannot be included in this study. However, the strength in this research is the qualitative investigation of the causes for publishing negative reviews. It is through this that those gaps in communication and general patient understanding of procedures can be bridged. This study also discusses the possibility of defamation occurring, ultimately resulting in legal proceedings.

Li, Feng, Chen and Bell take a similar approach to their research. This study examined the influence reviews have on patients when selecting a healthcare provider. The study analysed a sample size of 666 participants and asked that they participated in an online experiment where they viewed practitioners' faux profiles. This study identified that the order of reviews harboured a substantial impact, with practitioners who had negative reviews appearing first, receiving the lowest engagement rate. According to a study conducted by Li and Hubner, 600 participants were asked to review a mock physician website. The mock website hosted physician ratings and basic information about themselves. The participants' surveys in response to this page, found that patients would be more likely to choose a physician based on technical skills over interpersonal skills.

Following this study, additional research could be conducted to further identify differences in themes between subgroups, for example between public and private clinics, and different

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data which witnessed dental clinics accusing other clinics of writing the reviews, resulting in even more negative commentary on the profession. Online reviews are important, particularly in health communications and in searching for a potential health care provider.\textsuperscript{14} Following service failures it is becoming increasingly common for individuals to share this experience over social platforms.\textsuperscript{24} Lastly, when deliberating a construal level theory approach, there is a chance that patients reflect on their experience with an altered mental representation.\textsuperscript{25} This occurs following temporal distance from the dental clinic and consequently, providing a distorted account of their experience.
Conclusion
This current study has identified themes from a large data sample to highlight the most common patient complaints after visiting dental clinics within the Perth metropolitan area. Frequently, data reflected interaction with reception staff as a primary area of concern. The identification of communication issues was related to a lack of knowledge about procedures themselves, but also a lack of awareness about potential post-treatment outcomes.
References


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Figure legend

Figure 1 - Word cloud of the 10 most common noun phrases
Appendix 1 - Qualitative analysis of dental clinic complaints made in Google reviews

Treatment issues
Our results showed a range of procedure specific complaints, which were often centred around the longevity of the treatment.

“I had a Veneer put on to my front tooth, and within 3 weeks it has come off…”
“…filling that had me coming 8 times to the clinic. A filling that was redone 3 TIMES!!!”
“…filling put in and fell out two hours after and can’t get back to fix it”
“…on second day the gold crown tooth fell off. Not even 48 hours”
“Partner was charged over $6,000 for a single tooth implant which didn’t take well, then was then charged $360 to remove it…”

Similarly, there was general scrutiny that materials used were of low quality or that the work carried out was inadequate or rushed.

“…results were poor and the yellow colour from my tooth underneath the composite veneer was easily visible”
“…had dentures made they did such a dodgy job”
“…thousands upon thousands of dollars on shoddy dental implant work”

Some believed they had not been adequately informed about their options before undergoing a procedure or treatment.

“…crown just broke in half. The dentist did not advise me on any other options, such as a metal crown or a half metal half porcelain crown which would have lasted much longer”

Some also inferred that the dental procedures had caused further damage to their teeth, as well as general discomfort.

"Had a splint mould-made and placed in my mouth and as they took it off the front composite of my tooth came off"
“…had a wisdom tooth out, could tell there was something still in there”
“… I did a root canal here and my teeth still hurt, and it is darkened so much”

It was also found that found procedures were traumatic or unbearable.
“... vivid disturbing memories of the process, including cracking of my teeth and the nurse walking away causing water to pool in my throat and choking me”

Certain procedures were also alleged to take a long time for limited or no results.

“We had the worst experience yesterday trying to get replacement mouth guards...”

“... waisted 3 years of time and payments ... now left with corrective procedures to fix errors”

“Had orthodontists here clown around with my teeth for over 6 years. One would get them OK until a new amateur would practice on me and mangle my teeth”

There were also complaints about incorrect procedures being carried out, which were much less prominent in the data.

“... they pulled the wrong tooth while under anaesthesia numbness hides it”

In addition, the overall treatment was a common theme in the dataset. Of the complaints in this area, general treatment dissatisfaction was the most common and posed considerable discomfort and inconvenience to patients.

“... caused deformation of my bite”

“... think twice before you go here because you will more than likely be returning on a weekly basis for them to rectify their work”

“... first filling shattered and the second one [was] so painful to bite down on that I avoided using that side of my mouth”

There were notable concerns regarding treatment planning throughout the data. These included inabilities for patients to see their preferred dentist. In addition, there was an inability for work to be carried out by dentists as had been originally agreed.

“... need multiple fillings, quoted a price for 3 visits to complete the job... increased to FOUR times what I was quoted just on ONE visit”

“... waited 20 mins for a 7 pm appointment for a scale and polish, only to be told that because I had not seen a specialist for a deep gum clean ... they could not continue with my appointment”
As mentioned above, it was in some cases difficult for patients to schedule a time with their dentists. These high levels of patients resulted in those undergoing appointments feeling as though they were rushed.

“So rushed, no consideration for patient”
“The dentist was late and was barely in the room for 5-10 minutes…”

Following the appointment, there was a range of concerns regarding suboptimal outcomes for patients. These generally reflected work not being able to be completed, as well as aesthetic issues.

“Wasted a year going through brace procedures, only to be called in to be told that they can't do the fitting”

Both during and following procedures, patients noted high levels of pain. The pain was a common complaint and extended from before following the procedure.

“...it felt like they were going to break my whole jaw, it was torture”
“... spent my days with pain and pain killers until Christmas day”

The data also showed that patients were not always pleased with the aftercare provided. In addition, issues around aftercare often resulted in severe circumstances.

“...left two very small but noticeable shards of the tooth in my gum. The shards became infected and the infection spread to my gums”

Concerns around aftercare extended to issues around pain and infection management. Patients noted that they had experienced over-medicating.

“... after wisdom teeth surgery I was admitted to the hospital at 2am because I had been overdosed with the prescribed pain killers/medication”
“... too many antibiotics recommended by them which unnecessary”

Staffing
Data obtained revealed that staffing is a primary area of concern. Consequently, it emerged as the most prominent theme in the final data set.

“...Customer service skills are horrible”
“The staff are rude and condescending”
Staffing complaints were most frequently made regarding reception/front desk staff. These comments primarily implied that these staff members communicated unpleasantly.

“...The minute you walk in there you feel the negative attitude towards you ... staff member was so rude to the person, they were speaking loudly and rude and everyone could hear them, no respect to someone privacy”

“...Staff at front desk are very rude and unhelpful”

These issues extended beyond the front desk, with dental assistants and hygienists also receiving complaints about their interactions with patients.

“... started doing cleaning of my teeth even that without asking me”

“...hygienist only gave me 15 mins and I was told to rebook to finish the cleaning”

However, there were also complaints presented regarding the changing of staff.

“...current orthodontist has left. No replacement. Staff don’t seem to care that child is in the middle of braces treatment...”

“I used to enjoy my experience here when my previous dentist was working here, since they left the quality of work has slipped...”

There was also a range of issues presented with an administrative perspective.

“...they forgot to book the anaesthesiologist”

“Cannot even provide the correct details regarding payments before the appointment”

"Called me the other day to remind me my family was overdue for a check-up, asked me if I wanted to make an appointment, I said not right now. Next day, send me a text reminding me I have an appointment..."

A common complaint by patients was the long waiting times. These complaints were particularly prevalent for government dental clinics.

“We have been on a waiting list from 2014 until now 2018”

“... been on the waiting list for over 3 years to get my wisdom teeth out”

“I got there 10 minutes before my appointment time to do that paperwork & they clearly had booked two appointments for the same time ... waited an hour & ended up re-scheduling”
These complaints extended to include scheduling issues which generally involved reception and administrative staff. Our results showed that there were many instances in which patients had not been notified of cancellations.

“... arrived 10mins early only to be told my name was in the book and not in the system and got a sorry we booked out today”

“My appointments were rescheduled, then cancelled at the last possible moment”

“...my appointment cancelled as I walked into the waiting room”

Communication and professionalism

According to the reviews, patients were not happy with the attitudes exhibited by the dentists and the staff in the dental practice.

“... unhappy with the work and when I complained to them, they fobbed me off and said the problem was with me”

“...I don’t know if I even want to attend now because of the attitude and rudeness”

The reason for this may be due to potential communication issue that commonly arises within the premise.

“Didn't explain the procedure until it was completed...”

“... did not even explain anything other than the minor details about the procedure in question and wanted to get straight down to it when we were only there for a consultation”

This could extend to spamming patients on a continual basis.

“Called every day for almost a week”

“... harass you months after your check-up appointment via email and SMS, with different numbers”

Within a dental clinic, lack of compassion was a common underlying subtheme.

“... unpleasant to be around, they aren't friendly, aren't understanding, have terrible bedside manner and try and push unneeded treatment”

“I left in tears. Not because of the extraction itself, but because of the arrogant, mean and totally rude comments made to me by the dentist about the condition of my teeth”

“Not empathetic at all and no emotional intelligence...”
In addition, this also applied to patients with special needs.

“Came here as a support to a nervous dentist goer with a mild intellectual disability. Dentist [had no] skills in calming anxious patients”

This also extended to children.

“... staff force my child to walk in alone for the dental treatment in orthodontic clinic. They [were] nervous and so upset...”

“Don’t take your kids there, they are not trained to deal with kids...”

This could be a breach of professionalism.

“Very unprofessional. Arrogant. People with non-perfect teeth are not welcome”

“Not sure if there was some language barrier or what but it was so unprofessional”

Finance

As might be expected, the financial aspect did harbour some concern. There was a consistent premise that the cost of treatment was too high.

“... charge like wounded bulls”

Some patients believed that they were being overcharged or unnecessarily charged for the services provided.

“...a fraudulent billing of service”

“... do anything just to charge you extra”

Additionally, private insurance holders felt as though there was inflation to costs and a lack of financial support for treatments.

“... very little back from health insurance as the charges were so inflated”

“... HBF insurance didn’t cover it because I had check-up with another dentist 6 months ago”

“... asked for my HBF card 3 times to be able to give a quote and after making payment in cash they offered $37 change in coins...”

Premises

Although less common in the data, some patients were left dissatisfied with the clinic. These complaints were particularly about equipment issues.

“Too much attitude, less equipment just wanting to get things done!”
“... worst experience, no facility, no fully equipped, even small things as x-ray apron”
"... worst dental practice I have been to - worn-out equipment and second grade dentists"

Issues regarding premise extended to the parking available at clinics.

“... your car will be clamped if you park for more than 2 hours”

“The receptionist advised us there is 2-hour FREE parking at Coles ... cost $65 in parking fine”
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<th>Main themes</th>
<th>Sub-theme</th>
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<td>(n = 342; 31.9%)</td>
<td>Cancellation</td>
<td>12</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>Change of staff</td>
<td>6</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Dental assistant</td>
<td>9</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Reception</td>
<td>58</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>Scheduling</td>
<td>25</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>Staff issue</td>
<td>139</td>
<td>13.0%</td>
</tr>
<tr>
<td></td>
<td>Waiting time</td>
<td>41</td>
<td>3.8%</td>
</tr>
<tr>
<td>Communication and professionalism</td>
<td>Attitude</td>
<td>94</td>
<td>8.8%</td>
</tr>
<tr>
<td>(n = 182; 17.0%)</td>
<td>Children</td>
<td>12</td>
<td>1.1%</td>
</tr>
<tr>
<td>Category</td>
<td>Issue</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Communication</td>
<td>Issue</td>
<td>6</td>
<td>0.6%</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>No compassion</td>
<td></td>
<td>19</td>
<td>1.8%</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td>44</td>
<td>4.1%</td>
</tr>
<tr>
<td>Spamming</td>
<td></td>
<td>6</td>
<td>0.6%</td>
</tr>
<tr>
<td>Finance</td>
<td>Cost issue</td>
<td>66</td>
<td>6.2%</td>
</tr>
<tr>
<td></td>
<td>Private insurance</td>
<td>8</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>Unnecessary charging</td>
<td>71</td>
<td>6.6%</td>
</tr>
<tr>
<td>Premises</td>
<td>Clinic dissatisfaction</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>Equipment issue</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td></td>
<td>Parking issue</td>
<td>2</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Finance (n = 145; 13.5%)

Premises (n = 5; 0.5%)