

Comparison of Patient Satisfaction regarding Dental Care Services provided at Public and Private Teaching Hospitals of Islamabad

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Abstract

Introduction: Patient satisfaction is measured how well a need was satisfied in relation to the standard of medical care they received. Patients valued assessments and subsequent responses to what they observed in the healthcare environment during the course of their visit were referred to as their level of satisfaction. This study aimed to compare the satisfaction of patients regarding healthcare services provided at public and private Dental Teaching Hospitals of Islamabad.

Methodology: A comparative analytical study was conducted at two teaching hospitals (one private and one public) in Islamabad. This study was approved by ethical review board and written informed consent was taken. A structured survey questionnaire was used to collect data from 250 patients divided equally between two settings. The data collected were analyzed using SPSS 24 for categorical variables (highly satisfied, satisfied, neutral, dissatisfied, and strongly dissatisfied). Overall patient satisfaction (PSQ-18) and its sub-components were assessed. The frequency and percentage were measured for PSQ scale. Average PSQ-18 parameters were compared between public and private hospitals using t-test and ANOVA at significance level of 0.05.

Results: Overall, the mean age was 32.5 ± 12.4 years and females were dominant with 141 (56.4%) cases. The patients from the private facility (65.3 ± 11.4 vs 59.0 ± 8.8) were more satisfied with the healthcare services than the public facility in this study. The general satisfaction and technical aspects were slightly greater in private setting compared to public (7.2 ± 1.5 vs 6.5 ± 1.3) and (14.6 ± 3.1 vs 13.7 ± 2.3) respectively. The sub-components of interpersonal aspects, communication and financial, were found comparable between the two settings.

Conclusion: This study concluded that three-fourths of patients were satisfied or highly satisfied with the dental care. Patient satisfaction was better in the private setting compared to public dental facility. The results have huge implications for undergraduate medical and dental education and practices in terms of need of improved communication skills, time management and technical aspects.

Key words: Patient satisfaction, Service quality, Trust, Reputation, Health care providers.

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Introduction

Any healthcare practice purpose revolves around giving good care to patients so

that their satisfaction may be achieved. Patient satisfaction measures how well a need is satisfied in relation to the standard of medical care the patient receives.¹ The patient's responses to what they observe in the healthcare atmosphere before, during and after their stay or hospital visit are referred to as their satisfaction.²

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The main parameters of how well the doctors, paramedical personnel, and the hospital as a whole, provide care and treatment are data on patient satisfaction. Expectations correlate with service effectiveness that is crucial for customers pleasure.³

Infrastructure factors that affect service effectiveness include waiting room comfort, environment cleanliness and sanitation, and the waiting time before consultation.⁴ Numerous studies in Pakistan have noted a high outpatient wait time, which has led to patient's dissatisfaction with the services provided at these health care facilities.⁵

Any hospital's outpatient department is seen as its Public Relation (PR) build up, therefore, the patients opinions regarding facilities and services become a pivotal indicator of a hospital's quality of services as a whole.⁶

The assessment of patient satisfaction can benefit in many ways; it can prompt the healthcare system to perform better. Furthermore, it can help enhance the areas like service quality dimensions, trust, and reputation. Using these parameters for improvement and maintaining good services, any health facility can achieve high levels of patient satisfaction.⁷

One comparative research on patient's satisfaction in terms of health care services included four hundred individuals from a private and public hospital. They concluded that the private hospital outperformed the public hospital in terms of delivering quality service and satisfying patients' needs.⁸

Recent technological advancements have had a significant impact on how health care service providers operate.³ By increasing the service quality, trust-building, and favorable reputation, and this rivalry culminates in patient satisfaction.

In one Ethiopian cross-sectional study, the patient's satisfaction with outpatient healthcare services and contributing variables were evaluated and found that 80.1% were happy with the hospital's outpatient services. Patients, who had a short hospital stay due to

quick services, were shown to be happier than people who said they had a lengthy stay.⁹ In order to increase patient happiness, health management and service providers should come up with creative methods to cut waiting times, have productive conversations with patients, and protect patient privacy.¹⁰

Al-Assaf studied the factors influencing hospital inpatients satisfaction with the health care they received and found that 73.6% of them were happy and satisfied.¹¹ A study from Kenya targeted ways to recognize issues that influence the patient's gratification with health care services. Despite the high fee of facilities, deficient employment, and below par sanitation, they managed to provide quality services that pleased maximum of their visitors.¹²

As per the consonance theory, consumer satisfaction is the basis of success of any business. In healthcare settings patients are the consumers and thus their satisfaction is recorded. In brief, patient's waiting times, physician attitudes, medication and service accessibility, cost of services, personnel levels, and sanitation levels were all considered determinants of patient satisfaction. Keeping the above context in mind, this study aimed to evaluate satisfaction of patients regarding health care services provided at the public and private dental teaching hospitals of Islamabad.

Methodology

This cross-sectional study was carried out at two teaching hospitals i.e. Rawal General and Dental Hospital, and PIMS, School of dentistry. The study was approved by the hospital ethics committee. A written informed consent was administered. Study duration was six months from August 2023 to February 2024. Adult patients of both genders above 18 years, visiting the teaching hospital's all general outpatient dental department, and the patients visiting for treatment, regardless of the number of visits or department, were included in this study. Old hospital

employees, medical/dental professionals, and medical/dental students were excluded from this study. The sample size was 250 cases as determined by WHO sample size calculator, distributed equally at two sites; private (n=125) and public (n=125). Systematic sampling, a method of probability sampling, involved selecting individuals from the population at regular intervals, such as every third person on a population list. The data was collected by using a survey questionnaire (PSQ-18). Data was analyzed in SPSS version 24 for categorical variables (highly satisfied, satisfied, neutral, dissatisfied, and strongly dissatisfied) and overall patient satisfaction (PSQ-18) and its sub-components were assessed using mean and standard deviations. The patient satisfaction levels were compared between public and private hospitals using t-test at significance level of 0.05.

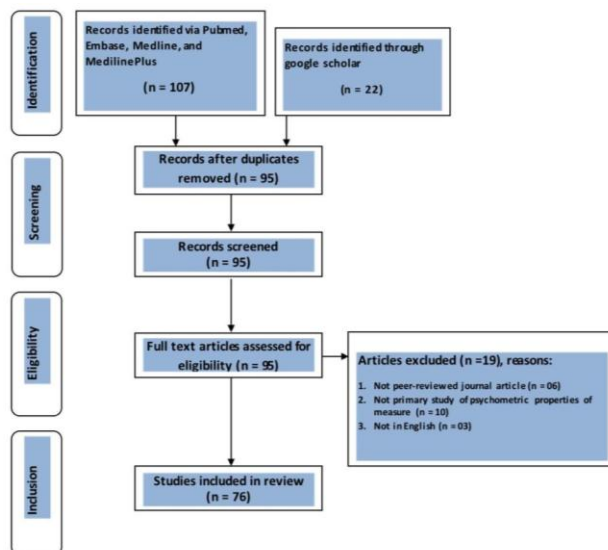


FIG. I: PRISMA Flow Chart

Result

In this study, 250 patients coming for dental treatment were assessed for satisfaction. Sample size is determined by WHO sample size calculator. The average age was 29.50 ± 11.90 years in private and 35.49 ± 13.12 years in public facility. Overall, female gender was dominant with 141 (56.4%) cases. There were more male cases seen in private setting 68 (54.4%) compared to 41(32.8%) in public

facility while majority of females presented in public facility 84 (67.2%). (Table I)

Age (years)	Private (n=125)	Public (n=125)	Overall (n=250)
18 to 20	24 (19.2%)	15 (12.0%)	39 (15.6%)
21 to 30	55 (44.0%)	33 (25.4%)	88 (35.2%)
31 to 40	23 (18.4%)	47 (37.5%)	70 (28.0%)
41 to 50	18 (14.4%)	12 (9.6%)	30 (12.0%)
51 to 60	2 (1.6%)	14 (11.2%)	16 (6.4%)
61 or above	3 (2.4%)	4 (3.2%)	7 (2.8%)
Mean \pm SD	29.50 ± 11.90	35.49 ± 13.12	32.5 ± 12.4
Gender			
Male	68 (54.4%)	41(32.8%)	109 (43.6%)
Female	57 (45.6%)	84(67.2%)	141 (56.4%)
Hospital			
Public sector	0 (0.0%)	125 (100.0%)	125 (50.0%)
Private sector	125 (100.0%)	0 (0.0%)	125 (50.0%)

Table I: Baseline characteristics between public and private study sites (n=250)

Sub components of PSQ-18, furthermore, the sub-components of the PSQ scale were measured. The overall mean of the aggregate patient satisfaction was 48.89 ± 8.37 in this study. The patients from the private facility (65.3 ± 11.4 vs 59.0 ± 8.8) were more satisfied with the healthcare services than the public facility in this study. Seven generated themes have been explained in Table II.

Themes	Private (n=125) Mean \pm SD	Public (n=125) Mean \pm SD	Overall (n=250) Mean \pm SD
General satisfaction	7.2 ± 1.5	6.5 ± 1.3	5.68 ± 1.14
Technical aspects	14.6 ± 3.1	13.7 ± 2.3	12.08 ± 2.38
Interpersonal aspects	7.2 ± 1.4	6.6 ± 1.3	5.18 ± 1.27
Communi-cation	7.2 ± 1.6	6.4 ± 1.4	5.71 ± 1.24
Finances	7.2 ± 1.9	7.0 ± 1.4	5.70 ± 1.32
Time spent	6.9 ± 1.5	5.7 ± 1.7	4.88 ± 1.46
Access comfort	$14.7 \pm 3.0^*$	3.0 ± 2.9	10.94 ± 2.64
Total	65.3 ± 11.4	59.0 ± 8.8	48.89 ± 8.37

Table II: Comparison of patient satisfaction between public and private study groups according to different components (n=250)

Comparison of patient satisfaction between government and private health facilities. The patient satisfaction noted on individual PSQ-18 scale was compared between public and

private health facilities. The higher the average, the satisfied the response while the lower the average, the more unsatisfied is the responder. (Table III)

	Hospital	Mean	Std. Deviation	p-value
Q1. Doctors are good at explaining the reasons for dental tests	Private (n=125)	3.98	1.08	0.34
	Public (n=125)	4.10	1.03	
Q2. I think my doctor office has everything needed to provide complete dental care	Private (n=125)	3.82	0.99	0.62
	Public (n=125)	3.89	1.08	
Q3. I received almost perfect dental care.	Private (n=125)	3.83	1.01	0.06
	Public (n=125)	4.06	0.95	
Q4. I occasionally question the accuracy of doctor's diagnosis.	Private (n=125)	3.74	1.10	0.03
	Public (n=125)	3.45	1.02	
Q5. I feel confident that I can get the dental care without being set back financially	Private (n=125)	3.56	1.13	0.23
	Public (n=125)	3.72	0.96	
Q6. When I go for dental care, they are careful to check everything when treating and examining me	Private (n=125)	3.80	1.07	0.22
	Public (n=125)	3.96	1.01	
Q7. I have to pay more for my dental care than I can afford	Private (n=125)	3.73	1.20	0.003
	Public (n=125)	3.28	1.14	
Q8. I have easy access to dental specialist I need	Private (n=125)	4.02	1.00	<0.001
	Public (n=125)	3.50	1.09	
Q9. Where I get dental care, people have to wait too long for emergency treatment	Private (n=125)	3.50	1.22	<0.001
	Public (n=125)	2.98	1.05	
Q10. Doctors act too businesslike and impersonal towards me	Private (n=125)	3.17	1.13	<0.001
	Public (n=125)	2.41	1.21	
Q11. My doctor treats me in a very friendly and courteous manner	Private (n=125)	4.09	0.88	0.15
	Public (n=125)	4.26	0.95	
Q12. Those who provide my dental care sometimes hurry too much when they treat me	Private (n=125)	3.32	1.12	<0.001
	Public (n=125)	2.45	1.11	
Q13. Doctors sometimes ignore what I tell them	Private (n=125)	3.28	1.24	<0.001
	Public (n=125)	2.33	1.23	
Q14. I have some doubt about the ability of the doctors who treat me	Private (n=125)	3.24	1.29	<0.001
	Public (n=125)	2.44	1.32	
Q15. Doctors usually spend plenty of time with me	Private (n=125)	3.62	0.99	0.02
	Public (n=125)	3.30	1.21	
Q16. I find it hard to get an appointment for dental care right away	Private (n=125)	3.25	1.28	0.002
	Public (n=125)	2.74	1.29	
Q17. I am dissatisfied with something about the dental care I receive	Private (n=125)	3.40	1.19	<0.001
	Public (n=125)	2.53	1.32	
Q18. I am able to get dental care whenever I need it	Private (n=125)	3.99	0.95	0.009
	Public (n=125)	3.63	1.19	

Table III: Comparison of patient satisfaction between public and private hospitals

Discussion

Any healthcare system's end purpose is providing the best possible patient care and satisfaction. Patient care is both a physical and psychological output. Physically in the form of healing of wound, recovery from infections etc. while psychologically through perceived satisfaction of patients.¹³ This study explores the impact of patient satisfaction on health outcomes and long-term patient relationships. While general patient satisfaction has been studied, no prior research compares satisfaction between public and private dental facilities.

The overall patient satisfaction was found out ranging from 65.0% to 80.0% in the present study according to different questions and sub-components of PSQ-18 tool. Many previous studies have also witnessed patient satisfaction in this range. A study by Jayasuriya NSS and colleagues found out that overall, 90.0% of respondents were highly satisfied with the items of many dimensions of dental treatment.¹⁴

Sheik MZ et al. reported from Saudi Arabia that 66.0% of their study patients were highly satisfied by the dental treatment given to them by students while overall more than 95.0% of their cases were satisfied with the care provided.¹⁵

Another study by Habib SR et al. and colleagues from Saudi Arabia also noted that patients were moderately to highly satisfied after dental treatment provided to them by dental students. The overall patient's satisfaction score in their study was 68.67 ± 6.85 which was found highly satisfactory.¹⁶

A study by Obadan-udoh et al. in south Africa found that patient satisfaction was linked to service quality, with only 58.6% of participants rating it as satisfactory.¹⁷ The findings suggested that the dental profession struggles to meet patient expectations. However, the factors like doctor's attitude, waiting time or distance to facility did not

matter for them but it is for the majority of people.¹⁸

In developing regions like Pakistan, factors such as waiting time and doctor attitude significantly affect patient satisfaction. In this study, patients from both public and private facilities felt that doctors seemed hurried and sometimes didn't listen, with some private facility patients perceived doctors as acting like businessman. Long waiting times often led to dissatisfaction, overshadowing the dentists' skills and experience.¹⁹

In the current study, there was significant difference noted in patient satisfaction between public and private healthcare facilities. The patients from private hospital were more likely seemed to be satisfied than those from the public hospital. Similar findings with some variation were noted between public and private clinics in the study by investigators. One study found out that higher education of respondents was more likely to have higher level of satisfaction, whereas female gender and housewives were found out to have low level of satisfaction after dental care. However, when overall patient satisfaction was compared between public and private clinics no difference was found in their study.²⁰

In the current study female gender was less likely to have satisfaction and same was the case with people between 20 to 40 years of age in some sub domains of patient satisfaction. Generally, the patients in the current study have been found highly satisfied. A previous study by Akbar FH and colleagues reported in contrast evidence, where they found out that female patients had higher satisfaction compared to males.²¹ Jayasuria FSN and colleagues also witnessed that females were more satisfied with the dental treatment than their male counterparts.^{14,16} This could be linked to awareness and literacy distribution among patients of current study and those in comparison. In Pakistan the literacy is low especially women are less qualified, thus

unable to cope and face challenges in the shape of day-to-day services like that of healthcare.²²

In the dental clinics, satisfaction of the patients is considered an important indicator of the quality of services as it could affect the pattern of service utilization.²³ Fulfillment of the demands of the patients, positive assurance, resolving confusion and doubts of the patients, and good response to the patients could provide better satisfaction and lead to future return of patients in order to receive subsequent good quality of treatment.²⁴ Good and effective dentist-patient communication is considered a central factor in the therapeutic doctor-patient relationship which is the art and heart of medicine. Most of the complaints represented by dissatisfied patients are because of the breakdown in the doctor-patient relationship. However, most of the doctors and dentists tend to overestimate their ability to communicate with their patients.²⁵

Overall, in this study average level of satisfaction was perceived by dental patients as the aggregate average PSQ-18 score was found out to be 48.8 ± 8.3 . Many other investigators have also found total scores. A study assessed Patient Satisfaction Level to Dental Health Care Services in Indonesia using the PSQ-18 across various factors. The overall mean score was 47.6, which was slightly lower than the current study's total score of 48.8, with highest satisfaction in technical quality and lowest in general satisfaction.²¹

Another study from Slovakia reported a mean PSQ-18 score of 48.51, which is comparable to the current study score. The investigators found higher satisfaction with technical quality and interpersonal aspects.²⁶

Another local study explored the determinants of patient satisfaction at dental clinics and highlighted that communication, pain management and financial aspects were the main focus of patients when it came to satisfaction after treatment.²⁷

Another aspect noted in the present study was a comparison of patient satisfaction between public and private dental hospitals. There was a clear distinction in this domain and waiting time and communication was found satisfactory at public level health facility while dentists portraying as business minded were observed in private hospitals.²⁸ It clearly depicted a non-satisfactory situation of affairs in both public and private dental facilities in the country.

The public hospitals offer undeniable advantages. Broader insurance coverage, lower costs, and specialist availability attract patients seeking affordable and comprehensive care. However, concerns may arise like long waits, limited resources, and perceived impersonal care.²⁹

Longer waiting times are a result of overcrowding which can lead to delayed appointments and extended waiting periods, testing patience and impacting satisfaction.³⁰ Equipment shortages or staff constraints can affect treatment options and waiting times, potentially impacting satisfaction. The perceived impersonal care could become a large hurdle. Large number of patients can create a sense of anonymity, leading to concerns about individualized attention and communication.³¹

In the current study patients from the public setting were found (unsatisfied/dissatisfied) in almost all sub components of PSQ-18 compared to their private setting counterparts. This shows that despite availability of facilities, equipment and services the patient's satisfaction depends on many other factors like greeting them well with a welcoming smile, reducing unnecessary waiting rows, having good communication and making the patient feel that they are being understood and their dental problem would be addressed with utmost care.

On the other hand, private hospitals provide a distinct experience. Shorter waiting times, modern equipment, and a wider range of

services contribute to perceived efficiency and comfort.³² However, drawbacks exist, fees can be significantly higher than in public hospitals, potentially excluding patients with limited financial resources. The private sector has more focus on profitability. Concerns may arise about profit-driven treatment recommendations, influencing patient trust and satisfaction. While some private hospitals excel in specific areas, access to a full range of specialists might be limited compared to larger public institutions. There is no single way to find the ideal situation.³³ Ultimately, the "better" choice depends on individual needs and priorities. Some patients prioritize affordability and access, making public hospitals the right fit.³⁴ Other patients value convenience and personalized care, opting for private options.³⁵

In the current study, the overall patient satisfaction was compared among gender and age categories. It was noted that the younger generation and females were more likely to be un-satisfied with the dental care. Though general satisfaction was high, overall. But in the sub components of interpersonal aspects, and communication the female patients were found to be non-satisfied.

The patient satisfaction also varied according to health facility type. With all sub aspects of PSQ-18 tool were better in the private sector facility when compared with public sector dental facility. Moreover, when the data was distributed according to age and gender, there was a significant variation observed in few sub domains where females lacked satisfaction compared to male counterparts. Further, the older age patients were found more satisfied than the patients younger than 40 years of age.

The current study findings suggest that 60% to 75% of patients were found satisfied in various sub-components of the study. The comparison of patient satisfaction between private and public healthcare showed that private healthcare had higher satisfaction scores across all subcomponents, while public

healthcare had lower scores. Overall, private healthcare received a higher total satisfaction score (65.3) compared to public healthcare (59.0).

The main advantage of this study is the context that patient satisfaction in public and private hospital measured for the first time in the country. Few dropouts from walk out interviews were due to long waiting time and their further commitments.

Conclusion

This study concluded that three-fourths of patients were satisfied or highly satisfied with the dental care. Patient satisfaction was better in the private setting compared to public dental facility. The results have huge implications for undergraduate medical and dental education and practices in terms of need of improved communication skills, time management and technical aspects.

Ethical Approval

The study was approved by the Ethical Review Board of Rawal College of Dentistry, Rawal Institute of Health Sciences, Islamabad. (No: RIHS/IRB/D/23/002)

Funding Declaration

This study received no grant from any funding agency, commercial, or not-for-profit sectors.

Conflict of Interest

It is declared that the authors don't have any conflict of interest.

Authors' Contribution

KA: Conception of study, Data collection, Statistical analysis.

SH: Data collection, Write up.

AY: Project Administration and Supervision

References

1. Umoke M, Umoke PCI, Nwimo IO, Nwalieji CA, Onwe RN, Emmanuel Ifeanyi N, et al. Patients' satisfaction with quality of care in general hospitals in Ebonyi State, Nigeria, using SERVQUAL theory. SAGE Open Med. 2020;8:2050312120945129.

2. Torales J, Vilallba-Arias J, Bogado JA, O'Higgins M, Almirón-Santacruz J, Ruiz Díaz N, et al. Satisfaction with Telepsychiatry during the COVID-19 pandemic: Patients' and psychiatrists' report from a University Hospital. *Int J Soc Psychiatr.* 2022;00207640211070762.
3. Molla M, Sisay W, Andargie Y, Kefale B, Singh P. Patients' satisfaction with outpatient pharmacy services and associated factors in Debre Tabor comprehensive specialized hospital, Northwest Ethiopia: A cross-sectional study. *PLoS One.* 2022;17(1):e0262300.
4. Rahman MK, Zainol NR, Nawi NC, Patwary AK, Zulkifli WFW, Haque MM. Halal healthcare services: Patients' satisfaction and word of mouth lesson from Islamic-friendly hospitals. *Sustainability.* 2023;15(2):1493.
5. Manzoor F, Wei L, Hussain A, Asif M, Shah SIA. Patient satisfaction with healthcare services: an application of physician's behavior as a moderator. *Int J Environ Res Public Health.* 2019;16(18):3318.
6. Arde BO. Consonance theory: a proposed theory of patient satisfaction. *Philipp J Nurs.* 2017;87(2):74-9.
7. Adhikary G, Shawon MSR, Ali MW, Shamsuzzaman M, Ahmed S, Shackelford KA, et al. Factors influencing patients' satisfaction at different levels of health facilities in Bangladesh: Results from patient exit interviews. *PLoS One.* 2018;13(5):e0196643.
8. Kavitha R. Comparative study of patients' satisfaction in healthcare service. *Eur J Bus Manag.* 2014;4(13):156-60.
9. Anteneh A, Andargachew K, Muluken D. Patient satisfaction with outpatient health services in Hawassa University Teaching Hospital, Southern Ethiopia. *J Public Health Epidemiol.* 2014;6(2):101-10.
10. Poorani AA, Kline SF, DeMicco FJ, Sullivan W. Hospitality to healthcare: Patient Experience Academy, a successful alliance between the ChristianaCare Health System and the University of Delaware. *Int J Hosp Manag.* 2023;13:103422.
11. Al-Assaf NH. Factors related to patient satisfaction with hospital health care in Iraq. *J Community Med.* 2009;(4):218-22.
12. Nyongesa MW, Onyango R, Kakai R. Determinants of clients' satisfaction with healthcare services at Pumwani Maternity Hospital in Nairobi-Kenya. 2014.
13. Ai Y, Rahman MK, Newaz MS, Gazi MA, Rahaman MA, Mamun AA, et al. Determinants of patients' satisfaction and trust toward healthcare service environment in general practice clinics. *Front Psychol.* 2022;13:856750.
14. Jayasuriya NS, Perera IR, Gunasena C, Ratnapreya S, Dayabandara M, Medawela RS, et al. Perceived satisfaction of patients and related factors for oral surgery student dental clinic: Evidence from Sri Lanka. *J Patient Exp.* 2021;8:2374373521998817.
15. Shaikh MZ, Almaraikehi T, Alanazi AA, Alghofaili F. Patients' satisfaction regarding the dental treatment provided by educational dental school in Majmaah University. 2021.
16. Habib SR, Ramalingam S, Al Beladi A, Al Habib A. Patients' satisfaction with the dental care provided by dental students. *J Ayub Med Coll Abbottabad.* 2014;26(3):353-6.
17. Obadan-Udoh E, Ramoni R, Der Berg-Cloete V, White G, Kalenderian E. Perceptions of quality and safety among dental patients. *S Afr Dent J.* 2019;74(7):374-82.
18. Biya M, Gezahagn M, Birhanu B. Waiting time and its associated factors in patients presenting to outpatient departments at public hospitals of Jimma Zone, Southwest Ethiopia. *BMC Health Serv Res.* 2022;22:107.
19. Al-Harajin RS, Al-Subaie SA, Elzubair AG. The association between waiting time and patient satisfaction in outpatient clinics: Findings from a tertiary care hospital in Saudi Arabia. *J Family Community Med.* 2019;26(1):17-22.
20. Tin-Oo MM, Saddki N, Hassan N. Factors influencing patient satisfaction with dental appearance and treatments they desire to improve aesthetics. *BMC Oral Health.* 2011;11:6.
21. Akbar FH, Pasinringi S, Awang AH. Assessment of patient satisfaction level to dental health care services in Indonesia. *Pesqui Bras Odontopediatria Clín Integr.* 2020;20.
22. Ali TS, Ali SS, Nadeem S. Perpetuation of gender discrimination in Pakistani society: Results from a scoping review and qualitative study conducted in three provinces of Pakistan. *BMC Womens Health.* 2022;22:540.
23. Al-Hussyeen AJ. Factors affecting utilization of dental health services and satisfaction among adolescent females in Riyadh City. *Saudi Dent J.* 2010;22:19-25.
24. Wright SM, Craig T, Campbell S, Schaefer J, Humble C. Patient satisfaction of female and male users of Veterans Health Administration services. *J Gen Intern Med.* 2006;21(3 Suppl):S26-32.
25. Siddiqui A, Mirza A, Mian R. Dental treatment: Patients' expectations, satisfaction, and dentist behavior in Hail, Saudi Arabia. *Int J Curr Adv Res.* 2017;6:7374-7.

26. Balkaran RL, Osoba T, Rafeek R. A cross-sectional study of patients' satisfaction with dental care facilities: A survey of adult treatment at the University of the West Indies, School of Dentistry. *West Indian Med J.* 2014;63(5):490–8.
27. Naseer M, Zahidie A, Shaikh BT. Determinants of patient's satisfaction with healthcare system in Pakistan: A critical review. *Pak J Public Health.* 2012;2(2):52.
28. Taibah SM. Dental professionalism and influencing factors: Patients' perception. *Patient Prefer Adherence.* 2018;12:1649–58.
29. Rana RH, Alam K, Gow J. Selection of private or public hospital care: Examining the care-seeking behaviour of patients with private health insurance. *BMC Health Serv Res.* 2020;20:380.
30. Xie Z, Or C. Associations between waiting times, service times, and patient satisfaction in an endocrinology outpatient department: A time study and questionnaire survey. *Inquiry.* 2017;54:46958017739527.
31. Locock L, Skea Z, Alexander G, Hiscox C, Laidlaw L, Shepherd J. Anonymity, veracity and power in online patient feedback: A quantitative and qualitative analysis of staff responses to patient comments on the 'Care Opinion' platform in Scotland. *Digit Health.* 2020;6:2055207619899520.
32. Ward PR, Rokkas P, Cenko C. 'Waiting for' and 'waiting in' public and private hospitals: A qualitative study of patient trust in South Australia. *BMC Health Serv Res.* 2017;17:333.
33. Muhammad Q, Eiman H, Fazal F, Ibrahim M, Gondal MF. Healthcare in Pakistan: Navigating challenges and building a brighter future. *Cureus.* 2023;15(6):e40218.
34. Mosadeghrad AM. Factors influencing healthcare service quality. *Int J Health Policy Manag.* 2014;3(2):77–89.
35. Barnea R, Tur-Sinai A, Levtzion-Korach O, Weiss Y, Tal O. Patient preferences and choices as a reflection of trust: A cluster analysis comparing postsurgical perceptions in a private and a public hospital. *Health Expect.* 2022;25(5):2340–54.

Corrigendum

Article: “Impact of Dental Malocclusions on Pakistani Young Adults' Oral Health-Related Quality of Life”

Publishing: Volume 16, No.2, December, 2024,

Authors Name: Muhammad Azeem, Shaker Mehmood, Samina Qadir, Shamim Ahmed, Sarah Bakht, Hafiza Asma

Correction: Sarah Mehmood Malik was mentioned Sarah Bakht with typographic error.

Corrected Version:

Article: Impact of Dental Malocclusions on Pakistani Young Adults' Oral Health-Related Quality of Life

Authors Name: Muhammad Azeem, Shaker Mehmood, Samina Qadir, Shamim Ahmed, Sarah Mehmood Malik, Hafiza Asma